

Navigating Uncertainty: A Critical Evaluation of Coping Strategies During Medical Wait Times for IVF Treatment

The transactional theory of stress and coping (Lazarus & Folkman, 1984) explains stress as a response to demands that exceed coping resources. Boivin and Lancaster (2010) studied this in IVF, finding that during the waiting period, coping can become *immobilised* due to a lack of control. Emotion-focused coping strategies, such as distraction and social support, may be beneficial in these situations. By tracking women through the stages of IVF, they discovered that coping strategies were less varied during the waiting period.

Background

- Waiting for results is a stressful period.
- During fertility treatment, waiting for IVF results creates emotional instability, characterised by uncertainty, anxiety and depression.
- The study documents coping during three phases of IVF.
- Effective psychosocial interventions are essential for helping patients manage stress during medical waiting periods.

Theory Based Intervention

- This study is grounded in Lazarus and Folkman’s theory of Stress and Coping (1984).
- *Goodness of Fit* hypothesis suggests that emotion-focused coping strategies are more adaptive during waiting times.
- Theory proposes that the effectiveness of coping relies on the match between coping strategy and the ability to control the stressor

Methodology

- A longitudinal study with daily measurements captured across treatment stages
- Monitored 61 women undergoing IVF treatment, capturing real-time tracking of emotional and coping responses
- Three phases: Active stimulation, 7-day waiting period before the pregnancy test and the after-result outcome stage.
- Collected Daily ratings of anxiety, depression and positive affect.

Results

- The stimulation phase exhibited predominantly positive affect and reduced anxiety levels.
- The waiting period showed increased anxiety and depression
- Coping increased significantly during the waiting period, but it was less targeted or effective
- A distinct emotional shift occurs during the outcome phase, where positive results lead to lower stress levels, while negative results contribute to prolonged depression.

Methodological Critique

Strengths

- Daily record-keeping methodology captured real-time coping responses. This minimised retrospective bias.
- The longitudinal design facilitated thorough monitoring of emotional trajectories and assessments of coping.
- High Ecological Validity as the study examined real-life waiting periods rather than stimulated laboratory conditions.
- A sample size of 61 women was sufficient to provide meaningful patterns in emotional and coping responses.
- The inclusion of negative and positive affect allowed for a more nuanced understanding of emotional experiences.

Weaknesses

- Participants might feel burdened having to keep daily records during an already stressful time.
- The study only focused on women, neglecting the experiences of male partners who also feel stress during IVF.
- The lack of a control group makes it difficult to determine whether the results are specific to IVF or common across all waiting experiences.
- Self-report measures alone limit comprehensive assessment of stress responses.

Impact

Strengths

- Offers clear evidence to provide specific support that alleviates stress during waiting times.
- Supports and expands upon stress and coping theory with real-world data.
- Results can be utilised in clinical settings to enhance patient care care.

Weaknesses

- The findings may only apply to IVF
- The study did not consider broader factors that could influence emotional response.
- Only looked at short-term effects, so unable to predict the long-term psychological impact.

Future Recommendations

- Extend research to more diverse waiting contexts (cancer screening, genetic testing, transplant lists).
- Conduct follow-up studies to assess long-term psychological impact and coping.
- Incorporate physiological measures alongside self-reporting for a more comprehensive understanding.
- Expand research to include partners' experiences.

References

- Bolvin, J., & Lancaster, D. (2010). Medical waiting periods: Imminence, emotions and coping. *Women’s Health*, 6(1), 59–69. <https://doi.org/10.2217/whe.09.79>
- Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping*. Springer Publishing Company.