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Expanding Our Understanding Complex Decision-Making in Emergent, Routine, and Urgent Ethically Challenging Clinical Situations



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Background

Nurses routinely provide care to patients in ethically challenging situations.

Study Purpose

The purpose of this study was to discover and identify the continuum between conscientious objectors and designated staff in the provision of nursing care to women seeking abortions.

More specifically, we sought to gain a deeper understanding of processes that nurses use when making clinical decisions in ethically challenging situations using abortion as the clinical context.

Findings

Table 1: Demographic Characteristics of Sample (N=25)

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

Table 2: Education and Current Work

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
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

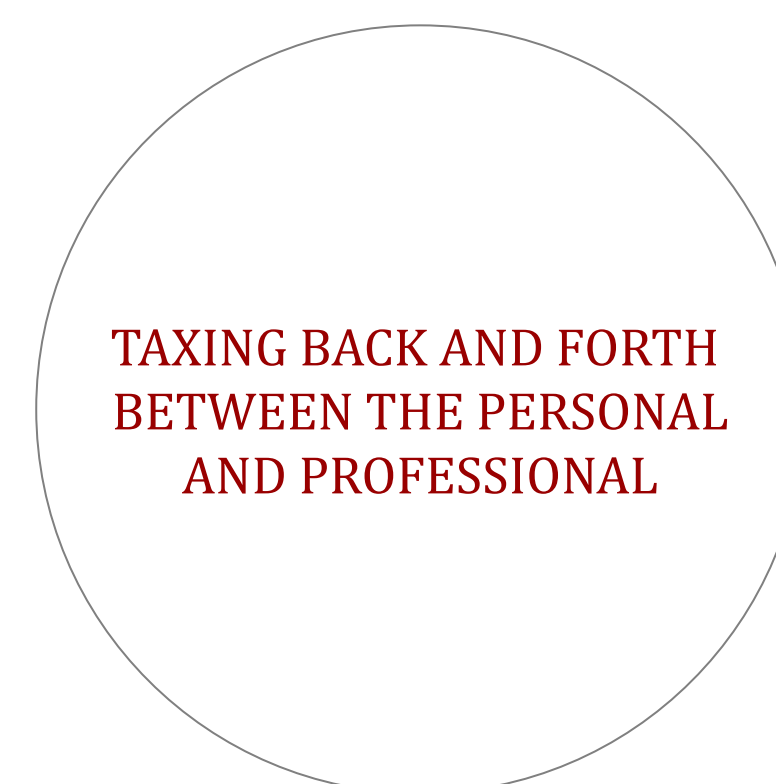
Methods

Constructivist Grounded Theory Method was used.

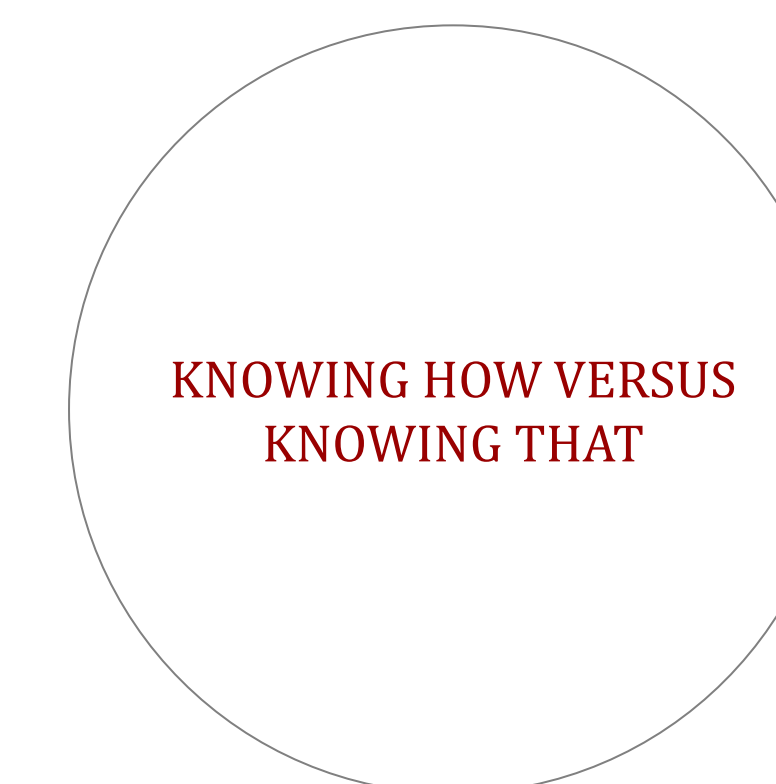
A purposive sample of 25 nurses who currently or previously work in abortion clinics, emergency departments (ED), intensive care units (ICU), labor and delivery (L&D), operating rooms (OR) and post anesthesia care units (PACU) were interviewed between November, 2012 and August, 2013.

Questions were designed to examine and explore the cognitive, emotional, and behavioral processes associated with how nurses make decisions to care for women needing and seeking abortions.

Calculus Formation



- Conflict with personal views on parenting decisions, death, and dying
- Wrestling with yourself
- Self-awareness, self preparation and sitting with discomfort in real-time.



- Fear
- Silos or distinctions in care across the reproductive spectrum
- The importance of backstory
- The perceived failure or inability to translate a skill set.



- Nursing as shared work
- Lack of support from others
- Poor communication



- Establishment of what was meant by "nursing" work in the abortion context
- Making clear distinctions between women and patients
- Discussing the impact of the environment of care and its role in abortion care provision.