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## Emotional Experiences and Nursing Support among Women Undergoing Fertility Treatment at University of Port Harcourt Teaching Hospital: A Qualitative Study

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### Abstract

**Background:** Infertility is a major reproductive health challenge that affects women physically, socially, and emotionally. In Nigeria, strong cultural expectations surrounding childbearing increase the emotional burden experienced by women undergoing fertility treatment. Although advances in assisted reproductive technologies have improved treatment outcomes, emotional support within fertility care remains inadequate in many healthcare settings.

**Methods:** This study explored the emotional experiences of women undergoing fertility treatment at the University of Port Harcourt Teaching Hospital (UPTH) and examined their perceptions of nursing support. A qualitative phenomenological design was adopted. Twenty women receiving fertility treatment at UPTH were purposively selected and interviewed using semi-structured interview guides. Interviews were transcribed verbatim and analysed using thematic analysis following Braun and Clarke's six-phase framework. NVivo Version 12 software was used to support coding and data organisation.

**Results:** Four major themes emerged from the findings: emotional distress, coping mechanisms, nursing support experiences, and gaps in fertility care. Participants reported anxiety, sadness, fear of treatment failure, emotional exhaustion, and fear of marital instability. Women relied on faith, spousal support, family support, and personal resilience to cope with these challenges. Participants appreciated nurses who provided reassurance, empathy, and clear explanations about treatment procedures. However, women also identified important gaps in care, including inadequate emotional support, poor communication, lack of psychological counselling, and limited opportunities for support groups.

**Conclusion:** Women undergoing fertility treatment experience considerable emotional and psychological challenges. Although nurses play an important supportive role, emotional care within fertility services remains insufficient. Integrating psychological counselling, improving communication, strengthening fertility nursing practice, and developing patient-centred support systems may improve the overall wellbeing and treatment experiences of women undergoing fertility treatment.

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**Keywords:** Infertility, Emotional Experiences, Fertility Treatment, Nursing Support, Psychological Distress, Social Stigma, Phenomenology

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### Introduction

Infertility, defined as the inability to conceive after 12 months of regular unprotected sexual intercourse, affects approximately one in six people globally during their reproductive years (WHO, 2023). Although infertility affects both men and women, women often bear a greater emotional and social burden because of societal expectations surrounding childbearing. Fertility

treatments such as *in vitro* fertilization (IVF), intrauterine insemination (IUI), and intracytoplasmic sperm injection (ICSI) have improved chances of conception, but the treatment process is often stressful, costly, and emotionally demanding (Greil *et al.*, 2021; Domar *et al.*, 2022) <sup>[11, 9]</sup>. Women undergoing fertility treatment commonly experience anxiety, sadness, uncertainty, emotional exhaustion, and fear of treatment failure, particularly during repeated procedures and waiting periods for results. In Nigeria, these emotional challenges are often worsened by stigma, family pressure, fear of marital instability, and the high cost of treatment (Ojo *et al.*, 2021; Onah *et al.*, 2022) <sup>[13, 14]</sup>. Despite the important role of nurses in fertility care, support is often focused more on medical procedures than on emotional and psychosocial needs. Existing studies in Nigeria have focused largely on the medical causes and outcomes of infertility, with limited attention to women's emotional experiences and the support they receive from nurses during treatment. There is also little qualitative evidence on how women perceive nursing care in fertility settings. This study therefore examined the emotional experiences of women undergoing fertility treatment at the University of Port Harcourt Teaching Hospital (UPTH) and explored the nursing support provided during treatment. The findings may help improve counselling, communication, empathy, and emotional support in fertility care, thereby promoting more patient-centred nursing practice.

## Materials and Methods

### Study Design

This study adopted a qualitative phenomenological design to explore the lived emotional experiences of women undergoing fertility treatment and their perceptions of nursing support at the University of Port Harcourt Teaching Hospital. A qualitative approach was considered appropriate because the study sought to gain an in-depth understanding of respondents' feelings, experiences, and interpersonal interactions rather than quantify them. Phenomenology was particularly suitable because it focuses on how individuals interpret and make meaning of their experiences within a specific context (Aspers & Corte, 2019) <sup>[3]</sup>.

Data were collected through in-depth interviews, which allowed respondents to describe their emotional experiences, coping strategies, and views of nursing care in their own words. This method also provided flexibility for further probing on sensitive issues and enabled the researcher to capture rich and detailed accounts of the emotional and relational dimensions of fertility treatment (Nowell *et al.*, 2017; Creswell & Poth, 2018) <sup>[12, 8]</sup>.

### Study Area

The study was conducted at the University of Port Harcourt Teaching Hospital (UPTH), a major tertiary health institution located in Rivers State, South-South Nigeria. UPTH houses a well-established Reproductive Health and Fertility Unit that provides Assisted Reproductive Technologies (ART), including *in vitro* Fertilization (IVF), Intracytoplasmic Sperm Injection (ICSI), and Intrauterine Insemination (IUI). The fertility unit functions as a referral hub for infertility cases across the Niger Delta region and beyond, offering a rich setting for exploring women lived experiences of infertility and the role of nursing support within fertility care (UPTH Annual Report, 2023).

### Study Population

The study population consists of Women clinically diagnosed with infertility who are currently undergoing treatment or who have recently completed treatment at the UPTH Fertility Unit.

### Inclusion and Exclusion Criteria

#### Inclusion Criteria

Women aged 18 years and above who had been diagnosed with either primary or secondary infertility were included in the study. Participants were required to be currently undergoing fertility treatment, such as IVF, ICSI, or IUI, or to have recently completed treatment. Only women who were willing and able to provide informed consent were recruited for the study.

#### Exclusion Criteria

Women who declined participation in the study were excluded. Women with severe psychiatric conditions that could impair comprehension or their ability to participate meaningfully in the interview process were also excluded.

#### Sample Size Determination

In qualitative research, sample size is guided by the principle of *data saturation*, where interviews continue until no new data emerge. A total of 20 women were purposively recruited for the study. Interviews continued until data saturation was achieved.

#### Sampling Technique

Purposive sampling was employed to select participants who can provide rich, relevant, and diverse insights into emotional experiences and nursing support in fertility care. Women were selected to reflect variability in age, type of infertility (primary or secondary), and treatment stage. This strategy enhanced the likelihood of obtaining a wide range of narratives that capture the complexity of infertility experiences in Nigeria (Patton, 2015) <sup>[16]</sup>.

#### Method of Data Collection

Data was collected using semi-structured interview guides. The women's questions focused on their emotional experiences, coping strategies, societal expectations, and perceptions of nursing support. Interviews lasted 20-30 minutes per individual, conducted in English or Pidgin English where necessary, audio-recorded with consent, and transcribed verbatim. Field notes were also taken to capture non-verbal cues and contextual details that enrich face to face individual in-depth interview.

#### Data Analysis

Data generated from the face-to-face in-depth interviews were analysed using thematic analysis guided by Braun and Clarke's (2019) <sup>[5]</sup> six-phase framework. Twenty women receiving fertility treatment at the University of Port Harcourt Teaching Hospital (UPTH), Rivers State, Nigeria, participated in the study after meeting the inclusion criteria and providing informed consent. Interviews were conducted mainly in English, although some respondents occasionally used pidgin English expressions, which were translated during transcription while preserving their original meanings. Each interview lasted approximately 20 to 30 minutes and,

with participants' permission, was audio-recorded. Field notes were also taken to capture non-verbal expressions such as crying, silence, tone of voice, and facial expressions. Interviews were transcribed verbatim, anonymised using participant codes ranging from Resp 1 to Resp 20, and imported into NVivo Version 15 for coding and data management. An inductive coding approach was used, and related codes were grouped into themes and subthemes reflecting respondents' emotional experiences, coping strategies, perceptions of nursing support, and gaps in fertility care. Direct quotations were used to illustrate the findings.

### Ethical Considerations

Ethical approval for the study was obtained from the University of Port Harcourt Teaching Hospital Research Ethics Committee before the commencement of data collection. Permission was also obtained from the management of the fertility unit where the study was conducted. Participation in the study was entirely voluntary. All respondents were informed about the purpose, procedures, and significance of the study before participation. Written informed consent was obtained from women receiving fertility treatment. Respondents were informed of their right to decline participation or withdraw from the study at any stage without any penalty or effect on their treatment or professional role.

To ensure confidentiality and anonymity, respondents' identities were protected by assigning pseudonyms or identification codes instead of using real names. All interview recordings, transcripts, and research data were stored securely on a password-protected device accessible only to the researcher. Given the sensitive nature of infertility and fertility treatment, particular attention was paid to the emotional wellbeing of respondents. Interviews were conducted in a private and comfortable environment to ensure that respondents felt safe to share their experiences freely. Respondents who showed signs of emotional distress during interviews were offered the opportunity to pause or discontinue the interview. Where necessary, respondents

were informed about available psychological counseling services within the hospital for further emotional support. Ethical principles of respect for persons, beneficence, and justice were strictly observed throughout the research process. The dignity, privacy, and rights of all respondents were respected at every stage of the study.

### Results

#### Socio-Demographic Characteristics of Respondents

Twenty women undergoing fertility treatment at the University of Port Harcourt Teaching Hospital participated in the study. Participants' ages ranged from 28 to 44 years. Nearly half of the respondents (45%) were aged between 35 and 39 years, while 30% were between 40 and 44 years. The remaining 25% were between 28 and 34 years, indicating that most participants were in their late reproductive years.

Marital duration ranged from 3 to 15 years. The majority of respondents (55%) had been married for between 3 and 7 years, while 45% had been married for between 9 and 15 years. This suggests that many women had spent several years in marriage before seeking fertility treatment.

Most respondents (60%) had primary infertility, while 40% had secondary infertility. Duration of infertility ranged from 2 to 13 years. About 55% of respondents had experienced infertility for between 2 and 5 years, 30% had experienced infertility for between 6 and 9 years, and 15% had lived with infertility for 10 years or more.

The duration of fertility treatment at UPTH ranged from 2 months to 7 years. About 40% of respondents had been receiving treatment for less than one year, 30% had been on treatment for between 1 and 2 years, and another 30% had been receiving treatment for between 3 and 7 years.

Overall, the socio-demographic characteristics show that most respondents were mature married women with primary infertility who had experienced infertility and fertility treatment over a prolonged period. These characteristics may influence their emotional experiences, coping strategies, and perceptions of nursing support.

**Table 1:** Major Themes and Sub-Themes

Major Theme	Sub-themes
Emotional distress	Anxiety, sadness, fear of marital instability, stigma, emotional exhaustion
Coping mechanisms	Faith, spousal support, family support, medical information, personal resilience
Nursing support	Empathy, emotional encouragement, professional competence, provision of information and guidance
Expectations of care	Counseling, better communication, women support groups, affordability

### Theme 1: Emotional Distress Experience During Fertility Treatment

One of the most prominent findings of this study was the emotional distress experienced by women receiving fertility treatment. Nearly all respondents described fertility treatment as emotionally challenging. The emotional distress manifested in different forms including anxiety, sadness, fear of treatment failure, and emotional exhaustion.

Many respondents explained that the process of fertility treatment itself can be overwhelming. The uncertainty of treatment outcomes, repeated medical procedures, and societal pressure to conceive contributed to persistent psychological strain.

The analysis revealed four sub-themes under emotional distress:

- Anxiety and uncertainty
- Sadness and emotional pain

- Fear of treatment failure
- Emotional exhaustion

### Anxiety and Uncertainty

Anxiety was one of the most frequently mentioned emotional responses. Respondents described feeling anxious during various stages of the treatment process, particularly during the waiting period after medical procedures such as *in vitro* fertilization (IVF) or intrauterine insemination (IUI).

For many respondents, the interval between undergoing treatment and receiving pregnancy test results was described as emotionally challenging. During this period, respondents reported persistent thoughts about potential outcomes and heightened concern about whether the treatment would be successful. A participant explained; "*The waiting period is the most difficult time for me. After the procedure, you just go home and start thinking. Every small body change makes you*

wonder if it worked or not.” - (Resp 7)

Similarly, another reported experiencing difficulty sleeping while anticipating test results: *“Sometimes I can’t sleep when I am expecting results. I keep thinking about it all night. My mind will not rest.”* - (Resp 1)

These accounts highlight the intense psychological tension associated with the uncertainty inherent in fertility treatment. Because treatment outcomes cannot be guaranteed, many women remain in a prolonged state of anticipation and emotional vulnerability.

### Sadness and Emotional Pain

Respondents also reported experiencing periods of sadness and emotional pain. This sadness was often linked to feelings of disappointment following unsuccessful treatment cycles or prolonged inability to conceive. Several women described moments of private emotional expression, including crying alone or withdrawing from social interaction. One of the respondents shared; *“Sometimes I feel a mixed feeling of sadness and gladness, especially when I hear that someone close to me just had a baby. It reminds me of what I am still waiting for.”* - (Resp 4) Another also said: *“There are times I just cry quietly in my room. Not because anyone said anything, but because the situation itself is painful.”* - (Resp 12)

The emotional pain expressed by respondents suggests that infertility challenges deeply held expectations about motherhood and family life. In the Nigerian socio-cultural context, childbearing is often considered a central aspect of marriage and womanhood. As a result, the inability to conceive may create feelings of personal inadequacy or loss.

### Fear of Treatment Failure

Fear of treatment failure also emerged as a recurring emotional experience among respondents. Women who had undergone multiple treatment cycles expressed heightened fear that the treatment might not succeed. Respondents described worrying about whether fertility treatment would ultimately lead to pregnancy or whether they might remain childless despite their efforts. One of the respondents clarified: *“My greatest fear is that after all the treatment and money spent, it may still not work.”* - (Resp 8) Another participant expressed a similar concern: *“Each time I come for treatment, I try to be hopeful, but there is always that fear inside me that maybe it will fail again.”* - (Resp 2)

This fear was particularly pronounced among respondents who had previously experienced unsuccessful treatment cycles. Repeated disappointment appeared to intensify emotional vulnerability.

### Emotional Exhaustion

In addition to anxiety and sadness, some respondents described feeling emotionally exhausted due to the prolonged nature of fertility treatment. The combination of repeated medical appointments, financial investment, and emotional anticipation contributed to feelings of fatigue. A participant highlighted how; *“This journey can really drain someone emotionally. Sometimes you just feel tired of thinking about it all the time.”* - (Resp 6) Similarly, another also said; *“After several attempts, it becomes emotionally tiring. You try to stay strong, but it is not always easy.”* - (Resp 15)

Emotional exhaustion reflects the cumulative impact of prolonged stress associated with infertility treatment. Over time, the emotional demands of the treatment process may

become overwhelming for some women.

## Theme 2: Coping Mechanisms Adopted by Women

Despite the emotional challenges associated with fertility treatment, respondents described several strategies they used to cope with their experiences. These coping mechanisms helped them manage stress and maintain hope during the treatment process.

Three main coping strategies were identified:

- Faith and spirituality
- Spousal support
- Personal resilience

### Faith and Spirituality

Faith and spirituality emerged as one of the most significant coping mechanisms used by respondents. Many women described relying on prayer, religious faith, and belief in divine intervention as sources of emotional strength. Majority of the respondents shared the same belief as to how *“Prayer is what keeps them going, believing that God will answer them at the right time.”*

*“Sometimes I feel overwhelmed, then pray and remind myself that everything happens according to God’s plan.”* - (Resp 13)

*“Whenever I feel discouraged after another hospital visit, I pray and trust that God will not forget me. That gives me strength to continue.”* - (Resp 7)

*“I keep believing that one day God will answer my prayers. My faith helps me stay calm even when the treatment process becomes stressful.”* - (Resp 16)

Faith appeared to provide respondents with a sense of comfort and hope, particularly during difficult moments in the treatment journey.

### Spousal Support

Support from husbands was also identified as an important source of emotional encouragement. Respondents who reported supportive spouses often described feeling more confident and less isolated. Majority of the women shared how their husbands encouraged them. An extracted statement from one of the respondents; *“My husband encourages me whenever I feel discouraged. He always reminds me that we are in this together.”* - (Resp 1) Another participant stated; *“Having my husband’s support makes a big difference. It helps me stay hopeful.”* - (Resp 8)

Spousal support appeared to play a protective role in helping women cope with emotional stress.

### Personal Resilience

Some respondents also described relying on personal resilience to cope with infertility challenges. These women emphasized the importance of maintaining a positive mindset and remaining emotionally strong despite difficulties. A participant explained; *“I always try to stay strong and not allow the situation to break me down.”* - (Resp 3) One other participant also said: *“Sometimes you just have to encourage yourself and keep moving forward.”* - (Resp 17)

Personal resilience appeared to help respondents maintain emotional stability and continue pursuing treatment.

## Theme 3: Experiences of Nursing Support

Respondents described varied experiences regarding the nursing support they received during fertility treatment. While some women expressed appreciation for the care and

encouragement provided by nurses, others felt that of emotional support could be improved.

**Two sub-themes emerged:**

- Positive experiences of nursing support
- Perceived limitations in nursing support

**Positive Experiences of Nursing Support**

Several respondents reported positive interactions with nurses, describing them as caring, supportive, and helpful. A participant noted her view from her experience: *“Some of the nurses are very kind. They talk to us calmly and encourage us not to lose hope”* – (Resp 15). Another participant said: *“There was a nurse who always explained things to me clearly. That helped reduce my fear”* - (Resp 12).

These positive interactions appeared to provide reassurance and emotional comfort during treatment. *“These nurses are angels in human form”* reported another participant.

**Perceived Limitations in Nursing Support**

Despite these positive experiences, some respondents felt that emotional support from nurses could be improved. A few respondents reported that nurses sometimes appeared too busy to engage in extended conversations or emotional support. One of the respondents noted: *“Sometimes the nurses are very busy, so they just attend to the procedure quickly”* – (Resp 6) Another participant commented: *“It would help if nurses could spend more time talking to patients about how they feel”* – (Resp 16).

These comments suggest that although nurses play an important role in fertility care, institutional constraints such as workload may limit opportunities for deeper emotional engagement.

**Theme 4: Expectations and Perceived Gaps in Fertility Care**

Respondents also shared their expectations regarding how fertility care services could be improved to better support women emotionally during treatment.

Two key areas were identified:

- Need for emotional counseling
- Need for improved communication and empathy

**Need for Psychological Counseling**

Many respondents expressed the need for structured emotional counseling services within the fertility clinic. Women believed that professional counseling could help them manage stress and emotional difficulties during treatment.

Some participants suggested:

*“It would be helpful if there was a counselor we could talk to about how we feel”*[resp 19].

*“Sometimes patients just need someone to listen to them”* [resp 14]

**Need for Improved Communication and Empathy**

Respondents also emphasized the importance of empathetic communication from healthcare providers. Women expressed a desire for nurses and healthcare professionals to show understanding and compassion toward their emotional experiences.

One participant stated:

*“Patients going through fertility treatment need empathy. It helps when nurses understand what we are going through”* – (Resp 8).

Another participant added:

*“Even small words of encouragement can make a difference”* – (Resp 5).

**Summary of Themes**

Women undergoing fertility treatment reported considerable emotional challenges, including anxiety, sadness, fear of treatment failure, stigma, and emotional exhaustion. These experiences were shaped by uncertainty surrounding treatment outcomes, repeated medical procedures, family expectations, financial pressures, and concerns about marital stability.

**Table 2:** Summary of Themes, Sub-themes, Codes, and Descriptions

Theme	Sub-theme	Code Description	Respondents	Percentage Reference (%)
Emotional Distress		Respondents described intense emotional strain associated with infertility and the treatment process.	20	100%
	Anxiety and Fear of Treatment Outcome	Women reported worry and uncertainty about the success of fertility procedures and fear of possible failure.	16	80%
	Emotional Exhaustion from Repeated Procedures	Repeated medical appointments, tests, and procedures led to emotional fatigue and frustration.	8	40%
	Fear of Marital Instability	Some respondents expressed concern that infertility could threaten their marital stability or lead to relationship conflicts.	4	20%
	Feeling Incomplete or Stigmatized	Respondents felt social pressure and stigma associated with childlessness, leading to feelings of inadequacy.	6	30%
	Sadness and Emotional Breakdown	Many women described episodes of sadness, crying, and emotional breakdown during the fertility journey.	6	30%
Coping mechanisms		Respondents used different strategies to manage emotional stress and maintain hope during treatment.	18	90%
	Faith and Religious Beliefs	Many women relied on prayer, faith in God, and religious beliefs as a major source of strength and hope.	13	65%
	Personal Resilience and Positive Thinking	Some respondents maintained optimism and emotional resilience despite repeated treatment challenges.	6	30%
	Seeking Information and	Women sought information about treatment options	2	10%

	Medical Hope	and medical advice to sustain hope and confidence.		
	Support from Family and Friends	Emotional and practical support from relatives and friends helped some women cope with treatment stress.	2	10%
	Support from Spouse	Spousal encouragement, emotional reassurance, and financial support played a significant role in coping.	16	80%
Experiences of Nursing Support During Fertility Treatment		Respondents appreciated nurses who offered emotional encouragement and reassurance during treatment.	15	75%
	Emotional Encouragement from Nurses	Some nurses offered emotional encouragement during cycles	4	27%
		Some nurses demonstrated empathy and understanding, which helped patients feel cared for and supported.	5	33%
	Professional Competence of Nurses	Respondents recognized the technical competence and professionalism of nurses during procedures.	7	47%
	Provision of Information and Guidance	Nurses provided explanations about procedures, medications, and treatment processes to patients.	13	87%
Expectations and gaps in Fertility Care		Respondents' perceptions of the quality and nature of emotional and professional support provided by nurses during fertility treatment.	16	80%
	Emotional Support	Respondents expressed the need for greater emotional support from healthcare providers during treatment.	9	56%
	Psychological Counselling	Women suggested that professional counselling services could help them manage emotional stress.	10	63%
	Support Groups for Women Undergoing Treatment	Respondents recommended support groups where women undergoing similar experiences could share and encourage each other.	3	19%
		Respondents desired clearer and more frequent communication from health professionals regarding treatment progress.	4	25%
	Affordable Fertility Treatment	Respondents highlighted the need for more affordable fertility services to reduce financial stress.	16%	100%

Despite these challenges, many respondents demonstrated resilience through coping strategies such as faith, support from spouses and family members, positive thinking, and hope in medical treatment. These strategies helped women manage distress and continue treatment despite repeated setbacks.

Respondents described nursing support as an important part of their treatment experience. Nurses who provided empathy, reassurance, clear information, and emotional encouragement were viewed positively and helped reduce anxiety during treatment. However, some respondents felt that emotional care was limited and expressed the need for more counselling, support groups, and better communication from healthcare providers. The findings suggest the importance of integrating emotional and psychosocial support into fertility care in order to provide more holistic and patient-centred services.

## Discussion of Findings

### Emotional Distress During Fertility Treatment

Women undergoing fertility treatment experienced considerable emotional strain characterised by anxiety, sadness, fear of treatment failure, and emotional exhaustion. Respondents described intense anxiety, particularly during the waiting period following fertility procedures such as *in vitro* fertilisation (IVF) and intrauterine insemination (IUI). These findings corroborate previous studies showing that infertility and assisted reproductive treatments frequently generate psychological distress because of uncertainty regarding treatment outcomes and societal expectations surrounding childbearing (Greil *et al.*, 2021; Domar *et al.*, 2022) [11, 9]. Similarly, studies conducted among infertile

women in Nigeria have reported anxiety, sadness, and emotional vulnerability during fertility treatment (Osazuwa *et al.*, 2020; Adegoke *et al.*, 2025) [15, 1].

This psychological burden may be particularly pronounced in the Nigerian context, where childbearing is strongly associated with womanhood, marital stability, and social acceptance. As a result, women may experience additional pressure from family members, spouses, and the wider society, intensifying feelings of inadequacy, stigma, and fear of marital instability.

The findings can also be understood through Lazarus and Folkman's Stress and Coping Theory, which explains how women appraise infertility treatment as a major life stressor due to uncertainty, financial demands, and social expectations. Peplau's Interpersonal Relations Theory further highlights the importance of supportive nurse-patient relationships in helping women manage these emotional challenges.

### Coping Mechanisms

Women adopted several coping strategies to manage the emotional burden associated with infertility and fertility treatment. These strategies included faith-based coping, emotional support from spouses, encouragement from family members, and personal resilience. Faith and religious beliefs emerged as a particularly important coping mechanism among many respondents. In line with studies conducted in African settings, religious faith often serves as a major source of comfort, hope, and emotional strength for women experiencing infertility (Chukwuezi *et al.*, 2022; Akinloye & Truter, 2022) [7, 2].

Spousal support was also identified as a major factor

influencing women's emotional wellbeing during fertility treatment. Emotional reassurance, encouragement, and financial support from partners appeared to reduce feelings of isolation and help women remain hopeful despite repeated treatment cycles. Similar findings have been reported in earlier studies, which indicate that support from spouses can significantly reduce psychological distress among women undergoing infertility treatment (Gameiro *et al.*, 2020)<sup>[10]</sup>.

Despite these coping strategies, some respondents still reported difficulty managing the emotional strain associated with repeated treatment failures and prolonged treatment duration. This suggests that although personal and social coping mechanisms are beneficial, they may not be sufficient on their own. Professional psychological support may therefore be necessary to help women cope more effectively with the emotional demands of fertility treatment.

### **Nursing Support Experiences**

The findings further indicate that nurses play an important role in supporting women undergoing fertility treatment. Respondents reported receiving various forms of support from nurses, including emotional reassurance, information about treatment procedures, and empathetic listening. These findings support previous research highlighting the important role of fertility nurses in providing patient-centred care and emotional support during infertility treatment (Chan *et al.*, 2020; Berg & Wilson, 2021)<sup>[4]</sup>.

Effective communication and compassionate care from nurses appeared to reduce anxiety and improve women's treatment experiences. Respondents valued nurses who listened to their concerns, explained procedures clearly, and offered words of encouragement. These supportive interactions helped women feel reassured, understood, and less isolated during treatment.

The findings also align with Peplau's Interpersonal Relations Theory, which emphasises the importance of therapeutic nurse-patient relationships. Through empathetic communication and supportive interactions, nurses can help women cope with the emotional challenges associated with fertility treatment. However, where emotional support was limited, some women reported feeling neglected, isolated, or less confident during treatment. This suggests that the quality of nurse-patient interaction may significantly shape women's overall treatment experiences.

### **Gaps in Fertility Care**

Despite the positive experiences reported by some respondents, the findings also revealed several gaps in fertility care services. Women expressed the need for improved communication from healthcare workers, greater emotional support during treatment, and access to psychological counselling services. These findings are consistent with studies conducted in other fertility care settings, which highlight the importance of integrating psychosocial support into infertility treatment services (Gameiro, *et al.*, 2020; Domar, *et al.*, 2022)<sup>[10, 9]</sup>.

Respondents believed that access to counselling services would help them manage stress, anxiety, and repeated disappointment during treatment. They also emphasized the importance of empathy, reassurance, and regular communication from healthcare providers. The absence of structured psychological support services may limit the

ability of healthcare professionals to adequately address the emotional needs of women undergoing fertility treatment.

These findings suggest the need for a more holistic approach to fertility care that integrates emotional and psychological support alongside medical treatment. Incorporating counselling services into fertility clinics may significantly improve patient wellbeing, treatment experiences, and overall quality of care.

### **Implications for Nursing Practice**

The findings of this study highlight the important role of nurses in addressing the emotional needs of women undergoing fertility treatment. Nurses working in fertility clinics should be equipped with communication and counseling skills that enable them to provide emotional reassurance and empathetic care to patients. Healthcare institutions should also consider integrating psychosocial support services into fertility care programs. This may involve collaboration with psychologists, counselors, and social workers to provide comprehensive support to patients.

### **Implications for Nursing Education**

The findings suggest the need to strengthen training in psychosocial care within nursing education programs. Nursing curricula should incorporate training in emotional support, communication skills, and counseling techniques to better prepare nurses to address the emotional needs of patients undergoing fertility treatment. Continuing professional development programs for practicing nurses should also include training on providing psychosocial care in reproductive health settings.

### **Implications for Health Policy**

Policymakers should recognize infertility as a significant reproductive health issue with both medical and psychosocial implications. Policies aimed at improving fertility care services should incorporate psychological support as an essential component of infertility treatment programs. Healthcare systems should also consider improving access to affordable fertility treatment services to reduce the financial burden experienced by many couples.

### **Limitations of the Study**

This study was conducted among women receiving fertility treatment at a single tertiary hospital, which may limit the generalizability of the findings to other settings. Additionally, the qualitative nature of the study involved a relatively small sample size, which may not capture the full range of experiences among women undergoing fertility treatment. However, the use of in-depth interviews provided rich insights into the emotional experiences of respondents and the role of nursing support in fertility care.

### **Conclusion**

This study provides important insights into the emotional experiences of women undergoing fertility treatment and the role of nursing support in addressing these challenges. The findings demonstrate that infertility treatment is associated with significant emotional distress, but supportive relationships with nurses and family members can help women cope with these challenges. Improving fertility care services requires a holistic approach that integrates medical

treatment with psychosocial support. Strengthening nursing roles in emotional support and incorporating counseling services into fertility clinics may significantly enhance the overall quality of care provided to women undergoing fertility treatment.

### Recommendations

Based on the findings of this study, the following recommendations are proposed:

Fertility clinics should integrate psychological counseling services into infertility treatment programs.

Nurses working in fertility units should receive training in psychosocial care and patient communication.

Healthcare institutions should develop support groups for women undergoing fertility treatment.

Policymakers should develop strategies to improve access to affordable fertility treatment services.

Further research should be conducted in multiple healthcare settings to explore the emotional experiences of women undergoing fertility treatment.

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