From Evidence to Impact: Translating Research on Quality of Life, Wellbeing, and Spirituality into Person-Centred Fertility Care

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BACKGROUND AND AIMS

Infertility affects approximately one in six individuals worldwide and extends far beyond its biological dimensions, affecting emotional wellbeing, quality of life, and psychosocial health.[1,2] While reproductive medicine has achieved remarkable technological advances, fertility care continues to focus primarily on medical treatment and pregnancy outcomes. Emotional, psychosocial, and spiritual dimensions of infertility remain insufficiently addressed despite their profound impact on affected individuals.[2-5]

The HoPE study (Health care users' and Professionals' Perspectives and Experiences in Fertility Treatment in Switzerland) was designed to generate evidence for more holistic, patient-centred fertility care in Switzerland.[6,7]

MATERIALS AND METHODS

Using an explanatory sequential mixed-methods design, the study combined a nationwide multilingual online survey (German, French, and Italian) of individuals with an unfulfilled desire for children (n=326) with semi-structured interviews (n=26) and three focus group discussions with healthcare professionals in reproductive medicine (n=20). Validated instruments assessed fertility-related quality of life (Fertility Quality of Life [FertiQoL]),[8] psychological wellbeing (World Health Organization-Five Well-Being Index [WHO-5]),[9] and spiritual needs (Spiritual Needs Questionnaire-20 [SpNQ-20]),[10] while qualitative data explored lived experiences and opportunities to improve fertility care.

RESULTS

The findings confirmed the multidimensional impact of infertility, revealing substantial emotional, psychosocial, and existential burden. Emotional quality of life was the lowest of all FertiQoL domains (mean score [M]=46.35), and participants reported reduced psychological wellbeing (WHO-5: M=13.89) together with substantial needs for inner peace, meaning, and support. Spiritual needs were particularly pronounced among individuals without children (SpNQ-20 inner peace: M=1.82), who also experienced significantly greater emotional and existential burden than participants who already had children.

Qualitative findings revealed infertility as a prolonged experience of uncertainty, repeated disappointment, decision-making pressure, social isolation, and insufficient societal recognition. Participants frequently perceived a lack of understanding not only within their social environment but also within healthcare services.

Healthcare professionals confirmed the considerable psychosocial burden experienced by people undergoing fertility treatment, while identifying structural barriers, including limited consultation time, fragmented care pathways, and insufficient integration of psychosocial support into routine fertility services. They advocated for stronger interprofessional collaboration and coordinated care models that address the emotional, psychosocial, and existential dimensions of infertility alongside medical treatment.[6,7]

A key strength of the HoPE project is its successful translation of research into education, clinical practice, and health policy. The findings informed the development of innovative continuing education programmes (Certificate of Advanced Studies and Short Advanced Studies) at Bern University of Applied Sciences, Switzerland, designed to strengthen competencies in person-centred, interprofessional, and psychosocially informed reproductive healthcare among physicians, nurses, midwives, counsellors, medical practice assistants, and other healthcare professionals.

Based on the results, an evidence-based patient information brochure was co-developed to support individuals during the emotionally challenging waiting period between embryo transfer and pregnancy testing, translating research findings into practical guidance. The project has also contributed to national policy discussions by informing the Swiss Parliamentary Group for Family Policy on issues related to infertility, fertility care, reimbursement, and service organisation. The findings have fostered collaborations and contributed to the growing integration of psychosocial care into reproductive medicine.

CONCLUSION

The HoPE study demonstrates that infertility should be understood not only as a medical condition, but also as an emotional, psychosocial, and existential experience. Its impact illustrates how interprofessional research can drive evidence-based improvements in reproductive healthcare through interdisciplinary collaboration, person-centred care, and effective knowledge translation across education, clinical practice, patient resources, and health policy.

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