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## **The effect of nurse led intervention on menopause specific quality of life related to post-menopausal problems among women residing in selected areas of Ahmednagar district**

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### **Abstract**

**Introduction:** Menopause marks the natural cessation of menstruation and ovarian function, typically occurring between ages 45 and 55, due to decreased estrogen production. It involves significant changes affecting various bodily systems.

**Methodology:** This quasi-experimental study used a quantitative research approach to assess the impact of a nurse-led intervention on the quality of life in managing post-menopausal problems among women in selected areas of the Ahmednagar district. An informal one-group pretest-posttest design was employed, involving 120 women over 40 years old who met specific inclusion and exclusion criteria, selected through non-probability convenience sampling. The inclusion criteria were women who were post-menopausal for at least 12 months, cognitively able to participate, willing to take part, and proficient in both English and Marathi. Exclusion criteria included women with menstrual disorders, those who had undergone hormone replacement therapy, and those with severe psychiatric disorders or chronic illnesses. The study's assessments included the Menopause-Specific Quality of Life (MENQOL) Questionnaire.

**Results:** Results showed substantial improvements post-intervention: the proportion of women reporting much or moderately better quality of life increased from 4.17% to 56.67%, and the mean quality of life score rose from 58.15 to 138.25.

**Conclusion:** These results highlight the intervention's effectiveness in enhancing quality of life among post-menopausal women, emphasizing the potential benefits of targeted nurse-led programs.

**Keywords:** Nurse-led intervention, menopause-specific quality of life, post-menopausal problems

### **Introduction**

Menstrual periods stop and major hormonal changes occur during the post-menopause, which is a life-changing time for women. This marks the end of the reproductive years, however there are a variety of physical and psychological changes that impact a person's overall quality of life (QOL) <sup>[1]</sup>. Hormonal shifts may contribute to mood swings, anxiety, and even depression. Physical alterations that affect one's physical appearance and self-worth may also have an impact on one's mental health. However, many women find resilience through support networks, whether from healthcare professionals, friends, or support groups. Open communication and seeking emotional support can help women navigate these emotional changes and maintain a positive outlook on life <sup>[2]</sup>. Enhancing QOL for women after menopause involves addressing the diverse physical, emotional, social, and cognitive aspects that characterize this life stage. By managing symptoms effectively, nurturing emotional well-being, maintaining strong social connections, and supporting cognitive function, women can navigate the changes and challenges of post-menopause with resilience and maintain a fulfilling and satisfying quality of life. Taking proactive steps to prioritize self-care, seek support, and engage in activities that promote well-being are crucial in optimizing QOL during this transformative phase of life <sup>[3]</sup>.

### **Need of the study**

Every year, around 25 million women worldwide go through menopause, making up the estimated 467 million post-menopause women in the globe in 1990. This number is projected to rise significantly to around 1.2 billion by 2030, emphasizing the growing

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demographic impact and healthcare needs of menopausal women worldwide [4]. By addressing these specific needs through targeted research, healthcare planning, and policy development, societies can better promote healthy aging and improve the standard of living for women going through menopause worldwide. There are almost six million Indian women over 45, according to research done by the Indian Menopause Society. India's population is expected to reach 1.4 billion by 2026, with 103 million menopausal individuals and 173 million over-60-year-olds. There are currently no health initiatives in India that address the unique requirements of older women in terms of reproductive health. Furthermore, women who have beyond the reproductive stage are not included in the newly introduced National Rural Health Mission and Reproductive and Child Health II programs; instead, they solely target women in the reproductive age range. Menopausal syndrome is not well understood on one hand, and on the other, women jump at the chance to try any kind of therapy that is offered. Fewer women had heard of hormone treatment, and the majority were unaware of menopausal therapy [5]. Approximately between twenty percent and thirty percent of women are impacted by them. Women with prior to menopause syndrome often start seeking therapy when they are 45 years old [6].

### Aim of the study

This study aims to evaluate the effectiveness of nurse-led treatments aimed at women in certain Ahmednagar district regions in terms of menopause-specific quality of life (QoL).

### Research Methodology

This research aims to evaluate the impact of a nurse-led intervention on menopause-specific quality of life among post-menopausal women. The study had two primary objectives: (1) to assess the quality of life related to post-menopausal problems before and after the intervention, and

(2) to explore the association between menopause-specific quality of life and selected demographic variables.

Quasi-experimental one-group pretest-posttest research design was employed for this study. This design allowed for the assessment of changes in participants' menopause-specific quality of life following the intervention. The research focused on post-menopausal women aged 40 and above, residing in the Ahmednagar district. Women from selected areas of the district were considered part of the accessible population.

The sampling technique used was non-probability convenience sampling. This approach involved selecting participants based on their availability and willingness to participate in the study. Convenience sampling allowed for a quicker recruitment process, although it limited the generalizability of the findings due to the lack of randomization.

### The research tool comprised two sections

**Section I:** Demographic Profile – This section gathered data on the participants' age, education, occupation, marital status, and other relevant demographic information.

**Section II:** The Menopause-specific Quality of Life (MENQOL) Questionnaire – A validated tool, MENQOL was used to assess the quality of life in post-menopausal women. It included domains such as physical, psychosocial, sexual, and vasomotor symptoms related to menopause.

The nurse-led intervention was expected to address these menopause-related issues, and its effectiveness was measured by comparing pretest and posttest results using the MENQOL questionnaire. The association between demographic factors and menopause-related quality of life was also examined using statistical analysis.

### Results

#### Section-A

**Table 1:** Demographic Variables

Demographic Variables	Frequency (f)	Percentage (%)
<b>1. Age</b>		
a) 40-45	37	30.83
b) 46-50	31	25.83
c) 51-55	17	14.17
d) 56-60	11	9.17
e) 61-65	14	11.67
f) 65 or older	10	8.33
<b>2. Marital Status</b>		
a) Married	71	59.17
b) Widowed	9	7.50
c) Divorced	6	5.00
d) Never married	34	28.33
<b>3. Education Level</b>		
a) No Formal education	43	35.83
b) High school or less	29	24.17
c) Some college or vocational training	20	16.67
d) Bachelor's degree	22	18.33
e) Master's degree or higher	6	5.00
<b>4. Employment Status</b>		
a) Employed full-time	21	17.50
b) Employed part-time	33	27.50
c) Unemployed	60	50.00
d) Retired	6	5.00
<b>5. Household Income: What is your approximate monthly household income?</b>		
a) Under ₹25,000	53	44.17
b) ₹25,000 - ₹49,999	32	26.67
c) ₹50,000 - ₹74,999	20	16.67

d) ₹75,000 - ₹99,999	9	7.50
e) ₹100,000 or more	6	5.00
<b>6. What is your living arrangement?</b>		
a) Living alone	28	23.33
b) Living with spouse/partner	35	29.17
c) Living with children or other family members	24	20.00
d) Living in a retirement community or assisted living	33	27.50
<b>7. What is your primary source of health insurance?</b>		
a) Government (e.g., Medicare, Medicaid)	26	21.67
b) Private insurance	18	15.00
c) No insurance	69	57.50
d) Other (please specify)	7	5.83
<b>8. Do you have any chronic medical conditions? (Select all that apply)</b>		
a. None	29	24.17
b. Hypertension	46	38.33
c. Diabetes	36	30.00
d. Heart disease	9	7.50
e. Osteoporosis	0	0.00
F. Other (please specify)	0	0.00
<b>9. How often do you visit a healthcare provider?</b>		
a. Monthly	50	41.67
b. Every 2-3 months	42	35.00
c. Twice a year	15	12.50
d. Once a year or less	13	10.83
<b>10. Duration of menopause</b>		
a. less than 6 year	22	18.33
b. 6 months-1 year	16	13.33
c. 1 year -2 year	11	9.17
d. 2 year-3	14	11.67
e. 3 year-4 years	12	10.00
f. 4 year- 5 years	26	21.67
g. More than 5 years	19	15.83
<b>11. What type of menopausal symptoms are you currently experiencing? (Select all that apply)</b>		
a. Hot flashes	54	45.00
b. Night sweats	13	10.83
c. Mood swings	26	21.67
d. Sleep disturbances	25	20.83
e. None	2	1.67
f. Other (please specify)	0	0.00
<b>12. How do you typically cope with menopausal symptoms? (Select all that apply)</b>		
a. Medication	48	40.00
b. Lifestyle changes (diet, exercise)	25	20.83
c. Alternative therapies (herbal, acupuncture)	20	16.67
d. Support groups or counseling	23	19.17
e. Other (please specify)	4	3.33
<b>13. Have you participated in any health teaching intervention programs before?</b>		
a. Yes	6	5.00
b. No	114	95.00

**Section B**

**Table 2:** Menopause specific quality of life related to post-menopausal problems among women before and after the intervention

Quality of Life	Pre Test		Post Test	
	Frequency	Percentage	Frequency	Percentage
Much or Moderately better (Collapsed)	5	4.167	68	56.67
Improvement (Collapsed)	12	10.000	26	21.67
Much Better	15	12.500	9	7.50
Moderately Better	17	14.167	10	8.33
A little Better	24	20.000	5	4.17
Worst	47	39.167	2	1.67
Mean	58.15		138.25	
SD	40.73		36.52	

Before the intervention, only a small fraction of women, 4.167% reported a much or moderately better quality of life. However, after the intervention 56.67% women experience significant improvements. The category labeled

"Improvement (Collapsed)" saw an increase from 10.000% before the intervention to 21.67% afterward. Additionally, 12.500% reported feeling much better before the intervention, but this number decreased to 7.50% post-

intervention. Similarly, the number of women feeling moderately better dropped from 14.167% to 8.33% following the intervention.

Pre-intervention, the proportion of women reporting just little improvement was 20.000%; post-intervention, it was only 4.17%. Most notably, the number of women who felt their condition was the worst decreased dramatically, women 39.167% before the intervention to only 1.67% afterward. The mean quality of life score from 58.15 before the intervention to 138.25 after, indicating a substantial overall enhancement in the perceived quality of life among the participants. The standard deviation (SD) decreases from 40.73 to 36.52, suggesting a reduction in the variability of the women's experiences with life quality after the operation.

In conclusion, the menopause-specific satisfaction of life of the enrolled participants seems to have been significantly improved by the intervention women, with notable increases in the number reporting much or moderately better conditions and a substantial decrease in those experiencing the worst quality of life. The overall mean score improvements and reduced variability further support the effectiveness of the intervention.

### Section C

**Table 3:** Effect of Nurse led intervention on menopause specific quality of life related to post-menopausal problems among women

Effectiveness on Quality of Life	Mean	SD	T value	P value	Remark
Pre Test	58.15	40.73	14.55	<.0001	Significant
Post Test	138.25	36.52			

The value of t is 14.548105. The value of p is <.00001. The result is significant at  $p < .05$ .

**Interpretation:** The data in the table assesses the degree to which post-menopausal women's menopause-specific quality of life (QoL) was improved by a nurse-led intervention. The mean QoL ratings and their standard deviations (SD) before and after the intervention are the main metrics that are assessed. Overall, the results highlight the intricate relationship between post-menopausal quality of life and demographic factors. Younger age, higher education, marriage, higher income, and employment were associated with better outcomes.

### Discussion

According to our study, the nurse-led intervention greatly raised menopausal women's quality of life. This result is in line with a number of research.

Yazdkhasti *et al.* (2012) used the Menopause-Specific Quality of Life (MENQOL) questionnaire to show how an organized educational program significantly improved postmenopausal Iranian women's health-related quality of life. In this study, 120 postmenopausal women attended eight weekly seminars covering subjects including coping strategies, menopause, and lifestyle changes. Significant gains were seen in the vasomotor, psychological development, physical, and sexual domains of the MENQOL questionnaire, indicating the value of education in the treatment of menopausal symptoms [7].

A 12-week structured lifestyle intervention was found by Anderson *et al.* (2015) to significantly improve menopausal quality of life, particularly in the vasomotor and psychosocial domains, in a randomized controlled research including 225 Australian women between the ages of 40 and 65. The treatment included a mix of dietary changes, stress

reduction strategies, and physical activity. Along with a substantial decrease in the frequency and severity of hot flashes & night sweats, participants also reported improvements in their overall mood and sense of wellbeing. The study emphasized the importance of a holistic approach in managing menopausal symptoms [8].

As measured by the Menopause Rating Scale (MRS) and the Women's Health Questionnaire (WHQ), 631 peri- and postmenopausal women in Austria experienced significant improvements in menopausal symptoms and quality of life following a 12-week red clover determine supplementation and lifestyle education program, according to Lipovac *et al.* (2017). The study's findings, which included improvements in moods and sexual function as well as substantial decreases in hot flashes, sweating during the night, sleep problems, and mood swings, show that phytoestrogens, when combined with lifestyle changes, may effectively manage menopausal symptoms [9].

### Conclusion

Our research found that the nurse-led intervention greatly improved post-menopausal women's quality of life related to the menopause. The intervention's effectiveness is evidenced by substantial improvements in various health aspects and aligns with findings from similar studies. The overall standard of life improved significantly, according to the findings, with participants reporting fewer menopausal symptoms and enhanced well-being. These outcomes suggest that educational and psychological interventions can effectively manage menopausal symptoms and enhance post-menopausal women's quality of life. The study's findings highlight the importance of a holistic approach in managing menopausal symptoms, emphasizing the role of nurse-led interventions in providing comprehensive care and support to post-menopausal women. Future research can explore the use of digital platforms, such as mobile apps and telehealth services, to deliver educational and support interventions for menopausal women.

### Conflict of Interest

The authors certify that they have no involvement in any organization or entity with any financial or non-financial interest in the subject matter or materials discussed in this paper.

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### References

- Nappi RE, Cucinella L. Long-term consequences of menopause. *Female Reproductive Dysfunction*; c2020. p. 1-13.
- Kang HK, Kaur A, Dhiman A. Menopause-specific quality of life of rural women. *Indian J Community Med.* 2021;46(2):273-276.
- Yerra AK, Bala S, Yalamanchili RK, Bandaru RK, Mavoori A. Menopause-related quality of life among urban women of Hyderabad, India. *J Mid-life Health.* 2021;12(2):161-167.
- Barati M, Akbari-Heidari H, Samadi-Yaghin E, Jenabi E, Jormand H, Kamyari N. The factors associated with the quality of life among postmenopausal women. *BMC Women's Health.* 2021;21(1):208.
- Kang JH, Kim MJ. Factors influencing the health-related quality of life in Korean menopausal women: a cross-sectional study based on the theory of unpleasant symptoms. *Korean J Women Health Nurs.* 2022;28(2):100.

6. Kafeai-Atrian M, Sadat Z, Nasiri S, Izadi-Avanji FS. The effect of self-care education based on self-efficacy theory, individual empowerment model, and their integration on quality of life among menopausal women. *Int J Community Based Nurs Midwifery*. 2022;10(1):54.
7. Swain D, Nanda P, Das H. Impact of yoga intervention on menopausal symptoms-specific quality of life and changes in hormonal level among menopausal women. *J Obstet Gynaecol Res*. 2021;47(10):3669-3676.
8. Mohapatra S, Iqbal Z, Ahmad S, Kohli K, Farooq U, Padhi S, *et al*. Menopausal remediation and quality of life (QoL) improvement: Insights and perspectives. *Endocr Metab Immune Disord Drug Targets*. 2020;20(10):1624-1636.
9. Monfaredi Z, Malakouti J, Farvareshi M, Mirghafourvand M. Effect of acceptance and commitment therapy on mood, sleep quality and quality of life in menopausal women: A randomized controlled trial. *BMC Psychiatry*. 2022;22(1):108.
10. Lobo RA, Gompel A. Management of menopause: A view towards prevention. *Lancet Diabetes Endocrinol*. 2022;10(6):457-470.

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