



International Journal of Advance Research in Community Health Nursing

E-ISSN: 2664-1666

P-ISSN: 2664-1658

www.communitynursing.net

IJARCHN 2024; 6(2): 134-138

Received: 21-09-2024

Accepted: 26-10-2024

Pandit Veronica Kashinath

Research Scholar, Shri
Jagdishprasad Jhabarmal
Tiberewala University,
Jhunjhunu, Rajasthan, India

Dr. Abdul Latif

Professor, Shri Jagdishprasad
Jhabarmal Tiberewala
University, Jhunjhunu,
Rajasthan, India

The effect of nurse led intervention on menopause specific irritability and adopted coping abilities related to post-menopausal problems among women residing in selected areas of Ahmednagar district

Pandit Veronica Kashinath and Dr. Abdul Latif

DOI: <https://doi.org/10.33545/26641658.2024.v6.i2b.204>

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, irritability, and coping abilities 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 Born-Steiner Irritability Scale: Self-Rating, and the Brief-Coping Orientation to Problems Experienced Inventory (Brief-COPE).

Result: Results showed substantial improvements post-intervention: Irritability levels of post-menopausal women significantly decreased, with severe irritability dropping from 69.17% to 5.83%, and the mean irritability score decreasing from 30.93 to 14.76. Coping abilities improved, with the percentage of women demonstrating good coping skills rising from 9% to 30.83%, and the mean coping ability score increasing from 52.96 to 73.54.

Conclusion: These results highlight the intervention's effectiveness in reducing irritability, and improving coping skills among post-menopausal women, emphasizing the potential benefits of targeted nurse-led programs.

Keywords: Nurse-led intervention, menopause-specific irritability, coping abilities, post-menopausal problems

Introduction

Post-menopause marks a significant decline in estrogen and progesterone levels, which play crucial roles in regulating mood, cognition, and emotional stability. Cognitive function may also be affected during post-menopause, with many women experiencing what is commonly referred to as "brain fog." This can manifest as difficulties with memory, concentration, and processing speed. Hormonal fluctuations and disrupted sleep patterns associated with menopause are believed to contribute to these cognitive changes. Cognitive health may be supported and these difficulties can be lessened by participating in intellectually challenging activities, learning stress-reduction strategies, and maintaining an active life that includes regular exercise and enough sleep^[1]. Women's ability to cope is vital in determining how they feel and deal with the difficulties that come with going through the menopause. Developing adaptive coping strategies, seeking support when needed, and maintaining a proactive approach to health and well-being can empower women to navigate this life stage with resilience and maintain a fulfilling quality of life. Recognizing the importance of coping abilities underscores their role in promoting emotional stability, maintaining social connections, and optimizing overall health during and after menopause^[2].

Corresponding Author:

Dr. Abdul Latif

Professor, Shri Jagdishprasad
Jhabarmal Tiberewala
University, Jhunjhunu,
Rajasthan, India

Need of the study

Every year, around 25 million women worldwide go through menopause, making up the estimated 467 million post-menopausal women in the globe in 1990. Changes in mortality patterns and an elevated risk of cardiovascular diseases (CVD) are two major health consequences linked to menopause. Compared to women who go through menopause later in life, those who go through menopause before the age of 45 are greater risk of passing away from all causes, CVD mortality, and coronary heart disease (CHD) (3). Conversely, women entering menopause between ages 50 and 54 have a decreased risk of fatal CHD compared to those entering menopause before age 50, highlighting age-specific variations in cardiovascular health risks post-menopause [3]. 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. Fewer women had heard of hormone treatment, and the majority were unaware of menopausal therapy [4]. 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 [5].

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 irritability and coping skills.

Research Methodology

This research study aims to assess the irritability and coping abilities among post-menopausal women, both before and after an intervention. The primary objectives are: (1) to

evaluate changes in irritability and coping strategies after the intervention, and (2) to identify correlations between menopausal irritability and coping abilities with selected demographic variables. The study utilizes a quasi-experimental, one-group pretest-posttest research design, allowing the researcher to measure changes within the same group of participants over time.

The accessible population includes post-menopausal women aged over 40 residing in the Ahmednagar district, Maharashtra. The sample comprises women from selected areas of the district, recruited using a non-probability convenience sampling technique. This method enables the researcher to choose participants who are most readily available and willing to participate, even though it may not guarantee a fully representative sample of the broader population.

The research tool is divided into three sections. The first section captures the demographic profile of the participants, including age, socioeconomic status, and other relevant variables. The second section assesses irritability levels using the Born-Steiner Irritability Scale: Self-Rating, a standardized tool widely recognized for its reliability in measuring irritability symptoms. The third section evaluates the women's coping abilities using the Brief COPE inventory. This tool is designed to assess different coping strategies used by individuals to manage stress, providing insights into both adaptive and maladaptive coping mechanisms.

By comparing pre- and post-intervention data, this research aims to determine the effectiveness of interventions in reducing irritability and enhancing coping strategies. Additionally, the study seeks to explore the relationship between irritability, coping mechanisms, and demographic factors, offering valuable insights for tailoring future interventions for post-menopausal women.

Results

Section-I

Table 1: Demographic Variables

| Demographic Variables | Frequency (f) | Percentage (%) |
|--|---------------|----------------|
| 1. Age | | |
| 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 |
| 2. Marital Status | | |
| a) Married | 71 | 59.17 |
| b) Widowed | 9 | 7.50 |
| c) Divorced | 6 | 5.00 |
| d) Never married | 34 | 28.33 |
| 3. Education Level | | |
| 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 |
| 4. Employment Status | | |
| a) Employed full-time | 21 | 17.50 |
| b) Employed part-time | 33 | 27.50 |
| c) Unemployed | 60 | 50.00 |
| d) Retired | 6 | 5.00 |
| 5. Household Income: What is your approximate monthly household income? | | |

| | | |
|---|-----|-------|
| 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 |
| 6. What is your living arrangement? | | |
| 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 |
| 7. What is your primary source of health insurance? | | |
| 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 |
| 8. Do you have any chronic medical conditions? (Select all that apply) | | |
| 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 |
| 9. How often do you visit a healthcare provider? | | |
| 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 |
| 10. Duration of menopause | | |
| 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 |
| 11. What type of menopausal symptoms are you currently experiencing? (Select all that apply) | | |
| 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 |
| 12. How do you typically cope with menopausal symptoms? (Select all that apply) | | |
| 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 |
| 13. Have you participated in any health teaching intervention programs before? | | |
| a. Yes | 6 | 5.00 |
| b. No | 114 | 95.00 |

Section II

Table 2: Showing the irritability levels related to post-menopausal problems among women before and after the intervention

| Self-Rating | Pre Test | | Post Test | |
|-----------------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Mild Irritability | 9 | 7.50 | 79 | 65.83 |
| Moderate Irritability | 28 | 23.33 | 34 | 28.33 |
| Severe Irritability | 83 | 69.17 | 7 | 5.83 |
| Mean | 30.93 | | 14.76 | |
| SD | 9.43 | | 8.80 | |

The intervention's impact is evident from the substantial decrease in the frequency of severe irritability and the corresponding increase in mild irritability cases. This shift

indicates that the intervention was effective in mitigating severe irritability, thereby improving the overall well-being of post-menopausal women. The reduction in the mean irritability score from 30.93 to 14.76 emphasize the effectiveness of the intervention and the significant increase in the participants' standards of life. Additionally, the relatively lower standard deviation post-intervention suggests that the irritability levels became more consistent across the group, reflecting a more uniformly positive response to the intervention. Overall, the statistics indicate that the measure was quite successful in lowering the women under study's irritation, which was linked to post-menopausal issues.

Section III

Table 3: Showing the adopted coping abilities related to post-menopausal problems among women before and after the intervention

| Level of Coping Abilities | Pre Test | | Post Test | |
|-----------------------------------|-----------|------------|-----------|------------|
| | Frequency | Percentage | Frequency | Percentage |
| Poor level of coping abilities | 92 | 76 | 30 | 25.00 |
| Average Level of coping abilities | 18 | 15 | 53 | 44.17 |
| Good level of coping abilities | 10 | 9 | 37 | 30.83 |
| Mean | 52.96 | | 73.54 | |
| SD | 13.66 | | 18.41 | |

The mean score of coping abilities rose from 52.96 in the pre-test to 73.54 in the post-test, indicating an overall improvement in coping skills among the participants. This improvement is further supported by the increase in the standard deviation (SD) from 13.66 to 18.41, suggesting a wider dispersion of scores in the post-test, which may reflect individual differences in the extent of improvement. In conclusion, it seems that the intervention improved post-menopausal women's coping skills. The data shows a clear reduction in the proportion of women with poor coping abilities and a corresponding increase in those with average and good coping abilities. The improvement in mean scores and the broader distribution of scores in the post-test indicate that the intervention was effective in enhancing the coping skills of the participants, potentially leading to better management of post-menopausal problems.

The research emphasizes how demographic variables including age, occupation, marital status, education, and income, living arrangements, and health insurance significantly influence menopause-specific irritability among women. Based on certain demographic profiles, these results may help develop strategies and targeted treatments to lessen the effects of menopause-related irritability.

Secondly, the study underscores the influence of age, marital status, and education level as significant determinants of coping abilities among menopausal women. According to these results, customized treatments and support should take these demographic factors into account in order to improve coping mechanisms and general well-being during the time of menopause. More research on other topics may be necessary to provide comprehensive insights on improving coping mechanisms and quality life outcomes among menopausal women from diverse demographic backgrounds.

Discussion

The reduction in irritability observed in our study aligns with findings from several studies.

Asghari *et al.* (2017) reported that an educational intervention effectively reduced psychological symptoms, including irritability, in menopausal women in Iran using the Greene Climacteric Scale. The intervention consisted of 10 weekly sessions focusing on stress management, relaxation techniques, and cognitive-behavioral strategies. Participants showed significant reductions in anxiety, depression, and irritability, indicating the benefits of educational and psychological support during menopause [7]. Kaunitz and Manson (2015) reviewed various non-hormonal therapies for menopausal symptoms and found that cognitive-behavioral therapy (CBT) and other mind-body techniques were effective in reducing psychological symptoms, including irritability. The review highlighted that CBT, mindfulness-based stress reduction, and yoga could help manage mood swings, anxiety, and irritability by

improving coping skills and promoting relaxation [8].

Our findings, which demonstrate enhanced coping skills after the intervention, are consistent with several research. Rotem *et al.* (2005) found that a structured educational program enhanced coping strategies in menopausal women in Israel. The program included information on menopause, stress management, and coping strategies delivered over 10 weekly sessions. The participants' overall coping skills as well as their ability to manage hot flashes, night sweats, and additional menopausal symptoms considerably improved [9]. Doubova *et al.* (2012) evaluated a nurse-led social-cognitive theory-based intervention on menopausal symptoms and coping strategies in 380 Mexican women, finding significant improvements in symptom management and coping abilities. The intervention included group sessions focusing on problem-solving skills, social support, and stress management techniques. The participants reported significant reductions in the severity of menopausal symptoms as well as gains in their ability to deal with day-to-day challenges [10].

Conclusion

Our research found that the nurse-led intervention greatly improved post-menopausal women's irritability and coping strategies related to the menopause. The intervention's effectiveness is evidenced by promoting post-menopausal women's health and wellbeing. Provide ongoing support, offer educational resources, and connect women with support groups to enhance their coping abilities and overall quality of life. One can engage in continuous professional development to stay updated on the latest research and intervention strategies in menopause management. Attend workshops, seminars, and courses to enhance knowledge and skills.

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.

Funding source: There is no funding source for this study.

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How to Cite This Article

Kashinath PV, Latif A. The effect of nurse led intervention on menopause specific irritability and adopted coping abilities related to post-menopausal problems among women residing in selected areas of Ahmednagar district. *International Journal of Advance Research in Community Health Nursing.* 2024; 6(2): 134-138.

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