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

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Learning Objectives

- To present an overview of a grounded theory of nurse decision-making in ethically challenging clinical circumstances

- To discuss the actions and consequences of this theory and implications for clinical practice
“Discovering the continuum between conscientious objectors and designated staff in the nursing care of women seeking abortions”

- Funded study by the Clinical Science Translational Institute (UL1 RR024131) at UCSF and Sigma Theta Tau – The Honor Society in Nursing (#7771)

Specific Aims

- To describe the process that nurses use to make decisions about caring for women needing abortions

- To determine the range of factors that influence nurses when making decisions about caring for women needing abortions
Study Design

- Qualitative Interviews (N=25)
- San Francisco Bay Area
- Abortion Clinic Staff, ED, ICU, L&D, OR, & PACU nurses
- Dimensional Analysis and Grounded Theory Method
# Demographics

<table>
<thead>
<tr>
<th>Age</th>
<th>Mean Range</th>
<th>42.5 years old 28 to 66 years old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td>Female 25 Male 0</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
<td>African-American/Black 0 Asian/East Indian 1 Caucasian/White 19 Hispanic/Latina/Latino 3 Jewish 2</td>
</tr>
<tr>
<td>Years in Nursing</td>
<td></td>
<td>Mean 13 years Range 2.5 years to 40 years</td>
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</tbody>
</table>
### Demographics

#### Primary Work Area

<table>
<thead>
<tr>
<th>Area</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Women’s Health/Abortion Clinic</td>
<td>12</td>
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<tr>
<td>Emergency Department</td>
<td>2</td>
</tr>
<tr>
<td>Intensive Care Unit</td>
<td>2</td>
</tr>
<tr>
<td>Labor and Delivery</td>
<td>4</td>
</tr>
<tr>
<td>Operating Room</td>
<td>2</td>
</tr>
<tr>
<td>PACU</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>1</td>
</tr>
</tbody>
</table>

#### Hours worked per week

<p>| Mean | Range              | 30 hours per week | 12 hours to 50 hours per week |
|------|--------------------|-------------------|------------------------------|------------------------------|
| 30   | 12                 |                  |                              |                              |</p>
<table>
<thead>
<tr>
<th>Religious affiliation</th>
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<tr>
<td>Catholic</td>
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<tr>
<td>Christian</td>
<td>1</td>
</tr>
<tr>
<td>Jewish</td>
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<tr>
<td>Protestant</td>
<td>1</td>
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<tr>
<td><strong>None</strong></td>
<td><strong>13</strong></td>
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<tr>
<td>Sikh</td>
<td>1</td>
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<tr>
<td>Decline to State</td>
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</table>

<table>
<thead>
<tr>
<th>Education</th>
<th>Count</th>
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<tbody>
<tr>
<td>Associates Degree in Nursing</td>
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<tr>
<td>Bachelors of Science in Nursing</td>
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<tr>
<td>Other Bachelors</td>
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<tr>
<td><strong>Masters in Nursing</strong></td>
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<tr>
<td>Other Masters</td>
<td>2</td>
</tr>
<tr>
<td>Accelerated program graduates</td>
<td>6</td>
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</table>
Findings
Calculus Formation – Definition

- An iterative process of assessing and weighing relevant variables (i.e., person or thing) in a situation to determine a decision and set of associated actions.

- The development and evolution of calculi is an iterative, ongoing process for RNs irrespective of their status as a novice or expert RN and is complex.

- Nurses develop and use multifaceted, real-time calculi in several dimensions when making decisions about their participation in emergent, routine, or urgent abortion care provision.
Calculus Formation – Components

■ Actions

■ Nurses tack back and forth between the personal and professional;

■ Nurses weight the role and opinion of others;

■ Nurses make a distinction between knowing how versus knowing that;

■ Nurses delineate the potential parameters of the nurse patient relationship
Perspective
Real-time participation in abortion care provision

- Nursing work in the abortion context
- Women vs. patients
- Environment of care

Calculus Formation

- Wrestling with oneself
- Personal parenting decisions, death and dying
- Self-awareness & preparation, sitting with discomfort

Tackling back and forth

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

Opinion and role of Others

- Fear
- Perceived failure/inability to translate skill set
- Silos in services

Knowing how vs. knowing that

Consequence
Connection or disconnection with patients

Nurse-Patient relationship

- Environment of care
- Nursing work in the abortion context
- Women vs. patients
Tacking Back and Forth

- Wrestling with oneself
- Confronting personal views
- Becoming self aware
- Preparing oneself
- Sitting with discomfort
"I think working at an abortion clinic is hard as a nurse. I think that there are times that you’re dealing with things as a woman, as a mother, as a non-mother, as a wife or a partner that come up, because your patients are emotional and it’s our nature as human beings, as nurses, as people to share that through our therapeutic communication, through our social support for our patients, your personal stuff comes up.” (Psych ED nurse)

“I can’t speak for everybody, but I think most of us are trying to deal with like, “I don’t want to bring my personal feelings into here, or my personal upbringing into my professional life.” I’m sure at some point it can have influence, like for me, maybe years ago, I would be “No way.” But at the point when I’m a nurse, I’m like, “Okay, I need to be -- I need to learn, okay, what is it that I need in order to be able to provide professional care for these patients and without bringing my own background?” (L&D nurse)
Weighing the Role of Others

- Nursing as shared work:
  - “So, there’s people who you work with and you make tacit agreements with them. I take care of babies. I like babies, babies don’t scare me, I will take care of all the babies and some people say, “I hate babies, their airways close up so quickly and it looks like my kid and I don’t” so, you say, “I’ll do that.” (PACU RN).

- Lack of support from others (non-RNs):
  - “It would be nice to -- sometimes I wish my friends would ask, “How’s work? How’s it going, you know, like working in abortion? Or just acknowledging my career. They know I’m a nurse. They know that I work at a hospital, but … they don’t know -- they don’t ever ask, and I don’t ever say, unless people ask. But if somebody has sat down with me, I will tell them, and I have, “Yeah, this is what we do,” you know, but people never really ask me.”
Knowing How vs. Knowing That

- Fear
- Perceived failure or inability to translate a skill set
- Silos in services across the reproductive spectrum

“Yeah, we had a big fight about that with one nurse and myself. It was like, “Gee, you can take care of the murderer, the rapist, the bank executive, but you can’t take care of the 21 year old, you don’t know how she got pregnant, if she’s got five kids at home and what her life is like. ..Why do you get to pick that little girl and tell her that you’re not taking care of her, but your moral boundaries accept every other creep that comes in here? We don’t make those moral distinctions. We deal with people and we say, “You’re my patient. I’m going to do the best I possibly can for you.” PACU nurse
Delineation of the Parameters of the Nurse-Patient Relationship

- Nursing work in the abortion context
- Making clear distinctions between women and patients
- Environment of care

“I spend most of my time in the recovery room. And that is a really different -- it’s a different pace, but it’s still essential. You’re the last person, often, that the patient sees before they go home. You have to make sure that they understand their self-care -- That’s important and prevents numerous complications and that education piece is huge. I think pain management is so crucial and I’m so happy to do anything I can to listen to what our women are experiencing and try to make them more comfortable, if that’s pain, if that’s bleeding and cramping, if that’s emotional, and then, that’s when the emotional piece comes in. All these things that come up, you are there to mediate that with them, not just for them, with them. I really believe that’s part of your job is to be there for them so that when they walk out the door, they’re not wanting for anything.” Designated staff nurse
Perspective
Real-time participation in abortion care provision

Tacking back and forth

Nurse-Patient relationship

Calculus Formation

Knowing how vs. knowing that

Opinion and role of Others

Consequence
Connection or disconnection with patients

- Wrestling with oneself
- Personal parenting decisions, death and dying
- Self-awareness & preparation, sitting with discomfort
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- Silos in services

- Nursing work in the abortion context
- Women vs. patients
- Environment of care
Summary

- This study provides a grounded theory of calculus formation that further develops the science of real-time decision-making in ethically challenging situations.
- These data expand our understanding of the multitude of factors that impact and influence nurse decision-making.
- More in-depth interviews are planned to further develop the grounded theory of calculus formation.
- Manuscript reporting the findings of this study has been submitted to Journal of Nursing Scholarship.
Questions?