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Original research article

Utilizing the Menopause Rating Scale questionnaire in electronic form for evaluating the quality of life in postmenopausal women

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ABSTRACT

The objective of the research study was to assess the possible use of a Czech standardized version of the Menopause Rating Scale questionnaire in electronic form, concerning the quality of women's life in the period affected by menopause.

The quantitative survey was conducted in 2015 on a sample of 364 respondents within the age range from 45 to 60 years with present oestrogen deficiency symptoms. The respondents filled in the Menopause Rating Scale questionnaire in their own social environment using an online form based on previous education. The data was then subjected to statistical evaluation; results were compared with the results of data collected in the form of a printed questionnaire.

Most frequently, the respondents reported a minor intensity of difficulties or absence of some symptoms. The respondents encountered the least distinctive difficulties in the urogenital domain. Based on the resulting values of the total score in the partial domains, we can state that the quality of women's life was only affected by the present oestrogen deficiency to a minor extent. The results correspond with those of researches utilizing the form of a printed questionnaire.

One of the tasks of the clinical practice and preventive measures in the area of gynaecology and obstetrics is to prepare women to changes related to menopause and to provide them with adequate information. Medical staff must have such an evaluation instrument available that can be used for evaluating potential changes in this period and then help the women adequately. The Menopause Rating Scale is such a tool. The electronic form of this instrument appears to be a suitable form for initiating communication between the client and medical staff. At the same time it allows the woman to obtain initial and immediate feedback concerning her perceived problems.

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Introduction

16 The menopause is a life change affecting the quality of
17 menopausal women's life. Prevention and education should
18 be part of the complex healthcare for menopausal women
19 because a complex cognition of the issues of a specific woman
20 allows a better definition of the types of difficulty, and
21 contributes to a woman's better adherence, better collabora-
22 tion and adequate reactions to preventive measures and
23 treatment. The evaluation of an individually perceived and
24 experienced quality of life in menopausal women unambigu-
25 ously supports a complex view of the somatic, mental and
26 social issues related to this period.

27 Foreign expert literature provides numerous researches
28 focusing on menopausal symptoms [1-3]. The published
29 researches all focus, amongst other topics, on the complicity
30 of the period of life when a women's menopause starts,
31 including all social and psychological factors. The difficulty of
32 the period in a woman's life affected by menopause is also
33 indicated by several methodological issues while studying this
34 period and measuring the quality of women's life [4].

35 Generic, specific and combined methods can be used for
36 evaluating the quality of life. For a specific group of clients with
37 specific symptoms of a specific disease global clinical practice
38 usually provides multiple questionnaires to assess the quality
39 of life [5].

40 As the published researches and previous practice indi-
41 cate, the methods and instruments for evaluating the quality
42 of life used in clinical practice should meet four basic criteria
43 for their clinical applicability. For instance, according to
44 Gladkij et al. [6], the evaluation instruments should be
45 reliable, sufficiently sensitive, and specific for the given
46 symptomatology or for a concrete group of healthcare
47 recipients. Last but not least, these instruments must be
48 user friendly for clients and practical for the medical staff,
49 who use them in everyday practice for identifying important
50 client-related data.

51 It makes no sense to introduce into clinical practice those
52 evaluation methods that are complicated, time-consuming
53 and hard to grasp for an approximate evaluation of a client's
54 quality of life.

55 Researches related to the evaluation of the quality of life
56 but also in psychological diagnosing as such, also use
57 electronic form of research instruments in the relevant cases
58 because due to the expansion and availability of information
59 and communication technology, this form allows a wide range
60 of possible applications. However, in certain aspects, the
61 electronic form may differ from the printed one and its
62 application must always be carefully considered. As reported
63 by Mareš [7], electronic form of psychodiagnostic methods
64 definitely has advantages but also involves certain hazards.
65 The most significant benefits of the electronic form may be
66 considered the rapid administration and subsequent evalua-
67 tion, objectivity of instruction and evaluation of completed
68 forms, increased reliability, facilitated interpretation of
69 results, and obtaining source data for researchers. Last but
70 not least, also the client's increased adherence and maintain-
71 ing intimacy in case of menopause related to intimate items
72 may be advantageous.

On the contrary, especially the unacceptability for some
groups of individuals (e.g. for seniors), unclear instructions
with impossible additional explanation by a competent person
or unclear interpretation of results for the client may be
considered certain negatives of the electronic form of the
evaluation instruments.

The electronic form of specific questionnaires assessing the
quality of women's life in the menopause related period is
being used in global clinical practice rather sporadically. It is
available for instance as part of the Green Climacteric Scale
assessment method of the quality of women's life in
perimenopausal and postmenopausal periods [8]. In Czech
conditions, none such instruments for evaluating the quality
of women's life after menopause have been in use in electronic
form.

The fundamental objective of the present study was to
assess the applicability of the electronic form of MRS for the
needs of Czech clinical practice. This objective was achieved
by comparing the data obtained using the electronic form of
MRS with the result data from researches relying on the
printed form of MRS. A partial objective was to assess the level
of quality of life of specific women in the context of present
symptoms of oestrogen deficiency.

Materials and methods

Research design

The research design relies on quantitative survey. The data
collection took place in the form of an online questionnaire
from a selected sample of respondents in 2015; the data was
analyzed and interpreted by descriptive statistics.

The electronic form of MRS was created as part of a simple
application for the purpose of evaluating women's quality of
life and assessing the present oestrogen deficiency symptoms
for a check at their local gynaecology departments. The actual
questionnaire and the feedback set-up are derived from the
validated Czech version of MRS. The created version of the
application is available under a specific link that was only
active in the period of data collection. The application consists
of 2 parts – a questionnaire and a feedback section, which
follows a questionnaire evaluation. Both the questionnaire
and the evaluation section are set-up according to the
validated Czech version of MRS.

The original version of the Menopause Rating Scale
questionnaire was created in Germany in the 1990s. The
Czech version of MRS in printed and electronic form was
created in 2014. Both forms of the Czech version of MRS are
identical; they only differ in the graphic design and the form as
mentioned above [9].

The MRS questionnaire covers 11 symptoms in 3 domains –
somatic-vegetative (MRS-S), psychological (MRS-P) and uro-
genital (MRS-U). The respondents evaluate the intensity of the
various symptoms using a Likert scale 0-4 (0 – none; 1 – minor;
2 – medium; 3 – major; 4 – unbearable difficulties) [10].

Evaluation of the MRS questionnaire provides data on the
intensity of the various symptoms based on the score values in
the various domains and on the total score (MRS-T). The
woman's higher scores in different domains indicate a higher

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