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A Descriptive Study of Menopausal Woman's Life Experiences, Stressors and Their Occupational Meanings

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A Descriptive Study of Menopausal Women's Life Experiences,
Stressors, and Their Occupational Meanings

Presented in Partial Fulfillment of the
Requirements for the Degree of
Doctor of Occupational Therapy

Eastern Kentucky University
College of Health Sciences
Department of Occupational Science and Occupational Therapy

Melanie A. Ford
2015

**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL THERAPY**

This project, written by Melanie A. Ford under direction of Amy Marshall, PhD, OTR/L, Faculty Mentor, and approved by members of the project committee, has been presented and accepted in partial fulfillment of requirements for the degree of

DOCTOR OF OCCUPATIONAL THERAPY

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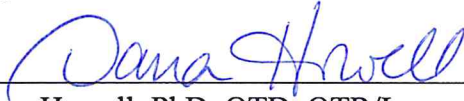
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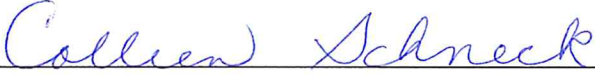
**EASTERN KENTUCKY UNIVERSITY
COLLEGE OF HEALTH SCIENCES
DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL
THERAPY**

Certification

We hereby certify that this Capstone project, submitted by Melanie A. Ford, conforms to acceptable standards and is fully adequate in scope and quality to fulfill the project requirement for the Doctor of Occupational Therapy degree.

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Executive Summary

This study describes some of the major physical and emotional occupational needs of menopausal women, and the direct impact this has on their relationships and overall well-being. The primary objective of this research project was to describe the life experiences of menopausal women and how various stressors affected their emotional, physical, and relational occupations. A descriptive grounded theory method was used to explore the stressors, their meanings, and the women's unique perspectives of their menopausal experiences. Data were collected through semi-structured interviews and then coded and analyzed into key categories. From this information, specific themes were formulated, resulting in an emergent grounded theory. The four themes that emerged from the data were the: physical manifestations of menopause; emotional manifestations of menopause; external contributing factors; and strategies to cope with menopausal challenges. These major themes provided a more in-depth understanding of menopausal women's perspectives, their meanings, and key occupations.

A secondary objective of this study was to disseminate information through eventual publications and presentations to encourage occupational therapists to design and implement intervention strategies to address some of the key occupational struggles associated with menopause. The occupational needs of menopausal women need to be studied further to potentially develop effective intervention strategies for assisting them in dealing with the challenges and changes associated with menopause. The field of occupational therapy is perfectly positioned to be a leader in promoting healthy occupations and lifestyles for these women. This can be accomplished through providing relevant preventative and community-based programming.

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I would like to thank my husband, the love of my life and my rock. I must not forget the unending support I received from my family and friends. Their love and encouraging words sustained me through the exciting and challenging times. I also want to thank my mom for the love, stability, and unending support she provided me during her lifetime. I would also like to acknowledge my father, who has graciously extended to me wisdom, courage, and strength beyond belief. It is he who has provided me with the drive to persist through this life through providing me with unconditional love, graciousness, and a self-less spirit of compassion. First and foremost I couldn't have completed this task without the Lord and his ever-present love, guidance and support.

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DEPARTMENT OF OCCUPATIONAL SCIENCE AND OCCUPATIONAL
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Date of Submission: 08/04/15

Table of Contents

Executive Summary	
Acknowledgments	
Section 1: Nature of Project and Problem Identification.....	1
Introduction.....	1
Problem Statement.....	3
Purpose of this Project.....	3
Project Objectives.....	3
Theoretical Framework.....	4
Significance of Study.....	5
Practice.....	5
Healthcare outcomes.....	6
Healthcare delivery.....	7
Healthcare policy.....	7
Summary.....	7
Section 2: Review of Literature.....	9
Introduction.....	9
Menopausal Symptoms.....	9
Emotional Intelligence.....	10
Mind and Body Therapies.....	11
Hormone, Behavioral and Cognitive Behavioral Therapy.....	12
Quality of Life.....	12
Preventative Measures.....	13

Wellness Programs.....	14
Occupational Therapy Prevention and Community-Based Programming.....	15
Occupational Therapy Wellness Programs.....	16
Conclusion.....	17
Section 3: Methods.....	19
Project Design.....	19
Needs Assessment.....	19
Identification of Study Participants.....	20
Setting.....	21
Data Collection Procedures.....	21
Data Analysis Procedures.....	22
Strategies to Increase Trustworthiness of Data.....	24
Reflexivity.....	24
Member checking.....	25
Triangulation.....	25
Ethical Considerations.....	25
Outcome Measures.....	26
Timeline of Project Procedures.....	26
Initial phase.....	26
Interview process.....	26
Analysis of data.....	26
Formulation of results and conclusions.....	27
Resources.....	27

Section 4: Results and Discussions.....	28
Introduction.....	28
Capstone Project Objectives.....	28
Study Results and Discussion.....	29
Introduction.....	29
Physical manifestations.....	29
Emotional manifestations.....	31
External contributing factors.....	33
Interventions and supports.....	34
Study limitations.....	35
Implications for practice.....	36
Future research.....	38
Conclusion.....	40
References.....	42
Appendix A.....	48
Appendix B.....	49
Appendix C.....	51
Appendix D.....	52
Appendix E.....	53
Appendix F.....	54
Appendix G.....	55

List of Tables

Capstone Project Participant Flyer.....	48
Interview Questions.....	49
Code Book.....	51
Listing of Focused Code Examples.....	52
Axial Coding Table.....	53
Graphic Summative Reflective Journal.....	54
Consent Form.....	55

Section 1: Nature of Project and Problem Identification

Introduction

Menopause by definition is the time in a woman's life when she is adapting to the physical, emotional, mental, and hormonal changes associated with ceasing to have menstrual periods. Some of the common associated changes include interrupted sleep patterns, hot flashes, and stress. Occupational therapists could have a profound impact on these women's lives by addressing this problem through the implementation of occupation-based practice changes to improve their overall health. After completing a database search in a premier peer-reviewed journal in occupational therapy, however, it was noted there has not been a single article regarding the preventative measures and community-based issues that are pertinent in addressing over a million women who are struggling with adapting and making the necessary life changes to effectively and efficiently deal with the changes occupations associated with menopause (George, 2002).

Menopause is not necessarily a negative experience for every women who is in this stage of her life. There are women going through menopause who do not have any negative symptoms. Nevertheless, approximately 25% of women who have significant symptoms require on-going treatment for extended periods of time (Northrup, 2015). There are also approximately 60% of women in menopause who visit their local physician because of the severity of their symptoms (Gault, 2015).

Hildenbrand and Lamb (2013) stressed the historical basis of health promotion beginning with one of the pioneers of the occupational therapy profession, Eleanor Clark Slagle. Historically, the field of occupational therapy has played a key role in community-based interventions, prevention programs and health promotion. The authors stressed the importance

of reframing the profession's outlook associated with unrecognized health conditions that potentially require an occupation-based and evidence-based focus, to meet the needs of these individuals. They also addressed the importance of changing funding policies within the health care system to support the treatment of these health conditions.

This provides the framework for the field of occupational therapy to potentially address health conditions like menopause by treating these women's psychosocial, relational and physical issues. Occupational therapy practitioners, counselors and other medical professionals can provide assistance with the implementation of client-centered interventions addressing this health condition through research efforts aimed toward gaining more information regarding menopausal women's life experiences.

This research project consisted of a descriptive grounded theory research study. Information was gathered about the life experiences, occupations, their meanings, and the stressors associated with menopausal women, and the ramifications this stage of life had on their physical, mental and relational well-being. Through the grounded theory approach, the meanings and views of the research participants were collected, and data were coded and compiled into common themes focusing on participants' everyday life occurrences while in menopause (Charmaz, 2006). The study identified the life occupations of women, residing in rural North Pend Oreille County, Washington, who were dealing with the stressors associated with menopause and their life experiences. A thematic data analysis was performed to determine the women's self-reported stressors and the occupational meanings behind these life experiences. Outcomes were centered on discovering the stressors and experiences of women who were struggling with menopause as a first step towards developing occupation and community-based preventative wellness programming for women in this stage of life.

Problem Statement

In the United States there are over 6,000 women who each day enter the stage of menopause (American Congress of Obstetricians and Gynecologists [ACOG], 2011). The key problems associated with menopause are physical, hormonal and mental changes that negatively impact women's lives and relationships with others (Northrup, 2006). This stage of life can bring with it many undesired healthcare challenges that adversely impact a woman's emotional well-being. There are currently no research studies to support the application of occupational therapy practices in the implementation of intervention and outcome strategies when addressing the psychosocial stressors associated with menopause. This lack of available information is resulting in women struggling with the life changes associated with menopause.

Purpose of this Project

The purpose of this descriptive research project was to study the life experiences of women in menopause and how the specific stressors associated with this phase of life were affecting their lives while residing in rural environments. This project identified the psychosocial, physical, and relational occupations, their meanings, and the impact on participants' wellbeing. The occupations that were primarily being studied related to the difficulties and stressors of menopausal women and their methods of coping with these changes.

Project Objectives

The first objective of this Capstone Project was to better understand rural women's perceptions of menopausal experiences and the meanings behind this midlife event. The second objective was to contribute to the knowledge base of occupational therapy practitioners regarding menopause and its impact on these women's occupations.

Theoretical Framework

The descriptive grounded theory method was used in this Capstone Research Project because of its emphasis on exploring data from a uniquely fresh and original perspective. The grounded theory approach afforded the researcher the ability to systematically gather, study, manage and analyze the data for common themes and concepts from an original perspective (Charmaz, 2006). An inductive approach was used to gather qualitative information from the participants' perspective with this grounded theory study (Glaser & Strauss, 1967). The grounded theory method allows for unique and fresh perspectives to develop from the data. The data emerged from the ground up, beginning with collecting coded data, progressed to further categorizing data, and concluded with overall themes.

A descriptive grounded theory approach was an effective direction to pursue in determining the women's life experiences and the occupational meanings through the application of the inductive reasoning process. Women were afforded the opportunity to formulate their own perceptions and conclusions gleaned from their personal experiences with menopause. The participants were encouraged to apply a personal, self-directed focus when describing their life experiences, in hopes of improving their overall well-being similar to the process other women experienced in their exploration of menopause (Price, Storey, & Lake, 2007).

Another theory that applied to this study was the Person-Environment-Occupation (PEO) Model (Ramafikeng, 2011). This model focuses on the connections and exchanges between three entities: occupation, environment, and the person. These three elements are interdependent on one another and are continually changing. A person engages in a number of different roles, which vary depending upon what is happening in the environment. When considering the person, characteristics such as interests, motivation, circumstances that precipitated emotional

retorts, stress, distractions, and degree of autonomy are included. The person's experience is unique and constantly changing. The environment is considered the cultural, physical, and social place where occupational performance occurs. Various types of cues are constantly coming from these contexts. The occupations are the meaningful activities one participates in throughout their lifetime, and ideal wellness is defined as a functional working relationship between these three entities.

The PEO Model is relevant to this study because there was a direct and ever-evolving connection between how menopausal women responded to their environments based upon their chosen occupations. Menopausal women engaged in a variety of different roles depending on what was happening in their environments. For example, if they were stressed due to hormonal changes, this resulted in hot flashes. This in turn affected their environment, because they were no longer comfortable sleeping, and so their sleeping patterns were disrupted. This often resulted in increased fatigue levels, which then potentially impacted their desire to engage in key occupations like volunteering, working, or self-care activities. If there were too many disconnections between the three entities, then dysfunction occurred, resulting in decreased occupational performance and overall life satisfaction.

Significance of Study

There are several implications of this research, including practice, healthcare outcomes, healthcare delivery, and healthcare policy. These will be discussed in the following section.

Practice. One of the overriding purposes of occupational therapy is to positively affect societal health and wellness through community-based programs. This study contains many of the principles that are foundational to the field of occupational therapy (AOTA, 2008).

Occupational therapy is a profession based on client-centered and occupation-based practices while addressing diverse personal needs throughout a person's lifespan (AOTA, 2007).

There are currently no research studies to support the application of occupational therapy practices in the implementation of intervention and outcome strategies when addressing the psychosocial stressors associated with menopause. Through the development of a descriptive grounded theory study about women experiencing the effects and life changes associated with menopause, the goal of this Capstone Project is to introduce occupational therapy as a key profession to address these issues.

Finally, this project is based upon the principles of occupation-based practice because it focuses on how particular life events, such as menopause, are impacting and changing the occupations of women. The goal of occupational therapy is to promote personal occupational choices that will improve the well-being and welfare of clients through gaining a greater knowledge and appreciation of their life experiences, so that potential life changing events and actions can positively impact their lives (Pierce, 2014). Occupational therapy can provide the foundation for understanding how participants visualize, feel, and place their uniquely personal occupations such as dealing with the daily stressors associated with menopause.

Healthcare outcomes. The latest legislation provided by the Affordable Care Act stipulates medical practitioners are required to engage in practices to increase the health of the general public. Occupational therapists contribute to this by focusing on improving the public's well-being through developing community-based programming aimed at equipping them with evidence-based information and knowledge (Hildenbrand & Lamb, 2013). An example of this is to provide women with an occupation and evidence-based preventative program focused on educating them about menopause. An associated healthcare outcome was to gather additional

information so community-based outreach support programs can be developed in the future for women experiencing menopause.

Healthcare delivery. In a much more far-reaching sense, this project brings attention to the need for occupational therapy to devise community-based programming for women in menopause. In the future, this project will potentially provide assistance with devising and implementing strategies to assist women in effectively dealing with menopause. Occupational therapy practitioners will have the opportunity to provide the supportive services required for these clients through addressing key occupational needs and to educate them on what to expect so they make informed decisions.

Healthcare policy. A potential outcome of this Capstone Project will be to eventually promote healthcare policy focusing on increasing a woman's preparedness for menopause through educational programming. The American Occupational Therapy Association (AOTA) has incorporated a renewed focus on preventive, community based services in the Centennial Vision of 2007 (AOTA, 2007). If a serious health condition developed because of women not being informed, there may be a higher cost for healthcare delivery (Braveman & Bass-Haugen, 2009). Ultimately, the hope was that more information and a preventative approach would reduce long-term costs for healthcare. Also, information provided on healthy lifestyles and improved self-management should ultimately reduce health care expenditures.

Summary

Menopause affects every woman as she progresses from the reproductive phase of life to the midlife period, in which she loses her reproductive capacities. During this time of life a woman experiences many body and mental changes. These changes many times cause anxiety and therefore negatively impact a menopausal woman's physical, psychosocial well-being. A

woman's cultural background, environment and mental state also affect how she will react to this phase of life. Finally, many times the emotional and mental turmoil associated with this phase of life will adversely impact her personal relationships with others.

Occupational therapy is a profession that is perfectly positioned to assist women in this process. This is because of the profession's emphasis on exploring the occupational meanings that make-up an individual's life and connecting their interventions and outcome measures to these life experiences (Pierce, 2014). Health promotion is a major component of the 2007 Centennial Vision's guidelines and objectives (AOTA, 2007).

Finally, the ultimate goal will be establishing effective community-based interventions and outcomes focusing on improving the well-being of women in menopause. The profession of occupational therapy needs to be a forerunner in the pursuit of community-based wellness and prevention programs to stay relevant and viable in the years to come. This research study will provide a stepping stone for the field of occupational therapy to become a key player in the provision of health related services to menopausal women. In the next section of this Capstone Project, a literature review will be presented about this topic.

Section 2: Review of the Literature

Introduction

Menopause is a completely natural occurrence that occurs in every woman's life following her reproductive years. This typically occurs between the ages of 40 to 58 (ACOG, 2011). The average age of menopause is around 55 years of age. Menopause occurs naturally when a woman experiences a cessation of the menstrual period, usually due to the aging process. This stage brings with it many physical bodily changes such as hot flashes, night sweats, profuse sweating, fatigue, increased facial hair, and weight gain (Newton, Buist, Keenan, Anderson, & LaCroix, 2002). There will be approximately 46 million women in menopause who are 50 years or older by the year 2020. This equates to the majority of women spending at least 40% of their lifetime in the menopause (ACOG, 2011). The emotional changes associated with menopause are typically anxiety, depression, frustration and sadness. A woman's cultural background, lifestyle, environment and attitude impact her response to this phase of life (Northrup, 2006). A woman's response to menopause is highly varied and unique to each individual. This phase of life can bring health challenges and relationship changes that can cause a woman to feel anxious, sad and fearful (Northrup, 2006).

In the following literature review, stress and hormonal changes associated with menopause will be discussed as major issues that impact significant relationships, families and friendships. Various intervention options and healthcare provision issues will be covered to provide insight into the various menopausal issues. Finally, the field of occupational therapy will be highlighted as the health care profession to potentially provide occupation-based and evidence-based assistance in improves menopausal women's personal relationships and overall well-being.

Menopausal Symptoms

There is significant research describing the many aspects of menopause, including various physical, social and emotional components, symptoms and treatment options (Northrup, 2006). These characteristics play an important role in predicting the severity of menopausal symptoms and also in the reduction of these symptoms. For example, women with limited education present with more pronounced physical and psychosocial symptoms associated with menopause. There are also increased physical symptoms for women who prematurely experience menopause due to disease or bodily changes (Jackson, 1991, as cited by Newhart, 2013).

Many women in the menopausal life stage highlight symptoms associated with menopause as being a major issue leading to health problems, strained relationships and conflict with members in the community (Glazer et al., 2002). The issue is so prevalent that a study of menopausal women revealed 77% of women in menopause were using alternative therapies to treat the symptoms associated with this phase of life. Also, the largest percentage of these women (43%) used these therapies to specifically assist with managing the physical and psychological stressors associated with menopause (Newton, 2002).

Emotional Intelligence

The research also highlights how the impact of a menopausal woman's emotional state and overall attitude towards menopause affects her ability to cope with the symptoms of this condition. Emotional intelligence (EI) also plays a key role in how women handle the stressors associated with menopause. This is especially true for women who experience premature menopause. Emotional intelligence is referred to as the ability to use proactive coping strategies to experience self-efficacy and inner peace. Higher levels of emotional intelligence allow women to experience improved mental health, decreased depression levels, and an improved

overall sense of well-being (Bauld & Brown, 2009). If the women engaged in supportive social interactions with their family or friends, this resulted in decreased stress, anxiety and depression, an improved EI, and a more positive attitude. The multiple regression analysis of this study also revealed that all the variables associated with menopause such as high stress, anxiety, depression, decreased social support and a negative attitude resulted in decreased overall physical health (Bauld & Brown, 2009).

Mind and Body Therapies

Therapies focused on mind and body interventions, such as relaxation programs, musculoskeletal activities and yoga, proved to be excellent resources to provide relief from the severity of symptoms caused by menopause. In a systematic review (Innes, Selfe, & Vishnu, 2010), eight out of nine alternative treatment studies resulted in relief from menopausal symptoms. These alternative treatments were yoga, tai chi, and meditation-based programs. In six of seven trials, there were also improvements in a woman's mood and sleep history when menopausal symptoms were reduced. This study suggested that mind and body therapies were helpful with reducing menopause related physical and psychological symptoms.

It is important to promote wellness strategies such as stress management techniques, massage therapy, acupuncture, and naturopathic medicine aimed at making positive lifestyle changes pertaining to menopause (Innes, 2010). Among women who used these therapies, 89% to 100% found them to be somewhat or very helpful. Implementing alternative therapies proved to yield positive results in relieving most menopausal symptoms, so they were frequently used by menopausal women (Newton, 2002). Dickson (2012) also supported these findings by stating in his study that another successful option in treating menopausal stressors was acupuncture, exercise and herbs.

Hormone, Behavioral and Cognitive Behavioral Therapy

Hormone therapy has been found to provide significant relief from annoying hormonal symptoms, and thus results in improved sleep patterns (Donati et al., 2013). Hormonal changes that were not treated with estrogen or progesterone hormone therapy resulted in turbulent mood swings and disturbed sleep. This is important because a lack of sleep contributes to other significant health risks factors affecting women as they progress through menopause. The additional health risks menopausal women experience is associated with sleep deprivation, resulting in decreased overall function of the vasomotor system. The reduced efficiency of the vasomotor system contributes to mood disorders, anxiety, and depression (Donati et al., 2013). A study by Ameratunga (2012) also supports the findings that fluctuating hormonal levels adversely impact a woman's sleeping patterns, resulting in decreased overall well-being (Ameratunga, Goldin, & Hickey, 2012).

Behavioral therapy and cognitive behavioral therapy have also proven to be effective in decreasing menopausal symptoms. These two therapies increase sleeping intervals by changing the sleep practices. This occurs through implementing new procedures for treatment such as introducing relaxed and quiet environments prior to sleeping and decreasing or omitting the intake of alcohol and caffeine before bedtime. Antidepressants and melatonin also yield positive results along with the circadian rhythm training. Both substances improve the sleeping patterns of menopausal women (Ameratunga, 2012).

Quality of Life

A cross-sectional study was performed on Chinese women's quality of life during menopause. It reviewed the overall physical and mental health of women who were in menopause using the Health Related Quality of Life (HRQOL) Scale. This instrument was used

to evaluate the effect menopause had on a woman's perceived quality of life and the risk factors associated with women who were in menopause. The results indicated women who had menopause for two to five years were more likely to have mobility problems. The study suggested decreased overall efficient physical function in women during the first five years after menopause. This occurrence was partially due to the presence of menopausal symptoms negatively impacting their overall quality of life (Liu et al., 2014). Another similar longitudinal study using the HRQOL revealed menopause decreased participants' overall perception of their current state of wellness (Hess et al., 2011).

Preventive Measures

One of the key themes of the research studies reviewed was related to the various aspects of women's health and well-being. Women in their midlife phase of life were at a greater risk for profound health, social, and emotional changes such as depression, sadness, and anxiety (Glazer et al., 2002). Related studies also indicated the importance of providing these women with more intervention options, such as incorporating health promoting activity programs and opportunities for improved wellness (Price, 2007).

The studies also focused on the preventative measures and treatment of stressors for women going through menopause. The women's stressors were successfully treated with nutritional or herb supplements, massage therapy, and chiropractic sessions. Almost 66% of the women surveyed preferred natural therapies over medicines (Newton, 2002).

Other studies explored the physiological effects of menopause, age, and stress on the post-menopausal women's key operating systems and overall wellbeing. The research concluded there was a negative impact caused by stress on the autonomic nervous system (Frag, Bardwell, Nelesen, Dimsdale, & Mills, 2003). The increased production of free radicals

overwhelmed the body's defense mechanisms and resulted in increased cardiovascular disease. This study suggested that the use of preventative alternative therapies did reduce the occurrence and intensity of vasomotor negative responses in many cases (Sefjal, Doshi, & Agarwal, 2013).

Wellness Programs

A research study on over 1,000 Italian women presented the benefits of introducing wellness programs as a possible solution when dealing with the stressors associated with this stage of life. They emphasized the importance of educating and providing information to health care providers and women regarding menopause and its relationship to their overall well-being. They also highlighted the positive results associated with the use of hormone therapy while focusing on the importance of women being educated about the pros and cons of this type of treatment (Donati et al., 2013).

A study of 300 Turkish women illustrated how they experienced greater stressors associated with menopause when their attitude towards this phase of life was negative. To assist women in adequately coping with this condition, the authors suggested the benefits of engaging in a preventative wellness program that provided a more positive experience for women (Nulufer, Serap, Ipek, Yasemin, & Ilkur, 2012).

In contrast to other studies, Glazer (2002) stated that it was difficult to isolate stress as being the primary and sole contributing factor to a menopausal woman's unhappiness or lack of comfort and overall wellbeing. Glazer (2002) also indicated there is little objective evidence to support social and community assistance as being beneficial in treating the stress associated with menopause. The study does, however, suggest the importance of a positive attitude for midlife women who are suffering from anxiety and depression. "Women who had more positive attitudes

toward menopause and higher levels of coping effectiveness had higher levels of health promoting activities” (Glazer, 2002, p.626).

Finally, it should also be noted that there are women who do not suffer from the effects of menopause. These women have a more positive attitude towards this stage of life, which they perceive as a natural occurrence that takes place in a woman’s life. Some inconveniences associated with menopause were perceived as completely normal and to expected (Mackey, 2007).

Occupational Therapy Prevention and Community-Based Programming

The attainment of improved health and wellbeing has always been a central goal of occupational therapy. The general population is increasingly more aware of the importance of implementing proactive health behavior into their lives. As a result of this belief, they are continually seeking guidance from health care professionals such as occupational therapists in their pursuit of wellness (Reitz, 1992).

Occupational therapy has a longstanding history of promoting prevention and community-based programming (Reitz, 1992). The forefathers and foremothers of occupational therapy wholeheartedly support well-being through engaging in occupation-based activities (Reitz, 1992). In the 1960s and 1970s, occupational therapy was promoting the importance of actively engaging in health care practices revolving around wellness, prevention and community-based programming (Hildenbrand & Lamb, 2013). In the 1980s, the field of occupational therapy recognized the growing need to promote preventative and wellness initiatives (Reitz, 1992).

Gilfoyle (1989) discussed the importance of occupational therapy being a pioneer in promoting a client’s role through actively pursuing optimal health. Wellness programs provide a

preventative strategy that encourage healthy life styles and a platform for incorporating healthful living practices that potentially yield positive well-being (Johnson, 1986). Health advancement programs support developing a person's awareness through community-based programming and education regarding certain health related activities. An example of this is engaging in stress reduction activities, exercising, eating properly and resting.

Occupational Therapy Wellness Programs

An example of the effectiveness of these wellness programs was found in one study performed by occupational therapy college professors and their students (Matuska, Giles-Heinz, Flinn, Neighbor, & Bass-Haugen, 2003). Occupational therapist and fieldwork students implemented wellness programs in nursing homes located in the community, consisting of social activities and short educational programs.

The study was designed to assess a pilot wellness program, designed by occupational therapists to instruct older adults in the value of actively engaging in meaningful social and community occupational activities to enhance their overall well-being. The study concluded community-based wellness programs benefited most of the participants who engaged in the activities. The participants' level of satisfaction was reported on an exit survey, and the SF-36 Health Survey indicated they had experienced an increase in their quality of life. The study indicated 80% of the 39 respondents rated the social and community-based program to be good or excellent, as evidenced by their exit survey results (Matuska, Giles-Heinz, Flinn, Neighbor, & Bass-Haugen, 2003).

In another study, occupational therapy students formulated and led preventative community-based health promotion groups (Scott, 1999). These groups focused on topics such as stress reduction, yoga techniques, meditation, nutrition programs and other related activities.

The results of this study indicated students experienced being active agents of change through learning about the importance of incorporating wellness groups in their local communities (Scott, 1999).

Conclusion

From these studies, it can be seen that occupational therapy is the perfect health care profession to focus on developing client-centered, occupation-based community wellness prevention groups focused on assisting menopausal women because of the key role occupational therapy plays in enhancing the wellness of various people groups (Johnson, 1986). The field of occupational therapy has played an important role in community-based practice. This was evidenced through their quest for new ideas and strategies for providing client centered occupation-based interventions to the general public. As early as the 1980s, White (1986) discussed the relevance and importance of steering away from the medical model that focused on the treatment and healing of existing diseases to focusing on a philosophy of overall personal wellness. She stated the importance of our profession moving into a more holistic model to once again providing intervention strategies to improve the overall well-being of the person (White, 1986). The field of occupational therapy has taken on this challenge evidenced by their renewed focus on the well-being of their clients, through providing occupation and evidence-based interventions (Hildenbrand & Lamb, 2013). The field of occupational therapy has added knowledge and expertise to the development of community-based wellness programming, highlighting the importance of treating the whole person and not just the diagnosis or disease (Rider & White, 1986).

The review of the literature highlighted the life changing events brought about by menopause for most women who were in the mid life stage of life. It revealed how these women

are incorporating key strategies into dealing with this condition and how menopause affected their wellbeing. Lastly, the profession of occupational therapy was highlighted as a key health care entity positioned to assist them with preventative and community-based wellness programs. In the following methods section, the needs assessment, project design, data analysis, standards of accountability, timeline, and resources will be reviewed and discussed.

Section 3: Methods

Project Design

The descriptive grounded theory method was used to explore the participants' life experiences, stressors, and their occupational meanings during menopause (Charmaz, 2006). The first data collection method was a needs assessment that provided assistance with formulating the project's purpose and foundational components.

The second data collection method was in-depth, semi-structured interviews, which focus group participants determined to be the best instrument to use when collecting information about each individual participant. In this study, interviews were useful because they provided the researcher with valuable background information that added to the richness of the data. Lastly, interviews were valuable because they allowed the researcher the freedom to exert control over the timing and types of questions asked (Creswell, 2014).

Needs assessment. A needs assessment was completed prior to the start of the research study in the form of a focus group. The focus group was conducted on October 21st, 2014, and was comprised of women community leaders residing in North Pend Orielle County, Washington. The focus group met at one of their homes. These women leaders were local business owners who volunteered due to their concern over the lack of health care services for women undergoing mid-life changes. It is very difficult to acquire medical professionals to treat in rural environments and this resulted in health care disparities (Braveman & Bass-Haugen, 2009).

The focus group participants were four businesswomen between the ages of 40 to 65, who were in the menopausal stage of life. More specifically, they were menopausal women who were self-identified or identified by local medical professionals as expressing or displaying

difficulties with life due to the side effects of menopause. This group of women had spoken of their desire to share personal struggles as they worked in coping with menopausal changes in their lives. The women discussed and shared some of the primary struggles they were undergoing physically, mentally and relationally with their husbands, families and cohorts at work.

Some examples of focus group prompts included: What are the strategies you are using to cope with menopause? Do you think they were effective? Do you have the support you require to progress through this stage of life? Do you think the fluctuation of your hormone levels is causing physical, relational or psychological problems?

The focus group thought the research project could provide some much needed assistance for women who were struggling with this phase of their life. The women in this group expressed a keen interest in playing an active role in formulating the questions for the research project. They had some clear-cut ideas of the subjects that were relevant, and demonstrated concern for the women in the local community. For example, the subjects suggested the most relevant questions related to the effects of menopause were hot flashes, disrupted sleep patterns, impact on relationships, and lack of information.

This pilot study clearly demonstrated the need for a research project to assist local women who were experiencing the negative effects of menopause in their daily lives. The focus group believed this project could greatly contribute to their goal of equipping fellow women with the insights to eventually allow them to fully engage in chosen meaningful occupations.

Identification of Study Participants

The participants for the semi-structured interviews were seven women, between the ages of 43 to 63, residing in the rural local community of North Pend Oreille County, Washington.

The first seven participants who expressed an interest and meet the qualifications were chosen to participate in the project. These women indicated an interest in sharing their experiences associated with menopause through voluntarily responding to flyers posted in key locations throughout the community.

Flyers were posted at the local yoga center, post office and medical clinic to recruit potential female participants. Refer to Appendix A for the flyer. The principal researcher explained the purpose, time frame, requirements, objectives, and the directions of the interview process. A time was set up to meet, review and sign the consent form if the individual agreed to voluntarily participate in the research study.

Setting

The research site was located in North Pend Oreille County, Washington. It was important for the interview setting to be free from distractions, quiet for audio recordings, and comfortable for the participants to share their answers in an open format. The atmosphere was designed to promote trust and mutual respect between the research facilitator and participants. The rationale for this type of setting was to establish an open, safe and confidential environment where the participants could openly discuss their key physical, psychosocial and relational life experiences they were experiencing during menopause.

Data Collection Procedures

There were seven interviews comprising this Capstone Project. The interviews averaged between thirty to ninety minutes. All interviews were audio-recorded. The interviews were undertaken in each participant's home or when this was not possible, at a secure and quiet location in the local community.

Grounded theory inductive methods were implemented to obtain the participant's life experiences and the meanings behind their menopausal experiences. The data collected focused on developing a descriptive grounded study through coding their responses into codes, categories and themes (Saldana, 2013). Broad and open-ended questions focused on obtaining the participants' viewpoints regarding their occupational perspectives during menopause. The interview questions related to the physical, emotional, mental and relational changes they were experiencing as they progressed through menopause. Prompts were given to encourage the women to engage in further reflections about the topics presented during the interview process. The audio recordings were transcribed for data analysis. Refer to Appendix B for the interview questions.

Data Analysis Procedures

A thematic analysis was undertaken to identify the key stressors, occupations and descriptions of the participants' life experiences during menopause. It began while data collection was still occurring. Grounded theory shaped the analytical framework of the collected data. It formed the foundation to begin developing significant understandings of the coded material (Charmaz, 2006).

Upon transcription, an effort was made to ensure the data were accurate, by reviewing the recorded information a second time. An initial set of codes was developed from the transcribed interview data through line-by-line coding, which can be found in Appendix C. The coding was accomplished through sticking close to the original data (Chamaz, 2006). *In Vivo* codes were identified to gain a greater insight and understanding of the participants' perspectives when considering various occupational experiences and their meanings (Charmaz, 2006). *HyperRESEARCH* software was used to perform this initial line-by-line coding process

because of its ease of use and detailed presentation of the data codes (Saldana, 2013). Specific attention was paid to the emphasis the participants were placing on different events throughout the interview process.

Focused coding was used as the third major phase in the coding process of the data. Focused coding was comprised of narrowing down the previously coded information into the most relevant codes. Refer to Appendix D for a graph displaying the new codes obtained through the focused coding process. Memo writing was incorporated into this phase to further develop the coded information into more selective categories. In this step, the codes were refined to include the more specific, prevalent and conceptually meaningful categories, which were narrowed down and reassembled into more discriminative, distinct and conceptual themes (Charmaz, 2006). This stage assisted with further refinement and labeling of the data in order to group coded information into loose, semi-organized clusters of related information.

Next, in the axial coding process, the researcher focused on the properties and scope of a particular category from a new vantage point. Axial coding provided a means to synthesize and integrate the codes by linking the dimensions and properties specific to a category into a newly developed restructured analysis that was emerging from the coded subcategories and categories (Charmaz, 2006). The axial coding phase provided the analytical framework for the next phase, the theoretical coding process (Saldana, 20013). Refer to Appendix E for examples of codes developed in the axial coding phase.

The final coding phase was theoretical coding. In this coding process, data were obtained across all the previous sources and to formulated back into relevant global themes (Charmaz, 2006). This process weaved the data back together, through a process of constant comparative analysis, to determine potential meanings of the data in order to create new, fresh, and emerging

ideas. The researcher was searching the data for possible relationships amongst the categories developed in the previous steps of coding (Saldana, 2013). From this process, specific themes were formulated, leading to an emergent grounded theory. The final theoretical codes results will be reviewed and discussed in the results section of this study.

Strategies to Increase Trustworthiness of Data

Throughout the research project, the standards of accountability and credibility as outlined in AOTA's Code of Ethics (2010) were met through keeping an open mind and presenting the participants with an accepting attitude through active listening skills to provide the participants with reassurance. Remaining neutral in responses to their replies provided them with on-going support to continue with their responses. Questions were asked in a gentle, empathetic and non-assuming manner. The participants were treated in a respected and professional manner throughout the interview process (Kielhofner, 2006).

Reflective journaling, field notes, member checking and triangulation were completed to ensure the trustworthiness of the data (Kielhofner, 2006). This process provided safeguards for the validity and reliability of the findings. The primary objective of developing these procedures was to establish dependable interpretations of the data.

Reflexivity. The field notes and reflective journal were completed to minimize any potential biases. Following the interview process, all relevant attitudes or reactions were immediately documented in the journal. Throughout the reflexivity process, the interviewer tried to remain ethically honest and open to their personal viewpoints. Any infringements, such as when the researcher assumed the purpose behind a particular decision or action that really was not the participant's intent, were immediately documented in the reflective journal and adjustments were made for the next interviews to avoid making the same mistake. Refer to the

Graphic Summative Reflexive Journal Entry located in Appendix F. This table summarized the researchers perspective on menopause.

Member checking. Each participant reviewed the written transcript to make sure the information was accurately transcribed. Minor changes were applied in the written transcripts per the participants' recommendations. Then the transcript was re-reviewed by the participant to be assured of its accuracy before the coding process was undertaken. When the analysis was completed the participants in the study were given the opportunity to review and provide feedback about the results.

Triangulation. Triangulation methods were undertaken through the implementation of the focus group, individual interviews and member stakeholder checks. This was used to improve the accuracy of the data. This triangulation method provided a check and balance system through assuring that at least two strategies were implemented in the data collection, analysis and interpretation process of this study (Kielhofner, 2006).

Ethical Considerations

This research received approval from the Human Subjects Review Board at Eastern Kentucky University. Confidentiality issues were discussed and reviewed with the participants prior to the interview process. Participation in this project was completely voluntary and participants could discontinue their involvement in the project at any time.

The purpose, objectives, and pertinent details of the project were thoroughly reviewed with each participant before completing the individual interviews. Informed consent was obtained prior to their involvement in the project. Refer to Appendix G for the consent form. In order to protect the participants' confidentiality, each participant was identified by a specific

random code. All written and audio information were kept under lock and key when not being actively reviewed or studied.

Outcome Measures

The outcome measures in this research were based upon the completion of targeted project procedures. The original goal was to interview six to ten participants; this goal was met by conducting seven semi-structured interviews of each participant. In addition, the project stayed true to the projected timeline evidenced by the following: the needs assessment took place in March, 2015; the IRB was completed in May, 2015; data collection and analysis occurred on time in June and July, 2015; and the Capstone paper was completed in August, 2015. One of the final procedures to be completed is the Capstone Project presentation and defense, which will take place on August 3, 2015. Finally, the last project objective will be completed once a manuscript for publication is submitted sometime in the fall of 2015 or spring of 2016. A full timeline of these project procedures is found in the following section.

Timeline of Project Procedures

Initial phase.

Complete IRB process and receive approval for project (May, 2015)

Interview process.

Confidentiality agreement signed (May and June 2015)

Reflective journals completed to control biases (May and June 2015)

Field notes from observations (May and June 2015)

Audio-recorded interviews (May and June 2015)

Analysis of data.

The audio-recorded interviews transcribed written form (May and June, 2015)

Data coded, mapped and analyzed using *HyperRESEARCH* software (June and July, 2015)

Formulation of results and conclusions.

Results and conclusions formulated (June and July, 2015)

Written research study completed and submitted to committee for approval (July, 2015)

Obtain authorship agreement (August, 2015)

Oral presentation and defense at ECU (August, 2015)

Submit manuscript for publication (Fall, 2015)

Resources

The resources of this research study were composed of committee members and the Capstone Project mentor. Other resources were an audio recorder, and a journal book to record reflective responses such as biases and field note observations. Data coding and analysis *HyperRESEARCH* software were used to code and categorize written transcripts. Finally, the most important resource was the research study participants.

Section 4: Results and Discussion

Introduction

Menopause is comprised of significant physical and emotional changes that women throughout the world are challenged with daily. The life experiences associated with menopause are uniquely personal and continually evolving. Menopause affects women from all cultures and varying backgrounds. It impacts and challenges many women relationally, mentally, and socially. Much of the research regarding menopause has focused on interventions towards dealing with the physical, emotional, and relational aspects of this phase of life (Northrup, 2006). This study supports the premise that before one can effectively provide interventions for this group of women, health care professionals must first be able to accurately describe and understand menopausal women's primary daily occupations and the meanings behind them.

It is imperative healthcare practitioners such as occupational therapists strive to understand the physical and emotional life experiences and challenges of menopause. There are also external contributing factors such as the lack of proper education and knowledge of how to obtain pertinent information regarding the challenges associated with menopause (Price, 2007). Price discusses the negative implications associated with lack of access to reliable information, because this has the propensity to create misunderstandings, uncertainty and a lack of hope. Finally, this study expresses why it is important for health care workers to begin equipping menopausal women with strategies for developing new life-changing occupations based on relevant information as they work toward coping with menopause.

Capstone Project Objectives

There were two objectives of this study. The first objective was to gain a better understanding of the participant's perceptions regarding their menopausal experiences and the

meanings behind these events. The second objective was contributing to a knowledge base for occupational therapy practitioners so in the future they can assist women who are experiencing the challenges of menopause.

The results obtained from this study indicate the objectives of this Capstone Project were partially to fully met. The first and primary objective of this study was to describe participants' perceptions and meanings behind their experience of menopause. This objective was accomplished through the completion of the study described in this Capstone Project. The second project objective was to add to occupational therapists' knowledge base by developing a greater understanding of the challenges facing menopausal women. Although this objective was not fully met by completion of this study itself, it will come to fruition during the upcoming year through presentations and publications based on the Capstone Project's research.

Study Results and Discussion

The final section of this Capstone Project is comprised of the findings, study limitations, implications for practice, future research, and conclusion.

Introduction. The descriptive ground theory data analysis of this Capstone Project provided a deeper appreciation and understanding of menopausal women's perspectives relating to the events and the meanings associated with this experience. The data in the next section describes the four themes. The four themes are listed as the follows: physical manifestations of menopause; emotional manifestations of menopause; external contributing factors associated with menopause such as a shortage of information, lack of education and availability of health care services; and strategies to cope with menopausal challenges.

Physical manifestations. The primary physical manifestations of menopause identified by the participants were hot flashes; sleep pattern disturbances; and muddled thinking processes.

The most frequently documented hormonal change was hot flashes. The participants also discussed in detail the issues related to hot flashes such as profuse sweating. Copious sweating in the nighttime hours many times resulted in disturbed sleep patterns, being cold and wet and having to change sheets and clothes. For example, one of the participants made the following statement, “I wake up and I am just drenched. I am wet and so I throw the covers back and then you are cold. Then thirty minutes later you have another one [hot flash]” (217563). Profuse sweating during the daylight hours resulted in being uncomfortable wearing clothes, being hot and having a difficult time being in public. An example of this was when a woman in the study recited, “I would engage in activities, but I would want to tear my clothes off due to the hot flashes. This was a difficult time to be in public” (217563). Newton (2002) supported these findings by also discussing in their study the negative impact hormonal changes had on menopausal women’s physical health and wellbeing.

Another major physical manifestation experienced by menopausal women was sleep deprivation. One of the participants recited, “I didn’t sleep much for two years. For two years I didn’t sleep and that is what happens. You just lay there and sweat [due to hot flashes]” (372216). Ameratunga (2012) discussed how sleep deprivation caused by menopause increases fatigue levels and results in heightened stress levels. The study by Dontai et al. (2013) went on to further support the efficacy and document the overall benefits hormone replacement drugs were having on reducing the physical and emotional symptoms associated with menopause.

Disturbed sleep patterns resulted in the study participants’ experience of fatigue and muddled thinking. A woman in this study made the following comment regarding the effects of sleep deprivation, “ I am really having problems focusing because of the lack of sleep. My naturopath did a test on me and she said my brain is only operating at 30%. It really bothers me”

(568312). Muddled thinking was impacting their mental attitudes and clarity of thinking. It should also be noted there were many times in this study when the physical manifestations impacted the emotional state of the participant. A woman in the study responded, “I think there are probably more physical changes you go through with menopause. I just didn’t like myself. I felt like I left the room. All that was left was this multitude of feelings that I really didn’t want to deal with anymore” (007231). Bauld and Brown (2009) discussed how the psychological stress, psychosocial factors and menopause symptoms all directly impacted the overall physical health of a woman.

Emotional manifestations. The emotional manifestations most frequently expressed by menopausal women were stress, depression, frustration, negative body image, and mood swings. One woman made the following comment in regard to mood swings: “Oh I think in the beginning you could just cry at the drop of a hat. Anything little would just totally upset you” (532910). Every participant went into significant detail regarding the effects of menopause on their emotional state. The most frequently discussed emotional manifestations were stress and anxiety. These two terms were used interchangeably. One example of the effects of anxiety on a participant was, “I had to be placed on anxiety medication due to menopause. I have rages of anger with the stupid hormone changes” (964327). Stress and anxiety many times resulted in self-care tasks not being a priority. Stress also frequently resulted in heightened frustration that often led to outbreaks of hot flashes, thus resulting in profuse sweating. One of the women experienced the following response to stress, “When I get angry, the hot flashes get worse. I have these practically non-stop sweats” (964327). Stress in many instances was intertwined with frustration and anxiety.

Northrup (2006) discusses the profound impact of stress on a woman as she progresses through menopause. Negative mental body images were many times the cause of women being frustrated, anxious, sad and depressed. A woman in the study responded this way, “ I am sad because my body is changing. My hormones aren’t right. My hair and skin are changing. Everything in my body is changing. I am carrying more fat. Yes, menopause is definitely going to change me” (007231). Mood swings were usually attributed to women’s raging hormone cycles. They were uncontrollable and many times resulted in mixed feelings of anxiety, frustration, and sadness. One of the women in the study related the impact of mood swings by stating, “You are just going through the motions. You aren’t even trying to make yourself feel better. You are just going through the motions. It has an adverse impact on your moods” (372216). The study by Liu et al. (2014) supported the realization that women’s quality of life was impacted by the psychological life experiences she faced while progressing through menopause.

The first two themes of physical and emotional manifestations many times were intertwined because one trait directly or indirectly impacted another characteristic. All the participants commented in detail about how their relationships were negatively impacted by both the physical and emotional manifestations of menopause. A participant responded, “It is hurtful. Your screen [filter] is turned off with menopause. It [unfiltered words] draws a lot of hurt. Not proud of how I responded to people. People aren’t going to forgive me” (3772216). Their relationships consisted of significant others, families, and friends.

Sis and Pasinlioglu (2013) described the negative effects menopause had on a woman’s relationship with her significant other. An example of this from this study is, “It probably doesn’t really make you care if you have a physical [sexual] relationship. I can take it or leave it

and I would never initiate sex” (532910). Sis and Pasinlioglu also revealed how managing the symptoms associated with menopause were playing a key role in her health and well-being.

External contributing factors. Next, the study participants identified the external contributing factors that were challenging during menopause. The primary external contributing factor was the lack of awareness regarding the challenges of menopause and the need for additional information and education. This is one of the participant’s responses regarding not being properly informed: “There wasn’t anyone to come and tell me what was happening to me and why... you are [a woman] going through this [menopause] and this is what is going to happen to your body” (372216).

In Donati et al.’s (2013) study, nearly 50% of women cited never having received information pertaining to the symptoms and treatment strategies associated with menopause. These women went on to express a desire to be much more informed regarding hormone treatment, alternative treatments, and menopause in general. Newhart (2013) states that more research needs to take place to uncover what is happening to women during this phase of life. Researchers need to focus on gathering more information pertaining to menopausal women regarding the mental and physical issues that are impacting their quality of life. One of the participants in this study responded, “At first women are embarrassed to say anything [about their menopausal experiences]...because you are like...people are going to think I am going crazy. There should be more information” (532910).

There was a significant amount of discussion pertaining to the participants’ lack of awareness regarding the physical and emotional manifestations of menopause. This feeling of not being aware was supported by a participant who stated, “It is extremely important that doctors be more educated about women and menopausal symptoms in order to be better

advocates for us” (007231). The women in this study expressed the desire to gain a greater knowledge about bodily changes, physical and emotional manifestations, and how to effectively cope with menopause. Another woman responded, “There needs to be a clinic where you could sit down and be educated to what menopause is...what to expect...what you can do to help yourself...explain the different venues [strategies for coping], and where you can help yourself” (007231). In other studies, Price (2007) and Innes (2010) also supported the strategy of providing additional information to menopausal women to further assist them with making informed decisions regarding how to cope with menopause-related symptoms.

Interventions and supports. Lastly, the menopausal women in this study discussed their successful and unsuccessful strategies for coping with menopause. The successful coping strategies were hormone replacement therapy, speaking frankly, support of friends, exercise, acupuncture, oils, and nutrition. One of the women in the study discussed the benefits of hormone replacement therapy as a successful strategy. She reported, “Since I started hormone replacement therapy, hot flashes haven’t happened as bad” (217563). Another participant commented, “I tell everyone to try acupuncture before they go into western doctoring...go try acupuncture... It is amazing!” (372216). Other research studies reinforced that these coping strategies provide relief from menopausal symptoms. Innes (2010) discusses the successful application of mind and body interventions, acupuncture, stress management techniques, naturopathic medicines, yoga and various meditation programs when treating menopausal symptoms.

There were a wide variety of opinions stated by the women in this study regarding which methods were most effective when dealing with menopause. Their responses were very individualized, but extremely relevant in their quest to cope with menopause. The most common

successful coping mechanisms for the participants were support of friends and speaking frankly. One of the women made this comment pertaining to being outspoken, “Stress levels would trigger the symptoms. Menopause doesn’t allow me to be as patient [with others]. I am way too outspoken.” (568312). Another participant had this to say about speaking frankly: “I think because of menopause I am able to say [to friends], you know that I don’t need all of this [i.e., I am not going to deal with you and your nonsense anymore]” (354871).

Price (2007) states that supportive friends and humor played a major role in assisting women in dealing with the stressors associated with menopause. This is a response regarding the assistance provided by a supportive friend: “[Friends have been supportive?] Oh yeah, definitely and if something works for someone you might give it [what they are doing] a try and see if it works for you” (532910). Every woman in the study discussed the benefits of supportive friends while they were going through the challenges of menopause.

There were also various strategies in dealing with menopause that were not particularly helpful for some of the women in this study. The strategies listed by women that weren’t helpful were hormone replacement therapy, over the counter drugs, and nutritional therapy. One of the participants had this to say: “I have tried a number of doctors...none of them seem to get it or know what to do...they throw over-the-counter drugs at you...I have tried nutritional programs and they didn’t work either” (964327).

Study Limitations

One of the primary limitations of this study was the ambiguity associated with the participants’ responses. The participants openly shared their feelings of uncertainty regarding whether a symptom was directly correlated with menopause or possibly just part of the aging process or due to another external factor. During the interviews, the participants were asked

specifically to designate whether the stress was directly caused by menopause-related symptoms or another contributing factor. This assisted with isolating the differences between stress-related factors and the impact of the aging process or influences of the environment, but it was not possible to be fully confident from where their symptoms emerged.

Another limitation of this study was the small sample size of the participants. A larger size would have added credibility and allow for greater generalization. Smaller studies have limited scope and depth of material (Mackey, 2007) The finite location of the study in a rural community may also be a limitation of this study. The study may have yielded different results if it were to take place in another state or in an urban environment.

Implications for Practice

Occupational therapy has a history of meeting the occupational needs of people through providing meaningful, relevant health care services that treat the entire individual (Hildenbrand & Lamb, 2013). Women in menopause experience physical, mental, and emotional conditions that completely change their lives. This condition alters their outlook about themselves, their relationships with others, and their plans for the future. Because of its strengths-based and occupation-based focus, occupational therapy is poised to begin meeting the needs of this group of women through building on their strengths and assisting them with developing and maintaining relevant and meaningful occupations. The focus should be on assisting women with engaging in occupational roles that add joy, fulfillment and meaning to their lives as they progress through this stage of life (Stoffel, 2014). Occupational therapy can facilitate these women as they pursue healthy living through reflecting on what can bring them physical, mental, emotional and relational well-being as they progress through this stage of life.

This can be accomplished through the implementation of preventative and community-based programs focusing on, for example, physical and emotional manifestations of menopause. The study participants have clearly indicated their desire for more information and education to be provided to them. The women in this study have also stated their desire for other strategies to successfully cope with menopausal changes and challenges. These will be discussed below.

Occupational therapy has a longstanding history of developing and conducting prevention and wellness programming (Reitz, 1992). Community-based programs established in local communities could focus on educating women regarding the potential physical and emotional menopausal changes due to menopause. There could be programming developed to define effective intervention strategies to deal with these changes. For instance, short informational sessions followed by rich open discussion could be established to answer any questions and comments. Support groups could also be established to provide women with ongoing encouragement from others who are also going through menopause.

Various coping strategies could be formulated to assist women in effectively handling the psychosocial components of menopause. These topics could focus on a variety of ideas for recognizing and handling stress, anxiety, frustration, anger, sadness and depression. There could also be programs geared toward assisting women in dealing with the physical manifestations. Some examples could be how to effectively deal with weight gain, body changes, and hot flashes. Reflective journals could be written by the participants to describe their life experiences and the effective and ineffective coping strategies. The field of occupational therapy emphasizes the importance of developing healthy living habits and has the professional expertise to increase engagement in meaningful occupations through providing interventions that have the potential to develop positive life long changes for women dealing with menopause.

Preventative and community outreach programs are currently formulated and implemented by occupational therapists. An example of this type of program is the wellness program for the elderly developed by Jackson (1998). In this study, occupational therapy preventative interventions strategies were individually designed according to the chosen occupation of the individual. The intervention strategies included exercise, nutrition classes, rest and spiritual nurturance. The program yielded very positive results and proved to be effective in assisting the elderly with preventative interventions formulated for older adults. These strategies could also be applied to menopausal women. The primary objective of these outreach programs should be to empower women through the process of self-managing and addressing stressors associated with menopause through developing preventative and community-based informational support systems.

Finally, funding must be provided for this type of research so that occupational therapists will be able to improve the healthful living habits of people residing in rural, local communities (Doll, 2010). One example of seeking funding resources is making contact with local businesspeople that may be interested in providing assistance with a community-based program. This researcher has contacted a local entrepreneur and architect who has expressed interest in funding a Woman's Menopausal Outreach Clinic in Spokane, Washington geared toward providing services to assist menopausal women. This project could provide women with a variety of healthcare options in dealing with the changes and challenges associated with menopause.

Future Research

More studies need to be developed addressing the psychosocial, relational and physical effects menopause is having on women's lives. Focus needs to be placed on what are the best

practice outcomes they could achieve through this research. Occupational therapy practitioners, counselors and other medical professionals can provide assistance conducting studies on effective intervention strategies addressing this health condition.

Participatory action research (PAR) could be used in a future research study to further develop programming for menopausal women. The study would further explore and highlight key stressors and information women may require to make informed decisions. The study could include two additional rural counties to incorporate a more diversified participant base.

Kielhofner (2006) stated that the level of stakeholder involvement in a PAR project is high if the researcher, participants, and medical professionals are equal partners throughout the research process. The menopausal women would be considered the primary stakeholders and full partners in all project decisions and areas of emphasis. During the “look” stage of the action research cycle, stakeholders would identify issues relating to stress resulting from menopause. Data could be gathered through journaling and surveys, for example. In the “think” stage, the researcher would analyze the data to determine the important elements impacting the occupations and well-being of the women, and stakeholders could map characteristics that are similar and dissimilar across their responses (Kielhofner, 2006).

In the “act” stage, the resulting data could be combined with the thinking portions of the research and put into action in a community setting (Kielhofner, 2006). Participants would share ideas, information and suggestions, and special attention would be given to make sure the women are getting the support and encouragement they require at home and in the community. The final outcome of the action research cycle would be for women to experience improved emotional and social relationships through participating in stress-reduction programming (Creswell, 2014).

A future quantitative study could be undertaken focusing on gaining more specific information regarding severity of menopausal symptoms to specifically deal with the most relevant physical, emotional and relational manifestations. This information could be assessed through administering the following questionnaires: SF-36 (Short-form Health Survey), the Menopause Attitude Scale, and the Utian Quality of Life Scale. A five- point Likert Scale could be formulated to understand the intensity of the physical manifestations and psychological issues such as anxiety, stress, frustration, anger, sadness, and depression. Statistical data analysis procedures such as obtaining the means, standard deviations and inter-correlations of menopausal attitudes, stress, anxiety, symptoms and physical health could be performed. The results from this study would assist the researchers in knowing which manifestations associated with menopause are statistically the most frequent and relevant, which could then provide a more specific knowledge base to make key community-based programming decisions.

Conclusion

This study described some of the primary physical and emotional occupational needs of menopausal women resulting from hormonal changes, and the direct impact this had on their relationships and overall well-being. It provided a platform to discuss the effects of these changes and what the contributing external factors are, such as a lack of information about menopause. The study supports the importance of gaining a greater appreciation and understanding of the life experiences of these women so that additional informational programming can be developed. Their occupational needs require further study in order to develop effective strategies that will provide them assistance in dealing with the challenges of menopause.

Finally, one of the primary objectives of this study was to provide occupational therapists with introductory material regarding menopausal women's perspectives, so they can become forerunners in developing preventative and community-based programming in the promotion of healthy lifestyles. As described in this Capstone Project, the field of occupational therapy is perfectly positioned to provide these types of intervention strategies and community-based programs for menopausal women.

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Appendix A

Are you currently going through **menopause...**if so
please continue reading...



I am completing a research project for my doctoral degree at Eastern Kentucky University. My project is focusing on rural women who are in menopause and how it is impacting their lives.

I am seeking women currently in menopause between the ages of 45-65 who reside in Pend Oreille County, WA. It would take approximately 1 hour of your time so a confidential personal interview could be conducted.

If you would like to be a volunteer for this project please contact me, Melanie Ford at the following phone number (575) 538-6442 or email address:

protherapyinc@yahoo.com

Appendix B

A Descriptive Study of Menopausal Women Life Experiences, Stressors and Their Occupational Meanings

Interview Questions

NOTE: When answering these questions try to differentiate, if possible, between what is directly related to menopause versus other events that could also be affecting your life.

1. Does menopause affect your health? If so, how?

Prompt: Does menopause affect your overall physical health? If so, how?

Prompt: Does menopause affect your overall mental health? If so, how?

2. Does menopause affect your self-care? If so, how?

Prompt: Does menopause affect your ability to care for your personal needs, such as grooming, shopping, and dressing? If so, how?

3. Does menopause affect your work? If so, how?

Prompt: Does menopause affect your life at your place of employment? If so, how?

Prompt: Does menopause affect your life as a housewife? If so, how?

Prompt: Does menopause affect your life maybe as a volunteer? If so, how?

4. Does menopause affect the things you do with others, such as socializing with friends or participating in community outings? If so, how?

5. Does menopause affect your relationships with others? If so, how?

Prompt: How does menopause affect your relationship with your family? If so, how?

Prompt: How does menopause affect your relationship with your significant other? If so, how?

Prompt: How does menopause affect your relationship with your friends? If so, how?

6. Does menopause affect your emotional wellbeing? If so, how?

7. Does menopause affect your overall personal goals? If so, how?

Prompt: How does menopause impact your plans for the future? If so, how?

8. Does menopause affect your professional goals? If so, how?

9. Does menopause affect your life in a positive manner? If so, how?

Prompt: Can you describe how your life is better because of going through the menopausal experience?

10. Does menopause affect your life in a negative manner? If so, how?

Prompt: Can you describe some instances where menopause has adversely affected your daily life events or activities?

11. Does menopause contribute to your overall wellbeing? If so, how?

Appendix C

Code Book

All codes developed from **line by line coding are as follows:**

Acupuncture

Additional Education

Alcohol Increases Symptoms

Anxiety and Stress

Bodily Changes are Undesirable

Depressed and Sad

Doctor Lack of Support

Exercise Benefits Your Psyche

Familial Relationships Negatively Impacted

Fatigue

Friend is Supportive

Frustration

Hormone Replacement Therapy

Hot Flashes

Marital Relationship Negatively Impacted

Medical Treatment Non-Beneficial

Mood Swings

Nutritional Therapy Benefits

Research Needed

Self-Care Not a Priority

Sleep Pattern Disturbed

Social Engagement is Decreased

Speaking Frankly Without Filter

Sweating Profusely

Task Efficiency Decreased

Thinking Muddled

Unaware of Problems Associated with Menopause

Unwanted Weight Gain

Appendix D

Listing of Focused Code Examples:

1. Participants can keenly express what is happening **physically** and **emotionally**.

Note: These categories were determined by **frequency** and **relevance** of occurrences.

Primary **Physical** Manifestations and Concerns:

- Hot flashes
- Sweating
- Fatigue & sleep deprivation
- Hormones
- Thinking muddled

Primary **Emotional** Manifestations and Concerns:

- Anxiety & Stress
- Disruption of Family, Friend and Spousal Relationships
- Depression
- Body image
- Frustration
- Mood swings

2. They can tell us of their personal **struggles** and the **contributing factors**.

External **Contributing Factors**

- Lack of awareness
- Lack of doctor's support
- Self care not a priority
- Need for education
- Alcohol

3. They know very little about how to **cope** better with the symptoms, life experiences and stressors associated with menopause, but state these are the **interventions** that help.

Positive **Interventions** and **Supports**

- Hormone Replacement
- Speak frankly & freely
- Friend support
- Exercise
- Acupuncture
- Nutrition

Appendix E

Axial Coding Table

Overall Theme: **Hormones** cause universal changes physically and emotionally.

Physical Manifestations

Hot flashes
Sweating
Fatigue
Hormones
Thinking muddled

Emotional Manifestations

Anxiety & Stress
Depression
Body Image
Frustration
Mood Swings

Impacts

Primarily Affects our **Relationships**
-Husband or Significant Other
-Friends

Primary **External Contributing Factors** Affecting Response to Menopause are:

- Lack of awareness
- Need for education

Successful Ways of **coping** with Menopause:

- Hormone replacement
- Speaking frankly and freely
- Friend support
- Exercise
- Acupuncture
- Nutrition

Categories for Theoretical Analysis:

1. Physical Manifestation
2. Emotional Manifestation
3. External Contributing Factors
4. Coping with Menopause

Appendix F
Graphic Summative Reflective Journal
Menopause Changes Things...

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^

Physical Manifestations...

^

^

Emotional

Relational

(Participant's Response: Tears)

^

^

Mental

(Participant's Response: Nervous Laughter)

Menopause changes things...

It changes your feelings, mood, body, and relationships.

It changes your perspective on life.

Menopause changes things...

Physical changes impact you emotionally, relationally, and mentally.

Menopause changes things...

Physically they **suffered**...

Emotionally and Relationally they **cried**...

Mentally they nervously **laughed**...

These menopausal manifestations have caused...

Undeniable

Unbelievable

Irrevocable PAIN...

How will the field of occupational therapy respond to this crisis found in “women who spend 40% of their lives in menopause” (ACOG, p. 33, 2011)?

Appendix G

A Descriptive Study of Menopausal Women Life Experiences, Stressors and Their Occupational Meanings

Why Am I Being Invited to Participate in This Research Project?

You were invited to participate in this research project because you are a woman currently in menopause between the ages of 45-65, and reside in Pend Oreille County, WA. You have indicated your interest by contacting me in response to the flyer. If you take part in this study, you'll be one of approximately six to ten women to do so.

Who is Leading the Research Project?

The primary researcher is Melanie Ford, MA, OTR/L a Doctoral Student at Eastern Kentucky University. She is a professor in the Master's of Occupational Therapy Department at Western New Mexico University. The other members of the Capstone Research Project are Amy Marshall, PhD, OTR/L and Doris Pierce PhD, OTR/L, FAOTA who are professors at Eastern Kentucky University.

What is the Main Purpose of the Research Study?

The primary purpose of this research study is to better understand the life experiences and potential stressors for women who are in the menopausal stage of life.

What are the Primary Procedures and Length of time Required for Me to Participate in this Research Study?

As a potential participant in this study you will be involved in an approximately one-hour, one time audio recorded interview. You will be asked questions pertaining to your life experiences as you progress through menopause. The interviews will take place during the summer and fall, 2015. This information will be studied to determine the common features women in a rural area of the country have when in menopause.

How Many Participants are There in the Study?

There will be six to ten participants in the study who are currently in menopause, age 45 to 65 and reside in Pend Oreille County, WA.

Where is the Research Study Taking Place?

The interviews will take place in the security of each participant's home or another location of the participant's choosing.

Are There Any Risks Associated With This Project?

To the best of our knowledge there are no known identifiable risks to this study. There are not any more additional risks involved in this study than what you would experience in your daily living activities.

Will I Be Rewarded or Compensated for Being in This Study?

The participants will be rewarded with a \$10 Starbuck's gift card.

Will I Benefit From Participating in This Project?

There is no guaranteed benefit you will receive from participating in this project. It will potentially benefit other women who reside in rural environments in the future, because this study will provide a basic description of the life experiences, potential stressors and the meanings behind these experiences.

Am I required to be a Voluntary Participant? Can I choose not to participate at Any Time Throughout the Project?

You are not in any way required to participate in this study. Please only take part if you decide you'd really like to be a volunteer. You will not experience any discomfort or reprisals if you decide to stop volunteering at anytime throughout the research study.

Who is Hearing or Reading the Information I Provide to You?

The audio information you provide will be transcribed into written form by the primary researcher who is reviewing and obtaining the informed consent. The women will be identified only through an individual participant identification number. The only person listening to the audio recording is the primary researcher

Melanie Ford. The other two professors, Dr. Marshall and Dr. Pierce will be reading the written transcribed information.

How are My Personal Identify and Information Gathered Protected?

The audio and written information will be secured with the faculty advisor under lock and key. The transcribed and coded information will be forwarded to the professors via a secure Eastern Kentucky University email site. You will only be identified through an individual participant identification number. Your audio file will be assigned a random six- digit code only known by Melanie Ford and these codes will be secured in a locked file cabinet. This data will be de-identified before being forwarded to the other two researchers.

May I Ask Questions at Any Time During the Project and Who do I Ask if There are Questions?

You may ask questions at any time throughout the research project. Please direct your questions to either Melanie Ford, (575) 538-6442 or Amy Marshall, (859) 622-5896.

Are There Any Additional Things I Need to Know?

You will be advised if there is any relevant, new or additional information gained from this study that may assist you with gaining a better understanding of your menopausal condition. You can stop participating at any time during the study.

Signature of Participant:_____

Printed Name of Participant:_____

Date:_____

Researcher Providing Information to Participant:_____

Date Obtained Consent Form Signature:_____