


## Psychological Hardiness as a Protective Factor in Women Undergoing Reproductive Treatments

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### ABSTRACT

**Objective:** This study aims to explore the role of psychological hardiness as a protective factor in women undergoing reproductive treatments.

**Methods and Materials:** A qualitative research design was employed, utilizing semi-structured interviews with 26 women undergoing reproductive treatments in Tehran. Participants were selected through purposive sampling, and data collection continued until theoretical saturation was reached. Thematic analysis was conducted using NVivo software to identify key themes and patterns in the participants' experiences. Trustworthiness of data was ensured through peer debriefing, member checking, and an audit trail.

**Findings:** Four main themes emerged: emotional resilience, cognitive strategies, social interactions, and coping resources. Participants highlighted the importance of stress regulation, self-soothing, and emotional detachment in fostering resilience. Cognitive strategies, such as reframing challenges, goal setting, and problem-solving, were instrumental in managing infertility-related stress. Social support networks provided emotional sustenance, though societal stigma remained a challenge. Coping resources, including physical health maintenance, spiritual practices, and professional assistance, further enabled participants to navigate the emotional and psychological burdens of infertility.

**Conclusion:** Psychological hardiness plays a critical role in mitigating the emotional and cognitive challenges of infertility, offering women a pathway to resilience and well-being. Integrating psychological interventions, social support systems, and culturally sensitive care into infertility treatment programs can significantly enhance outcomes for women undergoing reproductive treatments. Further research is needed to explore the long-term impact of hardiness-focused interventions in diverse cultural contexts.

**Keywords:** *Psychological hardiness, infertility, reproductive treatments, emotional resilience, cognitive strategies, social support, coping resources, qualitative research.*

## 1. Introduction

Infertility, defined as the inability to conceive after one year of regular unprotected intercourse, affects millions of women worldwide and has significant psychological, social, and emotional implications (Bahrami-Kerchi et al., 2020). The psychological impact of infertility extends beyond the medical condition, influencing women's well-being, relationships, and societal interactions (Li et al., 2020). Infertility-related stress, compounded by cultural expectations and personal aspirations, often leads to psychological distress, reduced quality of life, and emotional turmoil (Cui et al., 2021). Consequently, the exploration of psychological hardiness as a protective factor in managing these challenges has gained prominence in reproductive health research (Mosalanejad et al., 2012).

Psychological hardiness, a personality trait encompassing commitment, control, and challenge, is increasingly recognized for its role in enhancing individuals' resilience in the face of adversity (Aghajani et al., 2018). This concept aligns with coping mechanisms critical for navigating the emotional burden of infertility. Studies suggest that women with higher levels of psychological hardiness are better equipped to manage stress, maintain emotional stability, and pursue effective problem-solving strategies (Taghipour et al., 2020). For women undergoing reproductive treatments, fostering psychological hardiness can mitigate the adverse psychological effects of infertility-related challenges, improving their overall well-being and treatment outcomes (Namazi et al., 2022).

Social support also plays a pivotal role in buffering the negative effects of infertility, offering emotional sustenance, practical assistance, and a sense of belonging (Abubakar et al., 2020; Graham et al., 2022). Women with access to robust social networks, including family, peers, and healthcare professionals, report reduced levels of distress and enhanced psychological well-being (Behbahani Mandizadeh & Homaei, 2020). However, societal stigma surrounding infertility often limits women's ability to seek and receive adequate support (Asadisarvestani, 2023). This duality underscores the need to examine the interplay between psychological hardiness and social factors in the context of reproductive health.

Cultural and societal norms further influence women's experiences with infertility and reproductive treatments. In regions where motherhood is central to female identity, such as Iran, infertility carries profound implications for women's psychological and social well-being (Hamzehgardeshi et al.,

2023). The pronatalist policies in Iran, emphasizing population growth, have inadvertently increased pressure on women to achieve motherhood, exacerbating the psychological burden of infertility (Asadisarvestani, 2023). This cultural backdrop underscores the urgency of addressing psychological hardiness and its role in fostering resilience among women undergoing reproductive treatments.

Infertility-related stress is multifaceted, encompassing emotional, relational, and societal dimensions. Studies have shown that stress and psychological distress negatively correlate with treatment success, highlighting the importance of addressing these issues through psychological interventions (Gabnai-Nagy et al., 2020; Pozzi et al., 2021). Psychological interventions, such as Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT), have demonstrated efficacy in reducing stress, improving psychological hardiness, and enhancing well-being among women facing infertility (Bahrami-Kerchi et al., 2020; Hasanzadeh et al., 2019). These interventions empower women to reframe their experiences, build resilience, and maintain hope, even in the face of repeated treatment failures (Kim, 2020).

Moreover, the intersection of psychological, social, and cultural factors necessitates a holistic approach to infertility care. Research highlights the need for individualized support systems that consider the unique challenges faced by women in diverse sociocultural contexts (Willan et al., 2020). For example, studies in Southwest Nigeria emphasize the role of family and community support in enhancing women's psychological well-being during reproductive decision-making (Afolabi et al., 2024; Faramade et al., 2023). Similarly, research in China highlights the moderating effects of marital satisfaction and resilience on infertility-related stress, demonstrating the importance of supportive relationships (Li et al., 2020).

This study aims to explore the role of psychological hardiness as a protective factor among women undergoing reproductive treatments in Tehran. By examining their experiences through the lens of psychological resilience, coping strategies, and social support, this research seeks to deepen understanding of the mechanisms that promote well-being in the face of infertility. This focus aligns with existing literature emphasizing the interplay between psychological hardiness, social dynamics, and cultural influences in shaping women's reproductive experiences (Moulton et al., 2021).

Additionally, the study contributes to the growing body of evidence advocating for integrative approaches to infertility care, emphasizing the psychological, social, and cultural dimensions of reproductive health (Ibrahim, 2023; Steegers-Theunissen et al., 2020). By addressing gaps in existing research and providing actionable insights, this study aims to inform interventions that enhance resilience, reduce distress, and improve treatment outcomes for women undergoing reproductive treatments.

In conclusion, infertility is not merely a medical condition but a complex, multifaceted experience that profoundly impacts women's psychological and social well-being. Psychological hardiness offers a promising pathway to resilience, enabling women to navigate the emotional and relational challenges of infertility. This study builds on the existing literature by exploring the experiences of women in Tehran, contributing to a nuanced understanding of the protective role of psychological hardiness in reproductive health.

## 2. Methods and Materials

### 2.1. Study design and Participant

This qualitative study explores psychological hardiness as a protective factor in women undergoing reproductive treatments. The research adopts an interpretive paradigm to gain in-depth insights into participants' experiences and perceptions. Participants were selected from reproductive health clinics in Tehran using purposive sampling. Inclusion criteria included women undergoing reproductive treatments, aged between 20 and 45 years, with the ability to articulate their experiences and provide informed consent. Sampling continued until theoretical saturation was achieved, ensuring comprehensive exploration of the research phenomenon.

### 2.2. Measures

#### 2.2.1. Semi-Structured Interview

Data were collected through semi-structured interviews, allowing participants to share their perspectives and

experiences in detail. An interview guide was developed based on the study objectives, focusing on themes related to psychological hardiness, coping strategies, and emotional resilience during reproductive treatments. Interviews were conducted in a private setting to ensure confidentiality and lasted approximately 45–60 minutes. All interviews were audio-recorded with participants' consent and transcribed verbatim for analysis.

### 2.3. Data Analysis

Thematic analysis was employed to identify and interpret key patterns and themes in the data. The transcribed interviews were analyzed using NVivo software to facilitate systematic coding and categorization. The analysis followed a six-step process: familiarization with the data, initial coding, searching for themes, reviewing themes, defining and naming themes, and finalizing the thematic map. Trustworthiness of the data was ensured through peer debriefing, member checking, and maintaining an audit trail.

## 3. Findings and Results

The study included 26 women undergoing reproductive treatments in Tehran. Participants ranged in age from 24 to 42 years, with an average age of 33.5 years. The majority (18 participants, 69%) were married, while the remaining 8 participants (31%) were single or in committed relationships. Regarding educational attainment, 10 participants (38%) held a bachelor's degree, 7 (27%) had completed postgraduate education, and 9 (35%) had a high school diploma or equivalent. In terms of employment status, 14 participants (54%) were employed, 8 (31%) were homemakers, and 4 (15%) were self-employed. The duration of participants' involvement in reproductive treatments varied, with 9 (35%) undergoing treatments for less than a year, 11 (42%) for 1–3 years, and 6 (23%) for over three years.

**Table 1**

*Summary of Qualitative Analysis Results*

Category	Subcategory	Concepts (Open Codes)
1. Resilience	Emotional	Managing Emotional Turmoil
		Seeking Support
		Stress regulation, self-soothing, emotional detachment, coping affirmations, relaxation techniques
		Peer sharing, family encouragement, spouse communication, professional counseling

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	Emotional Growth	Acceptance of outcomes, personal strength, gratitude, patience
	Handling Disappointment	Reducing expectations, avoiding overthinking, focusing on positives
2. Cognitive Strategies	Reframing Challenges	Positive thinking, redefining goals, learning from failure
	Problem-Solving Skills	Practical decision-making, breaking down problems, alternative strategies
	Self-Monitoring	Awareness of emotional triggers, self-check-ins, reflecting on actions
	Learning Through Experience	Building from past experiences, applying lessons learned
	Visualization and Goal Setting	Mental imagery, achievable goal creation, future-oriented planning
3. Social Interactions	Building a Support Network	Finding empathetic individuals, connecting with others facing similar issues
	Navigating Social Pressure	Ignoring judgment, handling unsolicited advice, finding a safe space
	Shared Experiences	Joining group therapy, sharing stories, feeling understood
4. Coping Resources	Physical Health Maintenance	Balanced nutrition, exercise routines, sleep hygiene
	Spiritual Practices	Prayer, meditation, finding meaning in struggles
	Professional Assistance	Consulting psychologists, joining workshops, seeking tailored therapy
	Time Management	Structured routines, reducing stress through organization
	Distraction Techniques	Hobbies, media consumption, creative arts

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Participants highlighted the importance of managing emotional turmoil during their reproductive treatments. Techniques such as stress regulation, self-soothing, and the use of coping affirmations were frequently cited. One participant shared, “When I feel overwhelmed, I try to calm myself with deep breaths and remind myself that I’ve done everything I can.” Emotional resilience was further strengthened by seeking support from family, peers, and professionals. For instance, a participant noted, “Talking to my husband about my fears gives me the strength to keep going.” Many participants also described emotional growth as an unexpected outcome, learning to accept outcomes with patience and gratitude. “Even though it’s been hard, I’ve grown stronger and more appreciative of the little things,” one woman explained. Handling disappointment was another significant theme, with strategies like focusing on positive aspects and reducing expectations being commonly employed.

Participants employed various cognitive strategies to navigate the challenges of reproductive treatments. Reframing challenges was a dominant approach, where participants emphasized positive thinking and redefining their goals. One participant remarked, “I’ve started to see this journey as a learning experience rather than just a hurdle.” Others relied on problem-solving skills, breaking down complex issues into manageable steps and exploring alternative strategies. For example, a participant stated, “When one treatment didn’t work, I immediately began researching other options.” Self-monitoring was also prevalent, with participants practicing self-awareness to recognize emotional triggers and reflect on their responses. Additionally, learning through experience was highlighted as a vital tool. One participant explained, “With every failed attempt, I’ve learned more about what works for me and what doesn’t.” Lastly, visualization and goal setting were

frequently mentioned as ways to maintain motivation and focus. “I imagine myself holding my baby—it keeps me going,” said one interviewee.

The role of social connections emerged as a critical theme in participants’ experiences. Building a support network was pivotal, with many finding comfort in connecting with empathetic individuals or those facing similar challenges. “Hearing from others who’ve been through this makes me feel less alone,” one participant shared. However, navigating social pressure posed challenges, as participants faced unsolicited advice and judgment. A participant stated, “I’ve learned to tune out opinions that don’t matter and focus on what’s best for me.” For many, shared experiences within group therapy or online communities fostered a sense of belonging. “It’s amazing how sharing my story helped me process my emotions and gave me hope,” reflected a participant.

Participants highlighted a range of coping resources they relied on during their treatments. Physical health maintenance, including regular exercise, balanced nutrition, and sufficient sleep, was emphasized. “When I take care of my body, it helps my mind too,” one participant noted. Spiritual practices, such as prayer and meditation, were also significant for many. A participant shared, “Prayer gives me peace and a sense of purpose even on my hardest days.” The use of professional assistance, including therapy and workshops, was another common resource. “My therapist helped me find ways to cope with the anxiety,” said one interviewee. Additionally, time management and structured routines were frequently employed to reduce stress and create a sense of normalcy. Lastly, participants used distraction techniques, such as engaging in hobbies or creative activities, to temporarily escape their stress. “Painting has become my outlet for expressing what I can’t put into words,” remarked one participant.



#### 4. Discussion and Conclusion

The findings of this study highlight the significance of psychological hardiness as a protective factor for women undergoing reproductive treatments, shedding light on various coping strategies, cognitive processes, social interactions, and resource utilization. These findings align with and expand on existing literature, providing a deeper understanding of the mechanisms through which psychological hardiness mitigates infertility-related stress.

The study revealed that emotional resilience plays a crucial role in helping women navigate the psychological challenges of infertility. Participants employed strategies such as stress regulation, emotional detachment, and seeking social support to manage their emotional turmoil. These findings are consistent with Abubakar et al. (2020), who emphasized the positive impact of family social support on the psychological well-being of infertile women (Abubakar et al., 2020). Similarly, Cui et al. (2021) found that higher self-esteem and resilience reduce infertility-related psychological distress, which aligns with the role of emotional growth and handling disappointment identified in this study (Cui et al., 2021). The process of accepting outcomes and finding personal strength resonates with findings by Namazi et al. (2022), who demonstrated the effectiveness of Acceptance and Commitment Therapy in fostering psychological hardiness in women with chronic health challenges (Namazi et al., 2022).

Participants demonstrated the use of cognitive strategies, such as reframing challenges and setting achievable goals, to maintain focus and reduce stress. These findings echo Mosalanejad et al. (2012), who highlighted the benefits of cognitive-behavioral therapy in enhancing hardiness and mental health among women undergoing assisted reproductive treatments (Mosalanejad et al., 2012). The emphasis on problem-solving skills and learning through experience is supported by Aghajani et al. (2018), who found a significant relationship between hardiness and better general health outcomes in women facing adversity (Aghajani et al., 2018). Furthermore, the use of visualization techniques and goal setting aligns with findings by Kim et al. (2020), who reported improvements in stress management and psychological outcomes through targeted psychological interventions (Kim, 2020).

The study underscored the critical role of social support networks in mitigating infertility-related stress. Participants valued empathetic relationships and group therapy sessions for fostering emotional connection and understanding. These

findings are consistent with Graham et al. (2022), who reported that women benefit greatly from diverse forms of social support during reproductive decision-making processes (Graham et al., 2022). However, the study also highlighted the challenges posed by societal stigma and unsolicited advice, which aligns with Behbahani Mandizadeh and Homaei (2020), who discussed the negative impact of stigma and psychological distress on marital relationships in infertile women. The dual role of social interactions as both a support and a source of pressure emphasizes the need for nuanced interventions that address these dynamics (Behbahani Mandizadeh & Homaei, 2020).

The utilization of various coping resources, including physical health maintenance, spiritual practices, and professional assistance, emerged as a significant theme. Participants emphasized the importance of structured routines and distraction techniques in managing stress, which echoes findings by Bahrami-Kerchi et al. (2020) on the efficacy of psychological empowerment and dialectical behavior therapies in reducing infertility stress (Bahrami-Kerchi et al., 2020). The role of spiritual practices, such as prayer and meditation, aligns with findings by Ibrahim (2023), who highlighted the positive effects of lifestyle modifications on reproductive health among infertile women with PCOS (Ibrahim, 2023). Additionally, professional interventions, including counseling and therapy, were identified as valuable resources, consistent with the findings of Pozzi et al. (2021), who emphasized the importance of adherence to psychological and medical guidelines in infertility care (Pozzi et al., 2021).

The findings of this study align closely with the broader literature on infertility and psychological well-being. The multifaceted impact of psychological hardiness identified in this study supports the moderated mediation model proposed by Li et al. (2020), which links resilience and marital satisfaction to reduced infertility-related stress (Li et al., 2020). Similarly, the interplay between cognitive strategies and emotional resilience echoes the findings of Gabnai-Nagy et al. (2020), who reported significant emotional state changes influencing the outcomes of fertility treatments (Gabnai-Nagy et al., 2020).

The role of cultural and societal influences, particularly in the context of pronatalist policies in Iran, provides a unique dimension to this study. Asadisarvestani (2023) highlighted the adverse impacts of these policies on reproductive rights and psychological well-being, underscoring the added pressure faced by women in such cultural settings (Asadisarvestani, 2023). This cultural

perspective is essential for understanding the unique challenges and coping mechanisms identified in this study.

## 5. Limitations and Suggestions

While this study provides valuable insights, it is not without limitations. First, the study focused exclusively on participants from Tehran, which may limit the generalizability of findings to other regions or cultural contexts. Second, the reliance on self-reported data may introduce bias, as participants may have underreported or overemphasized certain experiences. Third, the study employed a cross-sectional design, which does not capture the dynamic and evolving nature of psychological hardiness and coping strategies over time. Finally, while the sample size of 26 participants allowed for theoretical saturation, a larger sample might have provided additional depth and diversity to the findings.

Future research should address these limitations by expanding the geographical scope to include participants from diverse cultural and socioeconomic backgrounds. Longitudinal studies are recommended to explore the trajectory of psychological hardiness and its impact on infertility treatment outcomes over time. Additionally, integrating mixed-methods approaches could provide a more comprehensive understanding by combining quantitative assessments of psychological hardiness with qualitative insights. Future studies should also investigate the role of partner involvement and marital dynamics in shaping coping strategies and treatment experiences. Finally, research on the effectiveness of specific psychological interventions, such as mindfulness-based stress reduction or narrative therapy, in enhancing hardiness could offer practical applications for infertility care.

Healthcare providers should incorporate psychological assessments and interventions into routine infertility care to address the emotional and cognitive challenges faced by patients. Training for medical staff in culturally sensitive communication can help mitigate the impact of stigma and societal pressures on patients. Establishing support groups or peer networks for women undergoing reproductive treatments can provide a safe space for sharing experiences and coping strategies. Additionally, integrating holistic approaches, including physical health programs, spiritual practices, and professional counseling, can foster resilience and improve overall well-being. Policymakers and healthcare administrators should prioritize patient-centered

care models that address the multifaceted needs of women facing infertility.

## Authors' Contributions

Authors contributed equally to this article.

## Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

## Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

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## Declaration of Interest

The authors report no conflict of interest.

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## Ethical Considerations

The study protocol adhered to the principles outlined in the Helsinki Declaration, which provides guidelines for ethical research involving human participants.

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