

Needs of Labor and Delivery Nurses Caring for Women Undergoing Pregnancy Termination

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ABSTRACT

Objective: To explore the psychosocial, educational, and administrative support needs of labor and delivery (L&D) nurses who care for women undergoing pregnancy termination.

Design: A qualitative, descriptive design.

Setting: This study was conducted on a L&D unit at a large, university-affiliated hospital in Quebec, Canada.

Participants: A convenience sample of 10 L&D nurses participated in this study. Ages of participants ranged from 25 to 55 years, and experience on the unit ranged from 1 to 30 years.

Methods: One-time, face-to-face interviews were conducted with each participant. Audio-recorded interviews were transcribed verbatim and analyzed using inductive content analysis.

Results: Participants valued interpersonal support from nurse colleagues and guidance from experienced nurses in managing the emotional aspect of this care. They raised concerns about the effect of nursing workload and patient-to-nurse ratios on patient care. Nurses noted a desire for knowledge and skill-building through access to evidence-based literature, continuing education sessions, and workshops. They also expressed a need for more information regarding the genetic counseling process and community resources available to women undergoing pregnancy termination.

Conclusion: Ensuring continuity of care through knowledge sharing related to genetic counseling and community resources creates the context for holistic patient care. Increased attention to the particular needs of L&D nurses providing care to women undergoing termination may enhance the quality and safety of care for this unique population.

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Pregnancy loss is described as a “life crisis” for parents and healthcare professionals (Gardner, 1999), and it presents a unique and challenging experience for nurses caring for these families. This emotionally intense work requires expert nursing skill and can cause stress and suffering for nurses (Marek, 2004; McCreight, 2005). This can lead to psychological trauma, compassion fatigue, and burnout (Lipp & Fothergill, 2009). Emotionally demanding work affects individual nurses and the organization as a whole, through absences and nurse turnover (Harris, Debbink, Martin, & Hassinger, 2011; Huntington, 2002; Nicholson, Slade, & Fletcher, 2010). Despite these consequences, strong emotional involvement in patient care can be a positive and rewarding experience for nurses (McCreight, 2005).

Voluntary termination, either medically or surgically induced, is one type of pregnancy loss that requires particular attention. For the purposes of this research, *pregnancy termination* is defined as an “induced termination of a pregnancy . . . deemed necessary by the woman carrying [the fetus] and performed at her request” (Anderson, Anderson, & Glanze, 1994, p. 530). The termination procedure requires complex nursing care; nurses need a high level of expertise to provide families with the necessary physical and emotional support (Huntington, 2002; Nicholson et al., 2010). Despite the challenges of this care, the complex psychological impact, and the effect on nurse burnout and patient care, nurses are expected to cope with these difficult and traumatic situations (Huntington, 2002; McCreight, 2005).

Literature Review

Nurses' Experiences

There are a number of factors that affect the experiences of nurses providing care for women undergoing pregnancy termination. Multiple researchers have identified that nurses experience more conflict in providing this care as gestational age increases (Gallagher, Porock, & Edgley, 2010; Haney, 2011; Huntington, 2002; Marek, 2004). In a survey of U.S. nurses working in a labor and delivery (L&D) setting, participants described greater comfort providing this care when the reason for termination was a fetal anomaly that was incompatible with life or that led to fetal demise (Marek, 2004). Many nurses feel further conflicted when caring for multiple women, some of whom are giving birth to healthy infants and others who are undergoing pregnancy terminations, a circumstance that is unique to L&D units (Bishop, 2007). This conflict relates to the quality of patient care provided during this life-altering event.

Researchers examining nurses' experiences caring for women undergoing pregnancy termination identified another conflict that exists between nurses' professional duties and their personal beliefs and values in relation to pregnancy termination (Marek, 2004; Wolkomir & Powers, 2007). The Canadian Nurses Association's Code of Ethics (2008) states that the nurse is obligated to provide "safe, compassionate, competent and ethical care until alternative care arrangements are in place to meet the person's needs or desires" (p. 44). Therefore, nurses working on Canadian L&D units have a duty to care for women undergoing termination, regardless of their personal beliefs. Furthermore, many nurses who work in L&D experience conflict related to the perception of enhancing one life, the mother's, at the expense of another, the fetus's (Gallagher et al., 2010; Nicholson et al., 2010). This conflict can exacerbate feelings of moral distress, which was defined by Hanna (2005) as "a type of interior recoil, interior aversion, or internal withdrawal from that which is perceived to produce harm to an observed or objectively known good" (p. 115). Moral distress is most often related to the intentional destruction of the fetus yet may be experienced to varying degrees depending on a number of situational characteristics and the nurse's ability to cope (Hanna, 2005).

Coping

In acknowledging the complexities of nurses' experiences, it is important to understand the ways in which nurses cope with such challenges. Self-

Families undergoing pregnancy termination require complex nursing care and a high level of physical and emotional support.

regulation is an internal strategy that nurses use to cope with providing termination care. Nurses may set boundaries in their care in an effort to respect their professional obligations as well as their personal values (Gallagher et al., 2010). Many nurses selectively engage or distance themselves from certain cases, depending on the degree of emotional or psychological challenge it will present (Bishop, 2007; Nicholson et al., 2010; Wolkomir & Powers, 2007). This strategy is a form of self-preservation that helps to reduce stress. It may take the form of nurses acknowledging their judgment of certain patients, but also working to conceal this judgment to preserve the quality of care (Lipp, 2011). Many nurses identified that acknowledgement of personal judgments and understanding the perspectives of the families was necessary to cope with termination (Gallagher et al., 2010; Lipp, 2010, 2011). Understanding the coping strategies nurses use when providing termination care is a basis from which to gauge the specific needs of these nurses.

Needs of Nurses

Acknowledging the emotional work of L&D nurses who provide termination care is an important part of reducing psychological burnout, nurse turnover, and improving the quality of patient care (Bishop, 2007; Nicholson et al., 2010). A number of authors have reported the needs of nurses caring for women undergoing pregnancy termination (Bishop, 2007; Gallagher et al., 2010; Huntington, 2002; Lipp & Fothergill, 2009; McLemore & Levi, 2011; Nicholson et al., 2010).

A recurring need identified in the literature is the desire of the nurse for appropriate education and preparation. Many nurses feel that their education does not adequately prepare them for the emotional challenge of caring for families undergoing pregnancy termination (Huntington, 2002). In a Canadian study of 11 obstetric nurses caring for women terminating for fetal anomalies, the participants cited their lack of education and on-the-job training as a barrier to providing quality nursing care (Bishop, 2007). The nurses believed that more education related to counseling and emotional support, and the opportunity to attend grief and bereavement seminars, would give them the knowledge and skills to provide better psychosocial care for their patients (Bishop,

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