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Authors

McLemore, Monica R

Levi, Amy

James, E Angel

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Recruitment and retention strategies for expert nurses in abortion care provision

Monica R. McLemore^{a,*}, Amy Levi^b, E. Angel James^a

^aUniversity of California, San Francisco – School of Nursing, 2 Koret Way, N#411, San Francisco, CA 94143, USA

^bUniversity of New Mexico – College of Nursing, MSC09 5350, 1 University of New Mexico, Albuquerque, NM 87131-0001, USA

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Abstract

Objective(s): The purpose of this thematic analysis is to describe recruitment, retention and career development strategies for expert nurses in abortion care provision.

Study design: Thematic analysis influenced by grounded theory methods were used to analyze interviews, which examined cognitive, emotional, and behavioral processes associated with how nurses make decisions about participation in abortion care provision. The purposive sample consisted of 16 nurses, who were interviewed between November 2012 and August 2013, who work (or have worked) with women seeking abortions in abortion clinics, emergency departments, labor and delivery units and post anesthesia care units.

Results: Several themes emerged from the broad categories that contribute to successful nurse recruitment, retention, and career development in abortion care provision. All areas were significantly influenced by engagement in leadership activities and professional society membership. The most notable theme specific to recruitment was exposure to abortion through education as a student, or through an employer. Retention is most influenced by flexibility in practice, including: advocating for patients, translating one's skill set, believing that nursing is shared work, and juggling multiple roles. Lastly, providing on the job training opportunities for knowledge and skill advancement best enables career development.

Conclusion(s): Clear mechanisms exist to develop expert nurses in abortion care provision.

Implications: The findings from our study should encourage employers to provide exposure opportunities, develop activities to recruit and retain nurses, and to support career development in abortion care provision. Additionally, future workforce development efforts should include and engage nursing education institutions and employers to design structured support for this trajectory.

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Keywords: Nursing Workforce Development; Abortion; Recruitment, retention and career development; Expert Nurses

1. Introduction

Nurses (RNs) have a strong tradition of participating in sexual and reproductive health care; Margaret Sanger, who was trained as a nurse, opened the first birth control clinic in the US in 1916 [1]. The involvement of RNs in the care of women seeking abortions has been documented in the scientific literature since 1968 [2] and yet despite this rich history, the participation of nurses is considered to be one of many current barriers to abortion care provision [3–6]. The contributors to this phenomenon are multifactorial, and it is necessary to understand factors related to nursing

education and workforce development to contextualize these findings. Much of the published evidence regarding RN attitudes has been extrapolated from studies focused on physicians and their ability (or lack thereof) to introduce or provide clinical abortion services. For example, studies report the difficulties of introducing medication abortion [6] or induction termination services [3,7,8] using RNs and support staff in existing, well-defined roles. These anecdotal data reflect real-time experiences of implementing changes into clinical practice; however, they may not necessarily be reflective of RN perspectives on their role.

Few studies [7,9,10] identify the advantages and/or challenges of having designated staff who exclusively provide abortion care; only three studies include expert RNs in abortion care provision [9,11,12]. Expert RNs are defined as “those who do not exclusively rely on analytical principles (rules, guidelines or maxims) to connect their

* Corresponding author. Tel.: +1 415 200 6097.

E-mail addresses: monica.mclemore@ucsf.edu (M.R. McLemore), amylevi@salud.unm.edu (A. Levi), evelyn.james@ucsf.edu (E.A. James).

understanding of a situation to an appropriate action; those who can zero in on the accurate region of a problem without wasteful consideration of a large range of unfruitful possible problem situations” [13]. In her landmark work, From Novice to Expert [13], preeminent nursing scholar Dr. Patricia Benner conducted seminal studies which showed that RNs progress through five levels of proficiency: novice, advanced beginner, competent, proficient and expert. The purpose of this thematic analysis was to explore perspectives and experiences of recruitment, retention and career development of expert RNs in abortion care provision.

2. Material and methods

2.1. Setting and sample

This paper is a sub-analysis of data from a larger study, which focused on evaluating distinctions in RN decision-making in abortion care provision. RNs from the San Francisco Bay Area were invited to participate in this study after institutional review board approval was obtained from the University of California, San Francisco (UCSF). Given the sensitive nature of the study, volunteers contacted the study team independent of their employer’s knowledge. Flyers were sent to RNs from their managers and posted in staff-only areas in 14 Bay Area sites that were initially chosen based on their relationship with UCSF (N = 3 sites). Initial interviews were conducted with RNs who provided care to women seeking abortions in emergent or urgent settings [emergency departments (ED), intensive care units, labor and delivery (L&D), operating room (OR), post anesthesia care units (PACU)], and it became clear that RNs who provided routine abortion care would also need to be interviewed to reach data saturation explore and expand on themes identified in earlier interviews (secondary sites, N = 5 sites). A third round of sites were added to include non-UCSF affiliated sites that provide abortion care (tertiary sites, N = 6 sites). Sampling of RNs was specific to work setting given the research questions of the larger study and no special consideration was given to age, race/ethnicity or religious affiliation. Prior to data collection, written informed consent was obtained from each participant.

Data for this analysis includes interviews of RNs who work (or previously worked) in ED, L&D, OR, PACU and those identified primarily as designated staff in abortion clinics who initiated discussions about recruitment, retention or career development during their interview ($n=16$ out of 25). The only exclusion criterion was RNs who did not work in the clinical areas of interest to the study and the inclusion criteria included RNs in all job titles but functioning at least 50% time providing clinical nursing care. Despite the fact that many RNs interviewed for this study have advanced degrees and function in multiple roles, the focus of this analysis was geared toward those functioning in staff RN roles, meaning in both procedure circulation and recovery activities. RNs had to have exposure to women needing or

seeking abortions in the last 5 years. Gift cards were provided for their time.

2.2. Data collection and analysis

Semi-structured interviews (25–90 min) were conducted and recorded by the lead author between November 2012 and August 2013. The interview guide included several broad questions in which RNs were asked to discuss their careers in nursing, summarizing their work experiences. We then asked them to think of a time when a woman needing an abortion presented to their unit and to recount that day, followed by several probing questions. Interviews were transcribed and coded using thematic analysis influenced by grounded theory methods [14]. Line-by-line coding was completed by the first author and themes were developed by categorizing the codes. Next, the study team (all expert clinician-scientists in abortion care provision) reviewed the codes and themes.

3. Results

Demographic data were collected to describe the sample (Table 1), but no identifying information was collected except the signature on the informed consent form; all quotes

Table 1
Demographic characteristics of study participants (N = 16)

Age (years)	47.9 ± 19.1
Female gender	16 (100%)
Race/ethnicity	
African-American/black	0
Asian/East Indian	1 (6%)
Caucasian/White	10 (63%)
Hispanic/Latina/Latino	3 (19%)
Jewish	2 (13%)
Time in nursing (years)	12 (2 to 40)
Primary work area	
Women’s health/abortion clinic	12 (75%)
Emergency department	1 (6%)
Labor and delivery	2 (13%)
PACU	1 (6%)
Hours worked per week	34 (12 to 50)
Religious affiliation	
Buddhist	1 (6%)
Jewish	3 (19%)
Protestant	1 (6%)
None	9 (57%)
Sikh	1 (6%)
Decline to State	1 (6%)
Education*	
Associates degree in Nursing	3 (19%)
Bachelors of Science in Nursing	5 (31%)
Other Bachelors	8 (50%)
Masters in Nursing	11 (69%)
Other Masters	2 (13%)
Accelerated program graduates	4 (25%)

All data presented as n (%). Age presented as mean (SD); Time in Nursing and Hours worked per week presented as median (range).

* Participants do not total 16 as more than half had multiple degrees.

included here are anonymous. RNs were almost evenly split between those new to nursing (experience <5 years) and seasoned nurses (experience >10 years). Each theme and associated sub-themes, summarized in Table 2, are described, and an exemplar quote is provided to support the abstraction and analysis. A trajectory of recruitment, retention and career development is described.

3.1. Trajectory phase I: recruitment

3.1.1. Exposure to abortion care

Exposure quickly emerged as a dominant theme relevant to recruitment and includes two sub-themes: exposure through education or through previous employment. Many participants described volunteer or non-RN work in abortion care to meet the volunteer requirements/pre-requisites for their RN school applications. One RN who also functions in administration said: *“I have literally, I think, about 20 applications unsolicited from RNs who want to volunteer with us. Not even for paid work. Of course, they’d love that, too, but they want to work in women’s health, and there aren’t any other opportunities.”* Additionally, educational exposure to providing abortion care is optional in most schools of nursing. Several RNs described this phenomenon:

I remember when I was in nursing school — One thing was I hated it, and the real reason was because I wanted to work in women’s health. I was so bored learning about geriatrics and cancer, stuff I knew I was never going to use ever, and I still haven’t. Some of it has come in handy, like a patient with seizures who is in my clinic, but generally speaking; it did not apply to me and my goals. Also, everything in nursing school gears you for hospital nursing, and I really like clinic work.

Given the importance of on the job training for skill development, employment exposure is differentiated from educational exposure. The transition from student to employee allows RNs the ability to choose their employer based on criteria consistent with their interests. For example, one RN said: *“I mean, I knew going into my job that... surgical abortion provision was an option at the time. And it was kind of just [an] easy transition for me professionally. I didn’t feel like I had any inhibitions about it. Personally,*

I hadn’t had any experience with it before, and so I — it was something new ... — I don’t think I ever questioned personally that it should be an option to people — and I think I was very naïve personally, going into school, how difficult it is for some people to find services, or find a place, or to get abortion services, or just, or all the stigma around it.”

An additional aspect of employment exposure is personal exposure, specifically if the employee has had a personal history of abortion or sought out professional opportunities to participate in abortion care during their training, they were more likely to seek work in abortion care. One RN said: *“Working in this clinic and providing respect — respecting these women, nurturing these women, having no judgment whatsoever towards their decision or situation leaves me so fulfilled because I didn’t get any of that.”*

Exposure through the type of employment can differ because RNs were very clear about what type and kind of exposures they expected from their employers that contributed to them becoming expert nurses in abortion care. RNs who do not exclusively work in abortion care provision commented on these exposures:

I would say definitely... our clinic does prenatal care and provides abortion services, so switching those hats. And I think — actually, it’s not even the switching hats that’s difficult, at all, actually, now that I think about it. It’s not, it’s just, I think, works because you get to experience both. I’m not just providing abortion services all day, I’m also taking care of women who are continuing — you kind of get to see both aspects. And a lot of times when I’m taking prenatal histories, a lot of these women have had terminations before. And so, it just kind of puts everything together.

3.2. Trajectory Phase II: retention

Once RNs have been successfully recruited, on the job orientation and training must occur given the disparities in basic knowledge regarding abortion care provision. Many RNs described the need for personal flexibility.

Table 2
Strategies to develop expert nurses in abortion care provision identified during in-depth interviews

Career phase	Theme	Sub-themes	Responsible party
Recruitment	Exposure	<ul style="list-style-type: none"> ● Through education ● Through employment 	Academic Institutions Employers
Retention	Flexibility	<ul style="list-style-type: none"> ● Advocacy for patients ● Ability to translate clinical skill set ● Belief in nursing as shared work ● Ability to juggle multiple roles 	Employees
Career Development	“Growing our own”	<ul style="list-style-type: none"> ● Support/provide multiple paths to abortion care provision ● Development of empathy over time 	Employers
Expertise	Activities of legitimacy	<ul style="list-style-type: none"> ● Leadership opportunities ● Development of policy/procedures/protocols ● Professional societies/meetings ● Opportunities of professional advancement 	Employees/employers

3.2.1. Flexibility in practice

“Flexibility” is an in-vivo quote used by most of our participants to describe their attitude toward their work and other staff; this was also used to describe their reactions to the unpredictable nature of abortion care provision. Sub-themes of flexibility include: advocating for patients, having the ability to translate their skill set in different ways, believing in nursing as shared work and juggling multiple roles. Designated staff RNs in particular included patient advocacy in their comments regarding flexibility in the context of needing to provide space for the agency of women, especially when negotiating with others for care provision. One nurse said: “I just think that if you’re going to work in abortion care, that you have to be somebody who is extremely flexible with your emotions, that you can deal with the angry patient, you can deal with the extremely sad patient, you can deal with the patient who has a flat affect to know when to use humor and not use it and be more empathetic.”

Belief that nursing is shared work between professions and among RNs was another sub-theme of flexibility that emerged. Abortion care provision was described as a team effort including physicians, clergy, counselors, medical assistants, insurance advisors, social workers, and other staff. RNs valued shared work and articulated that it should be expected from all new hires and specifically within nursing where flexibility is required in the skills and tasks one performs to ensure clinic flow and consistent patient care. One nurse said: “*I care about those patients to the extent that I train all of our other providers like our FNP’s [Family Nurse Practitioners], our PAs, our Midwives, to work back in the recovery area because I’m not there all the time and sometimes the other nurses aren’t there either, and they have to relieve us for lunches. They need to know how to work back there.*”

Another key aspect of retention is described by RNs as “growing our own”, which is an employer-based commitment to providing RNs with on the job knowledge and skill acquisition that allows them to develop into expert RNs.

3.2.2. “Growing our own”

“Growing our own” is an in-vivo quote that specifically describes the lack of formal opportunities to observe/provide abortion care during their RN training; personal perspectives on their career trajectory; and philosophical approaches to training other learners to provide abortion care. For example: “I started out as a receptionist and my employer at that time, in the 80s, had probably close to 18 to 22 clinics throughout California, almost strictly abortion. They did some family planning, but just kind of an association with the abortions, and so, I — they offered to pay for me to go back to school. They paid for everything and paid me a salary, then trained me on the job.” Additionally, providers who are hiring are difficult to identify, as one RN remarked: “*It seems there’s so few jobs for nurses who want to work in this field.*” All of the RNs in this study spoke about piecing together clinical experiences (exposures), textbooks, and mentors to develop

expertise in abortion care provision. More importantly, RNs described the need for patience when working with new RN recruits due to their lack of exposure and incomplete knowledge base concerning abortion. Many of the nurses described the process of helping new hires develop empathy: “*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 does grow over time.*”

3.3. Trajectory Phase III: career development

There is not much infrastructural support for career development in nursing outside of acute care settings. RNs in this study clearly described the need for employers to assist in the development of these opportunities.

3.3.1. Engagement in activities of legitimacy

Engaging in activities of legitimacy emerged quickly as a theme, and is described as participation in professional meetings, membership in societies, developing quality and process improvement projects, acknowledgment as full members of a team, engagement with clinic leadership and policy and procedure development. These were all cited as facilitators to retention and career development for RNs. One RN said: “Being able to participate in [National Abortion Federation] initially was really intimidating, but once I attended it made me realize that there are many other RNs who know what I’m talking about that I can debrief with unlike my RN colleagues who do not provide abortion care. It would be nice to — sometimes I wish my colleagues would ask, “How’s work? How’s it going, you know, like working in abortion? Or just acknowledging my career.”

3.3.1.1. Expanding the RN skill set in abortion care provision. RNs in this study also made unsolicited comments regarding the need for employers to provide increased opportunities for skill advancement. One nurse said: “*Do I want to stay involved in abortion care after I finish school? I do because one of the goals of me becoming a nurse practitioner is that I’d like to be one of those nurse practitioners in the state of California that can perform abortions.*” Our specific focus on RNs is crucial given that most in this study saw advanced education in nursing as a component of career development. However, many RNs also expressed frustration at being regarded as having a finite skill set, being separated from the larger culture of nursing and “trapped” in abortion care provision because of the misperceptions of others:

You know — one of the clinicians at our — that I work with, one of PAs who I think is looking for a job, she’s kind of starting to put her feelers out for a new job, and she said that she had an experience where she went to interview and — they were like, you don’t have any prenatal care. Like, oh, you only know how to terminate pregnancy. She felt like she was

discriminated against because, everybody has their skill set that, like, they either are bringing to the table or not bringing to the table. But sometimes I do wonder about that. Like, am I putting myself into this niche that — or box that, in the future if I want to go somewhere else, I wonder if it's going to be more difficult for me or not, you know, and I think it depends on where I am.

4. Discussion

Data from this study show that a clear trajectory exists for development of expert nurses in abortion care provision. Additionally, future workforce development efforts should include and engage nursing education institutions and employers to design structured support for this trajectory. It is estimated that there are 2.7 million RNs in the US [15]. There are several infrastructural barriers to RN participation in abortion care: lack of visibility of the RN workforce in abortion care [11], lack of professional certification [12], lack of access to competency development [12], and outdated assumptions that the peri-operative or labor and delivery (L&D) skill set is adequate for gaining expertise in abortion care [11]. On-the-job training has been demonstrated to contribute to rapid clinical knowledge acquisition and development of nursing expertise [16], but this is not often available in the context of abortion care. Our findings show that a key recruitment strategy is exposure to abortion care provision either as a student, or in some other employment/volunteer capacity. Similar to work by others [17–18] who work with residents and other trainees, RNs exposed to abortion care prior to their RN training and early in RN education are more likely to be successfully recruited for participation in abortion care. Given this finding it seems appropriate to integrate values clarification exercises and observational rotations for RN students in abortion care provision.

It is important to recognize that RNs can engender high quality clinical abortion care and work collaboratively with physicians when the themes presented in this paper are addressed using team-based approaches. Retention of expert RNs in abortion care provision requires not only flexibility on the part of individual RNs but also of the team. Others [19] have shown that sharing of work and experiences in structured workshops can decrease abortion stigma and reduce provider burnout. Additionally, “growing our own” is analogous to developing capacity in practice, science and research [20]. The importance of developing capacity in practice, science, and research in abortion care, and specific to nursing, is demonstrated by the term “growing our own.” This may particularly resonate with nurses as nursing has a history of training and practice that is rooted in the hospital setting. In the abortion care provision context, the infrastructure within nursing needs to be built and does not currently exist.

Career development rests in the purview of the RNs, employers and academic institutions, as having the opportunity to participate in activities of legitimacy was the primary finding essential for career development. It is in this portion of the trajectory that the most progress has already occurred. Nationally, both Nursing Students for Choice [<http://www.nursingstudentsforchoice.org>] and Clinicians for Choice [<http://prochoice.org/health-care-professionals/clinicians-for-choice/>] exist as professional organizations that provide opportunities for the development of expert RNs in abortion care provision. Future work should include career development of RNs in more traditional nursing professional organizations to increase the visibility of RNs doing abortion care, and to expand the pool of future providers.

This evaluation is limited by the structure of the study, which was a subset of a larger trial that was not pre-defined a priori. These data come from a larger study evaluating distinctions in decision-making in abortion care provision where the focus was not on recruitment, retention and career development. Additionally, only a sub-set of the data was used to conduct this analysis, therefore we are unable to guarantee thematic saturation or that all key themes specific to the development of expert RNs are represented. Because these interviews occurred in the San Francisco Bay Area, the experiences of the RNs interviewed may not be entirely generalizable, specifically given the demographics of the sample (i.e., well educated, mostly white). Of note, given the large number of atheists in our study, and the importance that religion has been shown to have on RNs decision-making in regards to abortion care provision [21], we acknowledge that nurses with stronger religious identification may have different perspectives on this work that are not captured in our findings.

The strengths of this study include the in-depth nature of the comments provided, the range of years of clinical experience of the RNs, and the number of clinical sites that included both hospital-based and freestanding clinics that provide abortion care. Future research should address recruitment; retention and career development strategies more broadly for RNs in abortion care provision and specifically for mapping the trajectory of RNs who seek to become abortion providers. In conclusion, findings from our study should encourage employers to provide opportunities for exposure to abortion care, develop activities to recruit and retain nurses, and to support career development. Additionally, these data highlight approaches to support trajectories to develop expert nurses in abortion care provision.

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