

STRENGTHENING HUMAN RESOURCES FOR ABORTION CARE: THE PROVIDERS SHARE WORKSHOP

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Abortion providers face unique stresses, including being targets of violence, harassment, and restrictive legislation. To date, the focus of human resources for abortion care has been on educating and training new physician providers. Psychosocial needs of providers (or other caregivers in the abortion team) have received scant attention in the medical literature, but may be related to provision of abortion services after training. Outside of abortion, there is extensive literature documenting need for supportive interventions for workers in helping professions. In 2007 we designed the Providers Share Workshop (PSW) to address this need. PSW is a supportive group intervention in which participants use discussion, journaling, and artwork to share experiences of abortion work and its impact on their emotional lives and relationships. In our qualitative pilot study of PSW we found that participants experienced heightened sense of “team,” resulting in improved wellbeing, enhanced work satisfaction, and decreased feeling of burden. In addition, they gained new insights about abortion stigma, and the impact of doing stigmatized work on their personal and professional lives.

In this study we sought to expand the Providers Share Workshop to six diverse US abortion-providing settings, and to measure its impact on provider well-being. In addition we sought to create new conceptual models of abortion work, focusing on the experience of abortion-related stigma.

We recruited seven abortion providing sites across the US to participate in this study of the Providers Share Workshop. Seventy-nine individual workers in total participated. We chose sites to reflect US geographical diversity, as well as non-profit/for-profit clinics, feminist abortion care centers and Planned Parenthood affiliates. The workshop consisted of five two-hour group sessions, led by an experienced facilitator, trained by our team. Session themes were: What abortion work means to me; Abortion and emotional life; Abortion and identity; Abortion and politics/speech; Directions for the future. All workers who participate in abortion care at a site were invited to participate, including physicians, nurses, surgical assistants, counselors, managers, phone staff, etc. All sessions were recorded and transcribed, giving us data for qualitative analysis. In addition, participants took a survey before and after participation in the workshop, measuring stress, coping, burnout, organizational resilience and team functioning. We analyzed changes in survey measures before and after the workshop.

Because there was no pre-existing measure for assessing stigma experiences among abortion workers, our team designed and validated a new stigma measure, which we call the Abortion Provider Stigma Scale. The new scale has fifteen items which fall into three general areas Disclosure management; Resilience and Resistance; Discrimination.

The workshop qualitative data allowed our team to introduce many new concepts into the social science literature and family planning community, including a model of the dynamics of stigma in abortion work; the concept of the legitimacy paradox, conscience in abortion provision; the effect of caring for “pro-life” patients in abortion care centers; and “dangertalk.” Our survey data showed that abortion care workers experience high levels of both stigma and burnout, and often choose confrontive coping strategies to manage their stress. After the workshop, coping measures changed to more collaborative coping, and while stigma itself was not reduced, its negative consequences on relationships were. Specifically, some providers felt more able to disclose their abortion work to others, where secrecy and silence had previously been their default.

Our work from this project has been very well received, and has resulted in two published papers, another in “revise and resubmit” status, and many more in progress. In addition, we have engaged four undergraduate and medical students on our team, and they each have papers in progress as well. Our team has presented our findings in a dozen poster and oral presentations at major national meetings, as well as in Grand Rounds and other presentations around the country.

In short, our research team’s over-arching goal is to strengthen human resources for abortion care, and the Providers Share Workshop appears to strengthen and support the abortion-providing workforce. In addition, the Workshop has highlighted that stigma is a central component of the experience of doing abortion work. We are grateful

for the support of the Society of Family Planning, and in particular are proud of being part of a new national and international conversation about abortion stigma, and in particular on the experience and effects of stigma on abortion care providers.