ANSIRH — ADVANCING NEW STANDARDS IN REPRODUCTIVE HEALTH

American Public Health Association
2014 Conference
New Orleans, LA

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Susan Kools
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BARRIERS AND FACILITATORS TO THE INVOLVEMENT OF NURSES IN ABORTION CARE PROVISION

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PRESENTER DISCLOSURES

The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

I have no financial disclosures

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Learning Objectives

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- To present a brief overview of a grounded theory of nurse decision-making in ethically challenging clinical circumstances

- To discuss barriers and facilitators to the involvement of nurses in abortion care provision

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Research Questions

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- "Discovering the continuum between conscientious objectors and designated staff in the nursing care of women seeking abortions"
  - Funded study by the Clinical Science Translational Institute (UL1 RR024131) at UCSF and Sigma Theta Tau – The Honor Society in Nursing (#7771)

- Specific Aims
  - To describe the process that nurses use to make decisions about caring for women needing abortions
  - To determine the range of factors that influence nurses when making decisions about caring for women needing abortions

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Study Design

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- Qualitative Interviews (N=25)
- San Francisco Bay Area
- Abortion Clinic Staff, ED, ICU, L&D, OR, & PACU nurses
- Dimensional Analysis and Grounded Theory Method

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Demographics

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Age	
Mean	42.5 years old
Range	28 to 66 years old
Sex	
Female	25
Male	0
Race/Ethnicity	
African-American/Black	0
Asian/East Indian	1
Caucasian/White	19
Hispanic/Latina/Latino	3
Jewish	2
Years in Nursing	
Mean	13 years
Range	2.5 years to 40 years

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Slide 1 — Demographics

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Demographics

Primary Work Area

Women's Health/Abortion Clinic	**12**
Emergency Department	**2**
Intensive Care Unit	**2**
Labor and Delivery	**4**
Operating Room	**2**
PACU	**2**
Other	**1**

Hours worked per week	
Mean	30 hours per week
Range	12 hours to 50 hours per week

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Slide 2 — Demographics

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Demographics

Religious affiliation

Buddhist	**1**
Catholic	**1**
Christian	**1**
Jewish	**4**
Protestant	**1**
None	**13**
Sikh	**1**
Decline to State	**3**

Education

Associates Degree in Nursing	3
Bachelors of Science in Nursing	7
Other Bachelors	8
Masters in Nursing	13
Other Masters	2
Accelerated program graduates	6

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Slide 3 — Findings

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Findings

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Slide 4 — Calculus Formation

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Calculus Formation

- Nurses develop and use multifaceted, real-time calculi in several dimensions when making decisions about their participation in emergent, routine, or urgent abortion care provision (CALCULUS FORMATION)
  - Nurses tax back and forth between the personal and professional;
  - Nurses weight the role and opinion of others;
  - Nurses make a distinction between knowing how versus knowing that;
  - Nurses delineate the potential parameters of the nurse patient relationship

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Slide 5 — Characteristics

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Characteristics

- Patients
  - Empathetic
  - Unempathetic
- Nurses
  - Those who provide
  - Those who do not provide
- Exemplars of the continuum of empathy and objection

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Slide 6 — Barriers and Facilitators

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Barriers and Facilitators

- Barriers
  - Poor communication with co-workers and other professions
  - Institutional issues such as confusion regarding documentation and fetal remains disposition
  - Uncertainty in their ability to meet basic care needs of patients and their families
  - Inability to know how to develop Nurse-Patient relationship
  - Personal values take precedence over professional nursing ethical responsibility

- Facilitators
  - The reasons for the abortion
  - The level of empathy for the patients
  - Personal commitment to women's autonomy and agency
  - Nurses committed to a continuity of care (not a silo)
  - Designated staff

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Exemplars - Empathy

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- "Yeah. I think the empathy has grown over time, because I meet new nurses who've just started working in abortion, and I can see their biases. I can see they don't have that -- they think of it as this is just like a job. It's not like -- they still are very biased against the patients, even though they don't say it, but they are. I think it (empathy) does grow over time. – PACU Nurse

- "I don't know. I think, they're coming in already with some many stereotypes and ideas about people, and I don't think they really get to talk to people in any serious way. I would like to have a program where they really talk to women, themselves, about their experiences, and why they made the choices they did, or assumptions about why someone's coming to them in whatever condition they are. They don't know about how these immigrant women here end up here, and what they went through to get here, and how they've been raped and abused. I don't think those things come across to students." – L&D Nurse

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Exemplars – Barriers: Lack of knowledge of repeat unintended pregnancy and access

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- "But as I talk about some of those patients I've, you know, commented about, about the ones that are frustrating and who just seem like their using the system, you know, over and over again, I do feel not that they should be punished, but that there should be some responsibility as far as, like, maybe, you know, each time they have another one, they should -- the price should go up or something -- I'm not sure how it works, but some of them get their co-pay, like, waived or something, so it's literally like they're just, like, coming in; they do it, and they leave, and it's like no big deal to them." – ED Nurse

- "Well, there's so much -- I mean, and this is really -- and I'm glad this is not getting destroyed -- completely from personal experience is there's a lot of emotional stuff that goes into making a decision to having an abortion, to then, maybe going and getting emergency Medi-Cal and having to explain to a doctor why you need it. Then, going and explaining to a medical office, Medi-Cal services why you need emergency Medi-Cal and there's just so many elements that go into the pot, that yes, when you finally are done -- that once it's taken care of, I think relief is tremendous, and I think it is a really super normal emotion." L&D Nurse

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Exemplars – Barriers: Student experiences and lack of support

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- "I don't know. I mean, it was a really -- I didn't really get along well with my preceptor to begin with. She was really conservative, and she could just tell that I wasn't, not even about abortion, but just in general. She was a really hard person to get along with, and I just felt like, it's five weeks, and I need to make this work - But, yeah, it felt really lonely. I felt really kind of scary like what if somebody does find out, and what if there is some kind of retribution? Because they were there to bring babies into the world, and isn't it a miracle and isn't it wonderful. And I get it. Sure, it is, but that's not the whole picture of a woman's life. With a third of women having abortions, some need -- you can't separate it out." – Designated Staff Nurse

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Exemplars – Facilitators

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- "I think for some nurses, if they feel that the client had nothing to do with the issue or had no control over it, such as an anomaly, they tend to be more empathetic. Psychiatric illness, people are much more judgmental. I think people feel like a patient should be able to deal with that or something." – L&D Nurse

- "I don't know. I think, they're coming in already with some many stereotypes and ideas about people, and I don't think they really get to talk to people in any serious way. I would like to have a program where they really talk to women, themselves, about their experiences, and why they made the choices they did, or assumptions about why someone's coming to them in whatever condition they are. They don't know about how these immigrant women here end up here, and what they went through to get here, and how they've been raped and abused. I don't think those things come across to students." – L&D Nurse (who also works in the ED)

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Summary and Future Directions

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- This study provides a grounded theory of calculus formation that further develops the science of real-time decision-making in ethically challenging situations.

- These data expand our understanding of the multitude of factors that impact and influence nurse decision-making.

- More in-depth interviews are planned to further develop the grounded theory of calculus formation

- Policy changes from these data re: personal, professional, institutional and other individuals' barriers and facilitators to abortion care provision will be provided to key stakeholders to begin to address values clarification, debriefing and other educational interventions to support staff who provide abortion care.

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