
Quality of Life of Infertile Couples at Mansoura University Hospital

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ABSTRACT

Background: Infertility is a significantly health, social, and emotional problem in the society. Health related quality of life now is considered as an important outcome measure in many clinical settings. **This study was aimed to** assess quality of life among infertile couples at Mansoura University Hospital. **A descriptive design** was utilized in this study. **A purposive sample** including 80 infertile couples were participated in the current study. It was **carried out** at El-Mansoura University Hospital. **Tool** A standardized tool i.e. FertiQol tool was administered to collect data and an informational booklet on "Coping with Infertility" were also given to the infertile couples were used for data collection. **Results of this study** revealed that, male partners had better quality of life than the infertile female partners in all the domains of quality of life i.e. emotional, mind/body, relational, social, environmental and tolerability domain and there was a significant difference in the quality of life of infertile male and female partners. The correlation between the various domains of infertile male and female partners showed that the emotional domain was positively correlated to other domains (except the environmental domain in female partners). Infertility had influenced all the domains of infertile couples but it had major impact on the emotional domain. There was a significant association between levels of Fertility Quality of life scores and *age of couple*. It was **concluded** that, the infertility affects all the domains of quality of life but it has major impact on the emotional aspect of the infertile couples. Therefore, the present study **recommended** that health professionals need to include assessment of psychological symptomatology to plan more efficient interventions to infertile patients.

INTRODUCTION

Infertility is an important problem worldwide which affects men and women. It does affect a large percentage of the population and are on the rise in many countries. There are millions of couples right now struggling with infertility. It can be a hard struggle as couples see other people with their kids and wonder why it is not so easy for them (*Burns LH et al., 2015*). Both women and men experience considerable psychological distress when experiencing reproductive health problems, including feelings of low self-esteem, isolation, loss of control, sexual inadequacy and depression. (*Shah K., 2011*).

Quality of life is a broad ranging concept affected in a complex way by the person's physical health ,psychological state, level of independence, social relationships, personal beliefs and their relationship to salient features of their environment. (*Ferland, P. & Caron, S. L., 2013*)

Several studies reported similar levels of Quality of life and distress in both infertile partners Quality of life of infertile couples often affected by infertility causing feelings of disbelief, shame, jealousy and anger. It can lead to withdrawal from social contacts. Two thirds of infertile couples feel that the support they get from family and friends is enough. Many are facing this growing problem without the ability to speak out (*Heino & Gissler et al., 2012*). The main predicting factors of quality of life in infertile couples are different in various populations because of the differences in age range, gender distribution, duration of infertility, as well as social and occupational variables. Thus, identifying these related indicators can help to improve the quality of life of these couples through planning psychological consultations and practical interventions (*Van Empel et al., 2011*).

The role of nurse with infertile Couples is to Assess their quality of life by using tool list Fertility quality of life (*FertiQoL*) questionnaire .it assesses the individual's perceptions in the context of their culture and value systems, and their personal goals, standards and concerns. (*Herrmann D. et al., 2011*) Previous studies have demonstrated that being infertile and undergoing fertility treatments impact on Quality of Life (QoL) (*Gourounti et al., 2011*), and that poor QoL is associated with limited psycho-social adjustment, sexual and marital satisfaction and psycho-social well-being (*e.g. Keramat et al., 2014*).The studies based on infertility-related QoL, as

a couples' shared condition, showed that women undergoing an ART cycle revealed lower fertility related QoL levels than their partners (*Huppelschoten et al., 2013*).

male partners' levels of infertility-stress are associated with women's perception of spousal and familial support (*Martins et al., 2014*); and both men and women's distress are associated with their partners' attachment dimensions. Moreover, there is evidence that the woman's emotional response differs throughout treatment. Only a few studies to date have assessed both partners' QoL during the course of one treatment cycle and gender deference with infertile Couple (*Donarelli et al., 2012*).

AIM OF STUDY:-

The study aimed to assess quality of life among infertile couples at El-Mansoura University Hospital

MATERIALS AND METHODS:-

It was a descriptive study in which exploratory correlational survey design was used to assess the Quality of life of infertile (QOL) of infertile couples. Sample for the present study included 80 infertile couples attending selected infertility clinics in Mansoura university hospital. Data was collected after obtaining the ethical approval from the Institutional Ethical Committee for conducting the study. **Data Collection Procedure** 80 infertile couples those meeting the inclusion criteria and were attending selected infertility clinics were selected using convenient sampling. Purpose of the study was explained to the samples, the confidentiality of their responses was assured and their written consent was taken prior to the study. Data was collected by the researcher using questionnaire i.e. Fertility quality of life (FertiQoL) questionnaire. Both male and female partners filled the questionnaire separately.

Data Analysis

Selected variables of sample were described using descriptive statistics i.e. frequency and percentage distribution. Assessment of quality of life was analyzed by using descriptive statistics i.e. frequency and percentage distribution (%) and findings regarding significant difference in the Quality of Life of infertile male and female partners was analyzed by using unpaired „t“ test. Karl Pearson correlation of

coefficient method was used to find the correlation between various dimensions. Association of quality of life with selected variables was analyzed by using inferential statistics i.e. chi-square test.

RESULTS:-

Table (1): shows the comparison between the two couples (male & female) according to age which reveals that more than two third of male partners (63.8%) and majority of female partners (86.3%) were in the age group of less than 40 years. (36.3%) of the infertile male partners and (13.8%) of female partners were in the age group of more than 40 years.

Table (2): shows that the mean of fertility quality of life scores of male partners were higher than the female partners indicating male partners had better quality of life than female partners of infertile couples.

Table (3): shows comparison between the two couples according to the total and percent score for fertility survey .it denotes that percent score min-max for male (37.50-85.58) with mean(65.32) & standard deviation (14.35), and percent score min-max for female (37.50-78.85) with mean(59.68) & standard deviation (10.80).

Table (4): illustrates the Domain Wise Mean, Standard Deviation, Mean Percentage and Rank of Fertility Quality of Life Scores of Male and Female Partners of Infertile Couples which shows that the mean fertility quality of life scores of the male partners were greater than the female partners of the infertile couples in most domains of quality of life i.e. mind/body, social, and tolerability domain which indicates that the male partners had better quality of life than the female partners in this domains, while the mean fertility quality of life scores of the male partners equal the female partners of the infertile couples in the other domains of quality of life i.e. emotional, relational ,and environmental domain .Infertility had influenced all the domains but the most affected domains were mind/body domain in female partners and social domain in male partners of the infertile couples that consider the lowest rank(VI) indicating that mind/body domain in female and social domain in male were the most affected domain having the greatest impact on their quality of life of both male and female partners followed by relational domain in male partner and social domain in female partner which have the second lowest rank(V),then mind/body domain in male partner

and relational domain in female partner having rank(IV), then in both male and female partners environmental domain had rank(III). Emotional domain in male partner and tolerability domain in female partner got the second (II) rank while emotional domain in female partner and tolerability domain in male partner have got the highest rank (I) .

Table (5): shows that infertility affected all domains and the emotional domain positively correlated to all other domain with P value highly statistically significant.

Table (6): show the relation between age and domains for husband . it denoted that There was a significant association between the levels of fertility quality of life and age.

Table(7): show the relation between age and domains for wife . it denoted that There was a significant association between the levels of fertility quality of life and age.

Table (1): Comparison between the two couples (male & female) according to age(N=160)

	male (n=80)		female (n=80)		Total (n=160)	
	No.	%	No.	%	No.	%
Age						
20 – 29	10	12.5	40	50.0	50	31.3
30 – 39	41	51.3	29	36.3	70	43.8
≥40	29	36.3	11	13.8	40	25.0
Min. – Max.	25.0 – 52.0		20.0 – 49.0		20.0 – 52.0	
Mean ± SD.	37.26±6.63		30.51±6.91		33.89±7.55	

Table (2): Mean, Median & Standard Deviation of Fertility Quality of Life Scores of Infertile Couples

	Range	Mean	Median	Standard Deviation
Male (n= 80)	65.0-115.0	93.94	98.50	14.35
Female (n= 80)	65.0-108.0	88.06	91.0	10.80

t, p: t and p values for Student t-test for comparing between the two groups

*: Statistically significant at $p \leq 0.05$

Table (3): Comparison between the two couples according to total and percent score for fertility survey

Fertility survey	Male (n=80)	female (n=80)	t	P
Total score				
Min. – Max.	65.0-115.0	65.0-108.0		
Mean \pm SD.	93.94 \pm 14.93	88.06 \pm 11.24		
Median	98.50	91.0		
Percent score			2.812*	0.006*
Min. – Max.	37.50-85.58	37.50-78.85		
Mean \pm SD.	65.32 \pm 14.35	59.68 \pm 10.80		
Median	69.71	62.50		

t, p: t and p values for Student t-test for comparing between the two groups

*: Statistically significant at $p \leq 0.05$

Table 4: Domain Wise Mean, Standard Deviation, Mean Percentage and Rank of Fertility Quality of Life Scores of Male and Female Partners of Infertile Couples(N=160)

Domains	Rang	Mean \pm SD.	Mean %	Rank	t	p
Emotional						
Male	15.0 – 24.0	20.83 \pm 2.45	61.77	II	0.907	0.366
Female	15.0 – 24.0	20.49 \pm 2.26	60.36	II		
Mind/Body						
Male	14.0 – 30.0	23.51 \pm 4.76	72.97	I	2.167*	0.032*
Female	15.0 – 30.0	22.04 \pm 3.80	66.82	I		
Relational						
Male	12.0 – 22.0	17.14 \pm 2.04	46.41	VI	1.590	0.114
Female	14.0 – 22.0	17.63 \pm 1.84	48.44	V		
Social						
Male	15.0 – 26.0	19.99 \pm 2.91	58.28	III	4.211*	<0.001*
Female	13.0 – 23.0	18.25 \pm 2.27	51.04	IV		
Environment						
Male	14.0-23.0	18.36 \pm 1.94	51.51	V	2.803*	0.006*
Female	16.0 – 22.0	19.15 \pm 1.59	54.79	III		
Tolerability						
Male	12.0 – 18.0	15.68 \pm 1.64	53.38	IV	5.218*	<0001*
Female	10.0 – 17.0	14.38 \pm 1.51	46.88	VI		

t, p: t and p values for Student t-test for comparing between the two groups

*: Statistically significant at $p \leq 0.05$

Table (5): Correlation between various domains of the male and female partners of infertile couples (N=160)

Domains		Emotional	Mind/Body	Relational	Social	Environment
Mind/Body	Male	0.722**				
	Female	0.608**				
Relational	Male	-0.305**	-0.118			
	Female	-0.249*	-0.359**			
Social	Male	0.696**	0.746**	-0.198		
	Female	0.460**	0.563**	-0.311**		
Environment	Male	0.154	-0.252*	0.384*	-0.335*	
	Female	0.268*	-0.081	-0.089	-0.140	
Tolerability	Male	0.412**	0.538**	-0.173	0.414**	-0.098
	Female	0.320**	0.258*	-0.254*	0.267*	0.267*

r: Pearson coefficient * : Statistically significant at $p \leq 0.05$ **: Statistically significant at $p \leq 0.01$

Table (6): Relation between age and domains for husband (n=80)

	N	Emotional	Mind/Body	Relational	Social	Environment	Tolerability
		Mean \pm SD.	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.
Age							
20 – 29	10	21.10 \pm 2.77	22.30 \pm 5.44	17.10 \pm 0.99	19.40 \pm 2.72	19.30 \pm 1.06	15.80 \pm 1.40
30 – 39	41	20.93 \pm 2.24	23.88 \pm 4.66	17.0 \pm 2.01	20.24 \pm 3.14	18.22 \pm 2.16	15.95 \pm 1.53
≥ 40	29	20.59 \pm 2.68	23.41 \pm 4.76	17.34 \pm 2.35	19.83 \pm 2.67	18.24 \pm 1.81	15.24 \pm 1.81
F(p)		0.232(0.794)	0.445(0.642)	0.241(0.787)	0.401(0.671)	1.342(0.267)	1.659(0.197)

F,p: F and p values for ANOVA test

Table (7): Relation between age and domains for wife (n=80)

	N	Emotional	Mind/Body	Relational	Social	Environment	Tolerability
		Mean \pm SD.	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.	Mean \pm SD.
Age							
20 – 29	40	20.18 \pm 2.52	21.38 \pm 3.66	17.60 \pm 1.65	17.83 \pm 2.34	19.25 \pm 1.60	14.05 \pm 1.54
30 – 39	29	20.59 \pm 2.06	22.41 \pm 3.72	17.97 \pm 2.03	18.76 \pm 2.12	18.69 \pm 1.58	14.66 \pm 1.56
\geq 40	11	21.36 \pm 1.50	23.45 \pm 4.30	16.82 \pm 1.89	18.45 \pm 2.30	20.0 \pm 1.26	14.82 \pm 1.08
F(p)		1.249(0.292)	1.538(0.221)	1.585(0.212)	1.492(0.231)	3.005(0.055)	1.938(0.151)

F, p: F and p values for **ANOVA test**

DISCUSSION:

Infertility is a very sensitive and difficult issue for married couples, especially those who have been married for a long time and it affects about 9% to 10 % of the population worldwide (*Wiweko et al., 2017*). The prevalence of infertility in the US population is 15.5% overall and 24.3% among nulliparous women (*Stanford, 2013*). Today, with the advancement of technology, many infertile couples can have children; yet, infertility is still a highly stressful experience in a married life (*Askari & saedi, 2012; Ramezanli et al., 2016*).

The importance of quality of life as one of the aspects of health has attracted the attention of many researchers. World Health Organization's definition of QoL is organized into six broad domains: physical, psychological, the level of independence, social relationship, environment and spirituality, religion, or personal beliefs. Quality of life has become one of the important issues today and is seen as one of the measurable criteria for evaluation of treatment. Evaluation of quality of life helps establish an effective relationship between a patient and his/her treatment team, i.e. physicians and nurses. This increases patients' knowledge about their diseases and diagnosis, the advantages and disadvantages of different treatments and helps infertile individuals make informed decisions about treatment methods. Improvement of infertile couples' quality of life can create happy families and a stable society

(*Parnian et al., 2017*). Therefore, the present study was conducted to assess the quality of life among infertile couples at-Mansoura University Hospital.

The present study showed that the mean of fertility quality of life scores of male partners were higher than the female partners indicating male partners had better quality of life than female partners of infertile couples. In agreement with this, *Kissi et al., (2014)* in Tanzania evaluated the quality of life of infertile couples and found that the infertile women had the lower quality of life scores than the infertile men. The similar finding was reported by *Dillu et al., (2013)* who found that the majority (82%) of the male partners had good quality of life whereas only 43% of female partners had good quality of life.

In this respect, *Chi et al., (2016)* mentioned that the infertile men should have better quality of life than infertile women as the role of the male partner is very important for the psychological stability of his wife and, ultimately, for an increase in the pregnancy success rate.

In addition *Jamali et al., (2016)* reported that infertile couples undergo severe social and family pressures and that their quality of life decreases significantly. although some men know that they are infertile, they criticize and humiliate their wives. Obviously, such behaviors can cause a sense of inability, weakness and humiliation and reduce quality of life.

Concerning to the total and percent score for fertility survey between the two couples, the current study results revealed that the mean and standard deviation for total score for male (93.94 ± 14.93) which slightly increase than the female (88.06 ± 11.24), also the mean and standard deviation to percent score for male (65.32 ± 14.35) while for female (59.68 ± 10.80) with statistically significant difference.

This contradicts the findings of *parnian et al., (2017)* who found that most of the cases of infertility were female infertility. Moreover, *Cserepes et al., (2014)* in their study about "Infertility specific quality of life and gender role attitudes in German and Hungarian involuntary childless Couples" found that one third of German subjects of infertility were female causes while 26.7% of subjects were male and also more than one third of Hungarian subjects (31.7%) were female infertility and only 20.6% had the male causes of infertility.

The present study revealed that the mean fertility quality of life scores of the male partners were greater than the female partners of the infertile couples in most domains of quality of life i.e. mind/body, social, and tolerability domain which indicates that the male partners had better quality of life than the female partners in this domains, while the mean fertility quality of life scores of the male partners equal the female partners of the infertile couples in the other domains of quality of life i.e. emotional, relational ,and environmental domain.This is partially in agreement with , *Cserepes et al., (2014). Dillu et al., (2013)* the mean fertility quality of life scores of the male partners were greater than the female partners of the infertile couples in all the domains of quality of life i.e. emotional, mind/body, relational, social, environmental and tolerability domain which indicates that the male partners had better quality of life than the female partners in all the domains.

Moreover, the current study finding revealed that infertility had influenced all the domains but the most affected domains were mind/body domain in female partners and social domain in male partners of the infertile couples that consider the lowest rank(VI) indicating that mind/body domain in female and social domain in male were the most affected domain having the greatest impact on their quality of life of both male and female partners followed by relational domain in male partner and social domain in female partner which have the second lowest rank(V),then mind/body domain in male partner and relational domain in female partner having rank(IV), then in both male and female partners environmental domain had rank(III). Emotional domain in male partner and tolerability domain in female partner got the second (II) rank while emotional domain in female partner and tolerability domain in male partner have got the highest rank (I).This is partially in agreement with *Dillu et al., (2013)*

Concerning the relation between age and domains for wife and for husband the present study demonstrates that there was a significant association between the levels of fertility quality of life and age. This corresponds well with the finding of *Khyata et al., (2003)* who found that infertile women aged above 30 have a lower quality of life compared to those who are younger. Moreover, *parnian et al., (2017)* reported that a negative significant correlation between age and quality of life: quality of life decreases as age increases. In addition, *Amanati et al., (2009)* reported that the

negative relationship between age and quality of life can be a result of negative mental images, horror and anxiety resulting from aging, failure to have children and loss of family.

Also, *Moghadam et al., (2014)* mentioned that, age is one factor affecting the quality of life. Furthermore, *Khyata et al., (2003)* reported that aging caused a reduction of the quality of life in infertile women. It is well known that the pregnancy rate gradually decreases with age in women. From the viewpoint of infertile women, increases in age and in the duration of infertility may be a critical factor, increasing the level of psychological distress (*Chi et al., 2016*). It is well known that the pregnancy rate of IVF cycles dramatically decreases after age 38. Therefore, we postulated that older infertile women may be more sensitive to aging compared with younger infertile women.

CONCLUSION AND RECOMMENDATION :

The study illuminates that male partners had better quality of life than the infertile female partners and there was a significant difference in the quality of life of infertile male and female partners. Infertility affects all the domains but it has the major impact on the emotional aspect of the infertile couples hence it is needed that health professionals should include assessment of psychological symptomatology to plan more efficient interventions to infertile patients. Nurses are in key positions where they can identify the factors that affect quality of life and should plan to meet their needs accordingly.

REFERENCES:

Amanati L, Alami M L, Shokrabi Sh, Haqqani H, & Ramezanzadeh F (2009): Quality of life and factors affecting it in infertile women. Journal of women, nursing and infertility in Iran,; 12(4): 25-31. Retrieved from http://www.mums.ac.ir/obstetrics/fa/contents12_04

Askari, P, & Saedi S, (2012): Effectiveness of immunization teaching against stress on quality of life in infertile Women. Thought & Behavior in Clinical

Psychology;6(24):19-28. Retrieved from
<http://fa.journals.sid.ir/JournalListPaper.aspx?ID=47607>.

Burns LH, Covington SN. Infertility counseling (2010): A comprehensive handbook for clinicians. 2nd edition. Cambridge: Cambridge University.

Chi H J, Park I, Sun HJ, Kim JK and Lee KH, (2016): Psychological distress and fertility quality of life (FertiQoL) in infertile Korean women: The first validation study of Korean FertiQoL. *Cerm*; 43.3:174. <http://dx.doi.org/10.5653/>

Cserepes ER, Bugán A, Korösi T, Toth B, Rösner S, Strowitzki T, Wischmann T (2014): Infertility Specific Quality of Life and Gender Role Attitudes in German and Hungarian

Involuntary Childless Couples. *Geburtsh Frauenheilk*; 74: 1009–1015.

Dillu R, Sheoran P and Sarin J (2013): An Exploratory Study to Assess the Quality of Life of Infertile Couples at Selected Infertility Clinics in Haryana. *IOSR Journal of Nursing and Health Science (IOSR-JNHS)*; 2(3):45-51.

Donarelli Z, Lo Coco G, Gullo S, Marino A, Volpes A, Allegra A. (2012) Are attachment dimensions associated with infertility-related stress in couplet undergoing their first IVF treatment? A study on the individual and cross-partner effect. *Hum Reprod*; 27: 3215-3225.

Ferland, P. & Caron, S. L. (2013). Exploring the long-term impact of female infertility: A qualitative analysis of interviews with postmenopausal women who remained childless. *The Family Journal: Counseling and Therapy for Couples and Families*, 21(2), 180-199. doi:10.1177/1066480712466813.

Gourounti K, Anagnostopoulos F, Vaslamatzis G.(2011) The relation of psychological stress to pregnancy outcome among women undergoing in-vitro fertilization and intracytoplasmic sperm injection. *Women Health* ; 51: 321-339.

Heino, A., Gissler, M. 2012b: Assisted fertility treatments 2010-2011. Craft-Rosenberg M, Pehler S-R. *Encyclopedia of family health*. United state America: Sage Publications; 2011.

Huppelschoten AG, van Dongen AJCM, Verhaak CM, Smeenk JMJ, Kremer JAM, Nelen WLDM(2013): Differences in quality of life and emotional status between infertile women and their partners. *Hum Reprod*; 28: 2168-2176.

Jamali S, Ramezani S, Jahromi M K, Zare A & Poorgholami F (2016): Effect of Massage Therapy on Physiologic Responses in Patients with Congestive Heart Failure. *Biosci Biotechnol Res Asia*; 13(1): 383-388.

Keramat A, Masoumi SZ, Mousavi SA, Poorolajal J, Shobeiri F, Hazaveh SMM.(2014):Quality of Life and Its Related Factors in Infertile Couples. *JRHS* 2014; 14, 57-63.

Khayata G M, Rizk D E, Hasan M Y, Ghazal-Aswad S, & Asaad M A (2003): Factors influencing the quality of life of infertile women in United Arab Emirates. *International Journal of Gynecology Obstetrics*; 80(2): 183-8. [http://dx.doi.org/10.1016/S0020-7292\(02\)00387-9](http://dx.doi.org/10.1016/S0020-7292(02)00387-9)

Kissi Y, Amamou B, Hidar S, Idrissi A, Khairi H & Ali BH, (2014): Quality of life of infertile Tunisian couples and differences according to gender. *International Journal of Gynecology & Obstetrics*; 125(2): 134-137. Available at <http://dx.doi.org/10.1016/j.ijgo.2013.10.027>.

Martins MV, Peterson BD, Almeida V, Mesquita-Guimarães J, Costa ME. (2014) Dyadic dynamics of perceived social support in couples facing infertility. *Hum Reprod* 2014; 29: 83-89.

Moghadam AD, Delpisheh A, Moghadam AD (2014): Effect of Infertility on the Quality of Life, A Cross – Sectional Study *Journal of Clinical and Diagnostic Research*; 8(10): OC13-OC15.

Parnian R, Poorgholami F, Parandavar N, Jamali S & Shakeri F (2017): A Comparative Study of Quality of Life in Infertile and Fertile Women Referred to Jahrom Infertility Clinics. *Global Journal of Health Science*; 9 (4):174-181.

Ramezanli S, Jahromi M K, Talebizadeh M & Poorgholami F (2016): Measuring the Effect of Massage Therapy on Anxiety of Heart Failure Patients. *Biosci Biotechnol Res Asia*, 13(1), 435-439.

Romeiro J, Caldeira S, Brady V, Hall J and Timmins F (2017): The Spiritual Journey of Infertile Couples: Discussing the Opportunity for Spiritual Care; 8(76):2-14. doi:10.3390/rel8040076 www.mdpi.com/journal/religion.

Shah K . (2011): The genetic basis of infertility. *Reproduction J*, 126:13–25.

Stanford J B (2013): what is the true prevalence of infertility? *Fertility and Sterility Journal*;99(5):1201-1202.

Van Empel, I. W. H., Hermens, R. P. M. G., Akkermans, R. P., Hollander, K. W. P., Nelen, W. L. D. M., & Kremer, J. A. M. (2011): Organizational determinants of patient centered fertility care: A multilevel analysis. *Fertility Sterility*, 95, 513-519.

Wiweko B, Anggraheni U, Elvira SD and Lubis HP, (2017): Distribution of stress level among infertility patients. *Middle East Fertility Society Journal*; 22: 145–148.

الخلاصة

العقم يسبب مشاكل صحية، اجتماعية ونفسية تؤثر سلبيًا على المجتمع. تشير التقديرات إلى أن 8-10% من الأزواج يعانون من العقم ويبحثون عن العلاج. صممت هذه الدراسة الوصفية تقييم جودة الحياة للأزواج العقيمين في مستشفى المنصورة الجامعي. وقد أجريت هذه الدراسة في بوحدة العقم بمستشفى جامعة المنصورة - مدينة المنصورة على 80 من الأزواج العقيمين، وقد تم استخدام أداة بحثية وهي مقياس جودة الحياة الخاص باخصوبة لجمع المعلومات اللازمة للدراسة. وقد أسفرت النتائج أن الرعاية الصحية تقدم للسيدة في جميع مراحل نقل الأجنة بطريقة مرضية وفعالة فيما عدا: عدم الاهتمام بالجانب النفسي للسيدة (عدم مصاحبة الممرضة للمرأة أثناء نقلها إلى غرفة الإفاقة (4.4%)، عدم العناية باحتياجات منع العدوى (إجراءات غسل الأيدي (11.1%) وإجراءات استخدام القفازات (26.7%) وعدم تنظيف منطقة المهبل والعجان للسيدة (10.0%)). وبم أن مرحلة نقل الأجنة تعتبر مرحلة هامة وخطيرة لذلك أوصيت هذه الدراسة يجب ان يشمل العاملين بالصحة تقييم الاعراض النفسية الناتجة عن العقم ل تخطيط للتدخلات الصحية العقيمين. الممرضين/الممرضات هم المفتاح الاساسي حيث انهم يستطيعون التعرف على العوامل التي تؤثر على جودة الحياة للأزواج العقيمين والتخطيط لتلبية احتياجاتهم.