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An Analysis of the Mental Health, Coping Ability, and Related Nursing Interventions for Women Undergoing Infertility Treatment

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An integrative literature review was piloted to investigate the current research within the past 10 years (2006-2016) focusing on the mental health variables and coping abilities affecting infertile women during infertility treatment and to establish recommendations for evidence-based practice nursing interventions. The review was sourced using the electronic databases of the Cumulative Index of Nursing and Allied Health (CINAHL), PsycINFO, & PubMed through a computerized search. The databases utilized were performed using DePaul University’s Richardson Library website. Articles involving infertile women with certain comorbidities were specifically excluded because of corresponding factors and unique needs not widely applicable to the general population of otherwise healthy but infertile women. The Whittemore & Knafl (2005) model was applied to stage between data reduction, data display, and data comparison within the data collected from the selected articles. Keywords included: infertility, infertility treatment, reproduction technique, mental health, stress, coping, and nursing supports the patient’s individualistic needs.

CONCLUSION

This literature review demonstrated coping skills that are experienced by women undergoing infertility and the factors involved determining successful coping outcomes to fertility-related distress. The findings suggested infertility-related distress to be related to decreased quality of life, decreased infertility related perceived self-efficacy and adjustment to quality social support. Successful strategies in implementing appropriate nursing care to these patients include understanding the patient, attaining a human-caring relationship, and seeking the appropriate plan that best supports the patient’s individualistic needs.

RESEARCH QUESTIONS

1. What variables are involved in the development of psychological distress in a women's experience during infertility treatment?
2. How can coping strategies be implemented in the care of infertile women to help find a positive adjustment to the psychological barriers associated with infertility treatment?
3. What treatment strategies can the nursing community use to improve the well-being and quality of life of the infertile women and the individuals involved?

MATERIALS & METHODS

• An integrative literature review was piloted to investigate the current research within the past 10 years (2006-2016) focusing on the mental health variables and coping abilities affecting infertile women during infertility treatment and to establish recommendations for evidence-based practice nursing interventions.
• The review was sourced using the electronic databases of the Cumulative Index of Nursing and Allied Health (CINAHL), PsycINFO, & PubMed through a computerized search. The databases utilized were performed using DePaul University’s Richardson Library website.
• Articles involving infertile women with certain comorbidities were specifically excluded because of corresponding factors and unique needs not widely applicable to the general population of otherwise healthy but infertile women.
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• Keywords included: infertility, infertility treatment, reproduction technique, mental health, stress, coping, and nursing.

RESULTS/DISCUSSION

Quality of Life Related to Infertility Distress: Self-efficacy was a common them found within the articles reviewed, mentioning the stronger one’s perceived self-efficacy is will enable the individual to manage self-care, make better choices influencing their health and put forth behavior consistent with their decisions. Findings revealed women receiving Watson’s Theory (2008) showed an increased adjustment to infertility which included a positive adjustment to feelings of hopelessness, loss, isolation, anxiety, and stigmatization about the future and inability to make a plan. Read et al. (2015), expressed the need for two specific types of psychosocial supports for couples undergoing infertility, including, contact with others in the same situation and information about the infertility treatment. Using a face-to-face direct approach to disclose information about the women’s infertility to their support network coincided with the perception of high-quality of support, thus an overall positive association in quality of life.

Nursing Interventions for Women with Infertility:
• Interventions found to be significant in this review included logotherapy and Mind-body Group Interventions (MBI)
• Findings indicated these interventions to be noteworthy methods to aiding in the infertile women’s skill to cope with stressors related to the life-crisis, found to reduce psychological perceived stress involved in the experience of infertility such as anxiety, depression, and anger.

Coping-Based Strategies:
• A common trend found in the articles reviewed suggested that depending on the patient’s personal, social, or mental process is what determines the type of coping strategy they will utilize during the process of treatment after failed treatment.
• Coping strategies utilized by the individual could either lead to mastery of the new situation or failure with an increase in impaired functioning that could lead to a decline in quality of life.
• Lee et al. (2010) found that problem-focused strategies lead to better adjustment and emotion-focused coping strategies are associated with maladaptive outcomes such as avoidance of certain triggers.

NURSING IMPLICATIONS

• Nurses need to be culturally sensitive and compliant to understanding the patient’s style of coping strategies and grief responses.
• Cultural characteristics should not be ignored; women may be suppressing their emotions hiding their need for support and cause increased fertility related distress.
• Nurses can help encourage women to utilize problem-oriented coping strategy in various stage of the treatment process such as confrontation and help construct a problem-solving plan directed towards the patient’s individualistic needs.
• Nurses need to be aware of listening to the patient and interpreting any complaints to then guide them to a successful coping strategy such as meaning-based coping to adapt with the situation.
• Other areas to help facilitate increased quality of life: education in course of treatment, facilitating outside psychosocial resources, aiding in a multi-disciplinary team approach.