

Original research article

Abortion providers, stigma and professional quality of life^{☆,☆☆}

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Abstract

Objectives: The Providers Share Workshop (PSW) provides abortion providers safe space to discuss their work experiences. Our objectives were to assess changes in abortion stigma over time and explore how stigma is related to aspects of professional quality of life, including compassion satisfaction, burnout and compassion fatigue for providers participating in the workshops.

Study Design: Seventy-nine providers were recruited to the PSW study. Surveys were completed prior to, immediately following and 1 year after the workshops. The outcome measures were the Abortion Provider Stigma Survey and the Professional Quality of Life (ProQOL) survey. Baseline ProQOL scores were compared to published averages using *t* tests. Changes in abortion stigma and aspects of professional quality of life were assessed by fitting a two-level random-effects model with repeated measures at level 1 (period-level) and static measures (e.g., demographic data) at level 2 (person-level). Potential covariates included age, parenting status, education, organizational tenure, job type and clinic type (stand-alone vs. hospital-based clinics).

Results: Compared to other healthcare workers, abortion providers reported higher compassion satisfaction ($t=2.65$, $p=.009$) and lower burnout ($t=5.13$, $p<.0001$). Repeated-measures analysis revealed statistically significant decreases in stigma over time. Regression analysis identified abortion stigma as a significant predictor of lower compassion satisfaction, higher burnout and higher compassion fatigue.

Conclusions: Participants in PSW reported a reduction in abortion stigma over time. Further, stigma is an important predictor of compassion satisfaction, burnout and compassion fatigue, suggesting that interventions aimed at supporting the abortion providing workforce should likely assess abortion stigma.

Implications: Stigma is an important predictor of compassion satisfaction, burnout and compassion fatigue among abortion care providers. Therefore, strengthening human resources for abortion care requires stigma reduction efforts. Participants in the PSWs show reductions in stigma over time.

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Abortion stigma persists, even though it has been over 40 years since *Roe v. Wade* made legal abortion available in all US states. Indeed, research suggests that abortion stigma is one reason why we increasingly must depend on a relatively small number of providers to offer the service; currently, 87% of counties in the United States do not have access to an abortion

provider [1]. We know that approximately half of the physicians who are trained to provide abortions services ultimately do not do so [2,3]. Some of the explanations given include institutional barriers and worries about the strain providing abortions would put on existing collegial relationships — both of which point to abortion stigma as a culprit [3].

Recent studies have examined how abortion stigma is experienced, manifested and resisted by abortion providers. One multisite national study that surveyed 79 abortion providers found that over 60% of the abortion providers surveyed felt “unappreciated by society” and nearly two-thirds of providers worried about the consequences of disclosing that they work in abortion. Fifty percent of the sample reported having experienced harassment — either verbal or physical violence [4].

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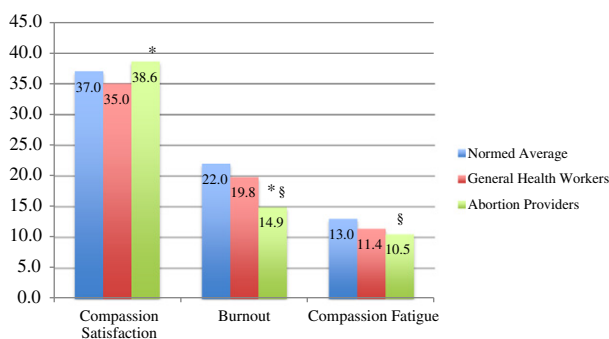
Given the impact of stigma on abortion providers, more research is needed to investigate how abortion stigma may be related to human resource issues, including burnout. From 2010 to 2012, in seven sites around the United States, our research team offered a series of workshops in which abortion providers could experience safe spaces for open discussion about the stresses and difficulties associated with their jobs. Here we report the main findings from that multisite study and answer three important questions: (1) How do abortion providers compare to others in helping professions with regards to their professional quality of life (i.e., compassion satisfaction, burnout, and compassion fatigue)? (2) Did participants' scores on two important outcome measures, the Abortion Provider Stigma Survey (APSS) and the Professional Quality of Life (ProQOL) scale change over time after participating in the workshops? (3) Is there a relationship between experiences of stigma and abortion providers' professional quality of life, as measured by the ProQOL?

1. Materials and methods

1.1. Providers Share Workshop

The Providers Share Workshop (PSW) consists of five sessions where abortion providers meet to discuss their work. A mental health professional experienced with group facilitation who was not employed at the worksite facilitated all workshops. Sessions last between 1 and 2 h and take place over an 8- to 12-week period. Session themes: (1) What abortion work means to me, (2) memorable stories from abortion work, (3) abortion and identity, (4) abortion politics, and (5) strategies for self-care. (See Fig. 1.)

Potential workshop sites were recruited via e-mails sent to networks of abortion providers and clinic directors, word-of-mouth, and e-mails and flyers at national meetings for abortion providers. Site eligibility criteria included the



* Statistically significant difference between Abortion Providers in the PSW and General Health Workers

§ Statistically significant difference between Abortion Providers in the PSW and the reported Normed Averages.

Fig. 1. Comparison of compassion satisfaction, burnout and compassion fatigue scores between normed averages, general healthcare workers, and abortion providers. *Statistically significant difference between abortion providers in the PSW and general health workers. §Statistically significant difference between abortion providers in the PSW and the reported normed averages.

following: (1) a minimum of six staff eligible to participate (i.e., staff working directly in abortion care), (2) a staff person available to serve as project liaison or coordinator, (3) the ability to complete all five sessions of the workshop in 8–12 weeks, (4) no major administrative or leadership turnovers in the previous 6 months, and (5) agreeing to work with the research team to identify an appropriate outside facilitator. Project liaisons recruited individual participants at each site via e-mails, announcements at all-staff meetings and flyers posted in staff-only areas. Participants were compensated for their attendance at workshops, either by earning their hourly wage if the workshops took place during working hours, or they were paid a modest stipend of up to US\$250 (US\$50 for each workshop session attended) if the workshops took place outside working hours.

We employ a broad definition of abortion provider to include any employees who participate in abortion care services, not just to the clinician performing the abortion. All employees who participate in abortion care services were eligible to participate in the workshops. PSW participants completed surveys online using a secure Web site at three time points — (1) a pre-workshop survey after consenting to participate, (2) post-workshop surveys were completed within 3 weeks of the conclusion of the workshop, and (3) participants completed final follow-up surveys approximately 12 months after the final workshop. All study procedures were reviewed and approved by the University of Michigan Institutional Review Board.

1.2. Measures

The presurvey included demographic questions (e.g., age, race, education, tenure at current organization), and all three surveys contained the following instruments: (1) the ProQOL scale, (2) the Ways of Coping questionnaire [5], (3) the Process subset of the Workgroup Characteristics Measure [6], (4) the People and Organizational Culture Profile [7] and a newly created survey instrument, the APSS [4]. Surveys took approximately 45 to 60 min to complete per administration. Here we report on findings from the ProQOL scale and the APSS.

1.3. ProQOL instrument

The ProQOL measures the positive and negative feelings that workers in the helping professions may have in response to their work [8]. In the current study, we use version 4, which consists of 30 items, which we modified only as necessary to make the wording appropriate to abortion care. Answer choices for each item include the following: never, rarely, sometimes, often and very often. Three distinct subscales comprise the instrument: compassion satisfaction, burnout and compassion fatigue, and it is recommended that these should not be combined into a composite score [8]. The ProQOL manual reports normed averages derived from a

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