

Original Article

The Correlation between Complaints, Personality Traits and Quality of Life in Menopausal Women

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Abstract

Background: Psychological, biological and social changes in the menopausal period may also affect women's quality of life.

Aim: The aim of this study is to determine the correlation between complaints, personality traits, and quality of life in menopausal women.

Methods: The study was conducted with cross-sectional descriptive-correlational design. The population of the study consisted of women aged 45 to 55 years applying to the Menopause Outpatient Clinic in a public hospital between April 2019 and July 2019. The data were acquired using the Participant Information Form, the Cervantes Personality Scale, the Menopause Rating Scale, and the Quality of Life Scale via the face-to-face interview method.

Results: It was determined that the women's average age for menopause was 45.70 ± 5.28 years. It was determined that as the introversion personality trait of the menopausal women increased, the sexual and occupation/working scores of the Quality of Life increased. As their neuroticism scores increased, the emotional, sexual and health area scores of the Quality of Life increased. The women with psychological complaints increasing in the menopausal period displayed higher neurotic personality traits.

Conclusion: In the study it was concluded that there was a correlation between menopausal complaints, personality traits and quality of life in menopausal women. As introversion and neuroticism in women increased, complaints in every area of menopause increased, which consequently impaired the quality of life.

Keywords: Menopause; Personality Traits; Quality of Life.

Introduction

Menopause is defined by the World Health Organization (WHO) as "the permanent cessation of menstruation resulting from the loss of ovarian follicular activity" (Karmakar et al., 2017). Although menopause is a natural period, women may perceive it as a complex period due to their complaints. During this period, the woman's body experiences many changes like vasomotor symptoms (such as hot flush, night sweating, sleep disorders), atrophic symptoms (such as vaginal atrophy, dyspareunia, urinary incontinence) and psychological symptoms

(such as depression, uneasiness, irritability) (Rathnayake et al., 2019; Lin et al., 2008; Ngai 2019).

While some women perceive these symptoms as a problem and seek treatment, some do not see them as a problem (Taebi et al., 2019). This is also closely related with personality traits. Women may experience menopause in line with their personality traits. Therefore, it is crucial to understand women's personality traits in order to figure out their menopausal complaints better (Lin et al., 2008; Ngai 2019). In addition, psychological, biological and social changes

in the menopausal period may also affect women's quality of life (Taebi et al., 2019; Yurdakul et al., 2007).

Quality of life is a broader concept than the person's medical condition. Therefore, it also contains the woman's well being. As complaints in the menopausal period affect women's life, menopausal period is crucial (Karmakar et al., 2017; Taebi et al., 2019; Yurdakul et al., 2007). In this context, the study aimed to determine the correlation between complaints, personality traits, and quality of life in menopausal women.

Research questions: The study aims to provide answers to the following issues:

- Is there a difference in menopausal complaints according to personality traits?
- What is the relationship between menopausal complaints, personality traits and quality of life?

Material and Methods

Type of the Study: The study was planned with cross-sectional descriptive-correlational design.

The Population and Sample of the Study: The study was conducted with women aged 45 to 55 years applying to the Menopause Outpatient Clinic in a public hospital affiliated with the Ministry of Health between April 2019 and July 2019. The sample size of the study was determined using the sampling method with known population. For that purpose, the women applying to the menopause outpatient clinic between January 2018 and December 2018 were counted and after excluding the repeated records it was determined that 2800 women applied to the said clinic. According to the calculation, 132 women comprised the sample. The women aged 45 to 55 years who were in the menopausal period within the specified date range, were able to speak Turkish, had no speaking or hearing handicap, did not receive any treatment for menopausal complaints, did not receive hormonal therapy in the last 6 months, had thyroid disease or did not have adrenal disease and were voluntary to take part in the study were included in the study using the improbable sampling method.

Data Collection Tools: The data were acquired using the Participant Information

Form, the Menopause Rating Scale, the Cervantes Personality Scale (CPS), and the Utian Quality of Life Scale (UQLS) via the face-to-face interview method.

The Participant Information Form, has 26 items containing individual characteristics (such as age, marital status, duration of marriage, family type, educational background, employment), obstetrical characteristics (such as gravidity, parity, number of miscarriages and abortions, last menstrual period, age for onset of menopause, type of menopause) and general health, psychological and social state characteristics (such as presence of a chronic and psychiatric disease, exercise frequency, smoking, state of experiencing an influencing incident recently, state of family and friends to support and regard their emotions).

The Menopause Rating Scale (MRS), was developed to rate complaints in the menopausal period and the Turkish validity and reliability study of the scale was conducted by Gurkan (Gurkan, 2005). The scale has a total of 11 items and 3 subscales (Gurkan, 2005). For each item, there are options like 0: N/A, 1: mild, 2: moderate, 3: intense and 4: very intense. Higher total score indicates that the severity of complaints increases.

The Cervantes Personality Scale (CPS): was developed to assess personality traits of menopausal women and was adapted into Turkish by Bal and Şahin (Demirgoz & Hotun Şahin, 2011). This six-point likert scale has 20 questions. The scale has three subscales (extroversion/introversion, emotional instability/ neuroticism, sincerity/insincerity). As the score obtained in each subscale decreases, extroversion, emotional instability and sincerity increase.

The Utian Quality of Life Scale: was developed to assess the impact of menopause on the quality of life and its Turkish validity and reliability study was conducted by Abay (Abay & Kaplan 2016; Utian et al., 2002). This five-point likert scale has four subscales as emotional quality of life, sexual quality of life, occupational quality of life, and health quality of life. Increase in the scale and subscale scores indicates signifies that the quality of life enhances.

Data Analysis: The SPSS for Windows (Statistical Package for Social Science for

Windows, Version (21.0) packaged software was used to analyse the data. Percentage distributions, t-test, correlation analysis, Kruskal-Wallis and One-way ANOVA tests were used to assess the data. The value of $p < 0.05$ was accepted to be statistically significant.

Ethics Approval: In order to conduct the study, written approval was obtained from the Ethics Committee of the aforementioned hospital (IRB: 36/2019). The women meeting the inclusion criteria (being literate, being in the menopausal period) were informed about the purpose and content of the study. Written consent of the women was obtained for participation. In order to acquire the data properly, the women were informed that they were not obliged to specify their name in the data collection form except for the consent form and that all kinds of info was to be kept confidential.

Results

It was determined that mean age of the participants was 52.27 ± 5.84 years and they were married for 29.39 ± 8.42 years on average. A great majority of the women (97.8%) were married, 81.3% had nuclear family, 80.6% were unemployed, more than half of them (59.7%) had an income equal to expense and very few of them (12.7%) had a chronic disease like diabetes, hypertension, and heart disease (Table 1).

It was determined that more than half of the menopausal women had two and more pregnancies (86.6%) and births (81.4%), very few of them smoked (21.6%) and underwent a surgery due to gynaecological diseases (7.5%). It was found that the women's mean age of menopause was 45.70 ± 5.28 years.

It was determined that more than half of the participants applied to a hospital due to their menopausal complaints (72.4%) and very few of them (11.2%) utilised a complementary method (such as exercise, aromatherapy, acupuncture) for their menopausal complaints.

It was determined that there was a positive weak significant correlation between the Menopause Rating Scale psychological subscale scores and the Personality Scale emotional instability/neuroticism subscale ($r:$

$.192, p < 0.05$). As the women's psychological complaints increased, they displayed neurotic personality traits (Table 2). There was a negative weak significant correlation between the Menopause Rating Scale somatic subscale scores and the Utian Quality of Life Scale emotional subscale ($r:$ $-.322, p < 0.05$) and health subscale ($r:$ $-.202, p < 0.05$) scores.

It was determined that there was a positive weak significant correlation between the women's Menopause Rating Scale psychological subscale scores and the Quality of Life Scale emotional ($r:$ $.172, p < 0.05$) and sexual ($r:$ $.258, p < 0.05$) subscale scores and a negative weak significant correlation between the women's Menopause Rating Scale psychological subscale scores and the occupational subscale ($r:$ $-.172, p < 0.05$) scores (Table 2).

It was found that there was a positive weak significant correlation between the women's Menopause Rating Scale urogenital subscale scores and the Quality of Life Scale sexual ($r:$ $.178, p < 0.05$) subscale (Table 2).

However, it was determined that there was a positive weak significant correlation between the Personality Scale extroversion/introversion subscale scores and the Utian Quality of Life Scale sexual ($r:$ $.178, p < 0.05$) and occupational ($r:$ $.202, p < 0.05$) subscale scores. As the women's introversion personality trait increased, their sexual and occupational subscale scores increased. In the study, it was determined that there was a positive weak significant correlation between the women's Personality Scale emotional instability/neuroticism subscale scores and the Utian Quality of Life Scale emotional ($r:$ $.170, p < 0.05$), sexual ($r:$ $.229, p < 0.05$) and health ($r:$ $.290, p < 0.05$) subscale scores, except for the occupational subscale. As the women's neuroticism scores increased, their Quality of Life Scale emotional, sexual and health subscale scores increased.

According to the regression analysis, it was determined that personality traits of the menopausal women were associated with the Utian Quality of Life Scale subscales and the Menopause Rating Scale subscales and were a determinant for personality traits. Among the personality traits, the Quality of Life Scale occupational subscale was a

determinant for introvert personality, the Quality of Life Scale sexual, occupational and health subscales for neurotic personality, and the Quality of Life Scale emotional subscale for insincere personality (Table 3).

Table 1: Personal Characteristics of the Participants

Characteristics	Number (n)	Percentage (%)
Marital Status		
Married	131	97.8
Single	3	2.2
Educational Level		
≤5	99	73.9
>5	35	26.1
Employment		
Employed	26	19.4
Unemployed	108	80.6
Family Type		
Nuclear family	109	81.3
Extended family	25	18.7
Income level		
Income less than expense	49	36.6
Income equal to expense	80	59.7
Income more than expense	5	3.7
State of Doing Exercise		
Available	12	9.0
N/A	122	91.0
Presence of a Chronic Disease		
Available	17	12.7
N/A	117	87.3

Table 2: Correlation Between the Menopause Rating Scale and Personality Scale Subscale and the Utian Quality of Life Scale Subscale Scores of the Participants

		The Menopause Rating Scale Subscales					
		Somatic Area		Psychological Area		Urogenital Area *	
		r	p	r	p	r	p
The Cervantes Personality Scale	Extroversion/Introversion	-.026	.761	-.068	.433	.028	.749
	Emotional instability/Neuroticism	-.122	.162	.192	.026*	.037	.669
	Sincerity/Insincerity	-.099	.253	.158	.068	.014	.872
The Utian Quality of Life Scale	Emotional Subscale	-.322	.000*	.172	.047*	.107	.217
	Sexual Subscale *	-.139	.108	.258	.003*	.178	.039*
	Occupational Subscale	-.126	.148	-.172	.047*	.001	.987
	Health Subscale	-.202	.019*	.091	.297	.113	.195

*The married participants were included, r: The Pearson's correlation analysis. *p<.05.

Table 3: Risk Factors Affecting the Personality Trait Subscales of the Menopausal Women According to the Linear Regression Analysis

Variables	B	Std. Error	Beta (β)	t	p	95% CI (OR)	
<i>Introversion</i>							
Constant	9.294	1.765		5.267	.000	5.803	12.784
Occupational	.249	.105	.202	2.365	.019	.041	4.589
<i>Neuroticism</i>							
Constant	10.172	2.805		3.627	.000	4.624	15.721
Sexual life	.491	.173	.244	2.833	.005	.148	.834
Occupational	-.311	.119	-.221	-2.611	.010	-.547	-.075
Health	.391	.128	.252	3.058	.003	.138	.643
<i>Insincerity</i>							
Constant	3.800	2.070		1.859	.069	-.295	.785
Emotional	.269	.108	.224	2.651	.009	.068	1.710

Introversion: R: .202 Adjusted R²: .192 F: 5.595 p: .019, Neuroticism: R: .397 Adjusted R²: .258 F: 8.131 p: .000 Insincerity: R: .262 Adjusted R²: .187 F: 4.826 p: .009

Discussion

Menopausal period is one of the most important periods in a woman's life. Age for onset of menopause varies among women according to many individual or environmental characteristics. In the studies it has been determined that the mean age for onset of menopause is close to each other worldwide and is 50.9 years in Italy, 49.6 years in Iran, 48.7 years in Greece, 50.5 years in England, 49.5 years in Korea, 45 years in India, and 48 years in Mexico (Nazarpour et al., 2018; Wang et al., 2019). In Turkey the age for onset of menopause was found to be 47 to 49 years (Ergin & Yagmur 2018). In this study, it was determined that the women's age for onset of menopause was 45.70 ± 5.28 years and national studies have showed that women go through the menopause earlier, which is compatible with the results of the studies (Ergin & Yagmur 2018). This is thought to be associated with a difference concerning the sample selection or different lifestyle and constant health issues of the menopausal women who took part in the study.

The studies have reported that personality traits affect the menopausal quality of life and menopausal complaint level (Karmakar et al., 2017; Ngai 2019; Abay and Kaplan 2016; Nazarpour et al., 2018). Similarly the main purpose of this study was to examine the correlation between menopausal complaints, personality traits and menopausal quality of life in Turkish women. In their studies, Ergin and Yagmur (2016) and Lin et al., (2008) determined that menopausal women with an extrovert personality trait had a higher quality of life in the sexual and health subscales (Lin et al., 2018; Ergin & Yagmur 2018; Zhang et al., 2017). In their study, Yurdakul et al., stated that women with emotional instability had a higher quality of life (Yurdakul et al., 2007). In this study, it was determined that introvert women had a higher quality of life in the sexual and occupational subscales according to the Utian Quality of Life Scale, while women with an emotional instability personality trait had a higher quality of life in the emotional, sexual, and health subscales of the Utian Quality of Life Scale. It has long

been known that it is necessary to determine menopausal complaints in practical ways and carefully follow the changes in physical, behavioural, cognitive and emotional functions in order to provide an optimal healthcare. Apparently, there was a correlation between having a more quality life and having an emotionally balanced personality trait for women in the same direction (Karmakar et al., 2017; Rathnayake et al., 2019; Ergin & Yagmur 2018; Mauas et al., 2014). It can be asserted that having introvert and neurotic personality traits had negative impacts on women's menopausal complaints and quality of life.

Personality traits displayed by menopausal women are among important factors for overcoming menopausal complaints and other problems (Ergin & Yagmur 2018; Mauas et al., 2014). Women are expected to display different menopausal complaints depending on their personality traits (Demirgoz & Hotun Şahin, 2011; Ergin & Yagmur 2018). In their study, Ergin and Yagmur (2016) determined that women displaying more extrovert personality trait had greater somatic and urogenital menopausal complaints (Ergin & Yagmur 2018). In this study, it was determined that there was no correlation between the participants' extrovert or introvert personality traits and menopausal complaints. In their study, Mauas et al., (2014) determined that women displaying more emotional instability personality trait had greater psychological menopausal complaints (Mauas et al., 2014). Also in the study by Ergin and Yagmur (2016) it was found that as women's neurotic personality trait increased, their psychological complaints increased (Ergin & Yagmur 2018). Likewise in this study it was determined that there was a significant correlation between the women displaying a neurotic personality trait and their psychological complaints.

In parallel with the results given in the literature, it was determined that neurotic and introvert personality traits had a particular effect on the quality of life (Ergin & Yagmur 2018; Mauas et al., 2014). In the study, it was found that among the personality traits, the

Quality of Life Scale occupational subscale was determinant for introvert personality, its sexual, occupational, and health subscales for neurotic personality, and its emotional subscale for insincere personality. In their study, Bosworth et al., determined that throughout the climacteric process the women's menopausal complaints increased in line with the increase in their neurotic personality trait (Zhang et al., 2017; Bosworth et al., 2003). In a similar study, Lin et al., found that there was a positive correlation between menopausal complaints and neuroticism (Lin et al., 2018). Women displaying a neurotic personality trait tend to experience greater emotional distress (Lin et al., 2018). Women's neurotic reactions in the menopausal period may develop due to a wrong explanation/hearing or a negative attitude toward the climacteric period, which may consequently lead to depression (Ergin & Yagmur 2018; Mauas et al., 2014).

Conclusion: As a consequence, menopausal complaints and quality of life in menopausal women vary according to many factors. Women with more introvert and neurotic personality traits have increased menopausal complaints and impaired quality of life. As introversion and neuroticism increase in women, complaints in every area of menopause increase and in turn the quality of life impairs.

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