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Structured Self-Care for Sleep Disturbance in a Menopausal Woman: A Case Report

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ABSTRACT

Introduction: Menopause is associated with physiological and psychological changes that may contribute to sleep disturbances and affect women's daily functioning. Structured self-care may provide a practical nursing approach to support women in managing menopausal symptoms and developing healthier daily behaviors. **Objective:** This case report aimed to describe the implementation of a structured self-care intervention and the associated changes in self-care practices and sleep quality in a menopausal woman experiencing sleep disturbance. **Method:** A descriptive case report was conducted involving a 51-year-old woman who had experienced menopause for approximately two years and reported difficulty initiating sleep, frequent nighttime awakenings, nonrestorative sleep, daytime fatigue, and excessive daytime sleepiness. The intervention was implemented over four weeks in the patient's home and consisted of menopause and self-care education, sleep hygiene, slow deep-breathing relaxation, light physical activity, healthy dietary practices, adequate fluid intake, stress management, regular monitoring, and family support. Self-care practices were assessed was assessed using the Menopausal Self-Care Questionnaire (MSCQ), and sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI). **Result**: During the four-week intervention period, the patient demonstrated increased self-care practices and improved sleep-related outcomes. The MSCQ score increased from 85 at baseline to 168 at the final assessment, while the PSQI score decreased from 12 to 4. The patient also reported reduced difficulty initiating sleep, fewer nighttime awakenings, decreased daytime fatigue and sleepiness, and feeling more refreshed upon waking. **Conclusion:** The four-week structured self-care intervention coincided with improvements in self-care ability and sleep quality in this individual case. However, the observed changes cannot be attributed solely to the intervention because the report involved one patient without a comparison group.

Keywords: menopause; nursing intervention; self-care; sleep quality; sleep disturbance

Introduction

Menopause is a natural biological transition that occurs following the permanent cessation of menstruation as a consequence of declining ovarian function. The menopausal transition may be accompanied by a range of vasomotor, psychological, physical, and sleep-related symptoms that can affect daily functioning and quality of life. Sleep disturbance is an important concern during this period and may occur together with vasomotor symptoms, psychological distress, and other menopausal complaints. Recent evidence indicates that sleep problems are common among menopausal women, with sleep disturbance particularly characterized by difficulty maintaining sleep and repeated nighttime awakenings (Kingsberg et al., 2023; Salari et al., 2023; Hachul et al., 2023). A global meta-analysis reported that sleep disorders affected a substantial proportion of postmenopausal women, highlighting the importance of sleep-related assessment and management during menopause.

Sleep disturbance associated with menopause may manifest as difficulty initiating or maintaining sleep, frequent nighttime awakenings, early morning awakening, non-restorative sleep, and daytime fatigue or sleepiness. These problems may arise from multiple interacting factors rather than from menopause alone. Changes in reproductive hormones may influence sleep regulation, while vasomotor symptoms such as hot flashes and night sweats can interrupt sleep continuity. Psychological factors, including anxiety and emotional distress, may further increase physiological arousal and interfere with sleep initiation and maintenance. Lifestyle behaviors and age-related changes may also contribute to the persistence of sleep problems. Therefore, sleep disturbance during menopause requires a comprehensive approach that considers the woman's physical symptoms, psychological condition, daily behaviors, and ability to manage health-related changes (Hachul et al., 2023).

Self-care is particularly relevant to menopausal symptom management because many daily behaviors that influence well-being and sleep can be modified by the individual. Self-care may include recognizing symptoms, maintaining healthy sleep habits, engaging in appropriate physical activity, maintaining balanced dietary and fluid intake, managing stress, and applying strategies to promote relaxation. Evidence from a randomized clinical trial demonstrated that a structured self-care education program significantly improved self-care and quality of life among menopausal women. The intervention consisted of repeated educational sessions addressing physical, vasomotor, psychosocial, and sexual self-care, demonstrating the potential value of structured self-care approaches for menopausal health management (Hossein Mirzaee Beni et al., 2022). These findings support the use of nursing interventions that strengthen women's participation and capacity in managing menopausal symptoms rather than relying solely on symptom-directed treatment.

The use of self-care as a nursing approach can be further understood through Orem's Self-Care Deficit Nursing Theory. Orem's theory emphasizes the individual's ability to perform self-care activities to maintain life, health, and well-being and proposes that nursing is required when an individual's self-care agency is insufficient to meet therapeutic self-care demands. In nursing practice, assessment of self-care needs and capabilities can guide the selection of appropriate nursing support, including supportive-educative interventions that help individuals acquire knowledge, develop skills, make appropriate decisions, and independently perform self-care activities. Application of Orem's theory therefore provides a theoretical basis for structuring nursing interventions around the patient's existing capabilities, identified self-care deficits, and available support systems (Yip, 2021). In the context of menopause, this approach is relevant because women may require individualized support to recognize

symptoms, establish healthier routines, and consistently apply self-care behaviors in everyday life.

Although self-care interventions have demonstrated benefits for menopausal women, evidence specifically describing the implementation of a structured, individualized self-care program for a menopausal woman experiencing sleep disturbance remains limited, particularly in a community or home-based nursing context. Previous research has primarily evaluated self-care education in groups or through controlled intervention designs, whereas a detailed case report can provide clinically relevant information regarding how self-care assessment, individualized guidance, behavioral strategies, monitoring, and family support can be integrated into routine nursing care. In the present case, the intervention combined menopause and self-care guidance, sleep hygiene, slow deep-breathing relaxation, light physical activity, healthy dietary practices, adequate fluid intake, stress-management strategies, regular monitoring, and family support. Because several components were implemented simultaneously, the contribution of any single component to the observed changes cannot be determined.

This case report therefore describes the implementation of a structured self-care intervention in a menopausal woman experiencing sleep disturbance, with particular attention to changes in self-care ability and sleep quality. The report is intended to provide a clinically detailed description of how an individualized, theory-informed self-care approach may be incorporated into nursing care for menopausal women with sleep-related complaints. The findings are interpreted as changes observed during the intervention period and not as evidence of a causal effect of the intervention.

Objective

This case report aimed to describe the implementation of a structured self-care intervention and the changes observed in self-care ability and sleep quality in a menopausal woman experiencing sleep disturbance.

Method

Design and Setting

A descriptive case report design was used to provide a detailed clinical description of the implementation of a structured self-care intervention in a menopausal woman experiencing sleep disturbance. The intervention was conducted in the patient's home environment over a four-week period. The case report focused on the patient's self-care ability, sleep quality, sleep-related complaints, participation in the intervention, and changes observed during the intervention period.

The intervention was conceptually informed by Orem's Self-Care Deficit Nursing Theory. The assessment focused on the patient's self-care agency, identified self-care needs, and ability to perform health-related self-care activities. The nursing approach was primarily supportive-educative, in which the patient was guided to understand her health needs, make appropriate decisions, perform recommended self-care activities, and evaluate her own progress. Orem's theory was used as a framework for organizing the assessment and nursing intervention rather than as a separate outcome measure (Yip, 2021; Hartweg & Metcalfe, 2022).

Patient Selection

The patient was a 51-year-old woman who had experienced menopause for approximately two years. At the initial assessment, she reported difficulty initiating sleep, frequent nighttime awakenings, non-restorative sleep, daytime fatigue, and excessive daytime sleepiness. She also reported several menopausal symptoms, including night sweats, joint discomfort, anxiety, forgetfulness, and decreased libido. These findings indicated the presence of menopausal symptoms accompanied by clinically relevant sleep-related complaints.

The patient was selected because she presented with menopausal symptoms and sleep-related complaints together with insufficiently implemented self-care behaviors. She was able to communicate effectively, understand the information provided, participate in the planned intervention, and provide informed consent. The initial physical assessment did not identify an acute medical condition that could primarily explain the reported sleep disturbance. The selection was therefore based on the clinical relevance of the case to the purpose of describing a structured self-care nursing approach for a menopausal woman with sleep disturbance.

Assessment and Measurement

Initial assessment was conducted through patient interviews, direct observation, physical examination, review of daily habits, and standardized questionnaires. The assessment addressed sleep-related complaints, menopausal symptoms, self-care practices, physical condition, lifestyle behaviors, and factors potentially affecting sleep quality.

Menopausal Self-Care Questionnaire

Self-care practices were assessed using an adapted 34-item version of the Menopausal Self-Care Questionnaire (MSCQ), based on the instrument developed and validated by Kafaei-Atrian et al. (2019). The questionnaire used in this case assessed seven domains of menopausal self-care: general health, health screening, nutrition, memory, management of hot flashes and night sweats, sexuality, and social communication and support. Each item was rated using a five-point Likert scale ranging from 1 (never) to 5 (always), resulting in a possible total score of 34–170. The questionnaire assessed the participant's self-care practices during the previous one month.

The participant's MSCQ score was 85 at baseline and 168 at the final assessment. The 168 score was within the possible range of the 34-item questionnaire used in this case (34–170). Therefore, the change in score was interpreted as a descriptive change in the participant's reported self-care practices during the four-week intervention period. No additional categorical interpretation was applied because the questionnaire used in this case did not specify validated cut-off categories for the total score.

Pittsburgh Sleep Quality Index

Sleep quality was assessed using the Pittsburgh Sleep Quality Index (PSQI). The PSQI is a self-rated instrument that evaluates sleep quality and disturbances over a one-month period. It consists of seven components covering subjective sleep quality, sleep latency, sleep duration, habitual sleep efficiency, sleep disturbances, use of sleep medication, and daytime dysfunction. The seven component scores are summed to produce a global score ranging from 0 to 21, with higher scores indicating poorer sleep quality. In the original validation study, a global score greater than 5 differentiated poor sleepers from good sleepers with acceptable sensitivity and specificity (Buysse et al., 1989).

The patient's baseline PSQI score was 12, indicating poor sleep quality. Following the four-week intervention, the score decreased to 4, indicating a lower level of reported sleep disturbance according to the conventional PSQI interpretation.

Structured Self-Care Intervention

The structured self-care intervention was implemented over four weeks and was individualized according to the patient's identified self-care needs and sleep-related complaints. The intervention incorporated supportive-educative nursing principles and encouraged the patient to actively participate in identifying health needs, selecting appropriate self-care behaviors, implementing the recommended activities, and evaluating changes in her condition.

The intervention consisted of the following components:

1. Menopause and self-care guidance: The patient received individualized information about menopause, common menopausal symptoms, factors that may influence sleep, and the importance of maintaining appropriate self-care behaviors.
2. Sleep hygiene: The patient was guided to maintain a more regular sleep-wake schedule, establish a comfortable and quiet sleep environment, limit mobile phone use and bright-light exposure before bedtime, reduce caffeine intake during the afternoon and evening, and avoid strenuous activity close to bedtime.
3. Slow deep-breathing relaxation: The patient was instructed to perform slow deep-breathing relaxation before bedtime as a strategy to promote relaxation and reduce physical and psychological tension. The exercise was incorporated into the patient's bedtime routine. The exact duration and frequency of the exercise were based on the intervention protocol documented during the case implementation.
4. Light physical activity: The patient was encouraged to engage in light physical activity appropriate to her physical condition, such as walking, stretching, or other light exercise. The activity was intended to support physical functioning, reduce discomfort, promote relaxation, and facilitate healthier daily routines.
5. Healthy dietary and fluid practices: The patient was guided to maintain balanced dietary intake, adequate fluid consumption, and appropriate nutritional practices during menopause, including attention to calcium- and vitamin-D-containing foods. The intervention also encouraged limiting excessive intake of foods high in sugar and fat.
6. Stress-management strategies: The patient was guided to apply simple strategies to manage stress and anxiety, including relaxation and enjoyable activities that could reasonably be incorporated into her daily routine.
7. Family support: Family involvement was incorporated to provide emotional support, encouragement, and practical assistance in maintaining the recommended self-care behaviors at home.

Because several intervention components were implemented simultaneously, the case report was not designed to determine the independent contribution of any single component to changes in self-care ability or sleep quality.

Monitoring and Adherence

The patient's implementation of the recommended self-care behaviors was monitored throughout the four-week intervention period. Monitoring focused on participation in the recommended activities, implementation of sleep hygiene practices, use of relaxation techniques, physical activity, dietary and fluid practices, stress-management strategies, and involvement of family support.

During monitoring, the patient was asked about difficulties encountered in implementing the recommended behaviors and was provided with reinforcement and individualized guidance when necessary. Changes in sleep-related complaints and self-care practices were documented during the intervention period.

Because the original case documentation did not provide a standardized quantitative adherence percentage for each intervention component, adherence was described qualitatively rather than converted into an unsupported numerical adherence rate. Any specific frequency or duration of monitoring should be reported only when supported by the original intervention records.

At the end of the four-week intervention, the MSCQ and PSQI were administered again to assess changes from baseline. Subjective changes in sleep complaints and self-care practices were also documented.

Data Analysis

Data were analyzed descriptively by comparing the baseline and final MSCQ and PSQI scores. Changes in sleep-related complaints, self-care behaviors, participation, and observed clinical conditions were described narratively.

Because this was a single-patient case report without a control or comparison group, no inferential statistical analysis was performed. Changes observed after the intervention were interpreted descriptively and were not considered evidence of a causal effect of the intervention.

Ethical Considerations

Written informed consent was obtained from the patient before implementation of the intervention and preparation of the case report. The patient received an explanation regarding the purpose of the case report, the intervention procedures, potential benefits, and the use of relevant clinical information for academic and scientific reporting. Participation was voluntary, and the patient was informed that she could decline participation or withdraw permission for reporting.

The patient's identity and personal information were protected, and no directly identifying information was included in the manuscript.

Results

Patient Characteristics and Initial Clinical Findings

The patient was a 51-year-old woman who had experienced menopause for approximately two years. At the initial assessment, the patient was conscious, cooperative, and able to communicate effectively. Vital signs were within normal limits, with a blood pressure of 132/82 mmHg, pulse rate of 78 beats/minute, respiratory rate of 20 breaths/minute, and body temperature of 36.5°C. The patient weighed 48 kg and had a height of 162 cm, corresponding to a body mass index (BMI) of 18.3 kg/m². General physical and head-to-toe examinations revealed no significant abnormalities or signs of acute illness.

The main sleep-related complaints were difficulty initiating sleep, frequent nighttime awakenings, nonrestorative sleep, daytime fatigue, and excessive daytime sleepiness. The patient also reported night sweats, joint pain, anxiety, forgetfulness, and decreased libido. During the initial assessment, she appeared tired and lethargic, frequently yawned, and occasionally appeared restless. Dark circles around the eyes and mild eyelid puffiness were also observed.

Table 1. Patient Characteristics and Initial Clinical Findings

Variable	Findings
Age	51 years
Duration of menopause	Approximately 2 years
Blood pressure	132/82 mmHg
Pulse rate	78 beats/minute
Respiratory rate	20 breaths/minute
Body temperature	36.5°C
Body weight	48 kg
Height	162 cm
Body mass index	18.3 kg/m²
General physical examination	No significant abnormalities
Main sleep complaints	Difficulty initiating sleep, frequent nighttime awakenings, and nonrestorative sleep
Daytime complaints	Fatigue and excessive daytime sleepiness
Other menopausal symptoms	Night sweats, joint pain, anxiety, forgetfulness, and decreased libido

Baseline Self-Care Practices and Sleep Quality

The baseline assessment identified limited implementation of self-care behaviors and poor sleep quality. The recorded Menopausal Self-Care Questionnaire (MSCQ) score was 85. The baseline Pittsburgh Sleep Quality Index (PSQI) score was 12, indicating poor sleep quality. The patient reported difficulty initiating and maintaining sleep, nonrestorative sleep, and impaired daytime functioning.

Table 2. Baseline Self-Care Practices and Sleep Quality

Assessment Instrument	Baseline Score	Interpretation
Menopausal Self-Care Questionnaire (MSCQ)	85	Baseline self-care score
Pittsburgh Sleep Quality Index (PSQI)	12	Poor sleep quality

Implementation of the Structured Self-Care Intervention

The structured self-care intervention was implemented over a four-week period in the patient's home environment. The intervention consisted of several complementary self-care components, including menopause and self-care education, sleep hygiene, slow deep-breathing relaxation, light physical activity, healthy dietary practices, adequate fluid intake, stress-management strategies, regular monitoring, and family support.

During the intervention period, the patient participated in the recommended self-care activities and gradually incorporated several practices into her daily routine. These included maintaining a more regular sleep schedule, limiting mobile phone use before bedtime, performing slow deep-breathing relaxation, engaging in light physical activity, and applying other recommended self-care practices. Monitoring and reinforcement were provided throughout the intervention period, while family involvement was used to support the patient's participation and motivation.

Because several self-care components were implemented concurrently, the observed changes cannot be attributed to any single component of the intervention.

Changes in Self-Care Ability and Sleep Quality

At the end of the four-week intervention, the recorded MSCQ score increased from 85 at baseline to 168, representing a numerical increase of 83 points. The PSQI score decreased from 12 to 4, representing a reduction of 8 points. The final PSQI score was below the original PSQI threshold of 5, corresponding to better sleep quality according to the instrument's scoring criteria.

Table 3. Changes in MSCQ and PSQI Scores Before and After the Four-Week Self-Care Intervention

Outcome	Baseline	Final Evaluation	Change
MSCQ score	85	168	+83
PSQI score	12	4	−8

Note: Higher MSCQ scores represent greater self-care according to the scoring direction of the instrument; interpretation of the absolute MSCQ value should follow the exact version used. Lower PSQI scores indicate better sleep quality.

The changes in MSCQ and PSQI scores are presented in Figure 1. The two outcomes are displayed separately because they have different scoring ranges and scoring directions.

Figure 1. Changes in MSCQ and PSQI Scores Before and After the Four-Week Structured Self-Care Intervention

Figure 1A. Change in MSCQ Score

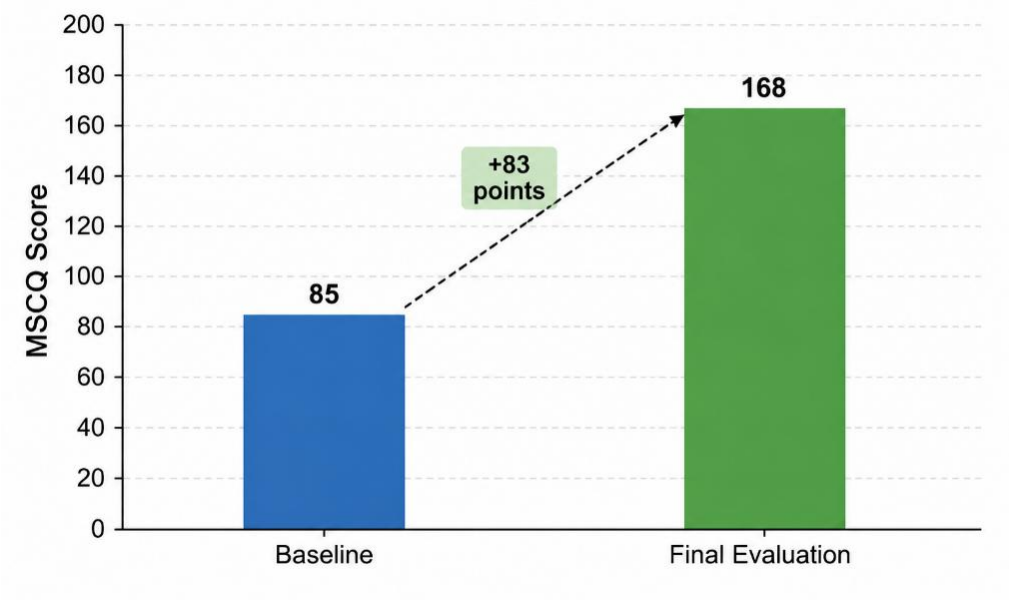
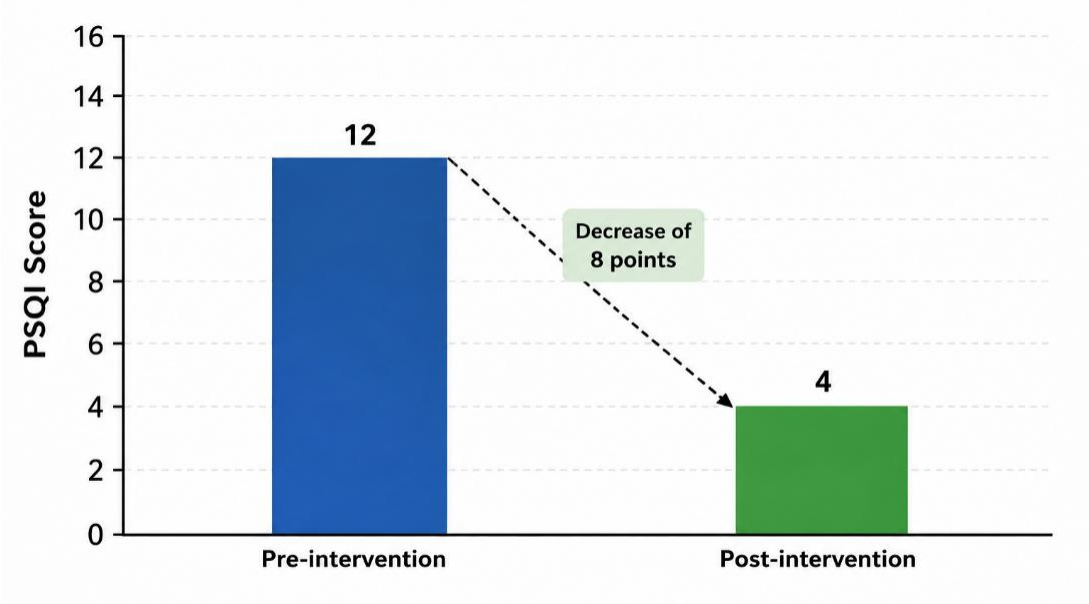


Figure 1B. Change in PSQI Score



Note: Higher MSCQ scores indicate improved self-care ability, whereas lower PSQI scores indicate better sleep quality.

Changes in Sleep-Related Complaints

At the final evaluation, the patient reported reduced difficulty initiating sleep and fewer nighttime awakenings. She also reported less daytime fatigue and sleepiness and described feeling more refreshed upon waking. The patient was able to describe several factors that affected her sleep and independently applied several sleep hygiene practices, including maintaining a regular sleep schedule, limiting mobile phone use before bedtime, reducing caffeine intake during the afternoon and evening, creating a more comfortable sleep environment, and performing slow deep-breathing relaxation before sleep.

Changes in Self-Care Practices

During the four-week intervention, the patient became more consistent in implementing several self-care practices. These included sleep hygiene, light physical activity, balanced dietary practices, adequate fluid intake, stress-management strategies, and utilization of family support. At the final evaluation, the patient expressed willingness to continue these self-care practices independently at home.

The patient also demonstrated greater independence in applying the recommended strategies for managing menopausal-related complaints. These observations were based on the patient's reported behaviors and participation during the intervention and were not used as evidence of a causal effect of any individual intervention component.

Adverse Events

No adverse events or unexpected effects were observed or reported during the four-week intervention period.

Discussion

This case report described the implementation of a structured self-care approach in a 51-year-old menopausal woman experiencing sleep disturbance. At baseline, the participant reported difficulty initiating sleep, frequent nighttime awakenings, non-restorative sleep, daytime fatigue, and excessive daytime sleepiness, accompanied by several menopausal

symptoms, including night sweats, joint discomfort, anxiety, forgetfulness, and decreased libido. These findings are consistent with evidence that sleep disturbances are common during the menopausal transition and postmenopausal period and may be influenced by vasomotor symptoms, psychological factors, physical discomfort, and changes in sleep-related behaviors (Hachul et al., 2023; Salari et al., 2023; Kingsberg et al., 2023).

The intervention was guided by Orem's Self-Care Deficit Nursing Theory, particularly the concept of self-care agency and the supportive-educative nursing system. The participant was able to perform self-care independently but demonstrated several areas in which structured guidance and reinforcement were needed. The assessment identified insufficient or inconsistently implemented self-care practices related to sleep hygiene, relaxation, physical activity, nutrition, stress management, symptom management, and family support. In accordance with Orem's framework, nursing support was therefore directed toward strengthening the participant's ability to recognize her health needs, perform appropriate self-care activities, and evaluate changes in her condition. This approach is consistent with the application of Orem's theory in nursing practice, where nursing intervention is directed toward addressing self-care deficits while maximizing the individual's capacity for self-care (Yip, 2021; Hartweg & Metcalfe, 2022).

Following four weeks of structured self-care implementation, the participant's MSCQ score increased from 85 to 168, representing an 83-point increase in the recorded self-care score. The questionnaire used in this case consisted of 34 items, each scored from 1 to 5, resulting in a possible total score of 34–170. Thus, the final score of 168 was within the scoring range of the questionnaire actually administered. The instrument assessed seven domains of menopausal self-care, including general health, health screening, nutrition, memory, management of hot flashes and night sweats, sexuality, and social communication and support.

The increase in the MSCQ score indicates that the participant reported more frequent engagement in self-care practices at the end of the intervention period. This finding is relevant to the principles of Orem's theory because the intervention emphasized active participation rather than dependence on the nurse. The participant was encouraged to incorporate practical self-care behaviors into her daily routine, including maintaining regular sleep habits, applying relaxation techniques, engaging in light physical activity, maintaining balanced nutritional and fluid intake, managing stress, and utilizing family support. Such an approach may be particularly relevant in home-based care because the sustainability of self-care depends substantially on the individual's ability to integrate recommended behaviors into everyday life.

The participant's sleep quality also showed a descriptive change during the intervention period. The baseline PSQI score was 12, indicating poor sleep quality, and decreased to 4 following four weeks of structured self-care implementation. The decrease in PSQI score coincided with reported improvements in sleep-related complaints, including easier sleep initiation, fewer nighttime awakenings, and reduced daytime fatigue. Previous research has indicated that behavioral and non-pharmacological approaches addressing sleep habits, physical activity, relaxation, and menopausal symptoms may be relevant components of sleep management among menopausal women (Duman & Timur Taşhan, 2018; Haufe et al., 2022; Hachul et al., 2023). The observed change in this case is therefore clinically relevant as a descriptive finding, although it should not be interpreted as evidence that the intervention directly caused the improvement.

The improvement in sleep quality may be understood in the context of the multicomponent nature of the intervention. Sleep hygiene was combined with slow deep-breathing relaxation, light physical activity, dietary and fluid practices, stress-management strategies, and family support. These components addressed several factors potentially related to the participant's sleep disturbance. Relaxation strategies may help reduce psychological and physiological tension, while regular physical activity and appropriate daily routines may support healthier sleep patterns. Management of menopausal symptoms and modification of environmental factors may also contribute to more favorable conditions for sleep. However, because all components were implemented simultaneously, the contribution of any individual component cannot be determined from this case.

The findings also demonstrate the potential relevance of structured self-care in nursing practice for menopausal women experiencing sleep-related complaints. Rather than focusing exclusively on the sleep complaint, the intervention addressed the broader self-care needs of the participant. This is consistent with the holistic orientation of Orem's theory, in which health-related self-care encompasses multiple behaviors and capabilities that contribute to maintaining health and well-being. The approach may be particularly applicable in community and home-based nursing, where nurses can identify self-care deficits, provide supportive-educative interventions, reinforce appropriate behaviors, and monitor the individual's progress over time.

Several limitations should be considered when interpreting these findings. First, this was a single-patient case report without a control or comparison group; therefore, the observed changes cannot establish a causal relationship between the intervention and the outcomes. Second, the intervention included multiple components, making it impossible to determine which specific component contributed most to the changes in MSCQ or PSQI scores. Third, adherence was monitored qualitatively because the original case documentation did not provide standardized quantitative adherence percentages for each intervention component. Fourth, the outcomes were reassessed only after four weeks, and longer-term follow-up was not available. Finally, the MSCQ used in this case was an adapted 34-item version; therefore, the findings should be interpreted according to the scoring procedure of the version actually administered rather than directly equated with the original validated instrument.

Overall, the case suggests that implementation of a structured self-care approach coincided with an increase in reported menopausal self-care practices and a reduction in the participant's PSQI score over four weeks. These findings support the practical relevance of a supportive-educative nursing approach for addressing self-care and sleep-related needs in menopausal women. Nevertheless, larger studies using standardized intervention protocols, quantitative adherence monitoring, appropriate comparison groups, and longer follow-up are needed to determine the effectiveness and sustainability of this approach.

Conclusion

This case report described the implementation of a structured self-care intervention in a 51-year-old menopausal woman experiencing sleep disturbance and limited self-care practices. The intervention was implemented over four weeks and consisted of several complementary components, including menopause and self-care guidance, sleep hygiene, slow deep-breathing relaxation, light physical activity, healthy dietary practices, stress management, and family support.

Following the four-week intervention period, the recorded MSCQ score increased from 85 to 168, while the PSQI score decreased from 12 to 4, representing changes in reported self-care practices and sleep quality during the observation period. The findings suggest that structured self-care may be a feasible nursing approach for addressing sleep disturbance in menopausal women, particularly through the integration of sleep hygiene, slow deep-breathing relaxation, physical activity, stress management, and family support. However, because this was a single case involving a multicomponent intervention without a control condition or long-term follow-up, the observed changes cannot be attributed solely to the intervention. Further studies involving larger samples, controlled designs, and longer follow-up periods are needed to examine the potential contribution of structured self-care to sleep outcomes in menopausal women.

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Author Contribution

Dima Kanu Almadani: Conceptualization, patient assessment, implementation of the structured self-care intervention, data collection, outcome evaluation, data interpretation, manuscript drafting, and manuscript revision.

Henny Dwi Susanti, Rusnani Ab Latif, and Suryani Hartati: Methodological guidance, academic supervision, critical review, manuscript revision, and final approval of the manuscript.

Conflict of Interest

The authors declare that there are no financial, personal, professional, or institutional conflicts of interest related to the preparation and publication of this case report.

Ethical Considerations

Written informed consent was obtained from the patient before the implementation of the structured self-care intervention and preparation of this case report. The patient was informed about the purpose of the intervention, the procedures involved, the expected benefits, and the use of relevant clinical information for academic and scientific reporting. Participation was voluntary, and the patient was informed of her right to participate without coercion. The patient's identity and personal information were kept confidential throughout the preparation and publication of this manuscript.

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