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Survey of patient satisfaction and quality of life among those treated for infertility in a public health service.

Satisfaction and quality of life survey of patients undergoing infertility treatment in a public health setting

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Summary

Infertility is a public health problem that impacts the physical, emotional, and social dimensions of women's lives. Within the context of public assisted reproduction services, evaluating patient satisfaction and the therapeutic impact on quality of life is essential for improving care. The objective of this study is to assess the level of satisfaction and the influence of the therapeutic journey on the quality of life of patients undergoing infertility treatment, identifying factors related to care, emotional support, and infrastructure. The study was conducted at the Center for Teaching and Research in Assisted Reproduction (CEPRA/HMIB), using the validated *Fertility Quality of Life* (FertiQoL) instrument and analysis of electronic medical records. The sample included patients who underwent intrauterine insemination, oocyte retrieval, and frozen embryo transfer. A high level of satisfaction with the care and support provided by the multidisciplinary team was observed. However, emotional distress, anxiety, and disruption to personal and marital routines were evident, mainly attributed to the waiting time and uncertainties of the reproductive process. It is concluded that the evaluated service demonstrates solid technical and human performance, but faces challenges regarding the psychosocial impacts of treatment. Strengthening psychological support, optimizing the care flow, and investing in reproductive health policies are fundamental to improving the quality of life and experience of patients assisted in the public system.

Keywords: Infertility; Assisted Reproduction; Quality of Life; Patient Satisfaction; Unified Health System.

Abstract

Infertility is configured as a public health problem that impacts the physical, emotional, and social dimensions of women. Within the scope of public assisted reproduction services, assessing patient satisfaction and the therapeutic impact on quality of life is essential for the improvement of care. The objective of this work is to evaluate the degree of satisfaction and the influence of the therapeutic journey on the quality of life of patients undergoing infertility treatment, identifying factors related to service, emotional support, and infrastructure. The study was conducted at the Center for Teaching and Research in Assisted Reproduction (CEPRA/HMIB), using the validated Fertility Quality of Life (FertiQoL) instrument and analysis of electronic medical records. The sample included patients submitted to intrauterine insemination, oocyte retrieval, and frozen embryo transfer. A high level of satisfaction with the care and the reception by the multi-professional team was observed. However,

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emotional exhaustion, anxiety, and interferences in personal and marital routines were evidenced, mostly attributed to waiting times and the uncertainties of the reproductive process. It is concluded that the evaluated service presents solid technical and human performance, but faces challenges regarding the psychosocial impacts of treatment. The strengthening of psychological support, the optimization of the assistance flow, and the investment in reproductive health policies are fundamental to elevating the quality of life and the experience of patients assisted in the public system.

Keywords: Infertility; Assisted Reproduction; Quality of Life; Patient Satisfaction; Unified Health System.

1. Introduction

Infertility, recognized as a condition that affects millions of women of a certain age. Reproductive capacity globally transcends the biological challenge to establish itself as a phenomenon. multidimensional. The diagnosis and treatments of assisted reproduction trigger repercussions. profound emotional, social, and psychological issues, whose impacts often extend beyond the strictly clinical realm (NAGÓRSKA *et al, 2022).*

In this context, the literature shows that women undergoing reproductive interventions experience high levels of distress, frustration, anxiety, and uncertainty (BUENO-SÁNCHEZ *et al. (al, 2024).* These factors make it imperative to assess how this process affects quality. of life and in the degree of satisfaction with the care received.

This assessment takes on even greater relevance in the context of public services. health systems are characterized by high demand and limited resources. In recent years, the Reception has become a central focus of healthcare practices in Brazil, driven by Humanization policies of the Ministry of Health. This approach aims to strengthen the bond between professionals and patients, promoting comprehensive care that is sensitive to individual needs. Individuals. In parallel, users' perception of the service is an indicator of quality. with high social relevance, since higher levels of satisfaction are directly associated leading to greater adherence to treatment and better clinical outcomes.

Furthermore, the literature indicates that psychological suffering, often manifested by Symptoms of anxiety and depression are prevalent among patients being monitored for infertility. The systematic analysis of these aspects, therefore, not only improves the quality of care, but also It acts as a strategic management tool, providing data that supports decision-making. and through action planning, it is possible to identify critical points and direct strategies to To improve technical and interpersonal service.

Given this scenario, there is a need to investigate the patient experience in highly complex services within the Brazilian Unified Health System (SUS). This study aims to... to fill this gap by obtaining information about the intersection between satisfaction, quality of life and

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clinical variables.

The main objective of this study is to evaluate the quality of life and level of satisfaction of patients undergoing infertility treatment at a Brazilian public health service, as well as to identify the main factors associated with these outcomes.

2. Theoretical Framework

Research investigating the quality of life of patients undergoing infertility treatment has Validated instruments, such as FertiQoL, were used to understand how emotional factors, Social, physical, and relational aspects are affected throughout the therapeutic process. Although treatment While it may generate hope, it is also associated with high levels of emotional stress and burnout. psychological. The intensity of this impact varies widely according to personal characteristics, support received and the quality of interaction established with the health team (SHER *et al,* 2023).

Satisfaction with reproductive treatment care is a crucial component for the The patients' experience is closely related to their well-being during the therapeutic stages. Factors such as acceptance, clarity of information, effective communication, and emotional support. directly influence women's satisfaction levels. In public services, where patients They often face long waiting lines, rigid routines, and structural limitations; understanding The perception of users becomes fundamental to improving the quality of care (WOODS et al.) al., 2023).

Furthermore, the literature indicates that infertility is not an isolated phenomenon, but multifaceted, permeated by cultural, psychosocial, and gender issues. Social norms, Family expectations and stigmas historically attached to infertility can worsen the situation. emotional suffering of women. In this scenario, the assessment of quality of life becomes essential not only for measuring the impact of treatment, but also for guiding interventions. that reduce emotional vulnerabilities (SONG *et al., 2021).*

The relationship between patient-centered care and quality of life is also widely recognized. exploited. Women undergoing insemination, *in vitro* fertilization , and embryo transfer. Studies show that when care is humanized and patient-centered, improvement is observed. significant improvement in overall experience and reduction in stress and suffering levels. These findings They reinforce the importance of care practices that value active listening, psychological support, and... Patient participation in therapeutic decisions (ROTHROCK; PETERMAN; CELLA, 2025).

Additionally, investigations carried out in public assisted reproduction services They suggest that, even in the face of structural limitations, many centers manage to establish a A relationship of trust and acceptance with patients. This bond is identified as one of the

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Key factors that increase user satisfaction, even when the therapeutic process is lengthy, complex and emotionally draining. This data is especially relevant in countries where Free access to treatment is restricted and concentrated in a few referral centers (WOODS, 2023).

The social and marital impact of infertility is also highlighted in the literature, which shows... How treatment can interfere with daily life, work, finances, and relationships. Family members. Women frequently report mood swings, decreased work performance, and marital conflicts, reinforcing the need to understand infertility as a phenomenon that It has repercussions beyond the biological realm. Satisfaction with the service and support received can play a role. as protective factors in this context (ANAWALT, 2025).

Given this scenario, the importance of investigating patient satisfaction becomes evident. and the effects of infertility on their quality of life in public health services. This analysis It allows us to understand not only the technical effectiveness of the treatment, but also subjective aspects. Emotional and sociocultural factors that influence women's experiences. Thus, studies focused on this These themes contribute to improving reproductive health care, guiding public policies, and... to build more humanized practices, capable of promoting significant improvements in care. offered to patients undergoing infertility treatment (DOUROU *et al., 2023).*

3. Materials and Methods

3.1 Study Design and Setting

This is an observational, cross-sectional study with a mixed-methods approach (qualitative and quantitative). Sampling was of the non-probabilistic convenience type; being a single referral service, The sample included all eligible patients during the assisted period, aiming to... representativeness of the local context. Data collection used a standardized questionnaire for To analyze the correlation between satisfaction with the service and the quality of life of the participants.

The population consisted of patients undergoing infertility treatment at the Center. Teaching and Research in Assisted Reproduction (CEPRA) at the Brasília Maternal and Child Hospital (HMIB). This unit is part of the Unified Health System (SUS) and offers specialized care. Tertiary level care, with access via the Central Regulation System after triage in Primary Health Care. HMIB has the infrastructure for highly complex procedures, such as *in-vitro* fertilization. *In vitro,* cryopreservation and embryo transfer.

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3.1.1 Selection of Participants and Groups

The study included 90 patients, aged between 27 and 39 years, undergoing treatment at CEPRA between November 2024 and December 2025. Those considered eligible were those that They performed intrauterine insemination (IUI), oocyte retrieval, or embryo transfer. frozen (TEC).

The participants were divided into three groups according to the procedure performed. Recruitment occurred during prior outpatient consultations. Exclusion criteria were... Patients whose cycle was suspended (due to clinical complications, findings) were disregarded. hormonal or functional ovarian cysts), women over 40 years of age or with ovarian reserve. Reduced ovarian function (antral follicle count less than five). In cases where the patient Multiple procedures were performed during the period, so the questionnaire was administered only once to avoid Data duplication.

3.2 Ethical Procedures and Data Collection

After approval by the Research Ethics Committee (CEP), the patients were informed. regarding the objectives and legal aspects of the study, formalizing participation via a Terms of Agreement. Free and Informed Consent (FIC). The instrument was applied in the surgical center. The data was collected from CEPRA on the day of the scheduled procedure. Subsequently, the collected data was tabulated. and supplemented with clinical information from electronic medical records for statistical analysis.

3.3 Data Collection Instrument: FertiQoL

To assess quality of life and satisfaction with treatment, the following was used: The validated *Fertility Quality of Life* (FertiQoL – Annex A) instrument, which enables conversion transforming subjective information into quantitative data, allowing for the analysis of the impact of infertility and of their treatment on the quality of life of the patients.

FertiQoL was developed in 2002 by the European Society of Human Reproduction and Embryology (ESHRE) in partnership with the American Society for Reproductive Medicine (ASRM), with the aim of quantifying subjective aspects related to the experience of infertility. Originally developed in English, the instrument has been translated and validated in more than 20 countries. languages, including Portuguese.

The questionnaire consists of 36 items distributed across two modules. The first module, With 26 questions, it assesses patients' perception of their quality of life and the impact of...

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infertility in their daily activities. The second module, consisting of 10 questions, investigates
The level of satisfaction with the treatment received.

FertiQoL responses are graded on a five-point scale, ranging from 0 to 4.
Higher scores indicate a better quality of life. The instrument generates six
Subscales and three global scores, with values transformed on a scale of 0 to 100. Two items.
additional tests, intended for the overall assessment of physical health and general satisfaction with quality of life,
These are not included in the calculation of the final score.

The main FertiQoL score represents the average quality of life related to
fertility in all domains, encompassing the Emotional, Mind-Body, and Relational subscales.
Social. The treatment module includes the Treatment Environment and Treatment Tolerability subscales.
Treatment, which assess, respectively, the impact of the service's structure and accessibility and the
physical and emotional effects resulting from therapeutic interventions.

The raw scores obtained from the responses were calculated and subsequently...
converted into standardized scores according to the guidelines available in the official manual of
FertiQoL. The final calculation excluded the items assessing overall physical health and global satisfaction.
with quality of life, as recommended by the authors of the instrument.

3.4 Statistical Analysis

The data were organized into spreadsheets and analyzed using SAS® software.
Version 9.4. The main variables included age, etiological factor of infertility, and Mass Index.
Body composition (BMI) and type of procedure. The other variables analyzed corresponded to the responses.
individual items that make up the applied questionnaire.

For the comparative analysis between the different infertility factors, the following were used:
Average FertiQoL scores, encompassing the six subscales and the three overall scores, and the test.
Kruskal-Wallis test . Stratified analyses by age group (< 35 and ÿ 35 years) and BMI (with or without
The results for individuals with overweight were determined using the **Mann-Whitney test.** The significance level...
The statistical method adopted was...

$p < 0.05$ $p < 0.05$

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4. Results and Discussion

The sample analyzed consisted of patients undergoing infertility treatment.
to assess quality of life and satisfaction with treatment using the FertiQoL instrument.
Initially, the participants' general perceptions regarding health and quality of life were analyzed.

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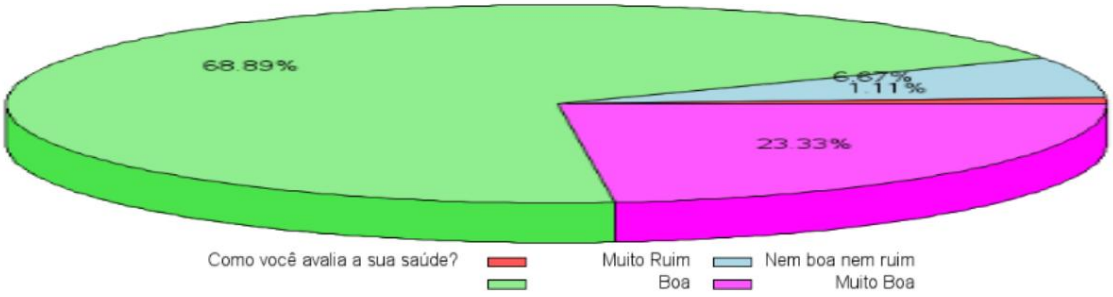
of life. It was observed that most patients rated their health positively, and that 92.32% reported that their health was good or very good. Similarly, 77.53% of Participants stated that they were satisfied or very satisfied with their quality of life, demonstrating a generally favorable perception, even in the context of infertility and reproductive treatment.

Table 1. Percentage distribution of patients regarding health and quality of life.

	Frequency (n = 90)	Percentage
How would you rate your health?		
Very Bad	1	1.11
Neither good nor bad	6	6.67
Good	62	68.89
Very Good	21	23.43
Are you satisfied with your quality of life?		
Dissatisfied	3	3.37
Neither satisfied nor dissatisfied	17	19.10
Satisfied	55	61.80
Very satisfied	14	15.73

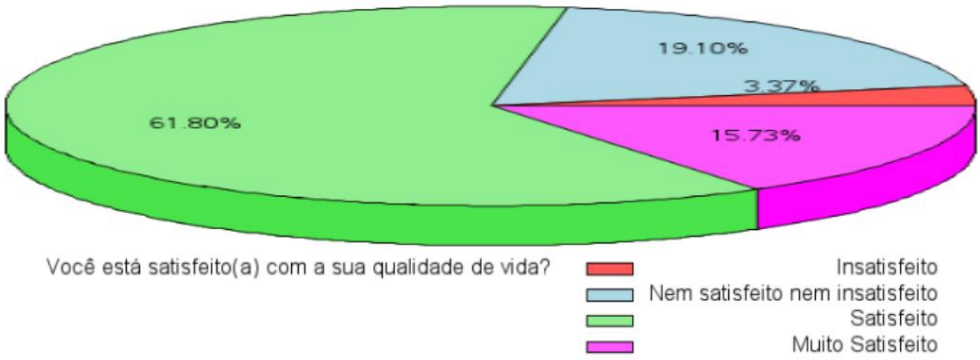
Source: Research data (2026)

Figure 1. Distribution of patients according to health status.



Source: Research data (2026)

Figure 2. Percentage distribution of patients regarding quality of life.



Source: Research data (2026)

Descriptive analysis of the FertiQoL scaled scores revealed a high level of Quality of life among participants, with all averages exceeding 70 points and scores. Maximum scores reached 100 in all domains. The average FertiQoL Principal score was 77.64. while the subscales presented the following average scores: Emotional (73.52), Mind-Body

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(76.76), Relational (86.25) and Social (74.03). These findings generally indicate a good Perception of fertility-related quality of life among the patients evaluated.

Among the subscales of the main FertiQoL, the Relational dimension showed the lowest value. coefficient of variation, indicating greater homogeneity in the participants' responses in this domain. In contrast, the social subscale showed greater relative variability, suggesting more significant differences in how the social impacts of infertility are perceived by patients. The treatment-related subscales — Environment and Tolerability — presented higher coefficients of variation when compared to the subscales of the main FertiQoL, reflecting greater heterogeneity in individual experiences related to the therapeutic process.

The average FertiQoL Treatment score was 75.84, while the total FertiQoL score... The average score was 76.86, indicating that, overall, patients reported a high quality of life. of life, considering both aspects inherent to infertility and those related to treatment received at the service.

Table 2. Scaled Scoring of Subscales and Total Scales

Subscales and Scales Totals	Minimum	Maximum	Average	Detour Standard	Coefficient of Variation
Emotional	16.67	100.00	73.52	16.99	23.12
Mind and body	29.17	100.00	76.76	18.34	23.89
Relational	20.83	100.00	86.25	15.05	17.45
Social	29.17	100.00	74.03	19.23	25.98
FertiQol Principal	39.58	100.00	77.64	13.91	17.92
Environment	25.00	100.00	77.90	21.09	27.07
Tolerability	6.25	100.00	72.75	20.56	28,26
FertiQol	37.50	100.00	75.84	16.25	21.43
Treatment	29.41	100.00	76.86	13.38	17.38
FertiQol Total					

Source: Research data (2026)

When analyzing FertiQoL scores according to the etiological factor of No infertility cases (female, male, combined, and undetermined factors) were observed. No statistically significant differences were found between the groups in any of the subscales or scores. global. The *p* -values ranged from 0.1846 to 0.9534, demonstrating that the type of factor of Infertility did not significantly influence the perception of quality of life and satisfaction. with the treatment in this sample.

Table 3. Scaled Scores of Subscales and Total Scales by Factor Type

	Factor				
Subscales and Total Scales*	Feminine (n = 35)	Masculine (n = 17)	Combined (n = 30)	Undetermined (n = 8)	p-value#

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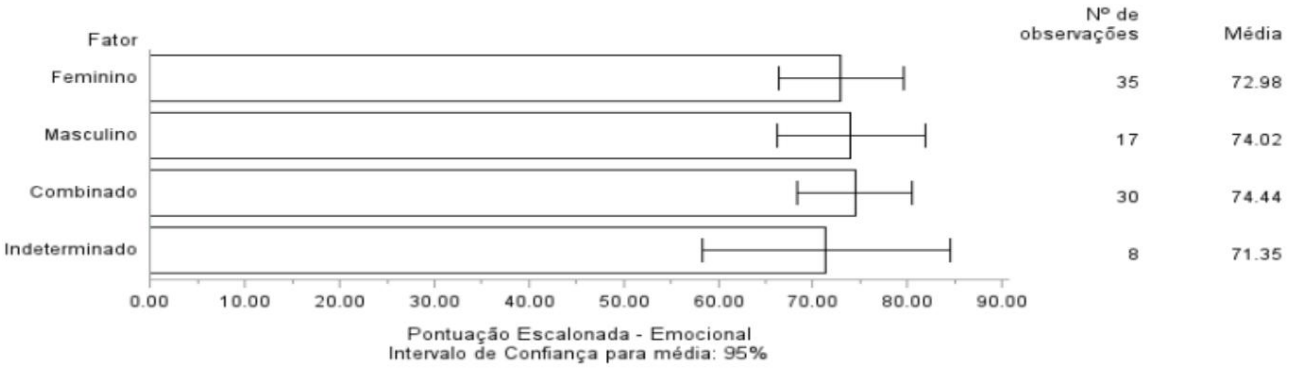
Emotional	72.98±19.26	74.02 ± 15.13	74.44 ± 16.22	71.35±15.66	0.9534
Mind and Body	75.60±21.01	80.88 ± 14.51	75.56 ± 18.00	77.60 ± 15.90	0.8102
Relational	86.90±14.15	91.91 ± 8.00	85.28 ± 14.67	75.00 ± 25.30	0.1846
Social	76.43 ± 17.59	71.57 ± 19.89	74.31±21.14	67.71 ± 18.87	0.6246
FertiQol Principal	77.98 ± 15.06	79.60±10.58	77.40 ± 14.20	72.92 ± 15.22	0.7733
Environment	75.95±23.20	81.86 ± 14.20	77.30±23.74	80.21±14.04	0.9587
Tolerability	70.18 ± 25.00	79.04 ± 13.43	71.34 ± 19.66	75.78 ± 13.13	0.6777
FertiQol Treatment 74.64±17.48		80.74±11.35	74.91±18.08	78.44 ± 11.87	0.6208
FertiQol Total	76.70 ± 14.02	79.93 ± 8.92	75.93 ± 14.97	74.54 ± 13.03	0.7748

* Values expressed as mean ± standard deviation # p-value calculated by the Kruskal-Wallis test

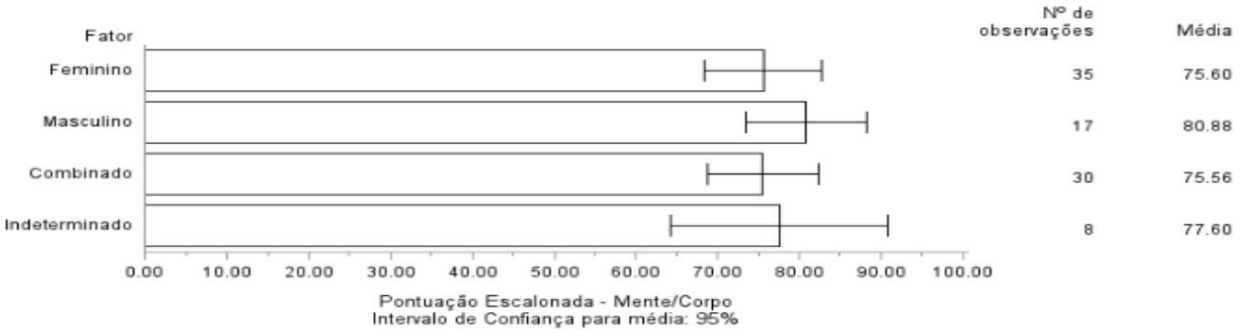
Source: Research data (2026)

Figure 3. Scaled score – emotional factor



Source: Research data (2026)

Figure 4. Scaled score – mind/body factor



Source: Research data (2026)

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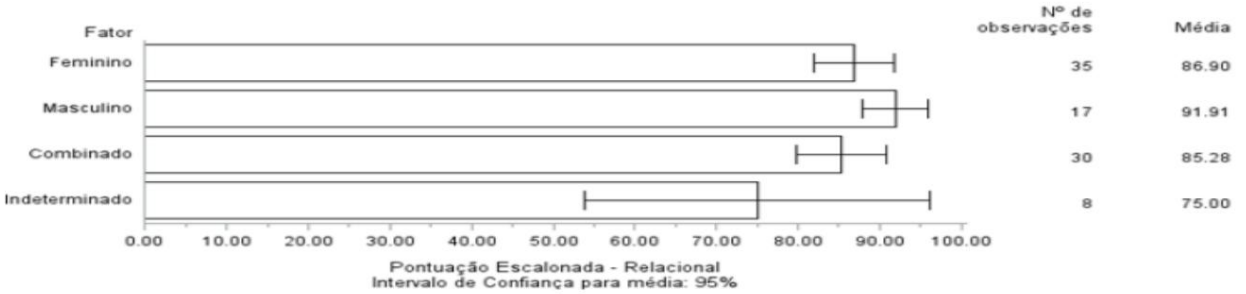
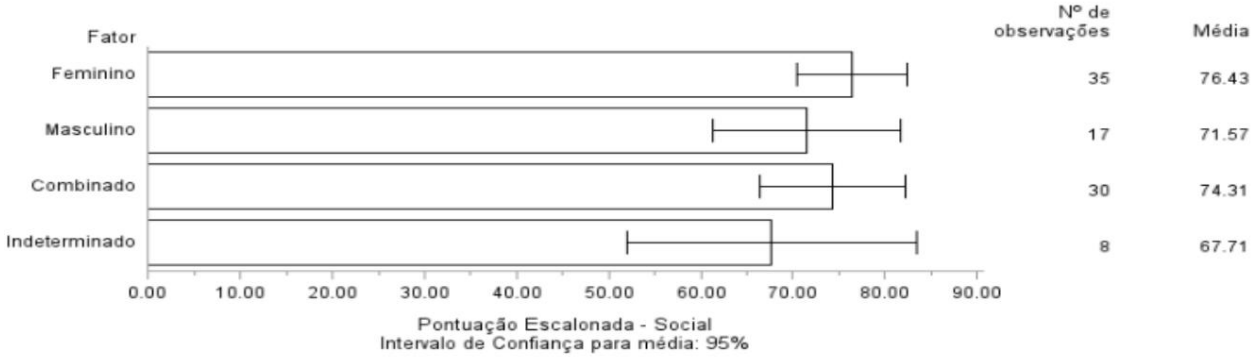


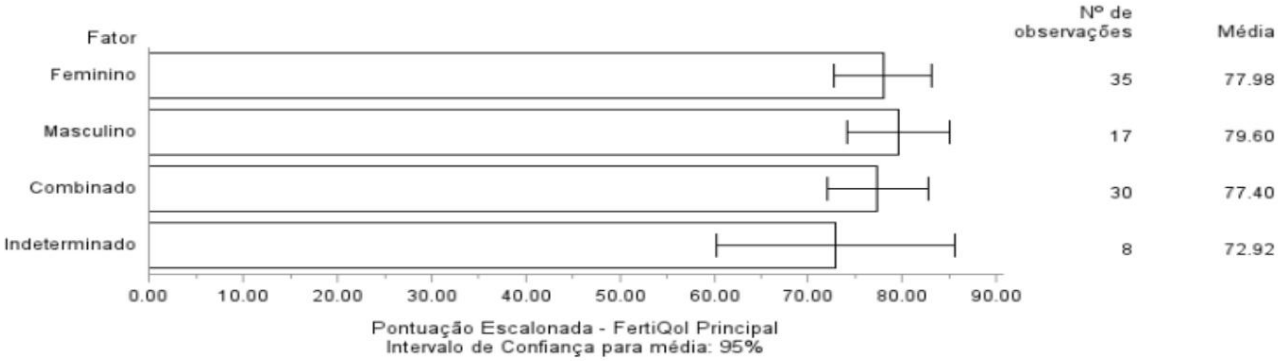
Source: Research data (2026)

Figure 6. Scaled score – social factor



Source: Research data (2026)

Figure 7. Scaled score – Main FertQol factor



Source: Research data (2026)

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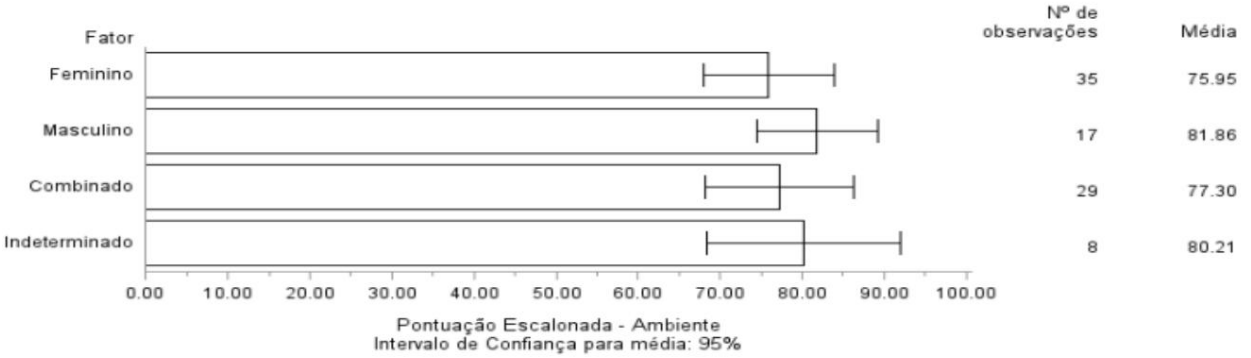
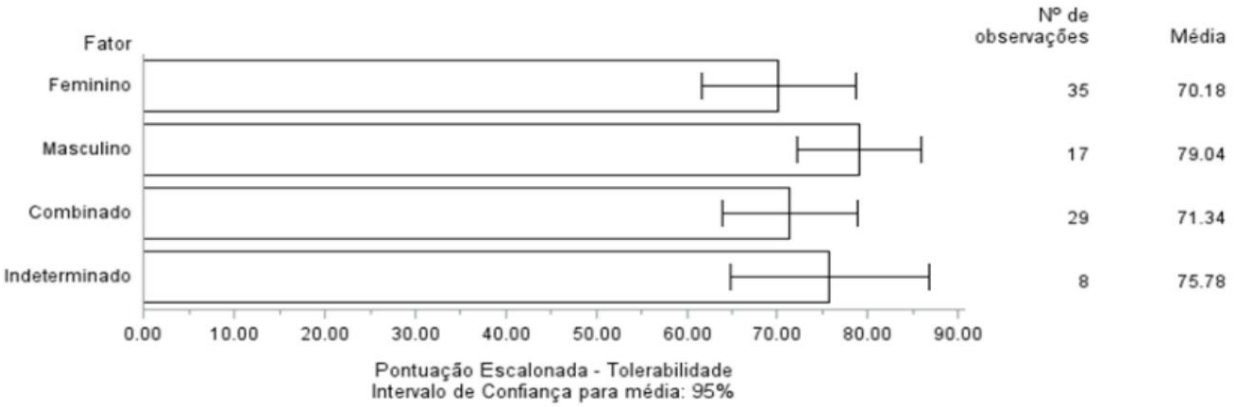
Figure 8. Scaled scoring – environmental factor



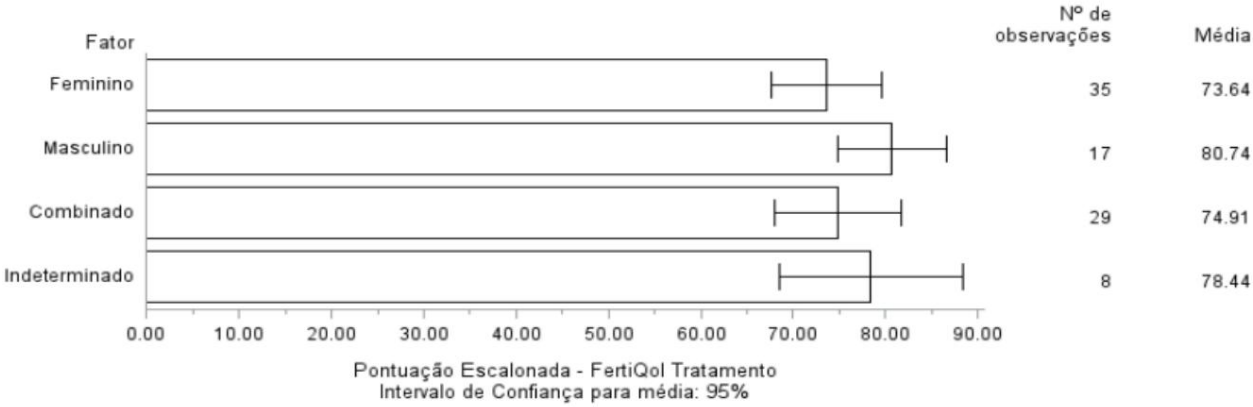
Source: Research data (2026)

Figure 9. Scaled score – tolerability factor



Source: Research data (2026)

Figure 10. Scaled score – FertiQol Treatment factor



Source: Research data (2026)

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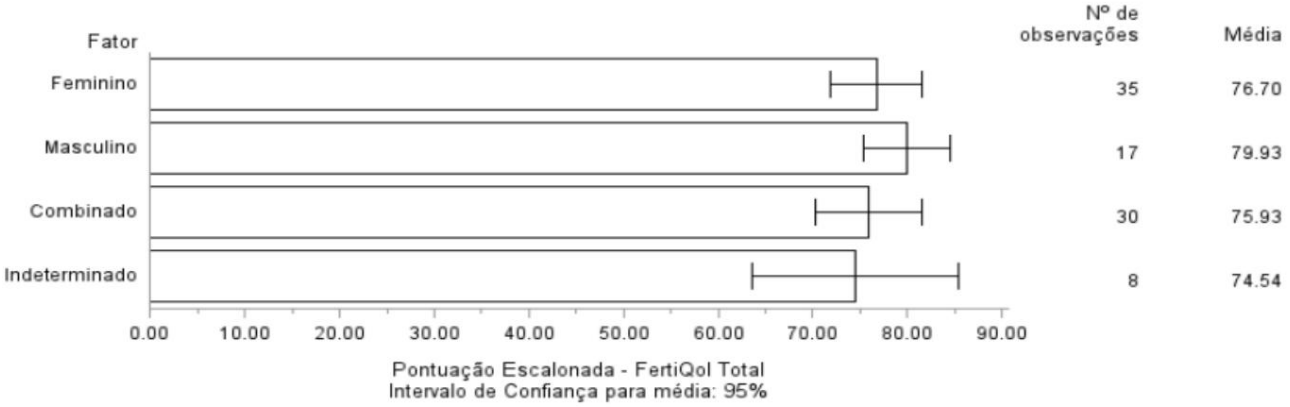
Figure 11. Scaled score – FertiQol Total factor



Source: Research data (2026)

Stratified analysis by age group revealed statistically significant differences in some dimensions of FertiQoL. Patients under 35 years of age presented averages significantly higher in the emotional (78.91 vs. 70.39; p = 0.0243) and Mind-body (81.19 vs. 74.20; p = 0.0371), as well as in the FertiQoL Principal score (81.82 vs. 75.22; p = 0.0219), when compared to patients aged 35 or older. These results indicate that Younger patients tend to have a better perception of their quality of life in various aspects. Emotional and physical factors associated with infertility.

For the other subscales — Relational, Social, Treatment Environment, Tolerability to Treatment — and for the FertiQoL Treatment and FertiQoL Total scores, none were identified. statistically significant differences between age groups, with *p* -values ranging between 0.1095 and 0.7551. These findings suggest that, despite the differences observed in domains Specifically, the overall perception of treatment-related quality of life does not differ in any particular way. significant difference between the age groups evaluated.

Table 4. Scaled Scores of Subscales and Total Scales by Age

	Age Groups		
Subscales and Total Scales*	**< 35 (n = 33) ÿ 35 (n = 57)**		**p-value#**
Emotional	78.91±15.31	70.39 ± 17.26	0.0243
Mind and Body	81.19 ± 19.30	74.20 ± 17.42	0.0371
Relational	78.66±16.76	84.94±16.32	0.2792
Social	78.66±16.76	71.35±20.18	0.1095
FertiQol Principal	81.82 ± 12.77	75.22 ± 14.07	0.0219
Environment	75.13 ± 223.51	79.54 ± 19.56	0.5266
Tolerability	71.21±22.31	73.66±19.61	0.7551
FertiQol Treatment	73.56 ± 17.90	77.19 ± 15.21	0.4567

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FertiQol Total	79.39±12.87	75.40±13.52	0.1521

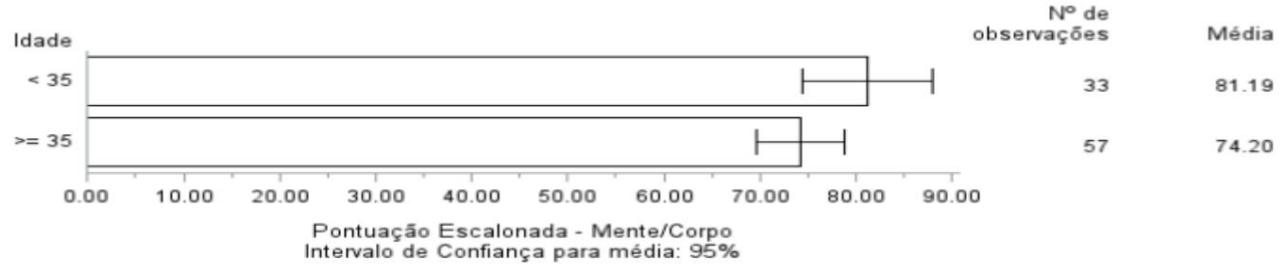
* Values expressed as mean ± standard deviation # p-value calculated by the Kruskal-Wallis test

Source: Research data (2026)

Figure 12. Scaled score – emotional factor

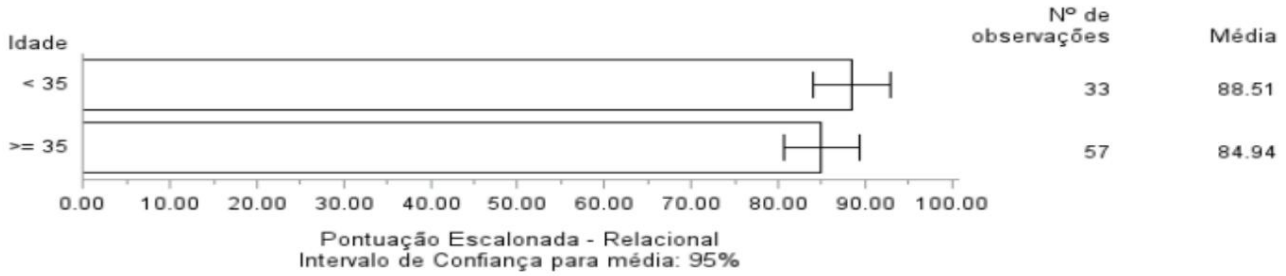
Source: Research data (2026)

Figure 13. Scaled score – mind/body factor



Source: Research data (2026)

Figure 14. Scaled score – relational factor



Source: Research data (2026)

Figure 15. Scaled score – social factor

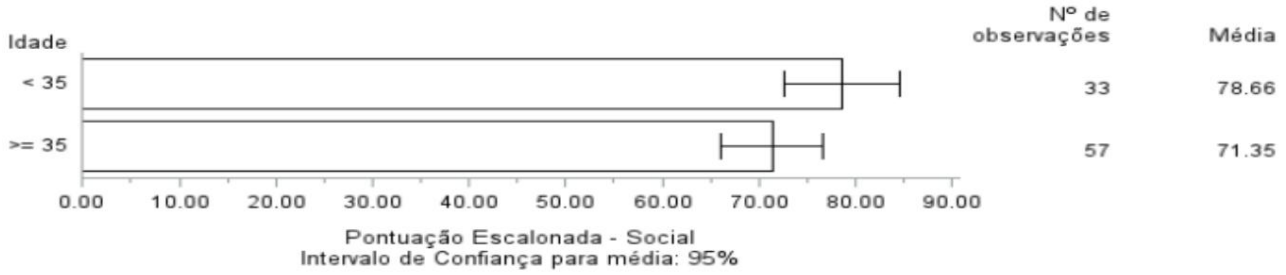


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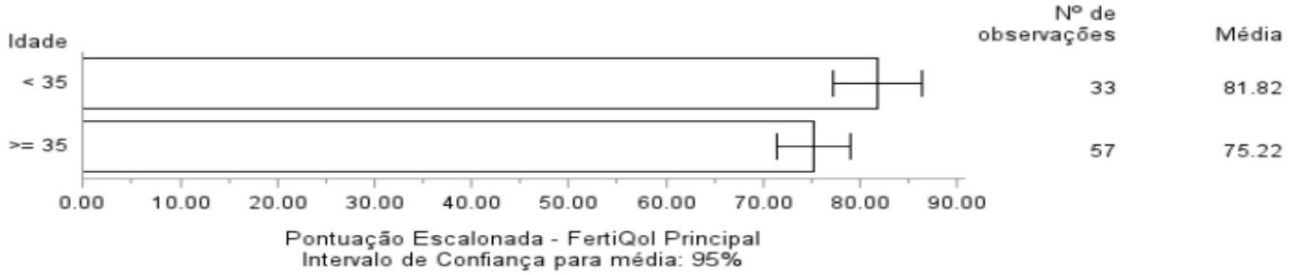
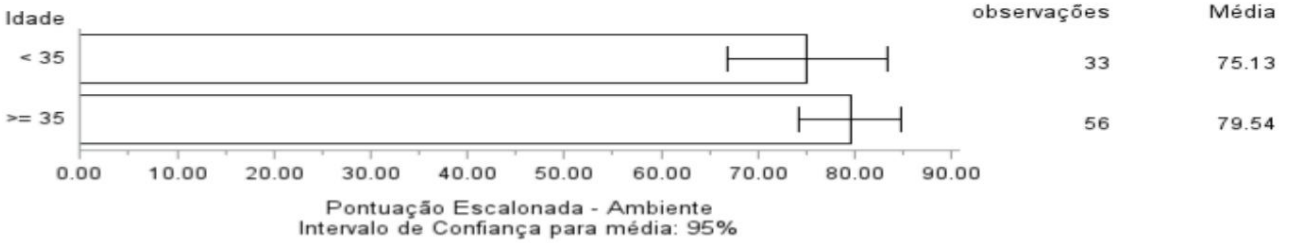
Figure 16. Scaled score – FertiQol Principal factor



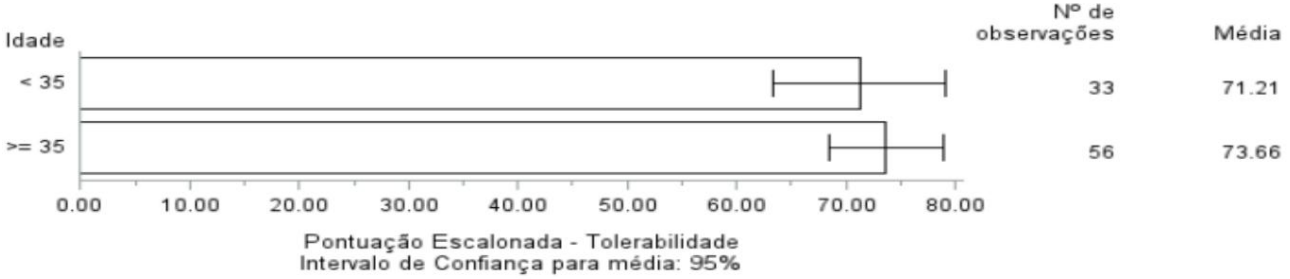
Source: Research data (2026)

Figure 17. Scaled score – environmental factor



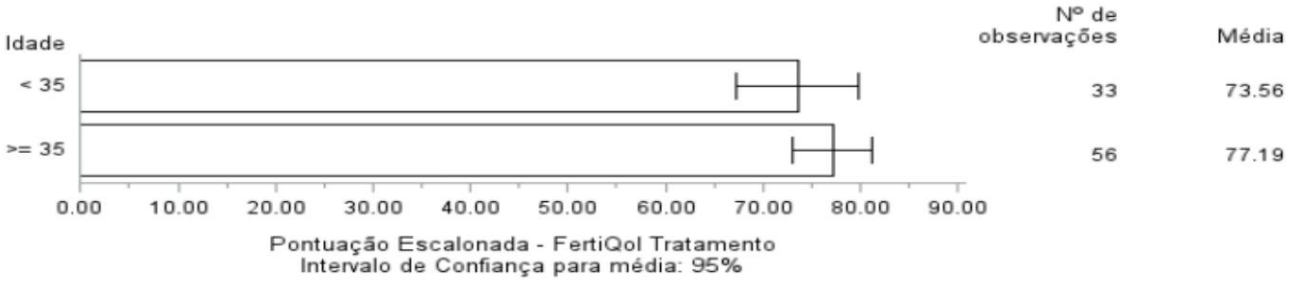
Source: Research data (2026)

Figure 18. Scaled score – tolerability factor



Source: Research data (2026)

Figure 19. Scaled score – FertiQol Treatment factor



Source: Research data (2026)

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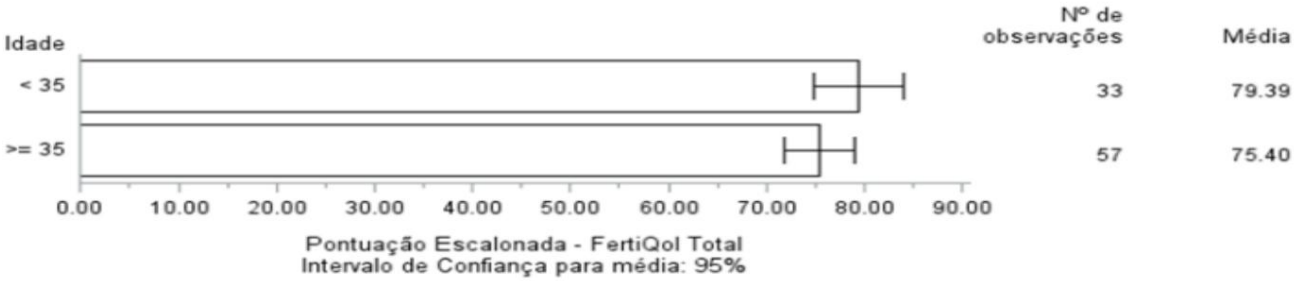
Figure 20. Scaled score – FertiQol Total factor



Source: Research data (2026)

In the analysis according to body mass index (BMI) categories, comparing patients

No statistically significant differences were observed between individuals without overweight and those with overweight. none of the subscales or global scores of the FertiQoL. The *p* -values ranged from 0.3108 to 0.9673. indicating that BMI did not significantly influence the perception of quality of life and satisfaction with treatment among study participants.

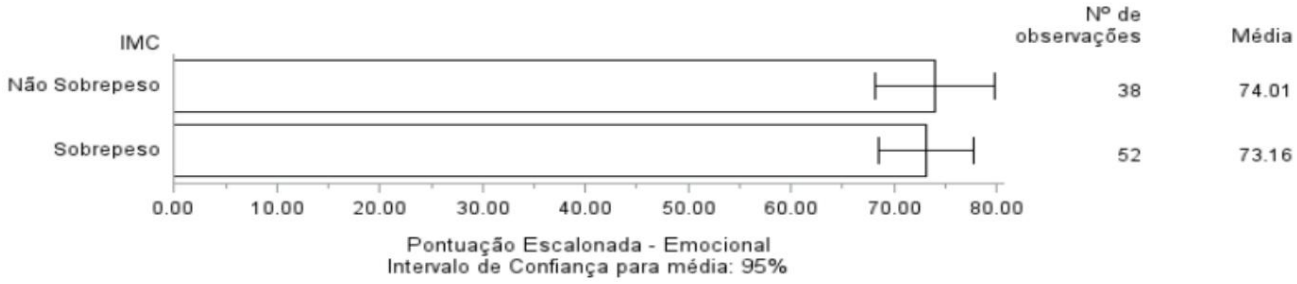
Table 5. Scaled Scores of Subscales and Total Scales by BMI Categories

	BMI Categories		
Subscales and Total Scales*	**Not Overweight (n = 38)**	**Overweight (n = 52)**	**p-value#**
Emotional	74.01±17.58	73.16±16.72	0.8248
Mind and Body	76.75±19.41	76.76±17.70	0.8536
Relational	85.96±15.21	86.46±15.08	0.9044
Social	74.12±19.69	73.96±19.08	0.9673
FertiQol Principal	77.71±14.52	77.58±13.59	0.8637
Environment	76.46±21.32	78.93±21.08	0.4682
Tolerability	71.28±18.19	73.80±22.21	0.3108
FertiQol Treatment	74.39±16.31	76.88±16.29	0.4750
FertiQol Total * values	76.16±14.40	77.38±12.66	0.7669

expressed as mean ± standard deviation # p-value calculated by the Kruskal-Wallis test

Source: Research data (2026)

Figure 21. Scaled score – emotional factor



Source: Research data (2026)

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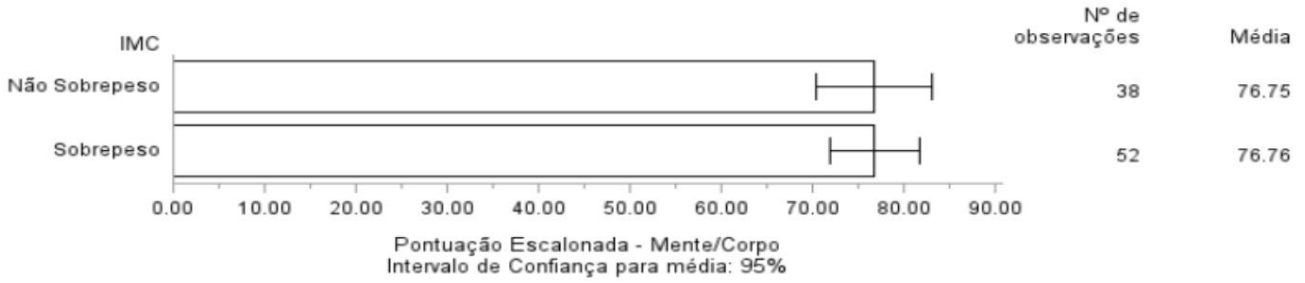
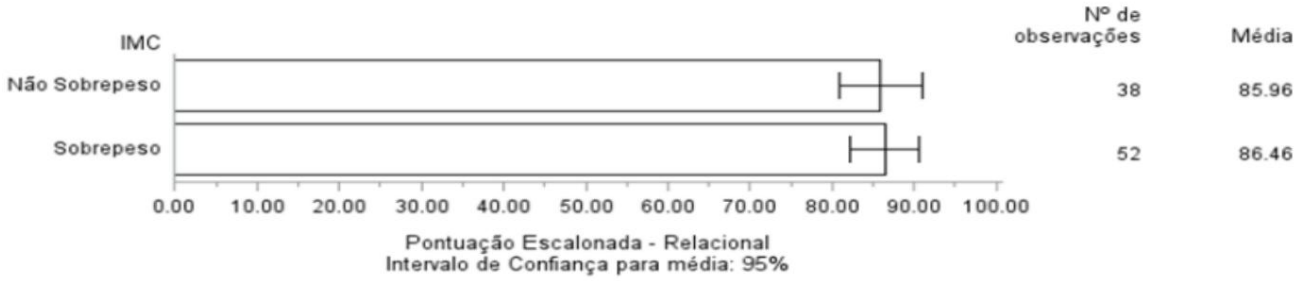
Year VI, v.1 2026 | Submission: 02/14/2026 | Accepted: 02/16/2026 | Publication: 02/18/2026 **Figure 22.** Scaled score – mind/body factor



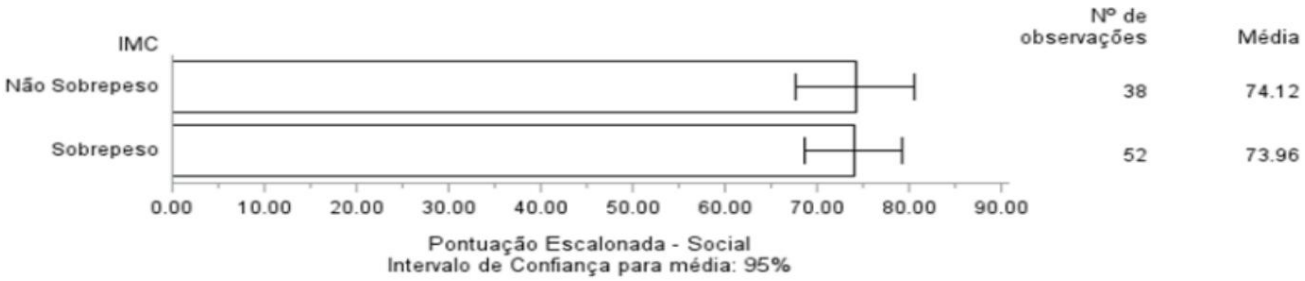
Source: Research data (2026)

Figure 23. Scaled scoring – relational factor



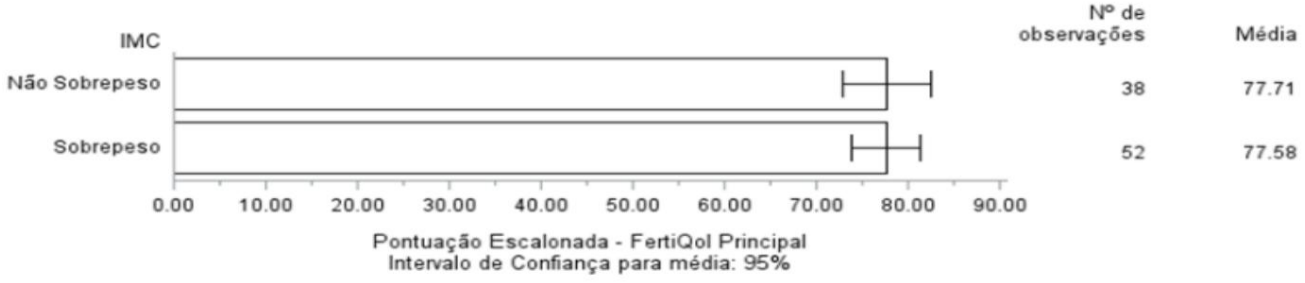
Source: Research data (2026)

Figure 24. Scaled score – social factor



Source: Research data (2026)

Figure 25. Scaled score – Main FertiQol factor



Source: Research data (2026)

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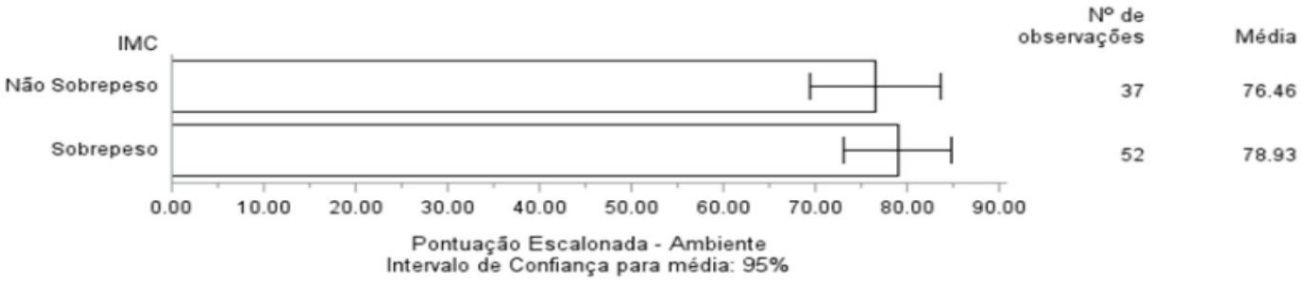
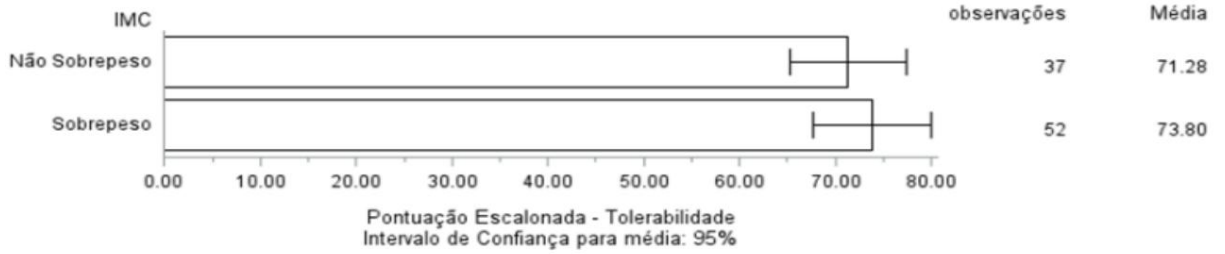
Figure 26. Scaled score – environmental factor



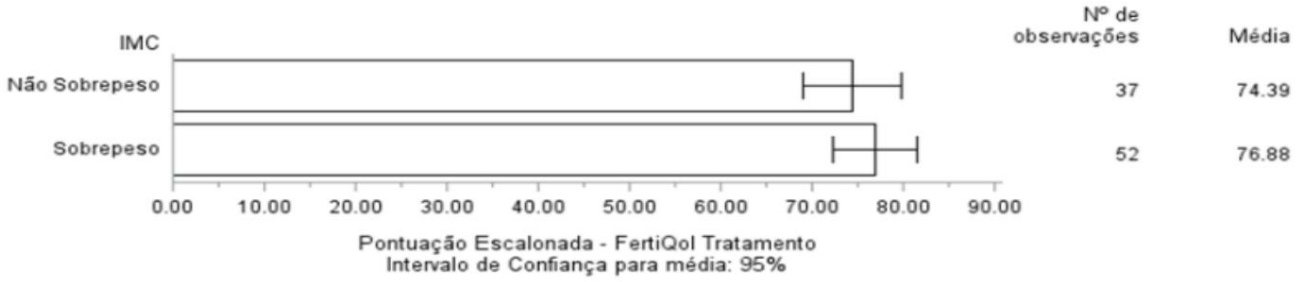
Source: Research data (2026)

Figure 27. Scaled score – tolerability factor



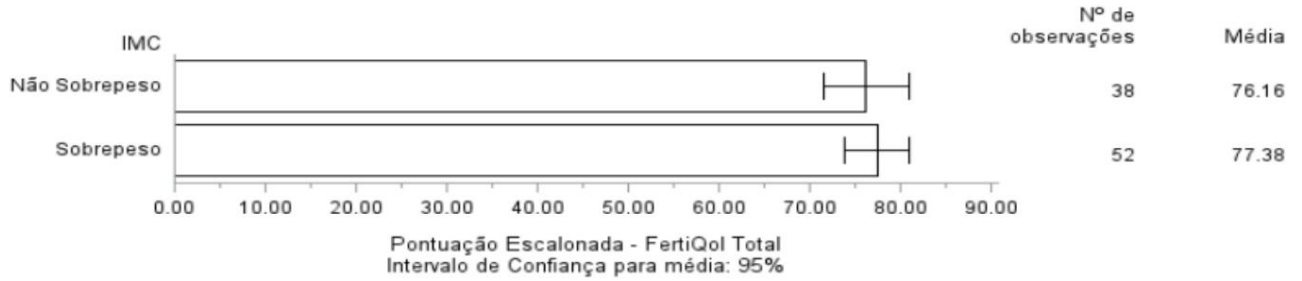
Source: Research data (2026)

Figure 28. Scaled score – FertiQol Treatment factor



Source: Research data (2026)

Figure 29. Scaled score – FertiQol Total factor



Source: Research data (2026)

Overall, the results demonstrate that the patients evaluated present high

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Perception of quality of life and satisfaction with the infertility treatment offered by the service.
regardless of the etiological factor of infertility and the BMI classification. However, age
It has proven to be a relevant factor in specific areas of quality of life, especially in
emotional and physical aspects, highlighting the greater negative impact of infertility on patients.
aged 35 or older.

The study demonstrates that the majority of patients undergoing infertility treatment present
a positive perception of health and quality of life, despite the emotionally challenging context.
inherent to infertility. The high proportion of participants who rated their health as good.
or very good (92.32%), associated with a high degree of satisfaction with quality of life (77.53%),
This reflects a scenario that partially diverges from the international literature, in which infertility is...
frequently associated with a significant reduction in subjective well-being. A study using the
Ferti-QoL to assess infertility-related quality of life in women undergoing
Assisted reproductive treatments reported overall averages generally in the range of ~61 to ~69 points.
indicating values comparable to or lower than those observed in the present sample (e.g., 64.89 in the study).
combined)(KURDI; ALI, 2025).

This finding may be related to the structure of the evaluated public service, which offers
Specialized care, longitudinal follow-up, and free access to reproductive techniques.
Assisted, aspects frequently associated with a greater sense of security and acceptance. Studies
Recent studies indicate that the perception of humanized care and trust in healthcare services are...
Key determinants for maintaining quality of life in infertile women.
regardless of the actual reproductive outcome (LI *et al., 2025;* RAAD *et al, 2020).*

When analyzing the subscales of the FertiQoL Principal, it was observed that the Relational dimension
It presented the highest average (86.25) and the lowest variability among the participants. This result
It reinforces the central role of spousal support as a factor of emotional protection during treatment.
of infertility. Recent literature corroborates this finding, indicating that stable marital relationships
Effective communication between partners is associated with lower levels of stress, anxiety, and...
depression during reproductive treatment (PIETTE, 2019; ZURLO; CATTANEO; VALLONE,
(2019). Furthermore, couples who experience infertility as a shared project tend to
to exhibit greater emotional resilience in the face of treatment frustrations.

On the other hand, the Emotional (73.52) and Social (74.03) subscales were the ones that presented
Lower averages, highlighting areas of greater vulnerability. Contemporary studies demonstrate
that infertile women, especially those undergoing assisted reproductive treatment, present
high prevalence of negative symptoms such as anxiety, depression, and stress, which are
associated with a poorer quality of life and persistent emotional distress. In a sample
A substantial number of women undergoing infertility treatments experience symptoms of anxiety and depression.

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Stress has been frequently documented and correlated with clinical and social factors.
indicating that the emotional impact of infertility transcends the healthcare setting and involves
multiple dimensions of the female psychosocial experience throughout the diagnostic process and
treatment (HU *et al.,* 2025; ROONEY; DOMAR, 2018).

The greater variability observed in the Social subscale suggests heterogeneous experiences regarding
to the experience of the social stigma of infertility. While some patients manage to maintain their networks
While some report active support, others report isolation, avoidance of social events, and difficulty coping with...
Family pressures and cultural expectations related to motherhood.

A recent study investigated how the stigma associated with infertility impacts quality of life.
of life experiences related to fertility and the role of social support in this process. The research showed that
The stigma of infertility is strongly associated with a poorer quality of life, but support is available.
Perceived social perception can mitigate these negative effects, indicating that active support networks are functioning.
as a *buffer* against the social and psychological suffering experienced by infertile people. These
The findings highlight the influence of sociocultural factors and gender expectations on the experience of...
Stigma is a concern, and they suggest that interventions focused on social support can alleviate some of the impact.
adverse impact of stigma in patients' lives (SABBAH *et al., 2025;* NI *et al., 2022).*

In the treatment module, the most favorable evaluation of the Treatment Environment in
A comparison to Tolerability reveals a significant dissociation between the perception of quality.
of the service and the physical and emotional impact of therapeutic interventions. Although the patients
acknowledge the accessibility, organization, and technical competence of the service, the adverse effects of
treatment — such as hormonal changes, physical discomfort, pre-procedure anxiety, and fear
The experiences of failure remain significant sources of suffering. Recent studies reinforce this.
that the burden of treatment is one of the main factors associated with early discontinuation of therapies.
assisted reproduction, even in services of excellence (RAAD *et* al., 2020; DOMAR *et al.,* 2018).

Analysis of factors associated with quality of life revealed that age plays a role.
Relevant to the emotional and physical perception of infertility. Patients under 35 years of age.
They presented significantly higher scores on the Emotional, Mind-Body, and other subscales.
FertiQoL Principal. This finding is widely supported by the literature, which demonstrates that
Younger women tend to be more optimistic about their reproductive outlook.
less perceived time urgency and greater tolerance for treatment uncertainties (BRADY *et al.,*
2020; PEDRO *et al.,* 2020).

In contrast, women aged 35 and over face not only the biological impact.
not only does it include a reduction in ovarian reserve, but also an additional emotional burden associated with what is called
"Biological clock." Time pressure, coupled with the fear of ultimate failure, contributes to
higher levels of anxiety, depressive symptoms, and a worse perception of physical health, according to

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demonstrated in a recent study (DROSDZOL; ORSZULAK, 2022). These data reinforce the
The need for differentiated care strategies for this age group, focusing on support.
Continuous emotional support and clear communication about therapeutic expectations.

With regard to body mass index, there were no statistically significant differences.
Significant differences between the groups suggest that, although being overweight is admittedly a factor that
While it may interfere with the clinical outcomes of assisted reproduction, it has not proven to be a determining factor in...
Subjective perception of quality of life in this sample. This finding is consistent with recent studies.
which indicate that emotional, relational, and contextual factors tend to exert a greater influence.
about perceived quality of life rather than isolated clinical characteristics, such as BMI (SCHICK,
2022; KIM; NHO, 2020).

Overall, the results point to a population with high resilience.
psychological, supported primarily by relational support and trust in the health service,
but exhibits significant emotional vulnerabilities, especially in older age groups.
advanced. Identifying the emotional subscale as one of the most compromised domains.
reinforces the need for the systematic integration of psychosocial interventions into the treatment of
infertility, such as structured psychological support, support groups and interventions
based on cognitive-behavioral therapy.

Thus, the findings of this study reinforce the importance of a multidimensional approach.
infertility care that goes beyond reproductive success and incorporates strategies aimed at
promoting mental health, strengthening interpersonal relationships, and reducing impact.
The emotional impact of treatment. Investing in patient-centered care models can not only
to improve quality of life during treatment, but also to promote greater adherence to therapy.
and better overall outcomes.

One of the main limitations of this study relates to the cross-sectional design, which allows
The analysis of the association between variables at a single point in time, but makes it impossible to establish
of causal relationships. Therefore, it is not possible to state whether certain factors influence
Does this directly affect quality of life, or does it interfere with the perception of treatment over time?

The study was conducted in a tertiary public service, with specific characteristics of
welcoming atmosphere, free access, and specialized support, which may have been a factor.
positively impacted patients' perception of their quality of life and satisfaction with treatment.
Therefore, the results may not reflect the reality of private services or centers with smaller [services/resources].
availability of resources.

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Final Considerations

This study showed that patients undergoing infertility treatment at a service
The specialized audience in Assisted Reproduction generally reported a good perception of their health.
high satisfaction with quality of life and positive evaluation of the service received, according to
demonstrated by the scores on the FertiQoL Total and its subscales. These findings suggest that the
The organization of the service, combined with specialized welcoming and support practices, can
to mitigate some of the negative impact traditionally attributed to the diagnosis and treatment of
infertility.

The analysis of the specific dimensions of FertiQoL demonstrated that relational support
This constitutes an important protective factor, reflected by the high scores on the relational subscale.
while the emotional and social domains proved to be more vulnerable, highlighting that the
Psychological suffering and social stigma remain significant challenges in this context.
context. Furthermore, it was observed that patients under 35 years of age showed better
emotional and mind-body quality of life, indicating that biological and prognostic factors exert influence.
significant influence on the subjective perception of well-being.

Thus, the results reinforce the need for a comprehensive approach and
A multidisciplinary approach to the care of infertile women, with special attention to psychological support throughout the process.
of treatment, especially for patients in older age groups. The study contributes to
to demonstrate that systematic quality of life assessment can be a valuable tool for
Improving assisted reproduction services by aiding in the planning of interventions.
that promote not only better clinical outcomes, but also greater satisfaction and adherence.
therapeutics and well-being of patients.

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