Self-Care Agency: The Effects of Helping Infertile Women Meet the Therapeutic Demand of IVF Treatment

Jeanette Rodriguez, MS, RNC, MNN

In vitro fertilization (IVF) treatment may be one of the most stressful experiences in a woman’s life. Often, infertility has been associated with other chronic health conditions (e.g., diabetes, hypertension) that require effective clinical management, psychological support and information. When infertility stops being an elective procedure and becomes a chronic, unresolved medical condition, the patient becomes dependent on the medical system for comfort and support. Continued medical attention and reliance on pharmacological management are required. Infertility is an unwelcomed interruption to patients who expect to readily conceive and become parents. Adding to the stress of infertility is the fact that couples can do little or nothing to influence the nature of the outcome. When it comes to caring for patients undergoing infertility treatment, education and support are the important issues that need to be addressed.

The purpose of this article is to describe the development of an education program based on a self-care theory used by nurses to endorse self-care in patients undergoing infertility treatment.

Self-Care During IVF Treatment

Theory development in reproductive endocrine infertility (REI) nursing is an essential component to patient care. Nursing theories are set forth to promote the understanding and analysis of REI phenomena and can be used to guide the scholarly development of nursing practices in IVF treatment. Application of nursing theory in infertility treatment helps to develop analytical skills and critical thinking ability, as well as guides the purpose of REI nursing practice. Orem’s theory of self-care states, “Self-care is the practice of activities that a mature person initiates and performs, within a time frame, on their own behalf in the interest of healthy functioning and well-being.” A self-care agency is the complex ability of a mature person to take action to regulate their own human function and development. The infertile patient is the self-care agent who engages in a course of action—or has the power to do so. Infertility problems consist of both medical and emotional aspects. Orem’s view of the individual’s abilities to engage in self-care is considered positive and proactive. Nursing care takes an interest in self-management and self-regulation and teaches patients the potential for health promotion and self-regulation.

Infertile patients are faced with the following challenges as part of their IVF treatment: 1) learning to mix medications and self-administer injections, 2) being subject to daily blood draws and ultra-sound monitoring and 3) undergoing surgical procedures while experiencing measurable levels of grief and depression before, during and after treatment. Orem’s self-care theory can be continued and expanded with advances in healthcare and infertility treatment.
Patients are Ultimately Responsible for Their Own Learning
Although research is limited in studying patient learning experiences during infertility treatment, studies have shown that patients are generally expected to be responsible for their own learning. They must be self-directed and motivated during IVF-orientation classes. This is more likely to happen if they understand that the main focus of their learning experience is autonomy.
Nurses have historically been instrumental in caring for patients. They provide patient support as needed throughout the IVF process and encourage the patient to become an active member of their own care to get the most out of their treatment. Caring for patients in this way helps them to become more positive and proactive in building coping mechanisms to alleviate stress and overcome learned helplessness during IVF treatment. Patients learn best through activities that require their active participation. For example, nurse feedback and debriefing can be valuable tools when used to help patients simulate an injection procedure. Debriefing reinforces positive aspects and encourages reflective learning. Learning a skill leads to increased self-confidence, improved sense of control and problem solving abilities, and can ultimately help the patient become more responsible for their own learning and care. Furthermore, at the onset of treatment, the patient should learn the names and roles of the office staff and nurses. It is helpful for the patient to have someone accompany them on office visits and keep a list of questions. Nurses should discuss the timeframe of treatment and provide written information, DVDs, online resources and hands-on demonstrations of injection techniques.

Coping with the Challenges of IVF Treatment
A strong relationship exists between the patients’ health state and duration of illness with the different levels of self-care. It is important for patients to have the support they need in balancing these issues during IVF treatment, as a single IVF cycle often requires months of preparation. Once a cycle has begun, the wait time from the start of treatment to a pregnancy test result takes approximately one month. Often, results are negative and a patient will pursue future treatment cycles. Lalos reported that patients viewed IVF treatment as a very complex and difficult process to work through. Patients’ initial reactions include shock, surprise, disbelief and denial, followed by feelings of frustration, anger, loss of control and anxiety. When patients become increasingly aware of delays beyond their control or that reproduction is unobtainable, an emotional crisis may occur.
One coping technique is for patients to stay connected with their nurse for support and comfort. The nurse acts as the “problem-solving agent” and plays an important role in the relational triangle of patient and infertility physician.

The Patient Process of Skill Mastery
The process of skill mastery is a sequence of progressive learning in IVF treatment. Learning to mix and self-administer medications begins with the patient’s awareness of key elements involved in a skill (e.g., sterile technique). The patient moves through a process of: 1) acquiring a beginning sense of what it feels like to perform the skill and 2) practicing that exercise until a sense of ownership of the skill has been developed—where alterations can be incorporated when necessary (e.g., needle contamination).
The topic of infertility as a crisis is of utmost importance in patient education. Because patients are vulnerable during the process of investigation and treatment, nurses should provide structure to patients and focus on guiding patient activities. During IVF orientation, the nurse should assess the patient’s: 1) perception of the task, 2) mental readiness to act and 3) ability to imitate the instructor’s demonstration and performance without hesitation. A quick, smooth and accurate performance of complex movements in an intramuscular injection using minimal energy signals a patient's proficiency in mastering the skill. The patient is then ready to perform the skill without nursing supervision and should be comfortable in doing so.

Conclusions
There is no known, well-defined or structured program that can enable infertility patients to achieve high levels of self-care. Nurses can develop supportive educational programs for this specific population using theory as the basis for nursing practice and research. However, the healthcare community must decide what the self-care requisites are for IVF in order to ensure effective patient care. It is expected that information provided by IVF nurses will be able to support patients and their partners, and will prevent self-care deficits. Development of an effective educational program requires the nurse to review the therapeutic self-care demand, estimate the level of self-care agency, decide what is required of the patient (e.g., self-administering injections) and investigate the potential for self-care deficits.

About the author:
Jeanette Rodriguez, MS, RNC, MNN received her nursing degree from the State University at Plattsburg in Plattsburgh, New York in 1987. She has been in practice at the New York Presbyterian Hospital Weill Cornell Medical Center for 24 years. Ms. Rodriguez advanced to the position of nurse clinician and received her MS degree in nurse education in 2009 from South University in Savannah, Georgia. She is certified in maternal newborn nursing and is clinical educator at the Cornell Center for Reproductive Medicine under the direction of Zev Rosenwaks, MD. Ms. Rodriguez's previous positions include pre-genetic diagnosis nurse and head nurse for the MacLeod Laboratory for Human Reproduction, Neonatal Nurse and Maternal Fetal Medicine Ante-Partum Testing unit. She is an active member of the American Society of Reproductive Medicine (ASRM) and the Nurse Professional Group. She has also served as a speaker at the Specialized High Schools of Math and Science in New York, New York. Ms. Rodriguez will be presenting at the upcoming ASRM 2011 Conference in Orlando, Florida and is pursuing her PhD in education beginning in the fall of 2011 at the Capella University in Minneapolis, Minnesota.
References


For more information, visit WalgreensHealth.com

This publication should be used for general educational purposes only and is not intended to be a substitute for professional medical advice. Although it is intended to be accurate, neither Walgreen Co., its subsidiaries or affiliates, nor any other party assumes liability for loss or damage due to reliance on this material. This information is not intended to create any warranty, and ALL SUCH WARRANTIES, EXPRESS OR IMPLIED, INCLUDING ANY WARRANTY OF FITNESS FOR A PARTICULAR PURPOSE, ARE HEREBY DISCLAIMED. This information does not replace professional judgment.