A STUDY TO ASSESS THE LEVEL OF STRESS AND COPING STRATEGIES AMONG INFERTILE PATIENTS AT SELECTED INFERTILITY CENTRES

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Abstract

A descriptive study was conducted to assess the level of stress and coping strategies among infertile patients at selected infertility centres in Lucknow. The objectives of the study were (1) To assess the level of stress and coping strategies among infertile patients. 2. To find out the association between the level of stress in infertile patients and selected demographic variables.3. To find out the association between the coping strategies used by the infertile patients and selected demographic variables. 4. To develop an information booklet regarding stress and coping strategies on infertile patients. A quantitative approach and non-experimental exploratory design was adopted for the research study. Data was collected by usings standarized stress scale developed by Sheldon cohen in the year of 1983. Coping tool consist of 5 point Likert scale developed by Lazarus and Folk man. The collected data from 60 infertile patients drawn by purposive sampling technique was organized, tabulated, analyzed and interpreted using descriptive and inferential statistics. Major findings of the study Most of the infertile females were between 31-35 years of age (53.33%). Most of the clients were Hindu (53.33%). The majority infertile females were completed only primary education (33.34%). The majority infertile women were housewife as well as were working at private sector (40%). Majority of them were having 5000-10000 income per month (33.33%). 60 % of females were belong to nuclear family. 33.33% were having completed their marriage life more than 6 years. 66.67% infertile females are having moderate stress, 33.33% having low stress and 7% having high stress level The results shows that there was a significant association between stress score and selected variable history of gynaecological disorders, $(x2 =4.8, p<0.05)$. Most of the infertile patients had problems with low to moderate stress and Information booklet related to stress and coping strategies is given to the infertile patients at the infertility centre to manage the stress level.

Keywords: *Knowledge, stress and coping strategies ,infertile patients*

BACKGROUND OF THE STUDY

Infertile couples often suffer from monthly chronic stress when fertilization does not occur. The relationship between stress and infertility creates a cycle that mutually reinforces this impact. In the process, more complex infertility therapies can increase stress levels, affecting the outcomes of these therapies. Objective: To characterize the distribution of stress levels that may be experienced by married couples. According to the world health organization (WHO), mental health is a state of well-being in which an individual can realize his or her abilities, interact positively with others, cope with stressors of life and work productively, fruitfully, and contribute to his or her family and community. WHO noted not exclusively the absence of mental illness, but also addresses the concept of mental wellness, no health without mental health.[1]

American Psychiatric Association's Diagnostic and Statistical Manual of mental disorders fourth edition (DSM-IV) defines mental disorder as a clinically important behavioral or psychological syndrome in a person associated with present distress or disability with a significantly increased risk of suffering death, pain, disability. It is a specific diagnosis made by trained mental health professionals after formal psychiatric assessment.[2] According to a statistics reported by WHO there is about 20 million infertile couples in India. About 30-40% of these cases involves infertility in male while 10-15% cases involves problems in both male and female. Oligospermia or low sperm count is a leading cause of infertility among males.[3]

The infertility statistics of KJIVF-test tube babies and laparoscopy centre in India shows that 1 in 6 couples is infertile. The 40% cases, the problem lies exclusively with females ,40% with males, 10% with both partners and in further 10% cases the cause is unknown. Fertility problem strike 1 in 3 female over 35,1 in 25 male have a low sperm count and 1 in 35 are sterile[4]. Mental distress is a collection of mental health abnormalities that may not be grouped into standard diagnostic criteria, which is characterized by symptoms of anxiety, depression, insomnia, fatigue, irritability, forgetfulness, difficulty in concentrating, and somatic symptoms such as sleep problems, headache, and backache.[5] It is more common in a hospital setting than community setting; which influences the health status, treatment effectiveness, and quality of care in hospitalized patients. Surveys showed that 20 to 60% of patients admitted to a hospital suffer from the most common mental disorders like stress, depression, and anxiety.[6]

OBJECTIVES

(1) To assess the level of stress and coping strategies among infertile patients. 2. To find out the association between the level of stress in infertile patients and selected demographic variables. 3. To find out the association between the coping strategies used by the infertile patients and selected demographic variables. 4. To develop an information booklet regarding stress and coping strategies on infertile patients.

MATERIALS AND METHODS

A descriptive design was selected to carry out the study. The sample for the present study was 60 infertile patients selected by non- probability purposive sampling technique in infertility clinics situated in Lucknow. Inclusion criteria: Female patients with primary infertility who were undergoing infertility treatment and those who are willing to participate in the study. Exclusion criteria included patients who have had children, including adopted children, foster children, or children from a previous marriage and who were not present at time of data collection. An intensive review of the literature, experts' opinion, and suggestions of the research panel, researchers' professional experience and informal interview with staff nurses provided basis for the construction of structured questionnaire. Description of Tool : PART I consisted of the demographic data such as age, religion, education, occupation, type of family, income, duration of married life, any history of gynaecological disorders .PART II Include standardized perceived stress scale to assess the stress level among infertile female. This standardized stress scale developed by Sheldon cohen in the year of 1983. Coping tool consist of 5-point Likert scale developed by Lazarus and Folk man.

SCORING PROCEDURE

The individual score on the perceived stress scale can range from 0-40. Scores ranging from 0-13 would be considered low stress. Scores ranging from 14-26 would be considered moderate stress. Scores ranging from 27-40 would be considered high perceived stress.

In coping tool, the score for each item ranges from o-4. The total score is obtained by summing up the individual score and the maximum score is 212. Scores ranging from 0-71 would be considered less coping ability. Scores ranging from 71-141 would be considered moderate coping ability. Scores ranging from 142-212 would be considered higher coping ability.

Before the data collection, Formal administrative permission was obtained from the clinics. Content validity of the tool was taken by experts' opinion regarding the relevance, significance, clarity, construction and organization of questions. Prior to the data collection the subjects were approached, the purpose of the study was explained to them and their consent for participation was obtained.

Once the data were collected, the analysis was performed using the SPSS 20 statistics software. Quantitative data analyses were completed using chi-square tests. Pearson Product Moment Correlation Coefficients were used to describe the relationships between socio-demographic factors and stress levels. All tests were considered significant at the 5% threshold ($p < 0.05$).

RESULTS
Findings related to sample characteristics
Most of the infertile females were between 31-35 years of age (53.33%). Most of the clients were Hindu (53.33%). The majority infertile females were completed only primary education (33.34%).

The majority infertile women were housewife as well as were working at private sector (40%). Majority of them were having 5000-10000 income per month (33.33%). 60 % of females were belong to nuclear family. 33.33% were having completed their marriage life more than 6 years.

Finding related to assessment level of stress and coping strategies among infertile patients.

Level of stress	Range	Frequency	%
Low stress	0-13	13	21.66
Moderate stress	14-26	40	66.66
High stress	27-40	7	11.66

66.67% infertile females are having moderate stress, 33.33% having low stress and 7% having high stress level

Findings related to assess the level of stress and coping strategies regarding infertility among infertile patients with selected demographic variables
The chi square value of the other demographic variables was not significant at 0.05 level. This show that there was no association between the age, religion, education, occupation, type of family, income and duration of married life.

The results shows that there was a significant association between stress score and selected variable history of gynaecological disorders, ($x2 = 4.8$, $p < 0.05$).

These findings fail to support the null hypothesis and accept thus researcher the research hypothesis.

NURSING IMPLICATIONS

Current concepts and trends in infertility care should be included in nursing curriculum. Nursing personnel working in infertility center should be given in-service education regarding stress management among infertile male and females. The study findings revealed the importance of nurse's role in improving stress level among the infertile patients by using information booklets. In clinical areas and infertility center there must be provision for providing knowledge related to stress and coping strategies

- *RECOMMENDATIONS*
  Based on the findings of the study following recommendation are made:
  o Implement & evaluate ongoing in-service education on managing level of stress for nurses posted in infertility areas in order to ensure patient safety and quality assurance in health.
  o Educational research can be undertaken by using different designs such as experimental or comparative research design to find out the efficacy of different teaching learning methods for stress and coping mechanisms for infertile patients.

CONCLUSION OF THE STUDY

Most of the infertile patients had problems with low to moderate stress and Information booklet related to stress and coping strategies is given to the infertile patients at the infertility center to manage the stress level.

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