

Original research article

Recruitment and retention strategies for expert nurses in abortion care provision

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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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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

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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.

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