

NURSES' PERCEPTIONS OF THE SUPPORT NEEDS  
OF WOMEN EXPERIENCING A CRISIS PREGNANCY

by

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## ABSTRACT

**Background:** In the United States, one half of all pregnancies are unintended. Research suggests that many women make a decision about their pregnancy immediately, taking action very quickly without any form of options counseling. Women oftentimes do not conceptualize their pregnancy as a scenario involving three alternative outcomes. Research has shown that when in a state of crisis, the decision-making process is diminished and the individual becomes vulnerable. Additionally, when making decisions in the absence of adequate social support, negative health outcomes can result.

**Objectives:** To explore nurses' perceptions of the social support needs of women experiencing a crisis pregnancy and how they view their role in the management of care for this population.

**Methods:** Semi-structured phone interviews of six reproductive health nurses were used for data collection

**Results:** Nurses were able to clearly define the need for non-biased, non-judgmental interaction; however, they did not clearly define their role in addressing the social support needs of women experiencing a crisis pregnancy. Nurses may not adequately address each component of the *Social Support Theory*, particularly informational support, a critical component of making an informed and autonomous decision. Nurses did not see themselves as sources of support, nor did they seem to recognize the important role they

play in a woman's decision-making process. Options counseling was not consistently offered and nurses did not fully explain the details of every option.

**Conclusions:** When a woman's emotional, informational, and instrumental social support needs are met, she is better equipped to make informed and autonomous decisions rather than reacting out of fear. Nurses who understand their role in working with women experiencing a crisis pregnancy have the opportunity to facilitate healthy decision-making. To best meet the needs of this population, nurses must have a sound understanding of the social support needs of this population to most effectively assist them in coping with the crisis.

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## CHAPTER 1: THE RESEARCH PROBLEM

### **Introduction**

The rate of unintended pregnancy is one of the most important indicators of a population's reproductive health (Finer & Kost, 2011); within the United States (U.S.), approximately 50% of all pregnancies are unintended. In 2006, the median unintended pregnancy rate for all states was 51 per 1000 women and ranged from 36 to 69 per 1000 women (Finer & Kost, 2011). An unintended pregnancy is one that occurs when a woman was not expecting or planning on becoming pregnant; unintended pregnancies continue to occur despite contraceptive use. According to the Centers for Disease Control and Prevention [CDC] (Pazol et al., 2006), 75.9% of women reported using oral contraceptives and 49.3% reported using a barrier method during the month they conceived. An unintended pregnancy can result in one of three outcomes: the woman accepts or rejects the pregnancy, or she is unsure about what to do (Scheyett, 2002). This uncertainty can cause a woman to enter into a state of crisis if she is unable to cope effectively. Hence, an unintended pregnancy becomes a crisis, and a woman's ability to make a competent, rational decision may diminish (Coleman, Reardon, Strahan, & Cogle, 2005).

Research suggests that many women make a decision immediately after discovering their pregnancy, taking action very quickly to resolve the perceived crisis. They do not conceptualize their pregnancy as a scenario involving three possible,

alternative outcomes: abortion, birth, or adoption (Dyson & While, 1999; Rue, Coleman, Rue, & Reardon, 2004). Women may feel rushed and vulnerable, particularly if they are experiencing pressure from others to terminate the pregnancy (Broen, Moum, Bodtker, & Ekeberg, 2004; Rue et al., 2004). Studies of women experiencing a crisis pregnancy found that the degree to which a woman feels supported in the decision-making process significantly affects the outcome of the pregnancy (Dyson & While, 1999; Fergusson, Horwood, & Boden, 2009). A common finding across the literature is that the degree to which a woman feels supported, in particular emotional support, significantly influences her pregnancy decision (Broen, Moum, Bodtker & Ekeberg, 2005; Coleman et al., 2005; Dyson & While, 1999; Santelli, Speizer, Avery, & Kendall, 2006; Sihvo, Bajos, Ducot, & Kaminski, 2003). However, Coleman et al. (2005) concluded from their review of the literature about crisis pregnancy, that many clinics performing abortions did not offer or review alternative options with their clients who were experiencing a crisis pregnancy.

Research indicates that women tend to turn to healthcare providers during this time of great stress and confusion in search of non-biased, non-judgmental advice and direction (Simmonds & Likis, 2005). Since it is estimated that more than half of all American women have experienced, or will experience, unintended pregnancy before the age of 45, it is certain that most nurses will have direct contact and interaction with a woman who is experiencing a crisis pregnancy at some point in their career (Coleman et al., 2005; Coyle, Coleman, & Rue, 2010).

Nurses interacting with women experiencing a crisis pregnancy have the unique opportunity to significantly impact the health outcomes of this population and ultimately can help women make an informed decision about the outcome of their pregnancy

(Simmonds & Likis, 2005). To best meet the needs of this population, nurses must have a sound understanding of their support needs to most effectively assist them in coping with the crisis. Therefore, further study of nurses' perceptions and understanding of the social support needs of women experiencing a crisis pregnancy is needed.

### **Statement of the Problem**

According to Levi, Simmonds, and Taylor (2009), women in the United States still experience high rates of unintended pregnancy. At least one half of all women in the U.S. have experienced an unintended pregnancy by age 45. Over the past decade, the rate of unintended pregnancy has remained at 50% with no substantial progress in meeting the target for major reproductive health goals (Levi et al., 2009). According to Finer and Kost (2011), no states showed a consistent decline in unintended pregnancy rates during the years 2002, 2004, and 2006. The U.S. has one of the highest unintended pregnancy rates in the industrialized world (Levi et al., 2009). Despite its high rate, unintended pregnancy has received less attention from researchers to develop clinical care strategies than other important health concerns (Levi et al., 2009). Since an unintended pregnancy has the potential to evoke a crisis, this is an issue of growing concern for women's health outcomes.

A crisis occurs when an individual is in a state of disequilibrium and exhibits decreased levels of functioning; normal decision-making processes may become weakened and judgment clouded (Scheyett, 2002; Yang & Zheng, 2009). A crisis results from a situation that creates a significant problem that cannot be resolved using familiar coping strategies. The crisis is not the event itself, but rather a person's perception and response to the situation (Scheyett, 2002; Sweeny, 2008). Depending on the perception

and response of the individual woman, an unintended pregnancy has the potential to become a stressor that may cause her to enter into a state of crisis, thus, a crisis pregnancy.

Research suggests that women do not conceptualize their pregnancy as a scenario involving three possible alternative outcomes: abortion, birth, or adoption. Instead, they make a decision immediately after discovering the pregnancy and take action very quickly (Dyson & While, 1999; Herrman, 2008; Rue et al., 2004). A common finding from the literature is that the degree to which a woman receives support, in particular emotional support, significantly influences her pregnancy decision. Women from multiple studies have reported they might not have terminated their pregnancy if they had felt supported and been properly educated about their options (Broen et al., 2005; Coleman et al., 2005; Dyson & While, 1999; Fergusson et al., 2009; Rue et al., 2004; Santelli et al., 2006; Sihvo et al., 2003).

A woman's decision about how she will resolve a crisis pregnancy is complex and individualized for each woman; however, she deserves the opportunity to make an informed decision. Because women tend to make critical pregnancy decisions during a time when their decision-making abilities may be diminished, it is important for nurses who encounter this population to understand how to meet their basic social support needs in order to empower them to make an informed decision that is truly their own.

### **Population to be Addressed**

Nurses are a critical component of the healthcare for any population. They have many opportunities to interact with a wide range of people who are experiencing a myriad of health needs. Since it is estimated that nearly half of all American women

have experienced, or will experience, an unintended pregnancy before the age of 45, it is certain that many nurses will have direct contact and interaction with a woman who is experiencing a crisis pregnancy (Coleman et al., 2005; Coyle et al., 2010; Simmonds & Likis, 2005).

Women experiencing crisis pregnancy are a vulnerable population. According to DalPezzo and Jett (2010), a vulnerable population is any group of people who are susceptible to physical, psychological, and emotional harm in addition to being subject to criticism from others. Such a population is especially susceptible to the influence of others, including those they turn to for help. Since women faced with a crisis pregnancy act very quickly, this population will undoubtedly interact with nurses shortly after discovering the pregnancy as they seek assistance in the decision-making process. For these reasons, nurses working in reproductive health have been chosen as the population of interest for this study.

According to Sweeny (2008), patients look to healthcare professionals for answers and rely on their guidance and recommendations when making medical or treatment decisions. Nurses must be vigilant about providing non-biased, non-judgmental care for this population of women (Simmonds & Likis, 2011). For this reason, it is essential that a nurse's perceptions and attitudes not affect or influence a woman's decision, but rather that the nurse guides and supports her so that she can make an informed choice of her own.

### **Significance to Nursing**

Currently, there are no published studies that have explored the role of the nurse in caring for women experiencing a crisis pregnancy. According to McLemore and Levi

(2011), there were only four articles between 1971 and 2011 that discussed a nurse's role in offering women support through using options counseling; all four highlighted the need for a nursing assessment of a woman's emotional response, coping skills, and social resources related to a crisis pregnancy. The authors of the articles stressed the importance of values clarification by nurses who support women in their decision-making process in order to prevent their individual biases from influencing a woman's decision. They emphasized the need for the decision to be made solely by the woman; additionally, they highlighted the need for education and training of nurses so they could provide unbiased options counseling (McLemore & Levi, 2011). While it is recommended that nurses provide this type of patient care, training related to this aspect of reproductive health is not a standard in nursing education, and clinical guidelines have not been established (Simmonds & Likis, 2011). This is a significant issue of concern related to women's health, since it is estimated that nearly half of all women will experience a crisis pregnancy during their lifetime (Simmonds & Likis, 2005).

It is probable that nurses may experience personal, emotional responses when caring for women experiencing a crisis pregnancy; for these reasons, it is critical that nurses are aware of their own perceptions and views related to this population and their identified social support needs (Simmonds & Likis, 2005; Singer, 2004). Nurses have a responsibility to uphold patient rights and autonomy and to treat patients with respect and compassion. These responsibilities are outlined and identified by the professional organizations who oversee nursing practice, which include: the American College of Nurse-Midwives, the American Nurses' Association, the Association of Women's Health, Obstetric and Neonatal Nurses, the National Organization of Nurse Practitioner

Faculties, and the American Association of Colleges of Nursing (Simmonds & Likis, 2005). These organizations emphasize the ethical and legal mandates that nurses ensure patients have access to comprehensive reproductive health services, including a review of all pregnancy options, as well as a supportive and non-directive environment where women can freely express their concerns, desires, emotions, and needs for additional information.

In order to provide a woman with the best opportunity to make an informed decision, nurses can offer options counseling. Options counseling is a form of crisis intervention that takes place during a one-on-one, nurse-patient interaction. This approach is an effective means of facilitating informed decision-making as nurses address the social support needs of this population through the use of emotional, informational, and instrumental support (Simmonds & Likis, 2005). Reviewing pregnancy options helps the nurse meet the social support needs of this population so women can explore the three pregnancy outcomes, which include parenting, adoption, and abortion.

By offering basic social support to meet the needs of this population, nurses have the potential to intervene in a profoundly powerful way that can create positive health outcomes with long-lasting effects. In this way, women can work through and resolve their crisis and emerge with a stronger sense of self and confidence in their ability to arrive at a decision (Coleman et al., 2005; Coyle et al., 2010). This process encourages autonomy and self-confidence in their ability to resolve a crisis event; it creates a strong base for future decision-making processes and positive coping behaviors (Coleman et al., 2005; Coyle et al., 2010; Rue et al., 2004).



Nurses play an important role in the health promotion and well-being of all individuals. When interacting with women experiencing a crisis pregnancy, nurses have the opportunity to encourage informed decision-making. Nurses have an important role as patient advocates who empower this vulnerable population. Findings from this study have the potential to inform and guide nursing practice by identifying how nurses may provide social support to this population.

## CHAPTER 2: LITERATURE REVIEW AND CONCEPTUAL FRAMEWORK

### **Review and Critique of Relevant Literature**

The following literature review explores women's experiences with crisis pregnancy, women's decision-making processes during a crisis pregnancy, their social support needs, and the role of nurses who encounter this population of women. Additionally, the theoretical framework for this study will be discussed as it relates to the purpose of this thesis; the research questions will be identified and conceptual definitions and assumptions outlined.

### **Women's Experiences with Crisis Pregnancy**

The review of the literature indicates that women making decisions about a crisis pregnancy experienced negative outcomes when they did not feel the decision was their own and when there was a lack of emotional support during the decision-making process (Broen et al., 2004; Coleman et al., 2005; Coleman, Reardon, Rue, & Cogle, 2002; Cogle, Reardon, & Coleman, 2003; Cogle, Reardon, Coleman, & Rue, 2005; Fergusson, Horwood, & Ridder, 2006; Kimport, Foster, & Weitz, 2011; Thorp, Hartman & Shadigan, 2003). In a classic study by Soderberg, Janzon, and Slosberg (1998), 854 women were interviewed one year after their abortion experience; the results showed significantly higher rates of negative experiences and outcomes than previous studies had shown. In this study, 50 to 60 percent of women experienced some form of emotional distress, 16.1% experienced serious emotional distress, and 76.1% said they would not

consider abortion again. Similar findings were reported by Kimport et al. (2011), from their qualitative interviews of 21 women who reported emotional difficulties related to their pregnancy termination. They concluded that overall, women reported a need to control their decision making regarding crisis pregnancy and that emotional distress resulted when they felt any part of the decision process was not their own.

In several studies, women reported that an abortion was not their preferred decision. While logically they understood there were other options, they felt alone and fearful of reactions from family, friends, and partners, and thus felt pregnancy termination was their only choice (Coyle et al., 2010; Kimport et al., 2011, Rue et al., 2004). According to studies by Coyle et al. (2010) and Rue et al. (2004), most women were unsure about their decision at the time of the abortion; this correlated with perceived low levels of support. In a study by Coyle et al. (2010), 374 women and 198 men were surveyed regarding pre-abortion counseling and decision making. The results from this study indicated that for women, perceived inadequate counseling predicted all trauma scores as well as meeting diagnostic criteria for Post Traumatic Stress Disorder (PTSD); additionally, 85.8% of woman and 86.6% of men indicated they did not perceive their pre-abortion counseling to be adequate (Coyle et al., 2010).

According to Coyle et al. (2010), when women experience crisis pregnancy, they tend to use more primitive coping skills, which make them increasingly vulnerable during the decision-making process. As a result of the crisis, emotional strain, and lack of usual coping mechanisms, women may experience a decreased ability to function, rationalize, and make decisions (Yang & Zheng, 2009). Studies found that many women reported wishing they could have carried the pregnancy to term and regretting that the outcome

decision had not fundamentally been their own. Additionally, this population may experience negative emotional outcomes and display maladaptive coping behaviors (Bradshaw & Slade, 2003; Coleman et al., 2005; Kimport et al., 2011; Rue et al., 2004). For example, in a study by Kimport et al. (2011), 21 women who participated in semi-structured, in-depth phone interviews reported emotional difficulties related to a past abortion. The results of the study indicated that more negative outcomes were experienced when a woman did not feel the abortion was primarily her decision or when she did not feel she had adequate emotional support. Women described how the pressure they felt from others, whether direct or indirect, influenced and overpowered their thinking about their own desires and clouded the decision-making process. This study found that decisional autonomy was enhanced by social support, which in turn reduced the respondents' emotional distress (Kimport et al., 2011).

Women have reported that social support allowed them decisional autonomy through the reduction of their emotional distress. They experienced a clearer state of mind and an increased ability to work through their crisis (Coyle et al., 2010; Kimport et al., 2011). Positive outcomes occurred when a woman felt empowered to make a decision independently, accompanied by unconditional, non-judgmental support (Coleman et al., 2005; Coyle et al., 2010; Kimport et al., 2011; Rue et al., 2004). For example, in the study by Kimport et al. (2011), one woman reported that unconditional support from others was a significant factor in her ability to make her decision; she expressed gratitude for the support she received and stated that it was imperative to overcoming her crisis. The researchers concluded that overall, women who experienced ownership in making a decision about their pregnancy had fewer negative associations

related to the outcomes than those who did not. For these reasons, many women turned to professionals or health clinics in search of answers or solutions to their crisis. They indicated a desire to talk to someone who was non-biased, who would not be judgmental, and who was not invested in the decisional outcome (Sweeny, 2008). Such assurance allowed women to conceptualize the pregnancy as a reality and to logically consider all options and potential outcomes (Kimport et al., 2011).

In summary, women expressed a desire for social support related to their crisis pregnancy; meeting these needs allowed them to have control over the decision-making process and created a sense of autonomy and ownership related to the outcome. Women felt most supported by listeners who affirmed their decisional authority, while recognizing and encouraging the exploration of multiple factors and options. This approach promoted healthy coping mechanisms, prevented maladaptive outcomes and emotional distress, and instilled confidence in women's ability to make critical decisions that were their own.

### **Decision Making During a Crisis**

Studies suggest that decisions surrounding the resolution of an unintended pregnancy are difficult for many women, even when they express an unwavering decision to terminate the pregnancy. When the sudden and unexpected role of motherhood was thrust upon them, many women perceived this as a total loss of control over their present and future selves and plans, paralyzing their ability to think in a rational and realistic manner (Coleman et al., 2005). When an event is perceived as a personal crisis, decision-making abilities are temporarily compromised; a woman may feel overwhelmed, helpless, confused, anxious, shocked, and angry (Coleman et al., 2005; Coyle et al., 2010;

Scheyett, 2002; Sweeny, 2008). However, effective resolution of a crisis pregnancy requires an individual to make decisions about a complex issue, an issue that can have significant medical and ethical ramifications for her when she is experiencing a crisis pregnancy. According to Scheyett (2002), by definition, in a crisis a person's existing coping skills are insufficient to resolve the problem at hand because the problem seems too large to address or overcome; in this state of mind, a person is rendered incapable of developing goals or strategies for healthy crisis resolution.

During a crisis, women in particular may have difficulty fully absorbing information critical to the decision-making process. In a study by Yang and Zheng (2009), women had significant task difficulty related to crisis decision making, particularly when their emotions were involved. Coyle et al. (2010) and Sweeny (2008) reported that the emotional strain of a crisis coupled with a lack of the usual coping mechanisms can leave a person in a state of anxiety and unable to function or process information in the usual manner. The ability of a woman to make an informed decision about her crisis pregnancy that is truly representative of her desire can be severely compromised.

As noted by Schwartz (2000), when there is a perception of limited options, individuals are willing to take painful or undesirable actions if they do not perceive alternative options. Several researchers concluded that when a crisis is quickly resolved before all possible response options have been considered, any positive feelings associated with immediate crisis resolution will begin to fade. For example, while having an abortion may have served as an effective short-term coping strategy in which the woman felt immediate relief, it may later function as a long-term stressor accompanied

by a myriad of negative emotions (Coleman et al., 2005; Sweeney, 2008). Women later reported feelings of regret, sadness, and depression weeks to years after an abortion experience (Coleman et al., 2005; Coyle et al., 2010; Kimport et al., 2011; Sweeny, 2008). However, as the number of perceived options broadens, a person's willingness to choose the less desirable option will also decrease, helping her make a decision that is more in line with her true choice (Sweeny, 2008). When women perceive they have one option, abortion, their willingness to terminate the pregnancy appears high even if they are uncertain about their decision; feeling there is only one solution, women are more willing to make this choice despite the risk of negative consequences. As options are broadened to include parenting, adoption, or abortion, women are more willing to consider other courses of action and to weigh potential negative consequences. Additionally, Sweeny (2008) noted that if only one option is perceived, the individual cannot effectively progress through the stages of crisis decision making nor evaluate the decision-making process after crisis resolution. The evaluation phase of crisis decision making is critical to future responses to the event and strongly relates to how an individual conceptualizes her ability to cope with difficult decisions in the future.

Sweeny (2008) emphasized the importance of assisting individuals to thoughtfully work through the decision-making process and to overcome their crisis thinking. In a crisis pregnancy, women may arrive at a decision that they can live with both immediately and in the future.

### **Nurses' Role in Crisis Pregnancy Decision Making**

Nurses can play a key role in helping women experiencing a crisis pregnancy to conceptualize their options so that they can progress through the decision-making process in a healthy and thoughtful manner.

Healthcare providers, however, may be unsure of how to help this population. In a study of 258 healthcare providers, Lindstrom, Jacobsson, Wulff, and Lalos (2007) found that one third of the participants reported feeling inadequate when encountering women experiencing a crisis pregnancy; they often felt uncomfortable and uncertain about how to encourage women to consider all pregnancy options. Those who expressed positive feelings when working with this population reported that they were able to support women experiencing a crisis pregnancy and that they felt confident in their ability to understand women's support needs. When healthcare professionals were interviewed about their perceptions of women's motives for having an abortion, one third ranked the top reason as too young and immature. In this study, 100% of providers believed there should be ongoing development, guidance, and education for effectively interacting with this population. Currently, there are no standards in nursing education, clinical guidelines, or competencies that have been established related to the training of reproductive health nurses (Simmonds & Likis, 2011).

According to Coleman et al. (2005), women who seek abortions are typically provided with information about how the abortion will physically affect them, but not with sufficient data about making a decision. These researchers suggested professionals can be more effective at serving this population by helping them avert a decision that they may later regret. This can be accomplished by helping a woman make an



autonomous decision through considering all three pregnancy options and addressing her emotional, informational, and instrumental support needs.

While there is a large body of literature related to the attitudes and ethics of healthcare providers and women seeking abortion (Fonnest, Sondergaard, Fonnest, & Vedsted-Jacobsen, 2000; Kade, Kumar, Polis, & Schaffer, 2004; Lalos, Hammarstedt, Jacobsson, & Wulff, 2005; Lindstrom et al., 2007; Lipp, 2010; Marek, 2004; Musgrave & Soudry, 2000; Natan & Melitz, 2010; Shotorbani, Zimmerman, Bell, Ward, & Assefi, 2004), there is little literature on nurses' perceptions of this population's social support needs. After an extensive review of the literature, it was determined that very few studies explored nurses' perceptions about decision making during a crisis pregnancy; only four articles related to the nursing role and crisis pregnancy exist between the years of 1971 and 2011 (McLemore & Levi, 2011). A few clinical articles discussed the importance of a nurse's role in the decision-making process; they did not, however, address nurses' perceptions of these women's social support needs (Levi et al., 2009; O'Reilly, 2009; Simmonds & Likis, 2005; Singer, 2004). They outlined the process of options counseling as the best approach for working with this vulnerable population. Optimal evidence-based approaches for options counseling related to crisis pregnancy have not been identified or developed, and literature on this topic is very limited (Simmonds & Likis, 2011). There are large gaps in the literature that fail to identify effective approaches for providing quality care to women experiencing unintended and crisis pregnancies (Coleman et al., 2005; Coyle et al., 2010; Simmonds & Likis, 2005).

Simmonds and Likis (2011) described the importance of the nurse's role in counseling women experiencing crisis pregnancy and reviewed the challenges of this

role, which included upholding professional responsibility to not influence a woman as a result of one's personal beliefs or perceptions. Unintended pregnancy can trigger strong personal responses from nurses caring for these women and there is a significant risk of interjecting bias or influencing a woman's decision (Simmonds & Likis, 2011).

Several journal articles and studies indicated that further research, particularly qualitative studies or longitudinal studies, are desperately needed. There are large gaps in the literature, which fail to identify effective approaches for providing quality care to women experiencing unintended and crisis pregnancies (Coleman et al., 2005; Coyle et al., 2010; Simmonds & Likis, 2005).

According to Levi et al. (2009), it is imperative that nurses recognize that the health of women includes all aspects of their well-being; nurses have the ethical responsibility to consider women's needs for respectful and compassionate reproductive healthcare as mandated by professional nursing organizations. Through non-directive guidance, the nurse can help women come to this decision as they are encouraged to conceptualize the pregnancy, consider multiple pregnancy options, and ultimately make an informed decision that is not based on crisis thinking. The focus of this study is the nurse's role in helping women experiencing a crisis pregnancy to make an informed decision about their options through meeting their social support needs.

In summary, this review of the literature indicates that overall, women desire to feel supported by nurses who affirm their decisional authority, while recognizing and encouraging the exploration of multiple factors and pregnancy options that must be considered. It is suggested that when nurses understand the social support needs of these women and are comfortable with their role, there is potential to help women prevent

negative health outcomes in the future. By encouraging women to consider all pregnancy options before making a decision, nurses have the opportunity to promote healthy decision making that women will live with both immediately and in the future.

### **Conceptual/Theoretical Framework**

In the field of nursing, theory-driven research and interventions are more likely to be successful and long lasting. Theory is an outline or guiding framework that drives population assessment and intervention in an organized and logical manner (Thomas, 1995). *Social Support Theory* is a middle-range theory, or concept, that describes the structures, functions, and processes of social relationships surrounding an individual (Schaffer, 2004). This theory is especially useful when applied to women experiencing crisis pregnancy because it examines how networking helps people cope with stressful events (Schaffer, 2004).

Social support is an individualized concept that is unique to the person and situation; the individual defines support based on perceptions of need (House, 1981; Williams, Barclay, & Schmied, 2004). Once a community of interest has been determined, the *Social Support Theory* can be used to guide activities only when used in proper context with that population (House, 1981; Williams et al., 2004). Social support needs can be temporary or long term and evolve with life events, perceptions, and situations (Williams et al., 2004). The *Social Support Theory* emphasizes several concepts; however, the three most relevant for women experiencing a crisis pregnancy are emotional support, informational support, and instrumental support (House, 1981; Schaffer, 2004).

Emotional support refers to feeling admired, respected, and loved; it helps individuals overcome their emotional burdens and shows that someone believes in them (Schaffer, 2004). This type of support also produces a sense of security in which the woman in need of support feels she has someone in which to confide (Schaffer, 2004; Williams et al., 2004). Hamilton and White (2010) described emotional support as a form of encouragement and companionship that can induce motivation; this form of support helps with processing stressors and emotional turmoil about a situation or life event.

During a crisis pregnancy, women may become temporarily unable to cope (Dyson & While, 1999) and their need for emotional support is exponential. The concept of emotional support is a critical component of the *Social Support Theory* when dealing with women experiencing a crisis pregnancy (Schaffer, 2004). During this time of crisis, young women need to feel respected, accepted, safe, loved, and secure; only then can they move to the next phase of decision making (Dyson & While, 1999). The premise of emotional support implies that a woman should never feel rushed into a decision, but rather encouraged to take adequate time to adjust to the shock of the crisis at hand and carefully weigh the options.

Informational support encompasses the knowledge provided to an individual or population of people during a time of stress. This type of support assists in problem solving and contributes factual data that are helpful during the decision-making process (Schaffer, 2004). Informational support includes education, feedback, and insight into the problem or stressor; this information and knowledge empowers individuals to address problems in an educated manner (Ommen et al., 2008). For women experiencing crisis

pregnancy, informational support is an essential component of making an educated and informed decision.

Informational support needs during a crisis pregnancy center on education and addressing questions with factual answers. According to Rue et al. (2004), many women immediately make a decision to terminate their pregnancy without adequate knowledge and counseling beforehand. By receiving informational support, women can become informed and feel empowered about their pregnancy. Possible topics include fetal development, pregnancy options, community resources, and the potential psychological consequences of different options. Every woman should be fully informed and given the time to ask questions and seek knowledge related to her options in a crisis pregnancy.

Instrumental support refers to aid, services, or goods (Schaffer, 2004); in addition to material goods, it can also be in the form of skills and time (Williams et al., 2004). This form of support is exhibited when someone is referred to outside community resources such as women's or children's assistance programs, alternative education options, and charity organizations in the area that offer tangible aid such as information about how to apply for Medicaid and obtain clothing and infant supplies. Perceptions of this type of support are correlated with economic, physical, and psychological well-being (Turney & Harknett, 2010).

### **Statement of the Purpose**

The purpose, therefore, of this study was to explore nurses' perceptions about the social support needs of women experiencing a crisis pregnancy and how they viewed their role in the management of care for this population.

### **Research Questions**

The following research questions were investigated in this study:

- a) How do nurses who work in reproductive health describe the social support needs of women experiencing a crisis pregnancy?
- b) How do nurses who work in reproductive health describe their role in the management of unintended pregnancy?

### **Conceptual and Operational Definitions**

The term *unintended pregnancy* refers to a pregnancy that is mistimed or unplanned. A mistimed pregnancy means that the woman wanted to have a child in the future, but became pregnant at an earlier date than she had expected or intended (Scheyett, 2002). An unplanned pregnancy is one that occurs when a woman is not expecting or planning on becoming pregnant at the time in which she conceived. Unintended pregnancy can result in one of two outcomes. A woman accepts or rejects the pregnancy and does not experience a crisis, or the woman is unsure of what to do (Scheyett, 2002). The uncertainty associated with the latter outcome has the potential to cause a woman to enter into a state of crisis.

A *crisis* is a period of time when an individual is in a state of disequilibrium and exhibits decreased levels of functioning; the normal decision-making processes are

weakened and judgment is clouded (Scheyett, 2002; Yang & Zheng, 2009). A crisis results from a situation that creates a significant problem that cannot be resolved using familiar coping strategies; the crisis is not the event itself but rather the perception and response to the situation (Scheyett, 2002; Sweeny, 2008). Depending on the perception and response of the individual, both mistimed and unexpected pregnancies have the potential to become stressors that cause a woman to enter into a state of crisis, a *crisis pregnancy*.

*Crisis decision-making* is a term that refers to the choices an individual makes while experiencing a stressor that has led to a state of crisis; in this case, crisis decision-making refers to the choices women face regarding their pregnancy. Research indicates that during this time, cognitive function and ability to make competent decisions are significantly diminished related to a lack of familiar coping mechanisms (Coyle et al., 2010; Scheyett, 2002; Sweeny, 2008; Yang & Zheng, 2009). The events leading to a state of crisis are often perceived as uncontrollable and too extensive to overcome; this can render individuals feeling overwhelmed, especially when there is a lack of social support.

The term *social support* refers to support accessible to an individual through others, groups, and the larger community (House, 1981); for the purpose of this thesis, social support has been subdivided into three categories: emotional support, informational support, and instrumental support. *Emotional support* refers to feeling respected, secure, and loved; it helps the individual overcome her emotional burdens and shows that someone believes in her (Schaffer, 2004). *Informational support* provides individuals with knowledge and education that helps them to be informed (Ommen et al.,

2008). *Instrumental support* refers to aid, services, or goods, the more tangible types of support services. These three forms of social support facilitate *options counseling*, which refers to the nurse-client interaction as nurses address the perceived needs of women experiencing a crisis pregnancy. As these support needs are met, women may be able to emerge from their state of crisis and ultimately be equipped to make a sound, rational decision that may be less likely to lead to psychological or emotional distress in the future.

*Psychological or emotional distress* refers to emotions or feelings that may be experienced as a result of a crisis pregnancy or a decision made about the pregnancy. These may include feelings of sadness, regret, depression, anger, anxiety, and other maladaptive emotions (Coleman et al., 2005; Coyle et al., 2010).

Based on an extensive literature review, the support needs of these women have been well established. Since there is a significant gap in the literature related to nurses' perceptions of these women's support needs, the following study was conducted to better understand nurses' perceptions and how these relate to the actual needs of women experiencing a crisis pregnancy.

### **Assumptions**

The following are a list of major assumptions for this study:

- a. Crisis pregnancies are significant issues for women's health.
- b. When social support needs are not addressed, women may feel or perceive that they have only one option: terminating the pregnancy.



- c. If a woman feels coerced in making a choice without understanding her options, she may experience maladaptive coping and/or negative health outcomes in the future.
- d. Women in this population are vulnerable as crisis pregnancy and abortion are stigmatized and highly political issues.
- e. A woman's ability to make a rational decision in a crisis pregnancy may be diminished.
- f. Nurses must understand their support role in the management of crisis pregnancy in order to provide appropriate, sensitive care.
- g. Nurses will be willing to discuss this topic and interact with the researcher in semi-structured interviews.

## CHAPTER 3: METHODOLOGY

### **Research Design**

There are a multitude of research studies investigating the attitudes and ethics of nurses' perceptions related to abortion and women experiencing crisis pregnancy. Research, however, is lacking in regard to nurses' perceptions of the social support needs of this population. The purpose of this study was to explore these perceptions and to compare the results with the needs identified from the literature review. Since this research is exploratory in nature, a basic qualitative research design was the most appropriate method for investigation as it allowed nurses to communicate their perceptions in their own words. The semi-structured interview format allowed respondents the freedom to introduce a range of responses that would not be restricted, limited, or misguided by the use of close-ended interviews and surveys. According to Mayan (2001), qualitative inquiry is used to describe a phenomenon about which little is known and to capture meaning such as feelings, behavior, thoughts, insights, and actions rather than numbers. Additionally, these data can be used to learn about the attitudes and beliefs of those being questioned.

### **Setting, Population, and Sampling Method**

The population that was interviewed consisted of nurses who provide care to women experiencing a crisis pregnancy; the convenience sample was recruited from a sample of nurses who work in reproductive health. The researcher purposefully selected

nurses who interact with women experiencing a crisis pregnancy and who were willing to talk about their experiences and perceptions. Snowballing was a part of the recruitment plan in which individuals being interviewed suggested others who might be willing to participate; this was particularly of importance as participation was a concern (Mayan, 2001). It was anticipated that five to ten nurses would be interviewed. The actual number of participants was six; study participants were recruited until data saturation occurred. Indication that data saturation had been achieved was evident when all data categories failed to produce new or relevant information, all leads had been followed, and the story was complete. To achieve this, the researcher purposefully recruited individuals who could formulate an understanding of the full range of perceptions and experiences.

### **Data Collection Procedures and Instrumentation**

The researcher used semi-structured interviews to collect data via phone conversations. Researchers use this interview approach to collect data from individual participants through asking open-ended questions in a specific order. This approach is used when the researcher knows about the area of interest, for example, based on a literature review, but does not have enough information to answer all questions being asked (Mayan, 2001). For this study, all phone interviews were audio-recorded and transcribed for analytical purposes; this allowed the researcher to clearly identify trends and themes among response data. The interviews were all conducted by the same researcher to ensure consistency and to reduce the chance of interviewer bias related to technique. At the end of the interview, participants were asked several questions to collect demographic data. See Appendix A for the interview guide and demographic information questions.

### **Protection of Human Subjects**

In order to protect the rights of all participants involved in this study, Boise State University Institutional Review Board (IRB) approval of the intended study was completed before any research involving human subjects was initiated. An information letter and consent form were distributed to all potential participants outlining the purpose and procedure of the study, confidentiality, and potential risks and benefits of participation (see Appendices B and C). Verbal consent for participation was obtained from all participants by the researcher before interviews were scheduled; this verified that participants were willing to participate and that they understood all components of the study. Participants were given an opportunity to have all questions answered before interviews took place. Interviews were scheduled to take place at the convenience of the participant after he or she had given verbal consent. In an effort to maintain confidentiality, participants were assigned a code name for use during the phone interviews; only aggregate, grouped data were presented in reports. The protection of all personal information was upheld at all times and privacy of each participant was ensured throughout the study and after all data collection had been completed.

### **Data Analysis Plan**

For this study, data were analyzed using the method of qualitative content analysis described by Mayan (2001). First, the researcher examined the responses from the semi-structured interviews and drew linear conclusions after all questions had been asked. The answers to each question were then studied as a whole and each was considered as a category. Once all interview data had been compiled for each question, the researcher read the data several times to identify specific themes, key words, or

common ideas through the use of coding and categorizing the patterns in the data (Mayan, 2001). This analysis facilitated the identification of commonly used words and the examination of their meaning within the context of the response category. This approach allowed for greater validity as it analyzed the intent of the participant rather than simply key words; in this way, coding was used as the researcher identified persistent words, themes, or meanings.

According to Mayan (2001), through coding the researcher becomes familiar with the data and can begin to organize the information. Once coding was completed the data were ready to categorize; this was achieved as those common themes or words were compiled into designated categories and each of these sections was summarized. From here, the categories were used to find themes that related back to the big picture and were identified by asking how the categories relate, what patterns exist, and what conclusions could be drawn.

### **Methodological Rigor and Trustworthiness**

Trustworthiness is a qualitative research term that refers to the methodology and indicates that it is sound and adequate. According to Holloway and Wheeler (2002), study findings are considered dependable if they are consistent and accurate.

Dependability is achieved when the reader is able to evaluate a study analysis by following the decision-making process of the researcher, with a clear understanding of how the researcher arrived at his or her conclusions (Holloway & Wheeler, 2002).

Credibility is achieved in qualitative research when the researcher's findings are compatible with the perceptions of the people under study. Additionally, when results are transferable, this means the findings can be transferred to a similar situation or to

similar participants and that the knowledge acquired in one context will be relevant in another (Holloway & Wheeler, 2002).

To ensure trustworthiness, peer review was utilized. With this approach, all raw data were re-analyzed and discussed with the researcher's faculty advisor. In this way, trustworthiness of interview data was achieved and the chance for researcher bias was reduced. According to Holloway and Wheeler (2002), the use of audit trails is another means of establishing trustworthiness in research findings. Audit trails allow the reader to judge the validity of a study as they follow the researcher's logic and arrive at various conclusions. For this study, the analytic approach was utilized in which the researcher reflected on the analysis of data and the theoretical insights gained by keeping a reflexive research journal (Holloway & Wheeler, 2002).

In summary, the aggregate data provided by reproductive health nurses were a key factor in helping to close the gap that exists between the actual needs of this population and the perceptions of their needs. In identifying how nurses view the support needs of women experiencing a crisis pregnancy and comparing this with the data obtained from the literature review, there is a potential to introduce new data that may be used to create future nursing interventions for women's health.

## CHAPTER 4: RESULTS

All participants in this study were female nurses working in reproductive health, ranging in age from 39 to 53 years old. Levels of education ranged from associate's to master's degrees and participants had worked as nurses in reproductive health from 1.5 to 20 years.

From the data analysis, two major themes emerged. The first theme, “defining the role of the reproductive health nurse in crisis pregnancy,” was further defined by three sub-themes: describing a crisis pregnancy, being neutral and non-directive, and providing options counseling. The second theme, “defining women’s support needs in a crisis pregnancy,” contained three sub-themes, which were: emotional support, informational support, and instrumental support.

### **Defining the Role of the Reproductive Health Nurse in Crisis Pregnancy**

#### Describing a Crisis Pregnancy

The participants described crisis pregnancy as any pregnancy that is not wanted, not intended, or not expected. A few participants emphasized that just because a pregnancy is unplanned does not mean it will always result in a crisis. One participant stated, “I don’t believe you can define a crisis pregnancy”; another participant said, “It is such an individual situation every time, every pregnancy.” Half of the participants

emphasized that crisis pregnancy is very individualized and two stated that a crisis pregnancy can occur at any age.

### Being Neutral and Nondirective

The second sub-theme focused on being neutral and non-directive; five of the six participants mentioned these two concepts and emphasized how they give factual information and remove all emotion. When asked to describe her role, one participant stated, "I'm not allowed to sway a person's decision on what they want to do." Another participant said, "I'm not persuading them to go one way or another." One participant described her role as, "Listening to them in a nonjudgmental manner and empathize and try not to lead them to your thinking, not leading them to what I would do but giving them information in a nonbiased, neutral manner and listening to them in a nonjudgmental manner." One nurse stated that, "Each person in each case is addressed from the standpoint of neutrality; it is her choice no matter what she does." Another participant mentioned that since she remains neutral and understanding, the women recognize her as someone they can open up to, "Somebody that they can say anything to; I let them know that whatever you do I'm ok with it. Sometimes reassuring them that whatever you do, that it is ok." One participant emphasized that a woman "needs to understand that it needs to be her decision, so we try to make sure that it is what she wants and not what other people want." A few of the participants focused on their role of being neutral and non-directive as motivated by the law; one stated that, "I'm not allowed to say any of my, you know, if you have a personal belief about something, you kindly tell them everything they need to do so they can go and make an informed decision...I'm



not allowed to sway a person's decision on what they want to do, whether it is abortion, adoption, or keep the baby, all the other stuff.”

### Providing Options Counseling

The third sub-theme focused on nurses' perceptions of providing options counseling. When asked what a woman needs to know in order to make an informed decision about her crisis pregnancy, all but one participant believed that a woman should be informed of all three options: parenting, adoption, and abortion. While most of the participants felt that all three options should be mentioned or offered to women, four of the six participants mentioned that they tend to discuss only the option the woman seems to be leaning toward. For example, one participant indicated that options counseling is dictated by what the woman may be thinking when she comes in for an appointment. She said, “If they are thinking of abortion, we provide them with providers in the area.” Another participant stated that, “How far along she is ...dictates what options are available; if she plans to terminate her pregnancy, she is encouraged to do it as soon as possible.” This participant described that, “Gals come in that absolutely know one way or another that they are, or are not going to do something.... If they come in and absolutely know that they are going to terminate I give them referral numbers.” She then stated, “When they eliminate one or the other choice...we just go right on to what we need to do next.” Another nurse asks clients “if they have made a decision; if they haven't made a decision, my role is to support them in that moment and give resources on each option.” One participant stated that she “gives women resources on whichever decision they are leaning towards and supports them in that.” Participants were divided about the importance of making a decision quickly. Half described the urgency of

making a decision, particularly around the time frame for termination of the pregnancy. The other participants encouraged women to take their time, go home, and consider all their options before making a decision.

Four of the six participants mentioned their limited role in providing support, seeing their interaction as “a one-time deal.” One participant said, “They are just going to be with me a short time.... We have just a short interaction with them.” These four participants also mentioned that options counseling is limited; options are stated but not described or explored in detail. One stated, “It’s limited time, so we don’t go into a lot of detail about the methods, but mostly discussing the different options and referrals, so it is pretty limited information.” One participant, though, expressed her concern that a woman “needs to know what the options in detail are, and not just—I think sometimes they are not told the reality of, for example, let’s say abortion...they need to have a clearer picture of each of the options, they need to know in more detail.” Another participant talked about the need for counseling. She said, “We really lack the counseling; it would be really nice if we had a place they could go and really sit down and talk to a counselor and really talk through some of those issues, somewhere they could go back multiple times, so it’s not just one visit.”

Only one participant said that she advised women that, “With their decision there may be emotional consequences”; all others emphasized the importance of removing the consideration of emotion and remaining factual and logical when making a crisis pregnancy decision in regard to options. Many of the nurses mentioned adoption as the forgotten option, that many women reject it immediately and, instead, focus on deciding between termination or parenting.

One participant did not feel options counseling was necessary; she stated, “First off, sometimes I don’t really have to worry about options. They will come in knowing whether they are going to keep the baby or not. That hones it down; it is one way or another.” She continued, “When they are ambivalent about their decision, I go through their options.” This participant gives women packets of information and referral information on the option they have already chosen. She thought it unnecessary to give them information on the other options since they had already made a decision, although she mentioned several times that many women are in denial about their situation or, “They aren’t thinking.”

### **Defining Women’s Support Needs in a Crisis Pregnancy**

Support needs were further categorized into the following sub-themes: Emotional Support, Informational Support, and Instrumental Support.

#### Emotional Support

Support needs described by the nurses were categorized using the *Social Support Theory* as a framework. The first sub-theme, emotional support, was primarily characterized by participants as being a good listener. Four of the six participants stressed the importance of listening as the most important part of offering emotional support. One stated, “You kind of have to be a listening ear for them because they may not have anyone else to talk to,” and, “If they are upset or crying, offering a listener ear.” Another participant defined emotional support as “just being there and willing to listen to everything they are saying.” One participant emphasized the importance of emotional

support as giving clients “time to let them express their initial emotional response to the fact they are pregnant when they don’t want to be.”

All of the participants discussed the importance of women finding a support system or someone to confide in; however, they did not perceive themselves as this support person. All participants said they encourage women to find support, but several expressed a concern that others’ opinions or biases might sway a woman’s decision or confuse her. Several participants mentioned the importance of considering the woman’s partner’s response to the pregnancy, acknowledging also that he can be a negative influence when a woman is trying to make a difficult decision. One participant stated, “I really encourage women to limit the number of people they tell if they are experiencing a crisis pregnancy, because the more people they tell, the more unsolicited type of advice they get. That advice is not always helpful but based on emotion and that person’s experiences; it can really influence her decisions when she might otherwise consider something different.”

Two of the participants associated the need for emotional support as being related to the woman’s personality or exterior reactions to the pregnancy. One nurse stated in regard to the need for emotional support, “It would depend on the individual and if they have a really reliant-dependent type personality where they count on other people to help them make a decision...but a woman who is of a stronger personality and has a clearer idea of what she wants is not going to be as concerned about what type of support she has; she may not be as reliant on other people’s support and that might not be that important.” Another participant believed that “emotional support has to do with being able to read how they are feeling about the situation. The more hysterical they are, the

more important support is.” The importance of emotional support is supported by the literature.

### Informational Support

The second sub-theme was informational support. Every participant discussed the packets of information or written material that they use to provide women with information about their options. They consistently stated that women are given this information for reference as appointment time is limited; this is the primary way they educate women. Only one participant emphasized how important education and informational support is for these women. She said, “A lot of them don’t have the education, or they lack the basic fundamentals even of their bodies. ... A lot is education, breaking down myths and being able to give them facts, not just hearsay from their friends, provide them with the information they need so they can make their choice.”

### Instrumental Support

The third sub-theme was instrumental or tangible support. All but one of the participants discussed the importance of providing women with resources and making referrals. Two defined financial needs as a top concern. Five nurses mentioned the importance of the Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) and Medicaid. Several of the participants mentioned a self-rescue manual they provide that women can access to find local community resources and contact information. One participant mentioned that she gives information on the community alternative high schools as she feels continuing education is critical. She

said, “I tell them to persevere in their education; even when they are pregnant they should go to school.”

## CHAPTER 5: DISCUSSION AND CONCLUSIONS

Based on the literature review and the research findings from this study, nurses working with women experiencing a crisis pregnancy would benefit from a standardized process based on evidence. According to Simmonds and Likis (2011), a broad knowledge base and understanding of support needs is necessary to provide optimal care to women experiencing crisis pregnancy; however, training is not standardized, nursing education is inadequate, and clinical guidelines and competencies have not been established. Based on the findings from this study and from previous research, nurses were able to clearly define the need for non-biased, non-judgmental interaction with women experiencing crisis pregnancy and the importance of confidentiality.

### **Defining the Role of the Nurse and Social Support**

The findings suggest that these nurses did not clearly define their role in addressing the social support needs of women experiencing crisis pregnancy. In addition, nurses may not adequately address each component of the *Social Support Theory*, particularly informational support, a critical component of making an informed and autonomous decision (Simmonds & Likis, 2011). The findings further reveal that nurses did not see themselves as sources of support, nor did they seem to recognize the important role they play in a woman's decision-making process. Previous research has demonstrated that when healthcare professionals adequately address emotional, informational, and instrumental support, they are able to establish supportive clinical

relationships and connections with the women with whom they interact; in turn, women experiencing a crisis pregnancy are able to work through the decision-making process in a healthier and more autonomous manner (Aruda, Waddicor, Frese, Cole, & Burke, 2010). Defining the role of the nurse would help nurses to more clearly understand the importance they play in a woman's support system and how they can help facilitate crisis resolution.

### **Options Counseling**

Options counseling is a critical component of educating a woman and presenting her with every option (Simmonds & Likis, 2011). The findings suggest that options counseling was not consistently offered. Findings suggest that the nurses did not fully explain or review the details of every option. They appeared to assume that the decision a woman made prior to her clinic visit was her final decision and truly reflective of her intentions; however, according to previous research and the literature review, this is not always the case. Many times women may feel ambivalent when discussing their decision with a healthcare provider; additionally, others who have seemed certain about their decision have changed their minds after having adequate time to reflect and consider their options. Furthermore, many women changed their minds about the pregnancy outcome after becoming educated and informed (Sweeny, 2008).

### **Limitations**

This study has several limitations, such as small sample size and homogeneity of the nurses.



Additionally, it is uncertain and unknown how the women responded to the counseling they received.

## **Recommendations**

### Nursing Practice

One recommendation is to more clearly define the role of the nurse in caring for these women; this can be accomplished by using the *Social Support Theory* as a guide to address each of the components of the theory: emotional, informational, and instrumental support. There is a great need for women to dialogue about their decisions. Nurses can address their social support needs by asking questions, avoiding making assumptions, giving information, providing appropriate referrals, and remaining neutral and non-directive (Aruda et al., 2010). When nurses use *Social Support Theory* as a guiding framework, they may help women overcome crisis thinking.

Another recommendation suggested by the findings is the need to develop and implement a standardized training session for nurses about options counseling that includes techniques and approaches based on the literature and the findings of this study. Emotional responses to a pregnancy and coping skills can vary among individuals and are not predictable or necessarily representative of a woman's true pregnancy intentions (Aruda et al., 2010). Ambivalence is normal; women need time and thoughtful consideration of all options and their potential impact (Aruda et al., 2010). Nurses must not assume a woman is seeking an abortion, even though she may be in a state of crisis. According to Simmonds and Likis (2011), women who are ambivalent are at risk and need greater levels of involvement from healthcare providers, particularly in providing

strong emotional support and referrals for in-depth counseling; however, evidence-based approaches for options counseling have not been established and nursing literature related to this subject is limited. Based on the findings from this study, nurses may make assumptions about a woman's pregnancy intentions, particularly when standardized approaches are lacking. One approach might be to have a protocol or guideline, possibly based on the *Social Support Theory*, to structure the clinic visit and ensure that a woman's comprehensive social support needs are addressed and met (Aruda et al., 2010). A comprehensive assessment tool that includes the social support needs of this population would help nurses to ensure that women have the opportunity to make informed decisions rather than making decisions based on crisis thinking.

### Nursing Research

This is the first research study to explore the role of reproductive health nurses in a crisis pregnancy. This study needs to be replicated with a larger, more diverse sample in order to investigate whether all nurses have difficulty clearly defining their role in working with women experiencing a crisis pregnancy. Further research needs to be done to develop a standardized protocol to address women's social support needs in a crisis pregnancy. A study could be conducted about nurses' perceptions of the barriers to providing options counseling. Further research exploration of women's reactions to structured options counseling and their levels of satisfaction related to their pregnancy decision outcome would also benefit women.

### Nursing Education

One recommendation for nursing education is that content related to crisis pregnancy and options counseling might be introduced in the undergraduate nursing curriculum. The content might include discussing the needs of this vulnerable population and how the *Social Support Theory* can be used as a guide for a structured options counseling session.

### **Conclusions**

The aim of the study was to interview nurses working in reproductive health related to the role of the nurse in providing social support to women experiencing a crisis pregnancy.

Content analysis of the transcripts revealed two themes: defining the role of the reproductive health nurse and defining women's support needs. Recommendations for nursing practice, research, and education were identified. Findings from this study suggest that nurses need education about the important needs of women during a crisis pregnancy beginning in their undergraduate nursing education. Additionally, nurses would benefit from using a standardized protocol to guide options counseling sessions with women experiencing a crisis pregnancy.

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APPENDIX A

**Interview Questions**

Interview Questions:

- 1) What sparked your interest about reproductive health nursing?
- 2) How would you define a crisis pregnancy?
- 3) How would you describe your role in caring for a woman experiencing a crisis pregnancy?
- 4) What top needs to do you think these women have when they come in to see you?
- 5) What does a woman need to know in order to make an informed decision about her crisis pregnancy?
- 6) What kinds of emotional support do you think these women need?
- 7) What kinds of information or education do these women need?
- 8) What kinds of resource information or information on community services do you think they need?
- 9) In your experience, how does a woman's perception of support affect her decision about her pregnancy?
- 10) How would you describe your role in helping these women make a decision about their pregnancy?
- 11) Can you give me an example of how you might normally provide emotional support?
- 12) What kinds of information would you give her?
- 13) If a woman seems unsure about what to do, how do you deal with this situation?  
What would you do or what would you tell her?
- 14) How does a woman's cultural or ethnic background influence her support needs when making a decision about her crisis pregnancy?

Demographic Questions:

- 1) How long have you been a nurse?
- 2) How long have you worked in reproductive health?
- 3) What is your gender?
- 4) What is your age?
- 5) What is your highest level of nursing education?

APPENDIX B

**Cover Letter**



**Cover Letter**  
**Nurses' Perceptions of the Support Needs of Women Experiencing a Crisis Pregnancy**

Kristyn Dyson, a graduate student at Boise State University, is conducting a research study to evaluate nurses' perceptions regarding the support needs of women experiencing a crisis pregnancy. You are being asked to participate in this survey because you are a nurse who works in reproductive health.

Participation is voluntary. The phone interviews will take 30 to 60 minutes to complete. You must be at least 18 years old to participate in this interview. We ask that you try to answer all questions; however, if there are any items that you would prefer to skip, you may let the interviewer know at anytime. Your responses are anonymous.

This study involves no foreseeable serious risks. However, you will be asked questions about your work experience with women experiencing a crisis pregnancy and your perceptions of their needs.

If you think you are interested and would like some additional information about participating, please contact Kristyn or her faculty advisor:

<b>Name:</b>	<b>Kristyn Dyson, Graduate Student</b>	<b>Dr. Jane Grassley,</b>
		<b>Associate Professor</b>
<b>Department:</b>	<b>Nursing</b>	<b>Nursing</b>
	<b>Boise State University</b>	<b>Boise State University</b>
<b>Phone:</b>	<b>(208) 340-6676</b>	<b>(208) 426-1670</b>
<b>Email:</b>	<b><a href="mailto:kristynkoehler@u.boisestate.edu">kristynkoehler@u.boisestate.edu</a></b>	<b><a href="mailto:janegrassley@boisestate.edu">janegrassley@boisestate.edu</a></b>

If you voluntarily agree to participate, please call Kristyn Dyson at 208-340-6676 or email her at [kristynkoehler@u.boisestate.edu](mailto:kristynkoehler@u.boisestate.edu) to arrange a phone interview.

APPENDIX C

**Informed Consent**





**Principal Investigator (PI): Kristyn Dyson, M.S.N. Student**  
**Co-Investigator (Co-I): Dr. Grassley, Associate Professor, Faculty Advisor**  
**Study Title: Nurses' Perceptions of the Support Needs of Women Experiencing a Crisis Pregnancy**

This consent form will give you the information you will need to understand why this study is being done and why you are being invited to participate. It will also describe what you will need to do to participate and any known inconveniences and benefits that could arise from participating. We encourage you to ask questions at any time. If you decide to participate, you will contact the researcher and give verbal consent that you agree to participate.

➤ **PURPOSE AND BACKGROUND**

You are invited to participate in a research study to learn more about nurses' perceptions of the support needs of women experiencing a crisis pregnancy. The information gathered will be used to better understand how nursing interventions have the potential to help this population of women. You are being asked to participate because you are a nurse working in reproductive health.

For interview:

➤ **PROCEDURES**

If you agree to be in the study, you will be asked to participate in a brief phone interview; each interview will last approximately thirty to sixty minutes. During the interview, you will be asked about your experience working with women experiencing a crisis pregnancy and what you think their needs are. The interview will be over the phone and will be audio-recorded so the researcher may summarize the findings after the survey is over.

➤ **RISKS**

Some of the questions asked may make you uncomfortable or upset. You are always free to decline to answer any question or to stop your participation at any time.

➤ **BENEFITS**

There will be no direct benefit to you from participating in this study. However, the information that you provide may help the researcher to understand how nurses view a woman's needs during a crisis pregnancy and how nurses meet these needs. This information may be helpful to create future nursing interventions to help improve the health outcomes of women experiencing a crisis pregnancy.

➤ **EXTENT OF CONFIDENTIALITY**

Participation in research may involve a loss of privacy; however, your records will be handled as confidentially as possible. Your name will not be used in any written reports or publications which result from this research. Only the two researchers listed at the top of this form will have access to the research data. Data will be kept for three years at BSU (per federal regulations) after the study is complete and will then be destroyed.

➤ **PAYMENT**

You will not receive payment for participation; participation is voluntary.

➤ **QUESTIONS**

If you have any questions or concerns about your participation in this study, you should first contact the principal investigator at [kristynkoehler@u.boisestate.edu](mailto:kristynkoehler@u.boisestate.edu) or (208) 340-6676.

If you have questions about your rights as a research participant, you may contact the Boise State University Institutional Review Board (IRB), which is concerned with the protection of volunteers in research projects. You may reach the board office between 8:00 AM and 5:00 PM, Monday through Friday, by calling (208) 426-5401 or by writing: Institutional Review Board, Office of Research Compliance, Boise State University, 1910 University Dr., Boise, ID 83725-1138.

➤ **PARTICIPATION IS VOLUNTARY**

You do not have to be in this study if you do not want to. If you volunteer to be in this study, you may withdraw from it at any time without consequences of any kind or loss of benefits to which you are otherwise entitled.

**DOCUMENTATION OF CONSENT**

If you have read this form and would like to participate, you will give verbal consent over the phone when you call to set up an interview. If you are interested, please call or email Kristyn at [Kristynkoehler@u.boisestate.edu](mailto:Kristynkoehler@u.boisestate.edu) or (208)340-6676.

APPENDIX D

**IRB Approval Letter**



**Office of Research Compliance**  
 1910 University Drive  
 Boise, Idaho 83725-1138  
 HumanSubjects@boisestate.edu | 208.426.5401

**DATE:** January 26, 2012

**TO:** Kristyn Dyson (PI)  
 Jane Grassley (co-PI)

**FROM:** Institutional Review Board (IRB)  
 Office of Research Compliance

**SUBJECT:** IRB Notification of Approval  
 Project Title: *Nurses' Perceptions of the Social Support Needs of Women Experiencing a Crisis Pregnancy*

The Boise State University IRB has approved your protocol application. Your protocol is in compliance with this institution's Federal Wide Assurance (#0000097) and the DHHS Regulations for the Protection of Human Subjects (45 CFR 46).

<b>Review Type:</b> Expedited	<b>Approval Number:</b> 187-MED12-001
<b>Date of Approval:</b> January 26, 2012	<b>Expiration Date:</b> January 25, 2013

**Your approved protocol is effective for 12 months.** If your research is not finished within the allotted year, the protocol must be renewed before expiration date indicated above. The Office of Research Compliance will send a reminder notice approximately 30 days prior to the expiration date. The principal investigator has the primary responsibility to ensure a RENEWAL FORM is submitted in a timely manner. If the protocol is not renewed before the expiration date, a new protocol application must be submitted for IRB review and approval.

Under BSU regulations, each protocol has a three-year life cycle and is allowed two annual renewals. If your research is not complete by January 25, 2015, a new protocol application must be submitted.

All additions or changes to your approved protocol must also be brought to the attention of the IRB for review and approval before they occur. Complete and submit a MODIFICATION/AMENDMENT FORM indicating any changes to your project. When your research is complete or discontinued, please submit a FINAL REPORT FORM. An executive summary or other documents with the results of the research may be included.

All relevant forms are available online. If you have any questions or concerns, please contact the Office of Research Compliance, 426-5401 or HumanSubjects@boisestate.edu.

Thank you and good luck with your research.

A handwritten signature in black ink that reads "Ron Pfeiffer". The signature is written in a cursive style with a large, prominent 'P'.

**Dr. Ronald Pfeiffer**  
Chairperson  
Boise State University Institutional Review Board