

University of Nevada, Reno

**The Lived Experience of Infertility: Women Undergoing Ovarian Stimulation with
Subsequent Intrauterine Insemination**

A thesis submitted in partial fulfillment of the requirements
for the degree of Master of Science in
Nursing

By

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May 2012

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THE GRADUATE SCHOOL

We recommend that the thesis
prepared under our supervision by

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**The Lived Experience Of Infertility: Women Undergoing Ovarian Stimulation
With Subsequent Intrauterine Insemination**

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ABSTRACT

The National Survey of Family Growth as reported to the Centers for Disease Control indicates that 7.3 million women and their partners are affected by infertility, which is 12 % of the population of the United States. The problem infertile women are facing is that this women's health issue is not improving and not expected to decrease any time soon, in fact an increase is projected. With the number of women seeking fertility treatments doubling over the past decade, it is expected to continue to rise with little known about the psychological and emotional impact of women undergoing the most common treatment for infertility. According to current research, 13% of women underwent intrauterine insemination (IUI) and 3% had another form of fertility treatment such as in vitro fertilization (IVF). Since ovarian stimulation with IUI are much more common than more invasive treatments, it is essential for current research to provide the experiences of this treatment. However, there is a paucity of research found within the literature on the experiences and effects of IUI treatment cycles among women.

The purpose of this phenomenological study was to explore, describe and gain a deeper understanding of the lived experiences of women enduring fertility treatments, specifically ovarian stimulation and IUI. Utilizing van Manen's six activities of qualitative inquiry, this research contributes to the current literature. A purposeful sample of 5 participants was recruited for this study. Face-to-face, audio-taped interviews were conducted. Colaizzi's 7-step approach was utilized to analyze the data. The data revealed seven main themes which included (1) always waiting, (2) self doubt and questioning, (3) believing in a woman's intuition, (4) reactions to healthcare

providers, (5) relating their stories to other women, (6) knowing the endpoint and (7) cautious joy in early pregnancy.

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CHAPTER I

INTRODUCTION

Background and Significance

Infertility is defined as a disease of the male or female reproductive system preventing the ability to conceive and/or carry a pregnancy full term. A diagnosis of infertility comes following one year of unprotected, well-timed intercourse unless maternal age, medical history or physical assessment warrants earlier evaluation (American Society for Reproductive Medicine, 2012). While this definition presents the foundation for diagnosis of infertility, for many couples throughout history this definition resonates much deeper in the soul where the longing to become parents lies. Infertility is not an inconvenience; it is a devastating disease that can cause a myriad of emotions and hardships including anger, guilt, depression, lowered self-esteem, marital distress, financial stress and social isolation (Burns, 2007).

The National Survey of Family Growth as reported by the Centers for Disease Control (2002) indicates that 7.3 million women and their partners are affected by infertility, which is 12% of the United States population. The infertility rates within the United States have remained stable about 10-14%, however this is expected to rise as the average age of first time mothers also increases. Interestingly, “in 1975, less than 20% of women attempted their first pregnancy between the ages of 35 and 39 years. In 1995, this number increased to 44%,” (Wilkins & Warnock, 2010, p. 309). The American Society for Reproductive Medicine (ASRM) estimates 20% of women will wait until after age 35 to start a family. Several factors contribute to this emerging trend such as more women are in the workforce, women are marrying older, the divorce rate remains high, couples

decide to wait until they are more financially stable and many women do not realize their fertility begins to decrease in their late 20's and by the age of 30 there is only about a 20% chance per month of becoming pregnant (ASRM, 2012). In addition, new technologies and greater expectations "have produced significant increases in the numbers of couples seeking help," (Birnbaum, 2009, p.883).

The first successful in vitro fertilization (IVF) cycle in the United States occurred in 1981, which was considered a medical breakthrough and gave enormous hope to infertile individuals around the world (Lampley, 2010). Along with this new sense of hope, the psychological and financial aspects of fertility care soon became apparent. Fertility treatments can be extremely costly with little to no insurance coverage, placing a tremendous burden on the already emotionally stressed family. Depending on the cause of infertility, intrauterine insemination (IUI) is typically the first treatment choice because it is minimally invasive and a cost-effective procedure for most subfertile couples and those who are unable to afford IVF (Cohlen, 2005).

Definitions of Infertility Terms

The following infertility terms will be used throughout this study and are defined by the American Society for Reproductive Medicine (2011) as:

Primary infertility. Infertility in a woman who has never had a pregnancy.

Secondary infertility. Infertility in a women who has had one or more pregnancies.

Assisted reproductive technologies (ART). All treatments that include the handling of eggs and sperm and/or embryos.

Controlled ovarian stimulation or ovulation induction. The process of administering hormone medications to stimulate the ovaries to produce multiple oocytes.

Intrauterine Insemination (IUI). An office procedure where a prepared sperm sample is placed in the women's cervix or uterus to produce a pregnancy, with or without ovulation stimulation to produce multiple oocytes.

In Vitro Fertilization (IVF). A method of assisted reproduction that involves combining an egg and sperm in a laboratory dish. If the egg is fertilized and cell division begins, it is placed into the woman's uterus hoping the embryo will implant in the uterine lining and continue developing.

Treatment cycle. The time period when menstruation begins and infertility treatment starts to when the next period begins or conception occurs.

Problem Statement

More than 7.3 million women suffer from infertility in the U.S. making this reproductive disease a significant component of women's health and ultimately relevant to the general public's health. Of this group of women 13% underwent IUI and 3% had other ART such as IVF (Macaluso et al. 2008). Since ovarian stimulation and IUI are much more common than more invasive treatments, it is essential for current research to provide the experiences of this treatment. However the majority of research found within the literature is in response to IVF treatment cycles with minimal research on the experiences and effects of IUI treatment cycles among women. The problem infertile women are facing is that this women's health issue is not improving and not expected to decrease any time soon, in fact an increase is projected (ASRM, 2011). With the number of women seeking infertility treatments doubling over the past decade, it is expected to

continue to rise with little known about the psychological and emotional impact of women undergoing the most common treatment for infertility.

Purpose of Study

The purpose of this phenomenological inquiry was to explore, describe and gain a deeper understanding of the lived experiences of women enduring fertility treatments, specifically controlled ovarian stimulation with subsequent intrauterine insemination. This qualitative study contributes to the current literature, which is lacking research of women undergoing controlled ovarian stimulation and their experiences with intrauterine insemination. Physicians, nurse practitioners, nurses and other healthcare providers who provide infertility treatments will benefit from the results of this study as they care for this fragile population. In addition, primary care practitioners who may be counseling or advising women on their infertility and caring for women who have gone through infertility treatment cycles will be able to empathize and benefit from the results of this inquiry. Finally, patients undergoing treatment will have literature to refer to when experiencing the complex emotional components of their care. While each woman undergoing infertility treatment has unique experiences, this research allows current patients to understand what some women have previously experienced giving them new perspectives to consider.

Research Question

The main question that guided this study was: What is the meaning and significance of the lived experience of women undergoing controlled ovarian stimulation with subsequent intrauterine insemination?

Chapter Summary

This chapter provided the background of the significance of infertility among women in the U.S. today. Included is the purpose of the study along with the research question that guided this phenomenological inquiry to better understand the perspectives of women enduring ovarian stimulation and IUI treatment cycles. Chapter II will provide a discussion and analysis of the current literature. Due to the paucity of research conducted in the area of IUI emphasis was placed on the experiences of women during IVF cycles.

CHAPTER II

LITERATURE REVIEW

The research of infertility can be divided into two different but meaningful groups. The first group is seeking to understand the psychological and emotional experiences of individuals undergoing infertility treatment and the other group is researching the most effective methods of achieving pregnancy. A review of the literature was conducted using the common research databases CINHALL, Pub Med, Academic Search Premier and Google™. A primary focus was placed on those journal articles pertaining to the population of focus from the year 2005 to the present. This search found a variety of quantitative studies within this study's chosen population however there is a scarcity of qualitative studies focusing on a woman's experience with ovulation induction and subsequent intrauterine insemination. In order to create a thorough literature review many of the articles that follow present research of women's experiences with IVF as well as studies presenting intrauterine insemination (IUI) research to give an overview of this study's topic.

Using a qualitative method, Toscano and Montgomery (2009) described the lived experience of women from around the world who were successfully impregnated via in vitro fertilization (IVF). The study focused on "explore[ing] and describ[ing] the lived experience of pregnancy (including preconception) resulting from IVF" (p. 1017). The research was accomplished through accessing electronic media such as blogs, chat rooms, and websites where content related to IVF and pregnancy was analyzed. Common themes emerged relating to psychological, emotional and physical health such as preconception turmoil, anger, stress (financial, marital, psychological), and feelings of

personal deficiency. Once conception occurred for some of the women, themes of cautious joy, balancing fear and uncertainty, belief in a higher power and/or magical thinking were identified. In addition as women shared through the virtual communities, feelings emerged of breaking the silence with discussing shared experiences, and finally “the birth experience as synonymous with healing,” (p. 1031). Limitations of the study include not having direct communication with participants, which impeded clarification or follow-up. The data collection was obtained from multiple Internet searches within the same time frame and it was impossible to collect nationality or cultural background for all participants. Overall the study described the lived experience of pregnant women before and after IVF through the lens of virtual communities and found them to be beneficial in helping women cope while undergoing fertility treatment.

The Harris and Daniluk (2010) qualitative, phenomenological study sought to understand the subjective experiences of women who conceived through assisted reproductive technology. Women participating in the study, who had ovarian stimulation through the use of medications, intrauterine insemination, or IVF, became pregnant only to miscarry between 2 to 16 weeks gestation. Themes identified included a sense of profound loss and grief, diminished control, shared loss with their partners, feelings of injustice, social awkwardness and fear of attempting treatment again. After losing the pregnancy, the women were markedly ambivalent toward future reproductive options and unsure if they would attempt treatment again. Most of the participants received care from a fertility clinic, which is a limitation to the study because it may not apply to women receiving treatment from other medical care providers. It is also limited to this population who most eventually become mothers and does not include the infertility and

miscarriage experiences of those women who never conceived. Future recommendations for research could add to the understanding of the experiences of miscarriage following infertility treatment for those women who were unable to become mothers.

Similarly, Lampley's (2010) dissertation research sought to understand women's experiences with IVF treatment following embryo transfer to determination of pregnancy. The overarching theme of Waiting was experienced among the group of participants during the 10 to 14-day period of learning the results of the pregnancy test. Eight subthemes were extrapolated to include: Hope, Anxiety, Awareness, Doubt, Desperation, Vulnerability Isolation and Anticipation. Waiting was found not to be a passive experience but "a complex array of emotions and actions" (p. 152) as they moved closer to the day when they would have their pregnancy test completed. Women experienced Hope as they became excited and optimistic about the possibility of having a positive pregnancy test. Participants shared experiences of Waiting in Anxiety where descriptions of stress, worry, and fear clouded their minds. In addition, Doubt was found to be a common feeling during the Waiting period as they questioned whether or not their IVF would be successful as well as self-Doubt as to their beliefs in IVF. At times the participants would feel Desperation when they began to dwell on their impending pregnancy test and would perform a home pregnancy test even when they were advised against this. These women felt a sense of Vulnerability with health care workers, family, and friends especially in light of the fact that the result of their pregnancy test was completely out of their control. Isolation became a common theme in that the participants felt other family or friends could never fully understand what they were going through emotionally, psychologically or physically. Finally, Anticipation of the

day in which they would receive their results were described as preparing for both results positive or negative. Each participant had already begun Anticipating their future plans to become mothers if the current outcome was not optimal.

Limitations of the study indicate participants self selected, they were from the same geographical area, they had similar characteristics in regard to income and education and finally there was limited cultural diversity among the participants. Overall this research brings deep understanding and gives a voice to the women experiencing a specific segment of IVF treatment. The subjective experiences of women give insight into the psychological impact infertility treatments have on the individual, however the quantitative literature is significant in seeking the best treatment modalities available.

The literature identifies the importance of timing among women undergoing an IUI treatment cycle. Ghanem et al. (2010) studied couples in their first IUI cycles that experienced male factor infertility (i.e. poor sperm motility), anovulation, combined male and female factors as well as unexplained infertility. During an IUI cycle, women receive a trigger shot of human chorionic gonadotropin (HCG) when optimum follicle size has been reached, followed by an IUI within 36 hours, when it is believed to be most effective. However the exact timing that the IUI should occur has been and continues to be debated. The aim of this study was to determine if women were more likely to become pregnant if their IUI was performed at the exact time when ovulation was present than when it had not yet occurred. Cycle pregnancy rate of women when ovulation was present was 11.6% while when ovulation was absent the pregnancy rates dropped to 6.7%.

Chapter Summary

Understanding the lived experiences of individuals in the midst of infertility treatment gives insight to the challenges and emotions they face. The literature clearly shows there is profound meaning, intense emotions and significant experiences infertile women have endured. The most successful infertility treatments, such as IUI and IVF have been studied and researched frequently throughout the literature. The lived experiences of women in treatment before, during, and after IVF have been explored for meaning and purpose. The research does not however produce the experiences of women solely undergoing IUI treatment cycles, which creates a significant gap in the current literature.

CHAPTER III

METHOD OF INQUIRY: GENERAL

The method of inquiry for this research was phenomenology. In phenomenological research the goal is to understand the subjective perspectives of the person who has the experience and learn how that perspective affects the lived experience (Omery as cited in Flood 2010). The word phenomenology is Greek and means ‘to bring into the light’ where the researcher is encouraged to go beyond factual descriptions to explore the deeper life experience (Pringle, 2011, p. 8).

According to van Manen (1990) phenomenology attempts to gain a deeper understanding “of the nature or meaning of our everyday experiences,” (p. 9). The phenomenological view point as described by van Manen is to question the way an individual experiences the world, with a desire to know the world and what is the most essential to being in the world.

Historical of Phenomenology

As early as the 18th century the word phenomenology was found in the writings of philosophers Immanuel Kant, Georg Hegel, and Ernst Mach who defined the word as “a new way of doing philosophy,” (Moran as cited in Earle, 2010, p. 287). The German philosopher Edmund Husserl is regarded as the founder of phenomenology. It is through Husserl’s writings and those of his student, Martin Heidegger, the roots of phenomenology were born. Husserl’s philosophy was conceptualized in the idea that the “lifeworld” is understood without interpretations and it is simply learning the experiences of individuals. This idea is Husserl’s key point of phenomenology; the phenomena being studied must be understood from within before any explanations are imposed (Dowling

2007). Heidegger, identifies phenomenology as “Being is always the Being of an entity,” (van Manen, 1990, p. 175) therefore when asking for the Being of something; it is meant to inquire into the meaning of that particular phenomenon.

Researching Lived Experience by Max van Manen

Max van Manen (1990) offers a contemporary approach to researching the lived experience through hermeneutic phenomenology. According to van Manen, phenomenology is a “pure description of the lived experience” and hermeneutics is “the interpretation of the experience through ‘text’ or some symbolic form,” (p. 25). In addition, van Manen explains the two components of the lived experience include descriptive and interpretive phenomenology (Earle 2011). Thus, van Manen developed six activities to create a methodical structure for researching the human lived experience, which help to guide research practices.

Phenomenological Activities Related to this Research

As van Manen (1990) explains, the first activity *turning to a phenomenon which seriously interests us and commits us to the world*, is the foundation for a researcher who sets out to make sense of a certain aspect of human existence. This researcher’s interest in the subject began after two years of struggling to become pregnant; came to the realization that fertility treatment was the next hope for a child. Before, during and after fertility treatment the researcher began to question how women can endure the emotional, psychological, physical and financial aspects that come with a diagnosis of infertility. Treatment at one of the local infertility clinics offered hope, but after months of treatments, and still no pregnancy the emotional aspects began to become overwhelming. Discussions with friends and co-workers opened new opportunities as others began to

share their struggles with infertility. Suddenly it became clear that there are many women undergoing fertility treatment many of which have experienced ovulation induction and intrauterine insemination. The goal of this study was to gain a deeper understanding through listening, reflecting, describing and interpreting the stories told by women struggling with conception while enduring fertility treatments.

The second activity of van Manen's (1990) method of research, *investigating experience as we live it*, requires the researcher to stand in the breadth life and "in the midst of living relations and shared situations," (p. 32). Through gaining a deeper understanding of the world, the researcher actively explores all aspects and modalities of the lived experience. The intention of this research is to begin to comprehend what women experience during infertility treatment through personal experiences and becoming part of the phenomenon. Through conversational interviewing, reflecting on experiences, and close observation the researcher becomes part of the world as experienced through the eyes of the participants.

In the third activity van Manen (1990) necessitates the researcher *reflect on essential themes*, which is to reflect on the nature of the lived experience, bringing "nearness that which tends to be obscure, that which tends to evade the intelligibility of our natural attitude of everyday life," (p. 32). By identifying and analyzing themes found among women experiencing infertility, a rich and deeper understanding is revealed about that which constitutes the nature of this lived experience.

The fourth activity, *the art of writing and rewriting*, asks the researcher to thoughtfully describe the experiences through writing. Ultimately writing about life events shows "that which is being talked about be seen," (van Manen, 1990, p. 33) and

conveys some new phenomenon to the world. As women share their stories, the uniqueness and originality of each experience with infertility treatment will “show itself.” Since it is different for each woman, sharing these details with accuracy through writing is an important and significant part of phenomenological research.

Maintaining a strong and oriented relation is the fifth activity which requires the researcher “to establish a strong relation with a certain question, phenomenon, or notion,” (van Manen, 1990, p. 33). The researcher having previous experiences in infertility does recognize a bias toward the topic. Acknowledging this, the inquiry will be conducted allowing women to openly share their own experiences and what is unique and significant to them. In addition, van Manen (1990) emphasizes the importance of an oriented, strong, rich and deep text. Through creating a text that offers a rich description, this researcher aims “for the strongest possible interpretation of the phenomenon,” (Dowling, 2007, p. 290) and one that is concrete, explorative and externalizes the lived experience.

The sixth activity, *balancing the research context by considering parts and whole*, reminds the researcher to be aware of the effects of research on the participants and not become focused on the question that one “fails to arrive at the clearings that give the text its revealing power,” (van Manen, 1990, p. 33). The power of the text comes from the participant’s experiences. It is necessary during the research process, for the researcher to step back, evaluate and examine how each part contributes to the overall study.

Research Plan

Participant Selection

Qualitative research strives to understand individuals in their natural setting and then makes sense of or interprets the meanings people bring to them (LoBiondo-Wood & Haber, 2006). Purposeful sampling was utilized in order to recruit participants who were knowledgeable of the phenomena, in order to provide rich descriptions of their personal experiences (Ayres, 2007). Since qualitative research requires an in-depth understanding of the phenomena, participants who have personal experiences and insight to share related to ovarian stimulation and IUI were recruited. The Northern Nevada Center for Reproductive Medicine agreed to participate in this inquiry, allowing fliers and other recruitment activities at their facility. Recruitment of participants will continue until data saturation occurs. Data saturation occurs once common themes begin to be repeated among participants completing the data collection (LoBiondo-Wood & Haber, 2006).

Data Generation and Analysis Procedures

Data Generation

Creating a trusting relationship with each participant was of paramount importance to ensure a successful interview process. While the interview may be viewed as a conversation between two people, the relationship between the two is not equal, making it important to develop trust and rapport early in the process (Ryan, Coughlan & Cronin, 2009). Demeanor of the interviewer is an important component in developing a good interview relationship. Legard et al (as cited in Ryan, et al.) explains the role of the interviewer is to put the interviewee at ease by being attentive, confident and relaxed, thereby creating a comfortable, non-threatening environment. This researcher has

knowledge of the facility identified in this phenomenological inquiry as a longstanding patient thus creating an exchange relationship. The exchange relationship is one where an individual provides a benefit to another and builds trust through the gradual expansion of exchanges over time (LoBiondo & Haber, 2006). Through the trust built at the identified fertility clinic a research relationship can be established. In addition a trusting relationship between the participant and the researcher is essential to learning the meaning and significance of this phenomena.

Researching the lived experience using a qualitative phenomenological approach requires in-depth interviews with participants. The ultimate goal of the interview is for the researcher to help the informant describe the lived experience without leading the discussion. The data collected through the conversational interviewing allows the researcher, “to gain entrance into the informants’ world, to have full access to their experiences as lived,” (Polit, Beck & Hungler, 2001, p. 215). Due to the sensitive nature of the topic, the interviews will be conducted at the participants’ location of choice, where they are most comfortable and at ease. As described by van Manen (1990) the importance of the original research question guiding the interview and keeping the research interest in the forefront was emphasized. In order to stay as close to the lived experience as possible, asking concrete questions increased the likelihood of interview material that was rich in anecdotes, stories, incidents and personal experiences. Inviting the participant to think of a specific instance, situation, person or event allows the individual to share the whole experience to the fullest. Active listening, patience and/or silence are all tactful ways van Manen suggests “of prompting the other to gather recollections and proceed with a story,” (p. 68).

Analysis Procedures

Analysis of the data requires the time-consuming task of immersion (Green et al., 2007). Reading and re-reading the transcripts and listening to the recordings of the interviews allows for detailed examination of the data. Green et al. explains the procedure of immersion “stimulates a process where one begins to ‘incubate’ ideas about the possibilities of analysis,” (p. 547). In order to uncover themes in the data, three techniques were utilized as suggested by van Manen (1990). First, in the wholistic reading approach, the text was analyzed as a whole, seeking the main significance. Next, in selective reading, the data was read and listened to in order to identify phrases or statements that provide insight to the phenomena. Finally, the detailed reading approach explores each sentence or sentence cluster and seeks to identify what that particular thought reveals about the participant’s experiences. Through this careful analysis of the participants descriptions themes that describe the phenomenon were identified.

Through van Manen’s (1990) approach to phenomenological research and the utilization of Colaizzi’s (as cited in Polit et al, 2001) 7- step approach to data analysis. The general process of these principles is as follows:

1) Each research informant’s verbatim transcript is read to acquire a sense of the whole. The goals of phenomenological research is to study a new topic about which little is known and to determine how people interpret their lives and make meaning of their experiences (Cohen, Kahn & Steeves, 2002). Since there is a large amount of data within qualitative studies, transcription from audio recordings soon after it is gathered is recommended. This will allow the researcher to read and reread the interviews to get a sense of the entire experience from the participants. Each participant’s story is uniquely

significant, through reading and re-reading van Manen (1990) suggests a meaningful picture of the phenomena begins to emerge. As the researcher delves into the interview data, the detailed examination process creates a clearer image of the phenomena (Green et al, 2007).

2) Review each transcript and extract significant statements and phrases pertaining to the phenomenon being studied. While there are many ways to organize, examine or code the data, the overall goal is to have a clear sense of what the participant is expressing (Green et al., 2007). The process of hand coding allows the researcher to remain true to the data and not lose site of it (van Manen, 1990). Colaizzi's approach for the novice researcher suggests extracting single words, phrases or entire paragraphs that explain the particular point and are representative of the whole interview. This selective reading, suggests the researcher take ample time asking what phrase or statement is particularly revealing about the phenomenon (van Manen, 1990).

3) Meanings are created from each significant statement. Utilizing the participant's words and specific phrases the researcher will begin to describe the phenomenon. In the detailed reading approach van Manen (1990) suggests the researcher analyzes every sentence and asks, "What does this sentence or sentence cluster reveal about the phenomenon or experience being described?" (p. 93). The researcher moves from what the participants say to describing and interpreting with they mean.

4) Formulated meanings are organized into themes and theme clusters. Detailed examination of the data allows one to create coherent categories that speak to the phenomena under investigation through seeking relationships within the data (Green et al, 2007). Since all participants have different and unique experiences there may be

contradictions and exceptions, which will be placed in different categories producing explanations for all data received.

5) *These results are integrated into an exhaustive description of the phenomena under study.* Green et al. (2007) explains the importance of moving from categories to themes involves “moving beyond a description...it involves shifting to an explanation or, even better, an interpretation of the issue under investigation,” (p. 549). Studying the lived experience brings out commonalities within the various descriptions given by the participants. It is the challenging task of the researcher to capture the most important statements thereby grasping on to the emerging themes (van Manen, 1990).

6) *Formulate an exhaustive description of the phenomenon under study in a statement of identification.* The researcher makes an effort to synthesize all that has surfaced in the participant’s descriptions which produces a thorough and exhaustive description of the lived experience (Lo-Biondo-Wood & Haber, 2006).

7) *Validation of the findings thus far is sought from each participant to compare the researcher’s description with their lived experience.* Colaizzi’s last stage of data analysis explains the importance of validating the data with the participants to ensure accuracy and that it represents their experiences of the phenomena being studied. The data is returned to each participant to verify that the researcher’s interpretation of the data is that, which was expressed by the participant.

Ensuring Trustworthiness

Quantitative research utilizes trustworthiness to conceptualize reliability and validity of the study. Graneheim and Lundman (2004) identify the terms such as credibility, transferability and dependability to describe various aspects of

trustworthiness. In order to pursue a trustworthy study, Guba (1981) identifies four criteria essential to qualitative research: Truth Value, Applicability, Consistency and Neutrality.

Guba (1981) first identifies the idea of Truth Value, which is the overall internal validity and credibility of the research material. Applicability refers to the external validity of the study or the extent to which the study can transfer to other situations or phenomena. Guba further explains that “concern over consistency stems from the fact that instruments must produce stable results if those results are to be meaningful,” (p. 81). Finally, neutrality, also known as objectivity is guaranteed by the methodology.

Another way to enhance trustworthiness is through prolonged engagement with participants and in the study (Anastas, 2004). This is accomplished through the conversational interview process as explained by van Manen (1990) which serves two very specific purposes. First it is used as a means of gathering material in a narrative form that develops into a deep and rich understanding of the phenomena being studied. Secondly, the interview process “may be used as a vehicle to develop a conversational relation with a partner (interviewee) about the meaning of an experience,” (p. 66). Enhanced trustworthiness can also be achieved through asking each participant to review the interview data to ensure it’s a true account of the experience of the phenomena (Anastas, 2004).

Chapter Summary

This chapter began with a history of phenomenological research and its importance as a methodology for qualitative research. A description of van Manen’s approach to researching the lived experience utilizing Colaizzi’s steps of data analysis, as

well as the processes for data collection and management were explained. Finally, a description of ensuring trustworthiness within the study was provided.

CHAPTER IV

METHOD OF INQUIRY: APPLIED

Sample: Participant Recruitment and Selection

Participants who were knowledgeable in the content of this phenomenological inquiry were selected through purposeful sampling. This method of sampling allowed the researcher to seek information-rich participants who had undergone infertility treatment for the purpose of understanding their experience (Coyne, 1997). The goal was to recruit approximately 8 to 10 participants with recruitment ceasing once data saturation had occurred. Data saturation occurred when the narratives revealed no new information or the data was sufficient to describe the phenomenon (LoBiondo & Haber, 2006).

The inclusion criteria for this study were: At the time of recruitment the participant must have been an English-speaking woman who is currently undergoing infertility treatment or who has had treatment within a minimum of six months in the form of intrauterine insemination with ovarian stimulation. Women who have had ovarian stimulation without IUI or those who had IVF for infertility treatment were excluded from this study. Women who had conceived as a result of treatment, or who had conceived spontaneously, but had infertility treatment in the past, and are currently pregnant were also included in this research.

Participants had to agree to a face-to-face, audio taped interview, which was conducted in a private location that was convenient for the participant and researcher. In addition, the participants had to agree to follow-up communication via face-to-face or through private telephone calls for review of their narratives. Each participant was mailed their transcription for review and asked to make any corrections, clarify points

and to ensure it was an accurate account of their experience. Participants were asked at that time to provide any additional thoughts about their lived experience.

Gaining Access

Protection of Human Subjects

Approval for this research was sought and obtained from the Institutional Review Board (IRB) at the University of Nevada, Reno (Appendix A). In addition, approval from the Northern Nevada Center for Reproductive Medicine was sought and granted.

Recruitment

Following approval from the IRB and selected institutions, approximately sixty recruitment fliers were distributed to patients, at the local fertility clinic who were currently undergoing fertility treatment (Appendix B). The researcher was available and provided a brief explanation of the study. Participants were also recruited by word of mouth from other participants who self-selected for this research and met the inclusion criteria.

Interested participants were contacted by the researcher to determine inclusion criteria, further explain the purpose of the research, structure of the interviews, maintenance of confidentiality, consent to audio-taped interviews, transcription of the data verbatim, handling of the data, reporting of the data at the end of the research and answer any questions participants may have regarding the research. This information was included in the recruitment letter (Appendix C) and the consent form (Appendix D). All participants were informed that participation in this research was completely voluntary and that they may choose to refuse participation or withdraw from the research at any time without penalty or risk. All women who met inclusion criteria were treated

fairly, equally and without discrimination. Individuals who agreed to participate in this research were contacted regarding a time and location for formal consenting and interview.

Privacy and Confidentiality

All of the information obtained in this study was and continues to remain confidential. Participants were given a pseudonym and any identifying information was removed from the transcripts to maintain confidentiality. In the researcher's field notes and the transcripts, the participant was referred to by their pseudonym. A key for participant contact information and the recorded interviews were stored in a locked file cabinet accessible only to the researcher. A confidentiality statement was signed by the transcriptionist who had access to the interview data (Appendix E).

All information including recorded interviews, demographic data and consent forms will be stored in accordance to IRB protocols. At the completion of the storage time, all the material will be destroyed.

Consent

Consent forms were developed based on the requirements of the participating university's IRB. The consent form included the purpose of the research and a discussion of the inclusion criteria. It was made clear that participation was on a volunteer basis and that participants could withdraw from the study at any point if they so chose. Research procedures were clearly stated, along with details related to the maintenance of confidentiality and the risks and benefits of participation. All participants completed the consent process prior to the beginning of the interview.

Data Generation and Analysis Procedures

Data Generation

Information for this study was collected through in-depth, face-to-face guided interviews lasting approximately 25 to 35 minutes. The interviews were conducted at a private location convenient for the participant and researcher where confidentiality would be maintained throughout the length of the interview. Interview questions were prepared and utilized to help facilitate the discussion (Appendix F). Initial questions included demographic information in order to identify specific characteristics of the participants. The interviews were recorded with a digital voice recorder, transcribed verbatim by a transcriptionist within a week of the interview and reviewed for accuracy by the researcher. Additionally, a journal containing field notes was maintained by the researcher to help describe aspects such as the physical environment, body language, demeanor, dress of the participant, and other observations not discernable from the transcripts.

Data Analysis

Analysis of the data began with listening to the recorded interviews of each participant's experience. The verbatim transcripts were then read and re-read multiple times to analyze the data. Techniques for isolating thematic statements (van Manen, 1990) were utilized. These three techniques (the wholistic approach, the selective reading approach, and the detailed reading approach) were demonstrated through observation and listening to each participant, through reading and re-reading the verbatim transcripts, and through thoughtful reflection and analysis of the emerging thematic statements within each text. This process and utilization of these techniques provided a

different view of the data each time it was reviewed. Finally, Colaizzi's (as cited in Polit et al, 2001) 7- step approach to data analysis, which operationalizes van Manen's approach was utilized in analyzing the data.

1) Each research informant's transcript is read to acquire a sense of the whole.

Each interview was completed in person by the researcher. After each interview the researcher spent time re-reading interview notes and reflecting on the discussion. Each interview was recorded and transcribed verbatim by a transcriptionist who signed a confidentiality statement. Following transcription, all of the interviews were reviewed, listened to multiple times to ensure accuracy, and allowing time for additional notes to be taken by the researcher. Delving into the each interview allowed the researcher to gain a thorough and sensitive understanding of the participants' ideas, emotions, feelings and thoughts on the phenomena. This step involves immersion by the researcher in the data to gain a deeper understanding of the experiences (van Manen, 1990; Green et al, 2007).

2) Significant statements and phrases pertaining to the phenomenon being studied will be extracted from each transcript. While there are many ways to organize, examine or code the data, the overall goal is to have a clear sense of what the participant is expressing and was conducted by hand by the novice researcher (Green et al., 2007). The transcription was coded by hand through highlighting, circling or underlining and compared with notes from the interviews.

3) Meanings are formulated from significant statements. Within this step, the researcher analyzed the data for common words, phrases, or thoughts, which were significant to the participants' experiences. This selective reading, allowed the researcher to take ample time asking what phrase or statement is particularly revealing about the

phenomenon (van Manen, 1990). General meanings were then formulated based on each significant statement learned from the transcripts.

4) *Formulated meanings are organized into themes and theme clusters.* Detailed examination of the data allows one to create coherent categories that speak to the phenomena under investigation through seeking relationships within the data, which are known as themes (van Manen, 1990 & Green et al, 2007). Thematic data was organized into cluster themes and validated with the original data.

5) *These results are integrated into an exhaustive description of the phenomena under study.* Green et al. (2007) explains the importance of “moving beyond a description...it involves shifting to an explanation or, even better, an interpretation of the issue under investigation,” (p. 549). An exhaustive description of the lived experience encompassed all of the women’s interpretations of undergoing ovulation induction and intrauterine insemination. The goal to express the lived experience brings out commonalities within the various descriptions creating a meaningful explanation of the phenomena (van Manen, 1990).

6) *Formulate an exhaustive description of the phenomenon under study in a statement of identification.* The researcher made an effort to synthesize all that had surfaced in the participant’s descriptions by formulating a statement of recognition. This produces a thorough and exhaustive description of the lived experience (Lo-Biondo-Wood & Haber, 2006).

7) *Validation of the findings thus far is sought from each participant to compare the researcher’s description with their lived experience.* Colaizzi’s last stage of data analysis explains the importance of validating the data with the participants to ensure

accuracy and that it represents their experiences of the phenomena being studied. The researcher sent each participant their transcripts through the mail. The participants verified that the researcher's interpretation of the data is a true expression of their experience.

Ensuring Trustworthiness

Trustworthiness and accuracy of this phenomenological study was assured by following Guba's (1981) approaches of Truth Value, Applicability, Consistency and Neutrality.

Truth Value

In this phenomenological study, the researcher utilized the reputable qualitative research methods developed by van Manen who is considered an expert in phenomenological inquiry. Ensuring truth-value can also be established by building a rapport and becoming familiar with the organization and culture under study (Shenton, 2004). The researcher has a history of being a patient at the chosen institution for recruitment and has developed a relationship with the organization. In addition, to ensure truth-value, Shenton (2004) cites the importance of tactics to help ensure honesty in the informants. In this research, participants were given the opportunity to refuse to participate once all the details were explained in order to be certain they genuinely desired and agreed to participate. Participants were encouraged to talk openly and freely, expressing either negative or positive experiences without any judgment from the researcher. The researcher aimed to develop a rapport with the participants early in the interview process indicating there are no right answers and they could withdraw from the study at any point.

Applicability

Applicability according to Guba (1981) refers to the external validity of the study or the extent to which the study can be transferred to other situations or phenomena. The findings of this qualitative research are specific to the women and their experiences undergoing fertility treatment. These data cannot be generalized to an entire population of women because each experience is unique; however, this research serves as an example of the broader group. The researcher's goal was to provide a rich and thick description of the phenomena to give readers a proper understanding of it (van Manen, 1990; Shenton 2004).

Consistency

To maintain consistency, the processes within this research are described in detail. A thorough explanation of the planning process, the execution of the study, the details of the field experience, and evaluation of the inquiry is provided. The in-depth details of the study, allows the reader to assess if proper research processes have been followed and to enable a thorough understanding of the methods and their effectiveness (Shenton, 2004).

Neutrality

Shenton (2004) considers a key criterion for maintaining neutrality or confirmability for the researcher is to acknowledge his or her own predispositions. The importance here is the researcher "help ensure as far as possible that the work's findings are the result of the experiences and ideas of the informants, rather than the characteristics and preferences of the researcher," (p. 72). As asserted by van Manen (1990) not all personal biases can be completely set aside as one's experience may be similar to another's experience. However, he also explains that being aware of these

biases and having knowledge on the subject can be beneficial to the researcher in orienting oneself with the phenomena. In order to ensure neutrality within this study, the researcher provided a detailed description of the methodology, along with an ongoing reflective commentary which creates an audit trail. In this study, the researcher discussed with committee members and frequently the committee chair, researcher biases such as firsthand knowledge and experience with this fertility treatment and clinic providing such treatment in order to be transparent and aware of any preconceived ideas of the phenomena. This allowed the researcher to produce an accurate text, which reflects the participants' experiences.

Chapter Summary

This chapter provided the application process of van Manen's phenomenological approach to research with a description of Colaizzi's steps for data analysis. The researcher identified specific areas of the study where truth value, applicability, consistency and neutrality were exemplified in order to ensure trustworthiness within research.

CHAPTER V

FINDINGS

The purpose of this phenomenological inquiry was to explore, describe and gain a deeper understanding of the lived experiences of women enduring fertility treatments, specifically controlled ovarian stimulation with subsequent intrauterine insemination. The question guiding this research was: What is the meaning and significance of the lived experience of women undergoing controlled ovarian stimulation with subsequent intrauterine insemination? The following stories come from women who struggled with infertility and the insight they share gives the reader “a view of the world in which we live as human beings,” (van Manan, 1990, p. 5).

Description of the Participants

A total of five women were recruited and participated in this study. The age of the participants ranged from 29 to 32 years. All of the participants were married and all were Caucasian. All of the participants currently had one child as a result of fertility treatment and one participant was pregnant.

Data Collection

All five interviews were conducted between February and March 2012. Two of the participants were known to the researcher, as co-workers, one was a mutual acquaintance and two were unknown to the researcher. The interviews were held in a private location, which was convenient for the participant. Two interviews were held in a small conference room at a local hospital, two others were conducted in private offices at the participants' place of work. The final interview was held in a small meeting room at the Redfield Campus extension of the University of Nevada, Reno.

Each of the chosen settings provided a quiet, private space appropriate for the interviews. The participants sat in chairs next to the researcher or at a table diagonal to the researcher. A “meeting in progress, please do not disturb” sign was placed on the door and cell phones were turned off to avoid distraction.

Each participant was then given the consent form to review. The researcher left the room for 10 minutes allowing the participant to read the consent form and recruitment letter explaining the details of the study. The researcher returned to inquire if additional time was needed, if it was not, the researcher entered the room and answered any questions the participants might have regarding the consent form. The researcher reminded each participant that involvement in the study was completely voluntary and if they chose, they could withdraw at any time without risk or consequences. The consent form was then signed and a copy provided to each participant.

In order to put the participant at ease, a time of open dialogue occurred prior to each interview. This allowed the researcher time to build a rapport with each participant and lasted approximately 10 to 15 minutes. Following this time of discussion, the participant was asked if they were ready to begin. When they acknowledged “yes” the recorder was started and the formal interview process commenced. Before ending each interview, the researcher asked, “Is there anything else you would like to share about your experience with fertility treatment?” When the participant indicated there was nothing else they would like to share, the researcher thanked the participant and the recorder was turned off.

The participants were contacted in March 2012 and asked to review their verbatim transcripts in order to add any additional thoughts of their experience, to clarify any

points of error, and to ensure the themes interpreted by the researcher were correct. All five participants who began this study finished the study.

Data Analysis

All of the digitally recorded interviews were transferred to compact discs and given to the transcriptionist. The transcripts were returned in approximately 1 to 2 weeks. The data was then hand coded by the researcher using Colaizzi's 7-step method.

Immersion

While awaiting the transcription to be completed, the researcher listened to each recorded interview. Notes were recorded in the field journal pertaining to any thoughts, feelings, emotions, attitudes and ideas that the researcher identified. Once the transcription was completed, the verbatim was reviewed while listening to the interviews to verify accuracy. In order to become more familiar with the data, the researcher read the verbatim transcripts multiple times to get a deeper understanding of each experience. This process helped immerse oneself in the data to get an in depth sense of the experience.

Extraction of Significant Statements and Phrases

Each transcript yielded 14 to 29 double spaced pages of interview material for a total of 22,740 words. Through hand coding by the researcher, 159 significant words, statements and/or phrases, which described their experience with intrauterine insemination and ovarian stimulation. A word document was created which compiled these significant statements.

Formulation of Meanings

The researcher formulated meanings for each significant word, phrase or statement. Efforts were taken to ensure each formulated meaning provided a relationship to the participant's original thoughts and statements.

Organizing Clusters of Themes

The formulated meanings were analyzed and organized for likeness; as a result clusters of themes emerged. The themes represented the individual and group experiences of women undergoing ovarian stimulation with subsequent intrauterine insemination. This step was validated by returning to the original interviews to search for any additional information that was not included in the developing themes.

During analysis of the data, discrepancies and contraindications were noted, but this is a normal expectation in conducting qualitative research (Guba, 1981). In order to ensure complete understanding by the researcher, each verbatim transcript was returned to the participants. The participants were asked to validate the researcher's findings in the themes and to add any additional thoughts or clarifications to their experience. Some of the follow statements were comments made by the participants during this process.

I say um a lot...is that ok? Otherwise it is an accurate account of my experience.
(Beth)

Let me know if you need anything else- yes I think this covers everything!
(Emma)

I said 'you know' way too much! I don't have any changes! (Ann)

Other than being completely mortified with how I sound on paper, it looks good!
(Cate)

Returning to the participants allowed the researcher to validate that the findings were interpreted correctly and they were a true account of the participant's experience.

Essence, Themes and Subthemes

The researcher identified seven themes, which reflected the experiences of women undergoing infertility treatment in the form of ovarian stimulation and subsequent intrauterine insemination. The themes include (1) always waiting, (2) self doubt and questioning, (3) believing in a woman's intuition, (4) reactions to healthcare providers, (5) relating their stories to other women, (6) knowing the endpoint and (7) cautious joy in early pregnancy. The theme believing in a woman's intuition was broken down into three subthemes, which were an unnatural process, inadequacy and physical brokenness. The themes and subthemes contributed to the overall essence of this group of women undergoing fertility treatment, IUI- *The Journey to Pregnancy through the Head, Heart and Hands*. The essence and themes are depicted in Figure 1. The figure demonstrates that each theme is interlinked although participants may have experienced them during different times throughout their experience. Ultimately, each woman ended her journey with a healthy pregnancy, which is what was deeply desired.

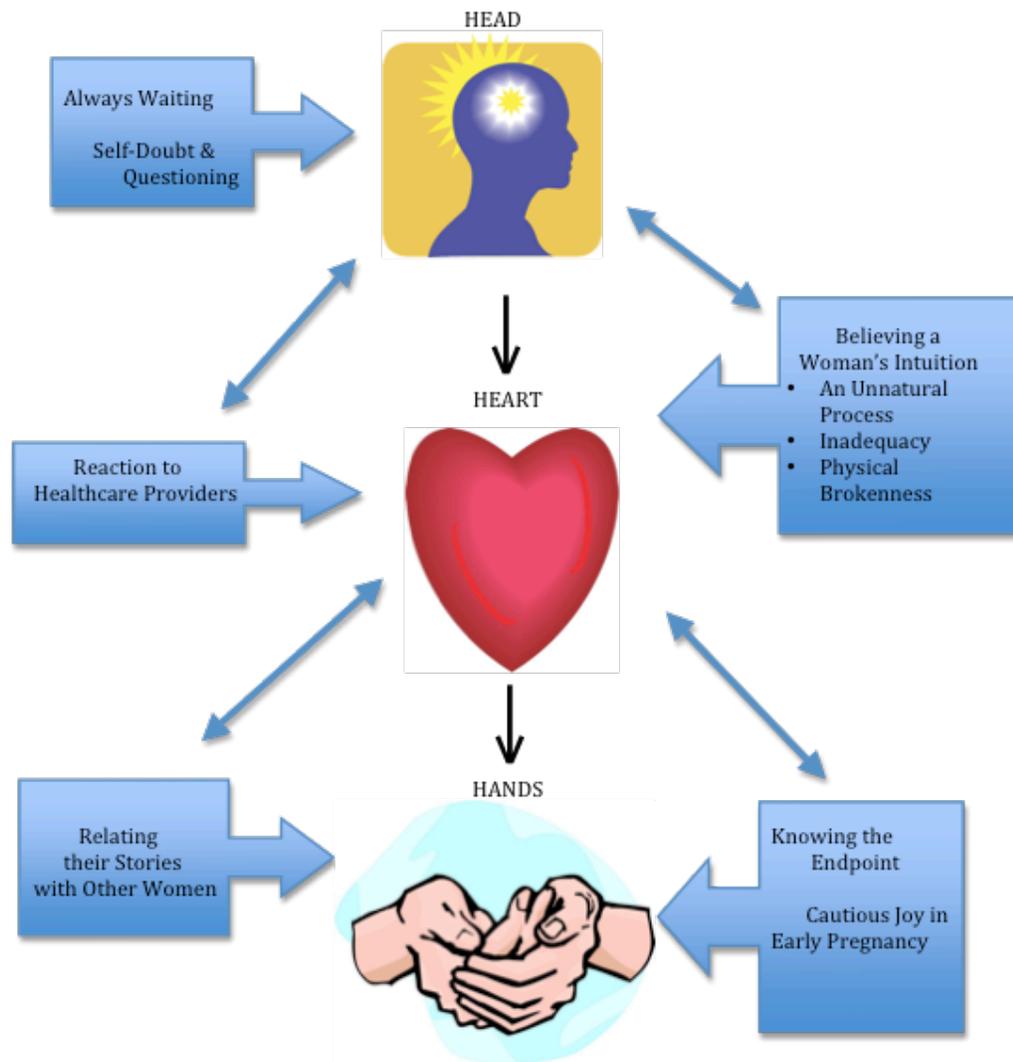


Figure 1. Essence of a Woman Undergoing Ovarian Stimulation and IUI- The Journey to Pregnancy through the Head, Heart and Hands

Theme: Always Waiting

This theme arose throughout each interview as one of the most challenging aspects of fertility treatment. Each woman spoke with great passion when discussing the process of constantly waiting for the next step in the process of treatment and being very eager to move forward. The experience of always waiting occurred at different points during the journey for each woman. Most of the woman felt the most difficult period of waiting was after their insemination occurred during the two-week period until they found out the results of their pregnancy test. The following statements from the participants embody this theme as a strong part of their experiences.

A lot of anxiety, a lot of waiting – I hated the waiting. You know, like you go get lab work and then you wait. And then you go get – I had to get a – I can't remember the name of it, but the x-ray with the contrast in your uterus to make sure that your fallopian tubes are open. So you get that done and then you wait for the results. And then, once you – then wait for your period to start – so that you can call them and tell them okay now I'm ready – you know. And then you take the five days of meds and then you take a week of shots every other day and then ultrasounds every other day – I mean vaginal ultrasounds every other day and then oh your only a seven – lets – we want to get you to an eight, so come back tomorrow and give yourself a shot tonight. So it's like it's just you do things and wait and do things and wait and then once we did the IUI – the waiting, the two weeks of waiting was awful. (Ann)

So it's just very nerve wracking to wait for—you know to find out if it took or not so probably just—really just nervous and impatient and anxious just waiting...But yeah so by far the emotional roller coaster of waiting and everything was the hardest part of fertility treatment. (Beth)

I think it's mostly the emotional part that's so hard too—you just—the constant waiting for some test result or waiting for a phone call or...I was just so nervous in those two weeks between the procedure and the pregnancy test. Forever—the longest two weeks of my life. (Cate)

I mean and I know you can't say it's a go, but it was literally the last time [for IUI]... so I was shocked when they said I was pregnant. Cause I was pretty sure we were like done you know. Like this is it. This—this is it...then I called my

husband and so, he didn't believe it. And we both were really on edge for a while just thinking—you know what if this doesn't work again. (Dana)

Oh God...apprehensive. And I remember I took a home pregnancy test and it said positive. And I called them and I was like—it says positive—and they said no. You need to wait for the blood work because sometimes it can show positive and it might not be. And it was such a long—it was awful having to wait like that. It was just oh my gosh—so believe me the day I could call to find out, I was on the phone. (Emma)

Theme Summary

The first theme, “always waiting” identifies one of the most difficult aspects of fertility treatment for the women as the emotional stress begins to wear on each woman's resolve. Each example provided depicts how waiting occurred throughout the process of treatment and is not isolated to one specific time frame.

Theme: Self Doubt and Questioning

This theme emerged as the participants discussed their feelings up to and following the IUI. They found they were questioning themselves for signs and symptoms of pregnancy as they sought reassurance. Participants questioned everything from physical changes such as breast tenderness down to smallest detail, such as ingesting certain foods. One participant doubted if they should even continue further treatment if they were not currently pregnant. As the women got closer to their pregnancy tests self-doubt became more apparent. The following excerpts are provided to illustrate this theme.

I was nervous that you know it wouldn't work out and um we would have to do it again. I really tried not to think about it. I didn't really want to think about it. But of course I kept thinking about it. Um—I did start to get um like my breasts were a little bit more sensitive and I had a little bit of cramping. Um, but I didn't know for sure what that—you know if that would have been because it worked or not and I didn't know if it was just in my mind and so I just tried to think that you know that it probably didn't take just cuz it was the first one. And so I tried not to

get my hopes up...but then I didn't want to be negative and defeating about it either. (Beth)

Just um you don't want to stand up—you're just like gravity is going to take it's toll and it's not going to work and just all these silly things go through your head...all these things that I shouldn't do—I shouldn't do this—I shouldn't do that—I shouldn't go to work, you know. I shouldn't exercise. You just don't want to do anything, just give it every chance...(Cate)

Well this is one thing my husband is—is worried about. Because when he dropped off his sperm—there was also somebody else dropping off his sperm. And so he said you know the guy taking the sperm he looked like he has been out all night you know—and was tired so my husband's like—the right sperm? You know cause that control is taken out of your hands. And I know it is rare, but you know things can happen and we kind of talked about that—like well what if something did happen. That would be really scary. And what would you do? You know like—you love him no matter what. But then do you go sue or do you... and then what if that other couple never got pregnant and then all of a sudden they want your child because it's half theirs. (Emma)

Cause all you think about all day long it's all consuming...it's like- am I pregnant, is there...a baby, is it working, is it you know. Can I have this cup of tea? And every symptom of being pregnant is the same as your period starting. So you're like- oh my breasts hurt a little bit. I could be pregnant, I could not be pregnant. Cause you over analyze everything. You know, everything. And both times I- the night before I was supposed to go get blood work done, I peed on a stick just cause you're so impatient and you can't wait and the first time it was very obvious- yes that I was pregnant. And this last time, in October, it was one of those where it was like oh it could be—but it couldn't be—like it's not really—its not an absolute yes, but it's also not a no—you know—which is so frustrating. (Ann)

Can we still do this—is this what we want to do? You know we could try it and see and...you know I was getting exhausted from being on the medications. That stuff was exhausting and so we did—decided to do it—I remember sitting at pizza and going well you know if we don't have kids we'll travel a lot you know, just kind of maybe we should stop. Well...going back and forth and back and forth. And so we decided to go ahead and that was even when we were like okay but we're—this is it—we're not going past doing IUIs. (Dana)

This participant also discussed how these emotions of questioning her body following the IUI in this statement.

So two weeks I couldn't drink (laughs). Um—you know it was like—yeah—you think a lot what if, what if. Or like your body would feel funny—you're like what is that? You know you just kind of get more in tune. You know. Like is that something, is that something or you know, that, that negative self talk- like don't get your hopes up. It's probably nothing, don't be uh excited or you know so... (Dana)

Theme Summary

The theme of “self-doubt and questioning” describes the women’s emotions in the midst of a stressful treatment process. The women began to question and doubt themselves and their choices before treatment, during treatment and following the IUI. Self-doubt also emerges as the women begin to anticipate the pregnancy test two weeks after the IUI.

Theme: Believing in a Woman’s Intuition

This theme arose when the researcher asked “Tell me about your decision to seek fertility treatment.” Each participant shared her story in detail about the reasons they began looking into fertility treatment. As they were sharing their stories, it became apparent that each woman had a deeper and significant feeling that something was wrong but they did not know what. Their reasons and stories were further broken down into three subthemes (1) an unnatural process, (2) inadequacy and (3) physical brokenness which further explain how a woman’s intuition was an important factor in their experiences.

Subtheme: An Unnatural Process

This subtheme described the actual process of the IUI and what they experienced. Many of them revealed the ups and downs of this unnatural process and taking away some of the joy of creating a life.

I couldn't do it myself. It definitely took all the um romance—out of being pregnant you know. Because it was like—we joke we are going to tell our son where he came from—the doctor's office. So it really took that whole aspect out of it—which is kind of sad. In a way you know. And then my um husband having to produce the sperm um at a given time. We had to have it there at—by a certain time. Um that wasn't easy for him either, just um on demand like that. (Emma)

...you are putting your body through something that's not natural to try to have a baby so physically and then emotionally of course when it doesn't take it's awful. It was just something you had to do to get where I wanted to go... (Ann)

...its just the thought of that process—you don't—that's not how it's supposed to work—and then the thought of the treatment it's just so unnatural—and it's not how you picture it in your head. (Cate)

You know the worry about making the right decision. Um I'm not very religious, but you do have—I did—I did have those thoughts of well if it's not meant to be than why am I pushing it, kind of thing. That was kind of a big one for me—and then I had to think a little different, there is a little guilt because it's like well you were adopted so why don't you go adopt another child. Cause you know it's almost like going against your own culture. (Dana)

Subtheme: Inadequacy

The emotion of inadequacy was expressed by four of the women when the researcher asked “how did it make you feel as a woman, seeking fertility treatment?”

The women expressed feelings of sadness and pain that they could not perform the basic function that creates a woman's identity. The following excerpts portray the intensity of their emotions as a woman.

And then as a woman I felt like knowing that it would be hard to become pregnant just felt like I couldn't do what every women should be able to do. And kind of felt like um—gosh—I don't even know what the word is that I am looking for, but just kind of felt inadequate I guess as a woman. Thinking that maybe I wouldn't be able to have kids or give my husband kids because of this—and um and so that was kind of hard just thinking that [her diagnosis] would be something that could prevent us from having children (Beth)

...there is some part of you that as a woman if you, even after we saw Dr. XXX and you're told that there is a problem, or you think there's a problem, it makes you feel um like you are letting your husband down, that you're not a woman, that your you know, that you're supposed to—I have always wanted to be a mother and if I had chosen that I didn't want to do that, that's one thing, but being told that you couldn't, or that its not happening was really emotionally exhausting and depressing. (Ann)

Just really feeling like—like there is something wrong with me. I don't know how else to say it, but just depressed and that you are not adequate, and that there is something inadequate about you. (Ann)

...you know you get kind of—well we did—we got to a point where um we had just come out of a rough time in our marriage and you know there's a lot of the 'well you must be doing something wrong if you can't get pregnant.' (Cate)

I felt—I don't want to say ashamed—but um I felt kind of bad. You know I always just thought that you would just get pregnant when you wanted to. And it was very frustrating that I couldn't get pregnant on my own. And um it just made me feel almost a little inadequate maybe. (Emma)

This participant also elaborated in the follow-up review of the transcript with the following statement.

We always felt like—like we might be doing something wrong. Like going against God's wishes or something. That was hard. (Cate)

Subtheme: Physical Brokenness

When discussing their physical brokenness four of the participants referred to needing to understand from the physician what can be done to correct the problem. The following are statements from the women who felt something was wrong and expressed frustration when the answers were not always black and white.

And I had had problems in the past um with gynecological issues and so I had always kind of thought that maybe there might be an issue but um my doctor had always said no you'll be fine. And so after a while of not becoming pregnant I became you know upset and worried. (Emma)

...I felt very comfortable with him and being a nurse and being in the medical field I just wanted, I wanted to get some tests done. I wanted to figure out what was wrong so that we could fix it...so they told me I have diminished ovarian reserve...so I will probably go through menopause in my 30s. Dr. XXX gave me a really kind of short window of opportunity to have children so at this point it may not even be possible. (Ann)

Um—Well actually I was initially I was like ‘I told you so’. Because I had not had a period for pretty much my whole life and had seen many doctors and um you know wanted them to help me figure out what was wrong. Um with all of them just telling me that I was healthy and nothing was wrong and you know all this, but then I was just you know—uh—kind of angry that nobody diagnosed it before—a little bit. So since there was no real things that people could say that you did that created this or things that you didn’t do that created this—just—lurking in the back of my mind always thinking what I could have done something different. (Beth)

Cause you know you ask well what’s wrong—why—why and you know why this isn’t working but you guys think it can work. I never got a diagnosis which I think is hard and they are very comfortable with their being no [diagnosis]...it was weird. I was like well what’s wrong?! (Dana)

This participant went into more details later in the interview regarding her past intuition of her physical problems.

And then I always kind of new something was off with my cycle and I have had to go—like I have had hormone issues. Like just in that I couldn’t take birth control it would make me extremely depressed or like they could never balance me out or anything with hormones in it. And it just never—never worked. So I was kind of like oh I wonder if it is all that—you know—related in some way. (Dana)

Theme Summary

The larger theme of “believing a woman’s intuition” with the subthemes of “an unnatural process, inadequacy and physical brokenness” explain the emotions and feelings the participants experienced as identified with being a woman. As these feelings continued to emerge the women realized they were often correct in their assumptions that something was not right, giving validation to their intuition.

Theme: Reaction to Healthcare Providers

The reaction the participants had to their healthcare providers became apparent when sharing about their first appointment at the fertility clinic. All of the participants went to the same fertility clinic. Overall there was one positive experience, one mixed positive and negative experience and three negative experiences. The following statements explain the women's experiences in depth. The first participant describes her positive view of her healthcare providers in the following statements.

...he pretty much just took us in [doctor's office] and sat us down. And told us there's a whole bunch of reasons why this could happen you know—he showed us pictures and things and—and my husband was there supporting me and everything. Which is really nice and um he went in and did an ultrasound on the first day. And um set up a plan as to what we would do. And I felt very comfortable with what he was going to do. Um I didn't feel like I had any surprises because it was all they gave me. The paperwork everything was laid out, exactly what they were going to do. (Emma)

Participant Beth had mixed emotions regarding her healthcare providers. Her experience of her first visit is provided below, followed by the reaction she felt after conception and returning to the clinic to visit with her new baby.

...it was a very different experience um going to the fertility clinic. It was—everyone was nice and accommodating and um we had to go in two times—three times before they could actually do the insemination part...but I was really thankful that they were experts at this and that we weren't wasting our time at least...and um also I thought um—you know I hadn't dealt with the fertility clinic a lot. It was really impressed with our doctor um—but they do see it every day. (Beth)

Well, luckily the physician I dealt with personally I felt like he, you know, really gave us a lot of hope. I felt that um you that was really nice that you know a lot of physicians sometimes aren't as optimistic and uplifting and it was nice to see a professional be like that. (Beth)

After conceiving and having a healthy pregnancy Beth returned to the clinic to express her gratitude and show them her baby. Here is her reaction after that visit.

I mean—but it was just odd because they felt pretty disconnected and then I guess they see it a lot cause they always tell you to bring the baby in and all that afterwards—but they don't really remember you, but granted unlike other people I know our time that we invested there was so short. So and like I was so thankful for them, that—you know—but they—they see so many of us it's not like they really remembered me or remembered us or we were really any different um unlike other people that had probably struggled for years of you know had done many um IUIs or even had to do IVF or whatever...we were just kind of like another face. But um I am still so thankful for them and everything but I thought it would be a little more of an intimate relationship because to us it was such a big deal. So it wasn't as intimate it was more—you know kind of they did their job and they did it well... (Beth)

The other three participants expressed frustrations with the healthcare providers in these excerpts of their initial visit.

I never really found a doctor that I was real comfortable with. It's always that factory environment. Uh—but I was willing to do anything. Um it was real short. Um—I brought in some test results that I had from prior doctor's appointments. And he just kind of looked over those and then said well we'll run our own tests and compare the results and things like that so it was real quick. (Cate)

...the only thing I remember taking away from the appointment that I wasn't really happy about was that everybody just assumed that you remembered exactly how to do everything from the first time...[and] it was two years and I couldn't remember the exact protocol. (Ann)

It's like they are so just like focused on okay- we can get you pregnant...I mean I just remember they were really like okay we'll just get you pregnant like it was no big thing. (Dana)

Ann also expressed how she felt during the insemination process when the nurse practitioner performed the procedure in the following two reactions.

Um, and [the nurse practitioner] herself is a really nice person, but she is almost too like cheerleadery or sorority—I wanted her—my experience with her is I wanted her to be a little bit more serious and professional when she was dealing with me that you know this peppy, up beat, you know like 'Alright girlfriend, let's do this'...I don't know, when she came in initially and the first time around with my husband she told him he had "rock star sperm" which he loved but it's like I don't need to like hear that—I don't know—I wanted her to be more professional in her interaction with me than she was...(Ann)

...um both times [referring to IUIs] they tell you that there is the possibility of multiples if you have multiple eggs you know. And as I am leaving again [the nurse practitioner] is like ‘well let’s keep our fingers crossed for a singleton’ and it’s like lets just keep our fingers crossed for like one or two babies. Whatever—you know—like whatever a baby. So um it was I mean it was fine she just—I wanted her to be more straight forward and professional...(Ann)

In addition, Dana shared her reaction during and after her physically difficult IUIs.

So we tried one more time and that was really terrible. The other doctor came in—they had major issues [with the IUI] and I ended up saying I didn’t want to see that doctor ever again. Cause he had like torn stuff in there—I was positive. (Dana)

But you feel at that office—it’s like okay this is what you do. It’s almost—not bullied—but you’re like kind of pushed along like here you go and so I did one round the first IUI- who did that one—but that one didn’t work and they had a really hard time with it. (Dana)

Theme Summary

This theme “reaction to healthcare providers” identifies the significant impact the healthcare providers had on the participants as they went through fertility treatment.

Emma felt very informed and comfortable with her plan of care, while Beth had confidence with her providers afterwards she left feeling unimportant. Ann, Cate and Dana never felt completely comfortable with their providers or treatments and desired more professionalism and humanism.

Theme: Relating Their Stories with Other Women

The women spoke openly regarding their struggles and challenges with fertility treatment and each one expressed the importance of knowing another woman who went through treatment or who had some experience with infertility. For some of the women talking about a few of the details such as how to do injections, knowing the doctor,

understanding the treatments gave them a point of reference for what to expect and a sense of familiarity.

[My gynecologist] gave me a referral to Dr. XXX [Fertility Clinic] but my friend had also used him as well so I had heard of him. And um then that's who my doctor wanted to refer me to. So I was very happy that it was somebody that um—I had a friend who went to him and went through it too. (Emma)

My friends who had an IUI and has a little one from there [Fertility Clinic] was like 'yeah their success rate is in the 90's you know.' (Dana)

[Referring to injections] I have friends who went through the same thing and she's like 'I'm having my nurse friend do it—I am not letting my husband near me with that needle.' (Dana)

The following participants explained the importance of relating to other women in not feeling completely alone or having someone who understands the experience. These statements show that the participants appreciated feeling normal and that they were not the only women going through this.

I didn't even know people got it [fertility treatment]. I did—I had like one really good friend who was going through it. And—um you know—I didn't—I didn't think poorly of it, but you in, in my society wise I was like 'oh okay'. You're like that's something to try and didn't really know. And then I realized that so many people kept it such a secret. And I thought that was kind of sad. Cause going through that alone would have been so awful and I was just really lucky to have my one friend who was having it done and then the place where I worked there ended up being another teacher who came forward...about it and was like 'oh yeah I had to do it you know' and it was like—oh my God—all these people have done this—it's so common. (Dana)

...I felt like we were very, very, very fortunate that um our first IUI took, because I know so many friends who did not have it take with the first IUI and they had to do more or move on to IVF. (Beth)

...honestly I think that there's a big need for like um fertility support groups. I mean I know a lot of people want it to be something private—It's not something they necessarily want to share but there really a lot of emotional stuff that goes along with it and to have—I mean—I think the reason I went through it as well as I did was because I also had my girlfriends who were literally going through it at

the same time. That we could share experiences together—we could talk about it together. (Ann)

Even Cate, who had never met any other women who had fertility treatment, acknowledged the importance of being able to relate to someone if she could. She often felt alone during her treatment, which is reflected below.

So just kind of feeling like a failure. And you know I was the only one in my family. My sister got pregnant like by accident. And my mom had three kids in five years so it's just I'm the only one. There is no explanation. (Cate)

...I've never really met anyone else that's gone through it—um no one—no one that you know that I can confide in or anything. No one that um I've had to give advice to or anything. I'd just try to keep them strong you know all the—all the waiting...(Cate)

In a follow-up conversation when asked to clarify the above statements Cate replied.

It would have been really nice to know someone to let me know what to expect and just to be a shoulder to lean on. (Cate)

Theme Summary

Overall the theme of “relating to other women” identifies the importance these participants found in familiarity with women they knew had experienced fertility treatment. Understanding even small details or confiding in each other made their journey to motherhood easier.

Theme: Knowing the Endpoint

During treatment all of the participants acknowledged they had discussed the options with their spouse and had a fairly clear understanding of when they would stop pursuing treatment if they did not become pregnant. This became a significant step in their journey as shown below.

And so you know after we got into it then we started kind of having talks about you know is it really that bad if this doesn't work out—you know. What if we go do adoption? We started looking into adoption. And I was adopted so that was like kind of probably a personal conflict for me. Like how much do I try when there's actually—I could go—we could do and adopt a child. And honestly—its cost. Adoption is a lot more expensive [than IUIs]....And so it was kind of like okay well and we'll do up to this [IUI] and then we'll probably do adoption and I really didn't want to do IVF. (Dana)

My husband and I planned very early on that we were willing to do IUI, that IVF was not an option and that we would be—cause you have—Dr. XXX told us in our first meeting you have a one in four chance if the stars align and everything is right and you were two totally normal you know people there's only one in four chance every month of getting pregnant anyway. And so, we had decided we were willing to do four cycles of IUI and that was it. And if it didn't happen in four cycles we were done. (Ann)

...we had looked into in vitro a little bit just to kind of see and um a lot goes on with your body and we just weren't really sure if that was going to be for us or not. So we had kind of talked about maybe looking into adoption or something. We weren't really sure if—if in vitro was going to be the right choice if this didn't work. (Emma)

...the doctor was very optimistic. They told us the different routes of treatment and how aggressive we could be...because there are different routes we could take so if number 1 didn't work we had plan B and C...and then of course if— you know—none of that had worked along the way then we could do you know um— IVF. (Beth)

In a follow-up conversation Beth clarified the above point with the following.

Our plan was we were going to do three to five IUIs and one IVF cycle and then attempt adoption if all of that failed. (Beth)

Cate had insurance at the time, which covered much of her treatments. She explained during a follow-up conversation the discussions she had with her spouse regarding the treatment plan.

We never really had an endpoint. IVF was out of reach for us so we were putting all of our hopes on IUI. We talked about how many treatments we might do but since we got pregnant on number two IUI we hadn't really put a limit on treatment yet. We couldn't have done it forever. (Cate)

Theme Summary

Knowing the endpoint of treatment was an important part for the woman, as it identified what their treatment plan consisted of for them. The participants understood the intensity of fertility treatment and knew the point at which they wanted to stop.

Theme: Cautious Joy of Early Pregnancy

The women shared their excitement, apprehension and cautiousness when they found out they were pregnant. Three of the women had experienced previous miscarriages and their joy was overshadowed by the fear of a repeat miscarriage. Even the women who did not have a history of miscarriage were still cautiously optimistic in the early stages of pregnancy. All of the women continued on to have normal pregnancies and healthy babies at delivery. The following are examples of their initial reaction to the news that they were pregnant.

...I would say we were still just being really cautious—really—really sad to say, trying not to get too excited because we didn't want—we just didn't want to be really disappointed. So we were being really guarded with our emotions. Um—you know just praying a lot and just hoping that it was growing healthy in there but just not knowing really left us trying to be really guarded about it still and cautious and not talking about it. Still not finding it like—we were excited—but not as joyous as we would want...(Beth)

So but then we did the next treatment...they call you and tell you—you're pregnant and you just—you can't believe it and you get—just—I mean in you're almost in the back of your mind thinking—oh it's not going to work. That nothing else has worked. I think I might have taken a pregnancy test for fun cause I had never really gotten to take one before, but then the weeks started going by and it's pretty amazing [being pregnant]. (Cate)

I cheated and took a home pregnancy test the night before which was positive. My husband and I were so happy and excited! I was still apprehensive and didn't tell any of my girlfriends...I worked that day and when [the nurse practitioner] called I was relieved and happy and nervous and ecstatic at the same time. So happy we were finally pregnant and so anxious that it could still be taken away from me and something could go wrong. Most people don't tell anyone they are

pregnant until the second trimester but we let people know right away. To have support from our friends and family no matter if it worked out or not. (Ann)

...and so I was shocked when they said I was pregnant, cause I was pretty sure we were like done. You know like this is it, this—this is it. I uh don't know—I cry—I sta—I was like 'what really?' And then I started crying. I remember cause I was at work...and then I called my husband and so, he didn't believe it. And we were both really on edge for a while just thinking—you know what if this doesn't work again. Just that—you get that hope and then—if it doesn't happen that's frustrating. (Dana)

I was so happy and um at that time my husband and I worked together. So I ran to his classroom and told him. It was very exciting! (Emma)

Theme Summary

In the early days and weeks of pregnancy the women found themselves anxious, nervous, apprehensive but cautiously joyful that they were pregnant. Although at this point with different medical histories, this theme points to the commonalities these women experienced when finding out they were pregnant. The cautious joy of early pregnancy is identified through their heartfelt responses.

Chapter Summary

The lived experience of woman undergoing infertility treatment through ovarian stimulation and intrauterine insemination was explained through six themes and three subthemes, which were collected through the participant interviews. Each theme and subtheme were interlinked contributing to the overall essence of the participants Journey to Pregnancy.

CHAPTER VI

DISCUSSION AND INTERPRETATION

The purpose of this phenomenological inquiry was to explore, describe and gain a deeper understanding of the lived experiences of women enduring fertility treatments, specifically controlled ovarian stimulation with subsequent intrauterine insemination. In this research seven themes were identified with three subthemes from each woman's compelling story, which laid the path for their Journey to Pregnancy through the Head, Heart and Hands.

As the women shared their heartfelt and compelling stories, common themes emerged linking each experience together. Each woman's story was unique and yet their experiences held the common thread of their desire to become pregnant. The themes which arose became essential to the understanding of the experience of women undergoing ovarian stimulation with subsequent intrauterine insemination. The thick, rich descriptions provided by the women offer insight into what it is like to go through infertility treatments.

Findings as They Relate to the Current Literature

The main focus of the current literature in terms of qualitative research focuses heavily in the experiences with IVF or with a combination of infertility treatments. There is a paucity of research that concentrates solely on the experiences of women undergoing ovarian stimulation followed by IUI. With this in mind, the findings of this phenomenological research study will be compared to what is available in the current literature.

Although the results of this phenomenological study may support or expand on the current findings in the literature, the stories and results in this study are unique to this particular group of women.

Demographics

A total of five women were recruited and participated in this study. The age of the participants ranged from 29 to 32 years. All of the participants were married and all were Caucasian. All of the participants currently had one child as a result of fertility treatment and one participant was pregnant. The participants reflect the current profile in women of reproductive age seeking pregnancy. The literature separates fertility research into three distinct groups of women, couples/partners, and men encountered in various stages of treatment with the typical ages being between 25-45, with a variety of ethnic backgrounds (Greil, McQuillan, Lowry & Shreffler, 2011). The literature is fairly diverse with many ethnic groups studied ranging from Caucasian women in the United States to other ethnic groups such as women of German descent in Europe (Vanderlinden, 2009).

Main Theme: Always Waiting

The findings of this study show women experienced a variety of emotions and reactions during their journey to become pregnant. Each of the participants spoke with great passion when discussing the process of constantly waiting for the next step in the process of treatment and being very eager to move forward. The participants expressed frustration and anxiety when their cycle was delayed or while waiting for the next treatment phase to begin. Feeling emotionally overwhelmed with “always waiting” occurred at its peak during the period of time when waiting for their pregnancy test

results. Lampley (2010) documented similar findings in her dissertation research of women undergoing IVF. The main focus of the study was the time period following embryo transfer into the uterus until the pregnancy test was done 10 days later. The women of this study expressed an overwhelming sense of Waiting in many different forms such as doubt, hope, awareness, anxiety and desperation. The Waiting period was so difficult at times they found it difficult to focus on daily life activities.

Main Theme: Self-Doubt and Questioning

The theme of “self-doubt and questioning” described the participant’s emotions in the midst of a stressful treatment process. The women began to question and doubt themselves and their choices before treatment, during treatment and following the IUI. Self-doubt also emerges as the women begin to anticipate the pregnancy test two weeks after the IUI. In addition they doubted whether pregnancy could really be achieved since past experiences left them disappointed and unhopeful. Doubt became most apparent in their minds during the two-week period before their first pregnancy test.

Once again similar findings are noted in the literature among women undergoing IVF as described by Lampley (2010). Women experienced “doubt” following IVF during the 10-day period as they waited to have their pregnancy test completed. The women sought reassurance from inside as they questioned symptoms of pregnancy. They also sought support from outside themselves through their husband, family, friends, literature and the Internet. Doubt came with many ups and downs and left the women second-guessing themselves. As in this study, Lampley describes the doubt the woman had in believing their IVF could be successful which left them questioning their own degree of commitment to the embryos.

Main Theme: Believing a Woman's Intuition (Subthemes: unnatural process, inadequacy and physical brokenness)

One of the key aspects of infertility treatment as compared to other health problems is the impact on the woman's identity and who she is as a woman. Simply making the step to choose infertility treatment requires acceptance of the fact that something is wrong that she cannot fix as a woman. This leaves her feeling less than whole (Bergart, 2000).

Each participant shared reasons behind their decision to seek infertility treatment and what it meant to them personally. While the reasons were unique to each woman feelings of inadequacy, physical brokenness and embarking on an unnatural journey brought their paths together. Bergart (2000) identified one plausible reason women feel a sense of inadequacy could be related to the medical terms used by fertility centers. These terms such as "incompetent cervix, hostile mucous, and blighted ovum" (p. 48) only make the woman feel more inadequate as they are not able to carry out one of life's most basic functions. Bergart explains that women seeking infertility treatment often expect their doctors can fix whatever is broken, especially at the initial phases of treatment. In addition, is identified that women often felt the treatment was very mechanical and unnatural making them feel less human. Payne and Goedeke (2007) further described the unnatural process of fertility treatment for women as "pain, not pleasure; struggle, not ease; separation, not unity; public exposure, not intimacy; and artifice, not naturalness," (p. 276).

The findings from this study are congruent with the current literature. In the main theme "believing a woman's intuition" the women identified feelings of inadequacy as

they struggled with their infertility diagnosis and came to understand all that entailed. They initially felt the doctor would be able to solve the problem, although when one participant didn't receive a diagnosis she felt frustrated. All of the participants of this research described the unnatural process of seeking infertility treatment and the diminished joys of creating life.

Main Theme: Reaction to Healthcare Providers

In this theme “reaction to healthcare providers” participants described their interaction with the doctors, nurse practitioners, nurses and other individuals directing their fertility treatment. The reaction from the participants was mixed; expressing both positive and negative experiences with providers, however the majority of were not completely satisfied with their care. Payne and Goedeke (2007) address the importance of the nurse in building relationships with patients undergoing fertility treatment. The nurse acts to inform, interpret, support and advocate with the overall role of ‘holding together’ many aspects of fertility treatment. These same authors provide insight into the ability nurses have to “provide support for women and their partners—they help them to ‘hold together’ their emotions and their plans, and to reduce feelings of being alone and vulnerable,” (p. 650).

In the findings of this study, the women struggled with “a factory” environment where they desperately wanted a human connection but felt little true emotion. It has been shown that women value emotional awareness, which is defined by Allan (2002) as “the nurses ability to convey, not always verbally, that a patient’s concerns and anxieties have been understood,” (p. 91).

Main Theme: Relating their Stories to other Women

Kahlor and Mackert (2008) reported that 99% of woman currently receiving infertility treatment sought the Internet as a source of information and support. Interestingly, reliance on local support groups was low (less than 70% had never accessed local support groups) and even less sought the support of a psychologist or counselor. However Toscano and Montgomery (2009) found in a survey of blogs, chat rooms and fertility websites of women undergoing IVF that “women sought support in virtual communities where posts of support and encouragement abounded,” (p.1029). Although the extent to which these online forums were used for support needs additional research, this study suggests the importance of peer support for the women, whatever the forum.

The research findings of this study are in agreement with the current literature, which describes the need for emotional and psychological support. Although they did not rely on the Internet as heavily as the research indicates, creating a connection with a peer was a significant aspect of the infertility experience for this group of women. As they sought support outside the professional arena, they were able to share and relate to other women who had gone through treatment or who were currently in treatment, they found reassurance and comfort in those who had experienced a similar journey.

Main Theme: Knowing the Endpoint

Women seeking infertility treatment often come to the point where a decision has to be made to stop treatment. The literature cites financial constraints, poor response to treatment, psychological burden, and failure to conceive as some of the top reasons couples decide to discontinue treatment (McDowell & Murray, 2010; Marcus, D., Marcus, A. Johnson & Marcus, S. 2011). These same authors identify once women have

reached this point they have typically attempted all forms of treatment from ovulation induction, to IUI, to IVF.

Interestingly, in this study in the theme “knowing the endpoint” the women made this decision during their IUI treatment cycles. According to the literature this is not the typical response, however the women had definite plans and reasons for knowing when they would stop treatment. One participant explained that she and her husband made the decision before even beginning treatment that they would not continue past IUIs. They felt this decision actually strengthened their relationship because they were both “on the same page” with realistic expectations. This theme is unique to this group of women and their experience in making the difficult decision of when they would discontinue infertility treatment.

Main Theme: Cautious Joy in Early Pregnancy

Sandelowski, Harris and Holditch-Davis (1990) compared those women who achieved pregnancy naturally and those who conceived through fertility treatments such as IVF. Infertile couples reaction to achieving pregnancy was disbelief that they truly had an “in-the-body-pregnancy-with-baby” and had trouble believing that conception had occurred. The women who had histories of miscarriage often anticipated failure with every attempt at pregnancy and had trained their minds to not be excited or to expect disappointment.

In the main theme “cautious joy in early pregnancy” the women in this study expressed disbelief coupled with a desire to be excited but holding back. For some of the participants experiencing the previous heartbreak of a miscarriage made them nervous to believe they were truly pregnant. In addition, others were overly cautious since getting to

the point of pregnancy was a long and arduous journey with many disappointments along the way. Toscano and Montgomery (2009) further re-emphasize this theme as women, following IVF, described their first weeks of pregnancy as “quiet celebration[s] and cautious joy” (p. 1023).

Implications for Nursing

The findings from this research study offer a significant perspective of infertility treatment for nursing. First, this phenomenological study offers research that contributes to the current literature by giving doctors, nurse practitioners, nurses, and other medical professionals a better understanding of the significance of women undergoing ovarian stimulation with subsequent intrauterine insemination. While the majority of the current research lies in the experiences of women undergoing IVF, this study brings to light the similarities and differences in women undergoing an IUI cycle, giving a voice to a less invasive form of fertility treatment. Education of what women experience should be provided via seminars, workshops or online classes, to healthcare providers who encounter women going through fertility treatment, specifically IUI.

The process of constant “waiting” stood out as a significant factor in the emotional stress the women experienced. Being aware of the importance of time as women wait for the next step in treatment or pregnancy test results is imperative for the healthcare provider. Nurses have a great opportunity as they care directly for patients and their families by communicating clearly what they can expect in their treatment process. As women struggle with the anxiety that comes with waiting, nurses can assist women with these emotions by being available, through timely response to phone calls and questions, and by understanding what it is like for a woman to be in a constant

pattern of waiting. As nurses become more educated in the specific experiences of women undergoing IUI they will be better able to intervene and provide proficient care to them.

Secondly, as the women entered into fertility treatment they were hopeful, nervous, anxious and sought professionals to help them through this difficult process. The women's reaction to the healthcare providers in this study proved to be mostly negative with the feeling of a factory environment and very little empathy. It is important for healthcare providers to recognize the impact they have on women undergoing any form of fertility treatment by offering personal and caring responses with respect to choice of words, body language and tone. Healthcare providers need to improve the level of care provided to women by continually educating themselves and seeking understanding of the experiences of women undergoing treatment. By becoming more educated healthcare providers can communicate more clearly, provide understanding and compassionate care to women in treatment.

Other healthcare providers such as primary care providers, family nurse practitioners, obstetricians and gynecologists, and other clinics should be aware of women during child bearing years that may be struggling to conceive or receiving fertility treatment. Women may not indicate if they are having psychological discomfort related to conception at a fertility clinic and these emotions may become apparent at a regular doctor's visit or a routine check-up. Allowing another avenue for support through other disciplines can assist women in receiving the support they need.

Due to the psychological impact that fertility treatment has on women, healthcare workers need to know how to support and care for the women. Although most women

indicated they would not attend a larger support group, giving women the opportunity to go to a group lead by a nurse or a psychologist at the clinic may help women cope with the vast array of emotions. In addition, initial costs of seeing a fertility counselor may be high, it should be encouraged and considered for women struggling to conceive or having difficulty with the treatment process.

Finally this research provided a unique look at the experiences of women undergoing ovarian stimulation with intrauterine insemination. While this treatment may be downplayed in fertility clinics as a less strenuous form of treatment as compared to IVF, this research enlightens professionals to the struggles, challenges and heartache of IUI cycles.

Limitations

Findings from this study are limited to one geographical area of the United States and the participants experience at one fertility clinic. The clinic provided a diverse group of women ranging in age from early 20's to mid 40's from many different cultural backgrounds. During the recruitment process women began to refer their friends and acquaintances to the researcher causing a "snowball" effect with the participants, as a result multiple diversities were not yielded. While the goal was to gather a diverse group of participants, the sample reflects, married, heterosexual, Caucasian women. The study also included women who had been successful in achieving a full-term pregnancy.

Recommendations for Further Research

Qualitative phenomenological studies provide an individual interpretation of a phenomenon with understanding of the possibility of further research building a deeper and even richer description of the experience (van Manen, 1990). Therefore it is the hope

of this researcher that further inquiry into the experiences of women undergoing fertility treatment, specifically IUI cycles, will occur as a result of this study. The themes yielded in this study are based on this population alone and should be tested with other groups for further comparison and validation.

Given the limited qualitative research in women undergoing IUI treatment cycles, more research is needed with other variables taken into account. For example, a group of women undergoing IUI without a successful pregnancy might produce results for comparison with this study. Replication of this study can offer different and new experiences of other women in IUI treatment cycles. In addition, researching women going through IUI treatments for a second child could offer additional means for comparison. Addressing specific ethnic groups should be considered for further research to explore differences in experiences across cultures. Exploring the psychological reaction to healthcare providers could offer more insight for healthcare providers to improve care. The experiences of men with male factor infertility and their partner having IUI treatment as a result would be an interesting study. Finally, there is a minority of homosexual women who achieve pregnancy through IUI treatment with donor sperm and understanding their experiences as compared with this study and others would add to the literature.

Chapter Summary

This chapter provided a description and interpretation of the themes found in this research. Much of the research finding support or add to the current literature. Overall this research provides new information and insight into the experiences of women

undergoing ovarian stimulation and subsequent intrauterine insemination. Implications for nursing and recommendations for further research are also included.

Conclusion

Five women voluntarily participated in this research in which seven themes emerged and three subthemes. The themes provide a rich, thick description of the experiences of women undergoing ovarian stimulation with subsequent intrauterine insemination. Findings were validated through participant review and provide the overall essence of the Journey to Pregnancy through the Head, Heart and Hands. Realizing the significance and meaning of the experience of women undergoing fertility treatment has significance for health care providers and future researchers. This research adds to the current literature by comparing the experiences of women undergoing IUI cycles to the qualitative experiences of women undergoing IVF in order to give a voice to a less invasive form of fertility treatment. While this research provides one interpretation of the phenomena, it also opens the door for further investigation into an important aspect of women's health in fertility treatment.

APPENDIX A- IRB APPROVAL



Office of Human Research Protection
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Certification of Approval for New Protocol: Social Behavioral
 Social Behavioral Institutional Review Board

Date: January 26, 2012
 To: Stephanie S DeBoor, PhD, MS, RN Division of Health Sciences
 Copy: Ashlee Tinseth

UNR Protocol Number: S12-062
 Protocol Title: The Lived Experience of Infertility: Women Undergoing Ovarian Stimulation
 with Subsequent Intrauterine Insemination
 Type of Review: Expedited 6 & 7 Minimal risk
 Approval Period: January 26, 2012 to January 25, 2013

This approval is for:

S12-062protocol 01.26.12.docx (Protocol application), Consent 01.26.12 (1).docx (Consent Form),
 Recruitment brochure (Recruitment materials), Recruitment invitation letter (Recruitment materials),
 Interview questionnaire (Research instruments)

Approved number of subjects: 10

The above-referenced protocol was reviewed and approved by one of UNR's Institutional Review Boards in accordance with the requirements of the Code of Federal Regulations on the Protection of Human Subjects (45 CFR 46 and 21 CFR 50 and 56).

PI Responsibilities

- Maintain an accurate and complete protocol file.
- Submit continuing projects for review and approval prior to the expiration date.
- Submit proposed changes for review and approval prior to initiation, except when necessary to eliminate apparent immediate hazards to subjects. Such exceptions must be reported to the IRB at once.
- Report any unanticipated problems which may increase risks to human subjects or unanticipated adverse events to the IRB within 5 days.
- Submit a closure request 10 days after project completion to the IRB.

Reference the protocol number on all related correspondence with the IRB. If you have any questions, please contact Valerie Smith at 775.327.2368.

For Veteran's Administration research only

VA Research: No
 Flag VA Medical Record: N/A

APPENDIX B

RECRUITMENT FLIER



Seeking Women to Participate in Research Study

DO YOU WANT TO TELL YOUR INFERTILITY STORY?

- My name is Ashlee Tinseth. I am a nurse and a master's student at the University of Nevada, Reno.
- I am researching the experiences of women undergoing fertility treatment.
- The title of my study is *The Lived Experience of Infertility: Women undergoing Ovarian Stimulation with Subsequent Intrauterine Insemination*
- Do you want to share your experiences with infertility?
- Inclusion criteria: any woman who has undergone ovarian stimulation (ie. Clomid, Femara, shots) and also had an intrauterine insemination (IUI).
- Participants will agree to a face-to-face, audio-taped interview to be conducted during a current or previous treatment cycle with the past 6 months.
- Interviews will be held in a private location of your choice.
- All information will be kept strictly confidential and you will be given an alias for the research study results.
- A follow-up interview will be conducted so you can clarify your experience and add any additional remarks.
- I hope you will consider being a part of this research to participate or for additional questions please contact me at ashleewb@hotmail.com or 775-287-4494.

APPENDIX C
RECRUITMENT LETTER

Thank you for your interest in my study!

My name is Ashlee Tinseth and I am a nurse and a Master's student at the University of Nevada, Reno. I am currently conducting research in the area of infertility treatment and am seeking participants for my study. The study is entitled *The Lived Experience of Infertility: Women Undergoing Ovarian Stimulation with Subsequent Intrauterine Insemination*. Women interested in participating must meet the following criteria: currently receiving infertility treatment which includes ovarian stimulation followed by intrauterine insemination (IUI), or have undergone ovarian stimulation followed by intrauterine insemination within the past 6 months. Participants will agree to a face-to-face, audiotaped interview to be conducted while undergoing a treatment cycle, immediately following the treatment cycle or a treatment cycle within the past six months. Additionally, participants will be asked to agree to meeting for a second time to discuss the transcribed verbatim material, clarify any misinterpretations, and to allow time to add any thoughts to their experiences.

Participation is completely voluntary, confidential and there is no cost incurred as a result of participating. The interviews will last approximately 60 minutes and will be held in a private mutually agreed upon location. In the first interview we will be discussing your experiences with infertility and your treatments. The second interview will be mainly for clarification purposes and for you to add any other comments.

Due to the emotional nature of the subject matter, you may refuse to answer any question there will be information for referral should you be interested. You may

withdraw from the study at any point without any penalty. The benefits of participating in this research study, is to describe the meanings and significance of ovarian stimulation and undergoing intrauterine insemination. These experiences will contribute to the nursing profession's knowledge, patients undergoing fertility treatment and those seeking fertility advice from primary care practitioners. The goal of this qualitative research is to bring meaning to the experiences of infertility and to better understand the needs of patients undergoing infertility treatment. The findings of this study will be presented in a master's thesis and made available to you upon request. It will also be used for article publication and power point presentation.

All information obtained in this research will remain strictly confidential.

Participants will be given a pseudonym and all research materials will be kept in a locked cabinet in the researcher's office. Audiotapes will be destroyed at the completion of the study.

I hope you will consider being a participant in this study and look forward to working with you. If you are interested in participation or have any questions please contact me at ashleetwb@hotmail.com or 775-287-4494. Thank you for your consideration.

Sincerely,

Ashlee Tinseth, RN

APPENDIX D

CONSENT FORM

**UNIVERSITY OF NEVADA, RENO SOCIAL BEHAVIORAL INSTITUTIONAL
REVIEW BOARD**
CONSENT TO PARTICIPATE IN A RESEARCH STUDY

TITLE OF STUDY: The Lived Experience of Infertility: Women Undergoing Ovarian Stimulation with Subsequent Intrauterine Insemination

INVESTIGATOR(S): Ashlee A. Tinseth 775-287-4494; Stephanie S. DeBoor, PhD, RN, CCRN (775) 682-7156

PROTOCOL #: S12-062

SPONSOR: None

PURPOSE

You are being asked to participate in a research study. The purpose of this study is to achieve a better understanding of what women experience when going through infertility treatment. Understanding your experiences might help nurses to better support other women undergoing these same treatments.

PARTICIPANTS

1) You are being asked to participate because you are an English-speaking woman, who is going through infertility treatment right now or has gone through treatment within a minimum of the past 6 months. Your treatment has included taking medications to stimulate your ovaries to produce eggs, followed by a procedure to place sperm in your cervix or uterus, in order to increase your chances of becoming pregnant.

PROCEDURES

If you volunteer to participate in this research study, you will be asked to take part in a face-to-face, audio-taped interview, with the student researcher, lasting approximately one hour. The interview will be held at a mutually agreed upon, convenient location. During the interview you will be asked questions related to your infertility treatment experience. Following the initial interview, you will be asked to read the transcript from the interview and the student researcher's interpretation to make sure it is a good description of your experience. Follow-up communication will be conducted either by telephone, post office mail or face-to-face. Review and discussion of the transcript is expected to take no more than one additional hour of your time. It is important for you to remember that your participation in this study is voluntary and all information shared will be kept confidential.

DISCOMFORTS, INCONVENIENCES, AND/OR RISKS

There are risks involved in all research studies. This study may include only minimal risks. There may be some discomfort answering some of the questions related to your fertility treatments. You may refuse to answer any question that makes you feel uncomfortable. You may withdraw from the study at any time. There are no risks for refusing to participate.

BENEFITS

You may not experience any direct benefits from participating in this study other than the satisfaction of having participated in research. However, we hope that learning about your experiences having fertility treatments helps us better understand how to support other women undergoing these same treatments.

CONFIDENTIALITY

All information gathered during this research study will be kept completely confidential. All participants will be given an alias to keep all material confidential. Interviews will be audio taped and transcribed by a private transcriptionist who has signed a confidentiality statement. Your identity will be protected to the extent allowed by law. All personal identifiers will be removed before the transcriptionist receives the audio tapes. You will not be personally identified in any reports or publications that may result from this study.

The Department of Health and Human Service (HHS), other federal agencies as necessary, the University of Nevada, Reno Social Behavioral Institutional Review Board may inspect your study records. The study records will be securely stored in a locked file cabinet in the researcher's office and destroyed following completion of the study in May 2012.

COSTS/COMPENSATION

There will be no cost to you nor will you be compensated for participating in this research study.

DISCLOSURE OF FINANCIAL INTERESTS

The researcher, researcher's spouse and children have no financial interest.

RIGHT TO REFUSE OR WITHDRAW

You may refuse to participate or withdraw from the study at any time and still receive the care you would normally receive if you were not in the study. If the study design or use of the data is to be changed, you will be so informed and your consent re-obtained. You

will be told of any significant new findings developed during the course of this study, which may relate to your willingness to continue participation.

QUESTIONS

If you have questions about this study or wish to report a research-related injury, please contact Dr. Stephanie S. DeBoor, PhD, RN, CCRN at (775) 682-7156 or Ashlee Tinseth, BSN, RN at 775-287-4494 at any time.

You may ask about your rights as a research subject or you may report (anonymously if you so choose) any comments, concern, or complaints to the University of Nevada, Reno Social Behavioral Institutional Review Board, telephone number (775) 327-2368, or by addressing a letter to the Chair of the Board, c/o UNR Office of Human Research Protection, 205 Ross Hall / 331, University of Nevada, Reno, Reno, Nevada, 89557.

CLOSING STATEMENT

I have read () this consent form or have had it read to me (). [Check one.]

_____ has explained the study to me and all of my questions have been answered. I have been told of the risks or discomforts and possible benefits of the study.

If I do not take part in this study, my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from this study at any time without penalty [or loss of other benefits to which I am entitled].

I have been told my rights as a research subject, and I voluntarily consent to participate in this study. I have been told what the study is about and how and why it is being done. All my questions have been answered.

I will receive a signed and dated copy of this consent form.

Signature of Participant

Date

Signature of Person Obtaining Consent

Date

Signature of Investigator

Date

APPENDIX E



Division of Health Sciences
University of Nevada, Reno

Transcriber's Confidentiality Agreement

Title of Study: The Lived Experience of Infertility: Women Undergoing Ovarian Stimulation with Subsequent Intrauterine Insemination

Principle Investigator: Stephanie S. DeBoor, PhD, RN, CCRN

Student Investigator: Ashlee Timseth, RN, BSN

Contact Phone Number: 775-682-7156 or 775-287-4494

As a transcribing typist of this research study, I understand that I will be hearing tapes, confidential interviews. The information on these tapes has been revealed by research participants who participated in this project on good faith that their interviews would remain strictly confidential. I understand that I have a responsibility to honor this confidentiality agreement.

I hereby agree not to share any information on these tapes with anyone except the principal investigator and student researcher of this project. Any violation of this agreement would constitute serious breach of ethical standards and I pledge not to do so.

This acknowledgement is governed by HIPAA as well as other applicable federal, state, university and local laws, rules and regulations.



Signature of Transcribing Typist

2/4/2012

Date



Printed Name of Transcribing Typist

Orvis School of Nursing
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University of Nevada, Reno 89515
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APPENDIX F
INTERVIEW QUESTIONS

Demographics

1. Please state your name. This will not be reported in my data as you will be given a pseudonym. This is for my use only.
2. What is your age?
4. What is your marital status?
5. If you would like to share, what is your ethnic background?
6. If you would like to share, what is your sexual orientation?

Structured Interview Questions

1. Tell me about your desire to become pregnant.
2. Tell me about the decision to seek fertility treatment.
3. Tell me about your first appointment.
4. Did the doctor give you a diagnosis?
 - a. Do you mind sharing it?
 - b. How did that make you feel as a woman?
5. What is/was infertility treatment like compared to what you thought it would be like?
6. Tell me about your treatments and what the treatments were like, medications, procedures.
7. Tell me about your experience undergoing an IUI.
8. How did you feel over the next two weeks before the pregnancy test results?
 - a. What were your initial thoughts and emotions after the IUI?

9. If you would like to share, can you tell me about your experience with the financial aspects of fertility treatment?
10. What uplifting aspects do you feel about fertility treatment?
11. What challenging aspects do you see in fertility treatment?
12. If you could sum up fertility in a few words or adjectives to describe it, what would you say?

Additional cue questions:

1. Can you tell me more about that?
2. How did that make you feel?

APPENDIX G

RETURNING TO THE PARTICIPANTS FOR VALIDATION

Participant Beth: So we went in—um—actually we went in you know hopeful and nervous. And we left extremely hopeful. Um the doctor was very optimistic. They told us the different routes of treatment and how aggressive we could be...because there are different routes we could take so if number 1 didn't work we had plan B and C...and then of course if – you know—none of that had worked along the way then we could do you know um—IVF. So we had a couple—just a couple of routes that we could go. (Beth)

A: (Researcher) Defining how far to go, when to stop treatment, what the options are. Did you and your husband ever discuss under what circumstances you would stop treatment?

Participant Beth: Yes we had a point at which we would stop treatment. Our plan was we were going to do three to five IUIs and one IVF cycle and then attempt adoption if all of that failed. (Beth)

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