

The duality between pain and suffering in assisted reproduction techniques: a cross-sectional study

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Methods

Descriptive cross-sectional study (September 2019 - June 2020)

Approval by The Ethics Committee of The Institute of Health Sciences of Universidade Católica Portuguesa

- 104 participants in the process of engaging or at any stage of a fertility treatment.
- Health-related online forums and social (in)fertility-related websites (Associação Portuguesa de Fertilidade).
- Online questionnaire: demographic questions, clinical-health aspects, Portuguese version of the Meaning in Suffering Test (MIST-P).
- Statistical analysis: SPSS, version 26.0 (IBM, 2018).

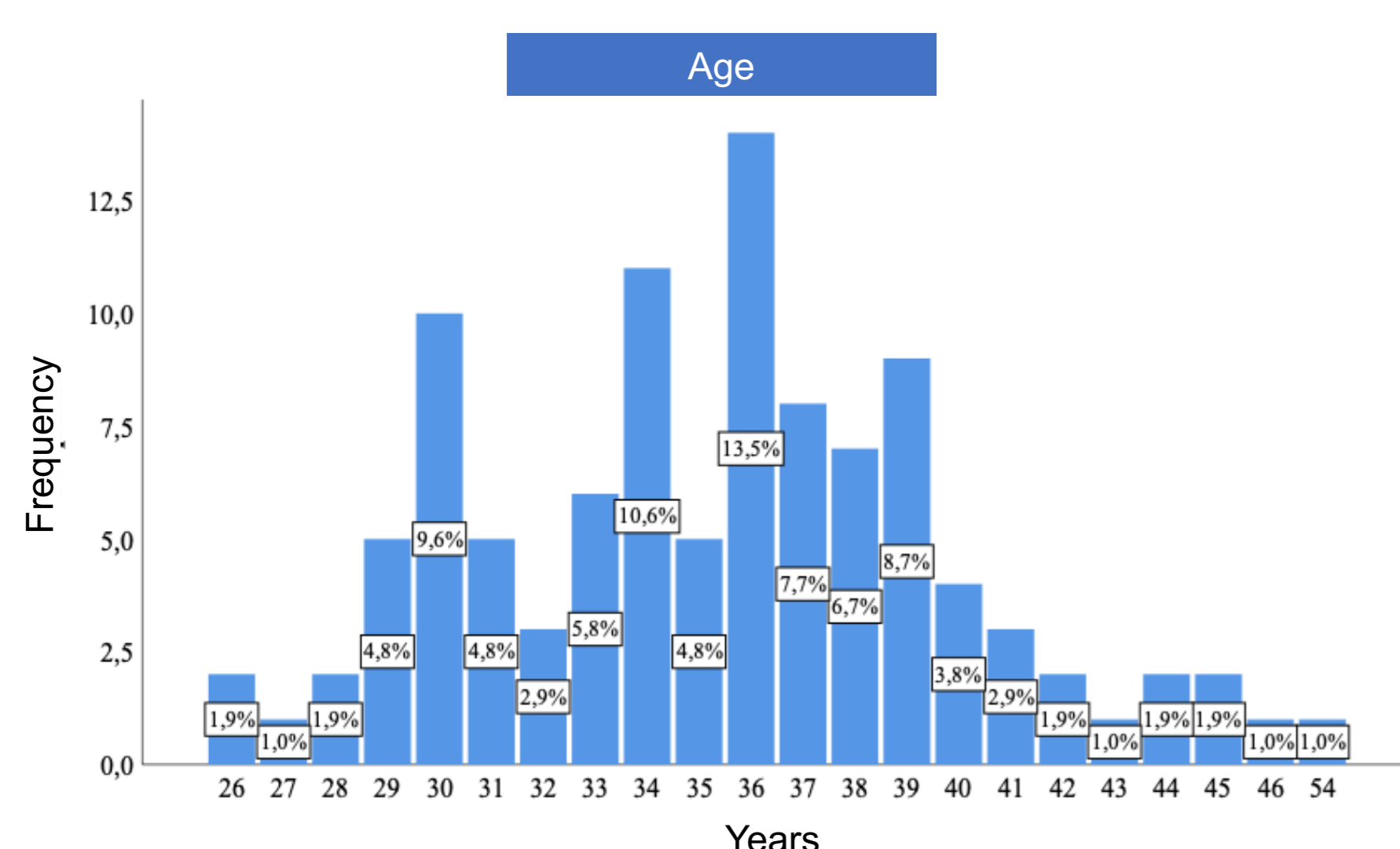
Background

Evidence has demonstrated possible side effects and adverse effects due to hormonal medications to increase women's fertility. In addition, frequent and painful therapeutic administrations, successive exposure of the woman's body for examination, and invasive, mechanistic, and dehumanizing procedures have been described by women during fertility treatments.

Aim

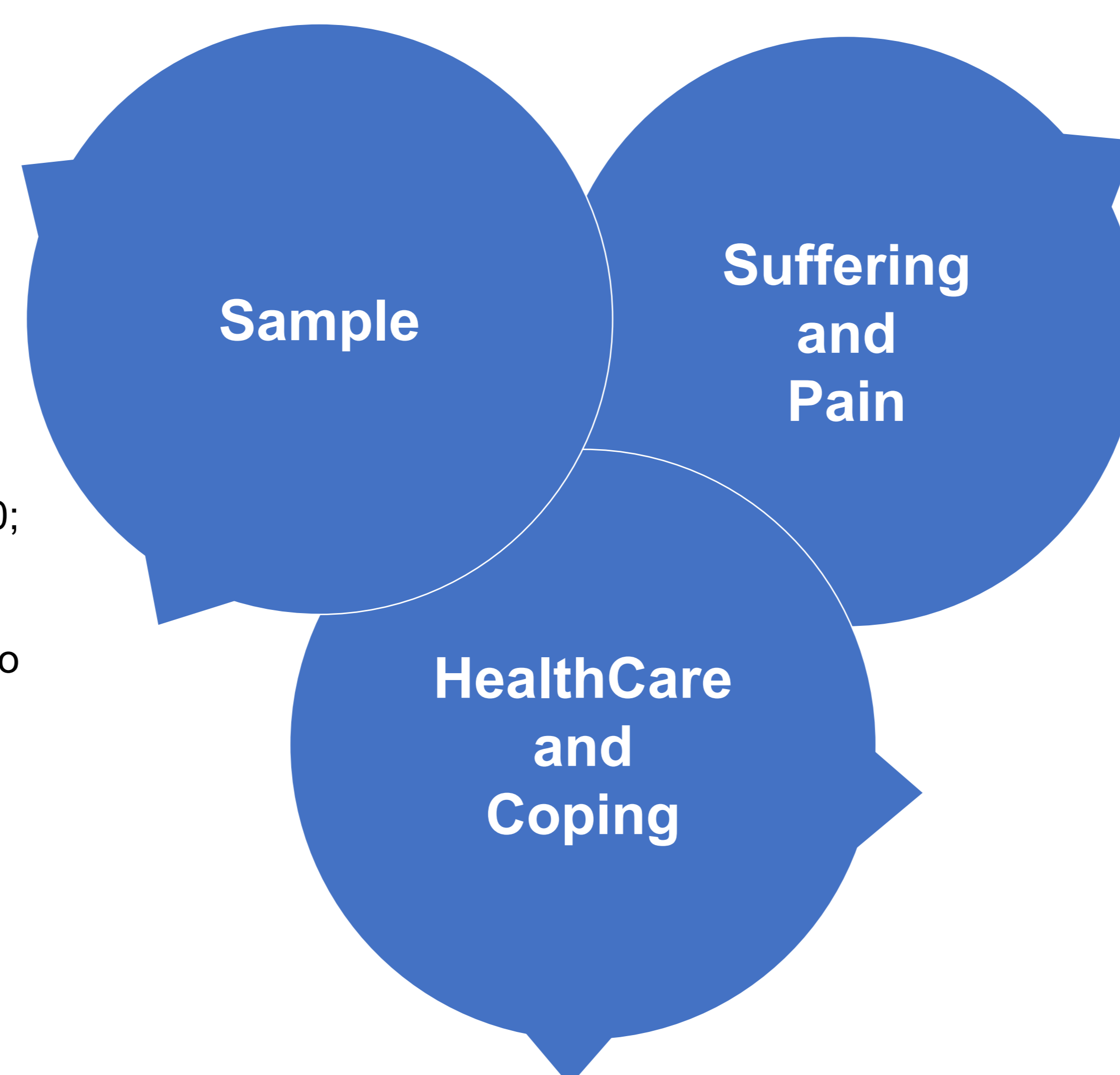
To explore perceptions of **pain** and **suffering** in women during assisted reproductive techniques.

Results



- Greater number of responses by participants aged between 35 and 40 years old ($n=47$; 45.2%) and by people under 34 years old ($n=45$; 43.3%). A lower number of responses was evident among those aged 41-51 years ($n=11$; 10.6%) and over 51 years of age ($n=1$; 1.0%).
- More than half of the participants were religious ($n=70$; 67.3%) and with a Catholic affiliation ($n=60$; 57.7%).
- Diagnosis occurred on average 3.63 years ago ($SD=3.33$), and at most 20 years ago ($n=1$; 1.0%).

MIST-P scale revealed a sample with a mean level of suffering of 6.96 (on a 10-level Likert scale). Most frequent scores fell under level 7 and level 8 of suffering with an equal number of respondents ($n=25$) the equivalent to 24% of the sample.



Portuguese popular sayings were frequently reported:
 “Live one day at a time” ($n=67$; 64.4%)
 “There is light at the end of the tunnel” ($n=54$; 51.9%)

78.8%

Pain had a high presence among people undergoing fertility treatment, highlighting the idea of suffering as a profound experience beyond the organic side of living with infertility.

73.1%

Majority described to be frequently tearful and anxious ($n=76$; 73.1%) with discouragement ($n=53$; 51.0%) and depression has most reported consequences ($n=38$; 36.5%).

51.9%

More than half of the participants in the study identified body changes as an aspect that enhances suffering.

It was found that the need to be themselves ($n=77$; 74.0%) and family performance ($n=58$; 55.8%) as fundamental purposes in life. However, results highlighted that the actual experience of suffering affected ability to reach such purposes ($n=46$; 44.2%).

79.8%

Listening to others ($n=83$; 79.8%) and expressing love for others ($n=62$; 59.6%) were altruistic actions most engaged by the participants.

75.0%

Family ($n=78$; 75%) and friends ($n=52$; 50%) were considered the main support system for most of the participants. In addition, a vast number of respondents identified own mothers has persons that faced a great amount of suffering ($n=84$; 80.8%).

53.8%

Talking to other people was the main strategy to deal with suffering and affection demonstrated by family members and others ($n=71$; 68.3%) were the most helpful to overcome such event.

Women expected nurses and healthcare professionals to talk to them ($n=69$; 63.3%), to take care of them and give comfort ($n=51$; 49.0%) and to explain what individuals should be expecting from living such experience ($n=50$; 48.1%).

Conclusion

This study highlighted the fact that suffering is not synonymous with pain, although it appears closely related to it. These findings play a fundamental role in future healthcare practices and specifically in the crucial role of nurses in providing a holistic and person-centered approach to improve the quality of life of such individuals and simultaneously raise the quality of nursing care in the reproductive context.

References

• IBM. (2018, Junho 13). SPSS version 26.0. <https://www.ibm.com/us-en/>
 • Kraus, T. (2014). *Sentido de vida da pessoa com dor crónica* [Tese Doutoramento, Universidade Católica Portuguesa, Instituto de Ciências da Saúde]. Veritati - Repositório Institucional da Universidade Católica Portuguesa. <https://repositorio.ucp.pt/handle/10400.14/16164>
 • Schulenberg, S. E., Gohm, C. L., & Anderson, C. (2006). The Meaning in Suffering Test (MIST): A Unitary or Multidimensional Measure? *The International Forum For Logotherapy*, 29, 103–106.
 • Starck, P. L. (1985). Guidelines—The Meaning in Suffering Test. *Viktor Frankl Institute of Logotherapy*.