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OPTIONS COUNSELING AND ABORTION EDUCATION IN UNDERGRADUATE NURSING CURRICULA

A Thesis Presented

by

Abigail Foster, RN

to

The Faculty of the Graduate College

of

The University of Vermont

In Partial Fulfillment of the Requirements for the Degree of Master of Science Specializing in Nursing

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Defense Date: November 4, 2015 Thesis Examination Committee:

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ABSTRACT

Background: Over one half of all pregnancies in the United States are unintended. Nurses are on the frontlines of the health care work force and often encounter women with unintended pregnancies in the clinical setting. They may find themselves responsible for options counseling and helping these women to explore their options of pregnancy, adoption and abortion. Discussing these three options in a non-judgmental, well-informed manner allows the woman to consider all possibilities. Leading this type of conversation requires specific skills and knowledge as well as the ability to deliver this information in a therapeutic, nonbiased manner.

Purpose: The intent of this study was to analyze data regarding the inclusion of options counseling and abortion education in undergraduate nursing programs in New England. Identification of gaps can provide opportunities for curriculum reform. Due to the enormous impact that nurses have with patients, institutions have a responsibility to provide their students with accurate, honest, factual, current knowledge about options counseling including abortion. Doing so is a public health issue with the incentive of not only providing women with optimal health care and better maternal-fetal outcomes, but also to reduce spending nationwide. This study can support efforts to accomplish these goals.

Methods: A cross-sectional survey was sent out via email to the faculty members of accredited undergraduate nursing programs throughout New England. It was active for approximately three months between June 2015 and September 2015 with intermittent reminders sent during that time frame. The survey inquired about personal attitudes, inclusion/exclusion of options counseling and abortion education as well as methods used to include this material in the curricula. **Results:** All states in New England were included in this study. Fifty percent of responding institutions reported that they include options counseling and abortion education in the curricula, while the remaining 50% reportedly do not. When asked to identify reasons that this content is not included in the current curricula, 80% of respondents indicated that it is not a curriculum priority due to time constraints. The main identified methods that support inclusion of options counseling and abortion in the curricula include classroom sessions focused on technical/evidence-based instruction, classroom sessions focused on ethical issues and assigned readings.

Conclusions: Options counseling and abortion education is not adequately covered in undergraduate nursing curricula across New England. This data set is remarkably similar to a study done in 1997, showing that in the course of nearly 20 years, there has been little advance in the inclusion of options counseling and abortion education. In many instances, this material is given equal or more attention in ethical discussions rather than focusing on technical evidence-based instruction. Personal attitudes about abortion have been correlated with the inclusions of options counseling and abortion education and likely affect the content that is incorporated in the curricula.

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Chapter I: Introduction

Background and Significance

Over one half of all pregnancies in the United States are unintended (Guttmacher Institute, 2015). Nurses often encounter women with unintended pregnancies in the clinical setting and may find themselves responsible for options counseling and helping these women to explore their options of pregnancy, adoption and abortion.

Between 2008 and 2010 there were 2.8 million registered nurses (RNs), including advanced practice RNs, and 690,000 licensed practical nurses (LPNs) either working or seeking employment in the United States (Health Resources and Services Administration [HRSA], 2013). In New England (Vermont, New Hampshire, Maine, Massachusetts, Connecticut and Rhode Island), there were 167,565 RNs during this same time period. These large numbers of nurses are on the front lines of healthcare and they often become the first contact with a patient who may be experiencing an unintended pregnancy. Having knowledge about abortion and options counseling is imperative for nurses, as estimates assert that nurses across the country care for over 13 million women every day (Nursing Students For Choice [NSFC], 2015).

The cost of unintended pregnancy is significant and noteworthy. The Guttmacher Institute released data in 2013 regarding public costs for unintended pregnancies occurring in 2008 (Sonfield & Kost, 2013). This data showed that 65% of the 1.7 million births resulting from unintended pregnancies were paid for by public insurance programs, primarily Medicaid, compared to 35% of intended pregnancies. Government expenditures

on births resulting from unintended pregnancies nationwide totaled \$12.5 billion in 2008 (Sonfield & Kost, 2013).

When the decision is made to continue an unintended pregnancy with the intention to parent, there can be consequences that affect the child and the parent.

Unintended pregnancy is correlated with later entry to prenatal care, a lower number of total prenatal visits, tobacco and alcohol use during pregnancy, low birth weight, infant mortality, child abuse and insufficient resources for child development (Simmonds & Likis, 2005). Again, this emphasizes the need for knowledgeable nurses to present unbiased, well-educated information to those faced with unintended pregnancy.

Unintended pregnancy

Unintended pregnancies consist of unplanned births, induced abortions and miscarriages resulting from unintended pregnancies (Sedgh, Singh & Hussain, 2014). Unintended pregnancy is the leading reason to opt for abortion in the United States. Currently about half (51%) of the 6.6 million pregnancies each year are unintended (Guttmacher Institute, 2015). Four out of 10 of these unintended pregnancies are terminated by abortion (Finer & Zolna, 2014). According to the Centers for Disease Control and Prevention (CDC), in 2011 the abortion rate was 13.9 abortions per 1,000 women aged 15-44 years. The abortion ratio was 219 abortions per 1,000 live births (Pazol, Creanga, Burley, & Jamieson, 2014).

Globally, there were 213 million pregnancies in 2012. Of these, 85 million (40%) were unintended. Fifty percent of these unintended pregnancies ended in abortion, 13% ended in miscarriage and 38% resulted in an unplanned birth (Sedgh, Singh & Hussain, 2014). The 2012 London Summit on Family Planning called for heightened investments

in programs that will reduce unintended pregnancy worldwide (Family Planning 2020, n.d.).

In the United States, the National Center for Health Statistics (2001) proposed a 30% decrease in the unintended pregnancy rate as one of the first "Healthy People" goals in 2000. Such a significant proposed decrease highlights the importance of this matter. However, likely due to lack of progress on this goal, the 2020 goal was revised to just a 10% reduction in unintended pregnancy (U.S. Department of Health & Human Services, 2014). With minimal guidelines and recommendations available to provide guidance in achieving this goal, the efforts to coordinate pregnancy prevention and care remain extremely challenging (Hewitt and Cappiello, 2014).

Defining Options Counseling and Abortion

Options counseling provides women with an unintended pregnancy the opportunity to explore whether she will carry the pregnancy and parent, carry the pregnancy and place the infant up for adoption, or have an abortion (Simmonds & Likis, 2005). Discussing these three options in a nonbiased manner allows the woman to consider all possibilities. Leading this type of conversation requires specific skills and knowledge as well as the ability to deliver this information in a therapeutic, nonbiased manner. Regardless of which decision she makes, exploration of her thoughts about the pregnancy, identification of support systems and risks, discussion about a timetable to make decisions and referrals to supportive services are necessary for optimal care (Schuiling & Likis, 2013).

The decision to parent is a long-term commitment that requires the time and ability to care for the child. If needed, nurses can provide support and refer women to

local agencies that may help with financial and social stresses. Additionally, establishing prenatal care as early in the pregnancy as possible will help to ensure a healthy pregnancy (Schuiling & Likis, 2013).

Counseling about adoption requires knowing the local laws, which vary from state to state. Adoptions can either be open or closed. Open adoption allows an exchange of information where adoptive and biological parents can be in contact with one another. In closed adoptions, birth parents and adopting families are anonymous. Although there may be sharing of some pertinent information, like medical history, there is no identifying information (Open or Closed Adoption, n.d.).

Abortion counseling refers specifically to when a woman has made a decision to have an abortion, and can include guidance about the procedure, safety, risks and benefits and personal preferences. There are two main options for inducing abortion that can be described to those who opt for or are considering an abortion: medication and surgical abortions. In a medication abortion, a woman takes mifepristone in conjunction with misoprostol to induce the abortion outside of the clinic. Commonly referred to as a surgical abortion, an aspiration abortion is performed in a clinic and is the most common method. The procedure involves a cannula attached to suction introduced through the cervical os into the uterine cavity (Schuiling & Likis, 2013). Aspiration abortion can include dilation and curettage (D&C), a procedure that utilizes forceps to remove the products of conception in addition to using a vacuum or pump. Knowledge about these procedures is necessary for nurses to guide an informed decision making process.

Implications

This research analyzed data regarding the inclusion of options counseling and abortion education in undergraduate nursing programs in New England. Identification of gaps in this education can provide opportunities for curriculum reform. Due to the enormous impact that nurses have with patients while being on the frontlines of healthcare, institutions have a responsibility to provide their students with accurate, honest, fact-based knowledge about options counseling including abortion. Doing so is a public health issue with the incentive of not only providing women with optimal health care and better maternal-fetal outcomes, but also to reduce spending nationwide. This research will support efforts to accomplish these goals.

These data can be compared to research by the Abortion Access Project (AAP) and University of Massachusetts Medical Center (1997) that surveyed nursing faculty in 1997 to determine if there has been an improvement in the inclusion of this material into program curricula in the past 18 years.

Research Question

Do undergraduate nursing programs in New England include options counseling and abortion education in their curricula?

Study Purpose

The purpose of this work was to quantify the inclusion of abortion and options counseling in undergraduate nursing programs in New England by surveying the faculty of these programs. Undergraduate nursing programs analyzed in this research consisted

of both Bachelor of Science in Nursing (BSN) and Associate Degree in Nursing (ADN), which produce RN level nurses. Rather than surveying the student perspective, this study surveyed the curriculum guidelines, with the faculty perspective of inclusion of options counseling and abortion education in the curriculum. The hypothesis was that abortion and options counseling is not extensively covered in undergraduate nursing programs because 1) it has not been customary to do so in the past, 2) it is too controversial to present in a general nursing program and 3) it is considered a specialty. The intent of the study was to identify barriers to inclusion of this material in the curricula with an aim to provide more inclusive education to undergraduate nursing students. Ultimately, the aim of the study was to further align actual clinical practice to didactic material, leading to better care for women who are pregnant unintentionally.

Conceptual Framework

The conceptual framework that guided this study is Albert Bandura's social learning theory (1977). Bandura has contended that if a person is to perform a certain behavior, they must have knowledge about the behavior as well as an understanding of how to perform the behavior. A central theme to this framework is that human behavior is learned observationally through modeling and observing others. This allows one to form his/her own ideas of how behaviors are performed and can serve as a guide for action (Bandura, 1977). Overall effective learning results from collaboration, social interaction, role modeling, rehearsal, reinforcement and attachment of meaningfulness to information by the learner.

Bahn (2001) applied Bandura's social learning theory to nursing education. This application reinforced the importance of the role of educators in supporting, supervising

and teaching students, particularly in a practice-oriented profession, like nursing. Bahn further contended that it takes more than just placing a student in a practice environment to educate a nurse about a particular skill. When applied to options counseling and abortion education, this notion implies the need not only for didactic coverage and clinical exposure, but also the need to reflect one's own beliefs about the experience that was observed and experienced. An example of this could include a reflective supervision by the staff, allowing the student a chance to verbally express his/her thoughts about the experience. Another example could include the opportunity for the student to role-play a scene where options counseling and/or abortion counseling would be needed. Creating this opportunity for students in a safe, non-judgmental setting offers the student a normalized opportunity to explore his/her own values while discovering comfortable language to use with a patient. This strategy has been further endorsed by Wells and Cagle (2009) with regards to Bandura's social learning theory, who believe that "learning becomes informed with consideration of one's attitudes about self and reorganization of perception to gain new understanding responsive to cultural and social phenomena" (p. 505).

Nurse Practitioner Competencies

There are several core competencies proposed by the National Organization of Nurse Practitioner Faculties (NONPF) for all entry level Nurse Practitioners (NPs) (2014). Of the proposed competencies, this study enabled the exploration of three particular competencies: leadership, quality and ethics.

This work intends to facilitate a change in nursing practice by educating and leading nurses to provide options counseling and abortion education. By using the best

available evidence in support of options counseling and abortion, the quality of health care will be improved. And by integrating ethical decision making with evidence-based information, nurses will be empowered to provide increased access to high quality, cost effective health care.

By exploring these competencies further, the opportunity for nurses, including NPs, to make improvements in providing high quality, therapeutic, cost effective health care for women becomes very apparent. NPs have the opportunity to take advantage of this current gap in women's health care and lead the way to reducing unintended pregnancies while providing those with unintended pregnancies non-biased, factual options counseling.

Chapter II: Literature Review

State background

Because this research focused on New England, a brief overview of the statespecific data on unintended pregnancy, abortion rates and services (Guttmacher Institute, 2015) as well as the number of nursing schools in each of the NE states is provided.

Vermont. In 2010, 46% of all pregnancies (4,000) in Vermont were unintended, resulting in a rate of 36 per 1,000 women aged 15-44. Of these unintended pregnancies, 51% resulted in live births, 35% in abortions and the remainder in miscarriages. In 2011, there were eight abortion providers in Vermont with three of those being clinics that, in addition to other services, specialize in providing options counseling and abortion services. Seventy-nine percent of Vermont counties had no abortion clinic. As of July 1, 2015, Vermont did not have any major types of abortion restrictions, such as waiting periods, parental involvement or limitations on publicly funded abortions. Vermont currently has four BSN programs and two ADN programs.

New Hampshire. In 2010, 43% of all pregnancies (8,000) were unintended, resulting in a rate of 32 per 1,000, which is the lowest of all national averages. Of these unintended pregnancies, 51% resulted in live births, 33% in abortions and the rest in miscarriages. In 2011, there were 13 abortion providers in New Hampshire with five of those being clinics. Fifty percent of New Hampshire counties have no abortion clinic. The state has the following restrictions regarding abortions in effect as of July 1, 2015:

- The parent of a minor must be notified before an abortion is provided.
- Public funding is available for abortion only in cases of life endangerment, rape or incest.

New Hampshire currently has eight BSN programs and nine ADN programs.

Massachusetts. In 2010, 47% of all pregnancies (54,000) were unintended, resulting in a rate of 40 per 1,000. Of these unintended pregnancies, 43% resulted in live births, 44% in abortions and the rest in miscarriages. In 2011, there were 40 abortion providers in Massachusetts with 12 of those being clinics. Thirty-six percent of Massachusetts counties have no abortion clinic. The state has the following restrictions regarding abortions in effect as of July 1, 2015:

The parent of a minor must consent before an abortion is provided.
 Massachusetts currently has 20 BSN programs and 22 ADN programs, the most of any state in New England.

Connecticut. In 2010, 51% of all pregnancies (32,000) were unintended, resulting in a rate of 46 per 1,000. Of these unintended pregnancies, 41% resulted in live births, 46% in abortions and the rest in miscarriages. In 2011, there were 41 abortion providers in Connecticut with 21 of those being clinics. Twelve percent of Connecticut counties have no abortion clinic, by far the lowest of any New England state. As of July 1, 2015, Connecticut did not have any major types of abortion restrictions, such as waiting periods, parental involvement or limitations on publicly funded. Connecticut currently has 10 BSN programs and eight ADN programs.

Rhode Island. In 2010, 52% of all pregnancies (9,000) were unintended, resulting in a rate of 43 per 1,000. Of these unintended pregnancies, 47% resulted in live births, 40% in abortions and the rest in miscarriages. In 2011, there were four abortion providers in Rhode Island with two of those being clinics. Eighty percent of Rhode Island

counties have no abortion clinic, a statistic that is similar to Vermont and Maine. The state has the following restrictions regarding abortions in effect as of July 1, 2015:

- Abortion is covered in insurance policies for public employees only in cases of life endangerment, rape or incest.
- The parent of a minor must consent before an abortion is provided.
- Public funding is available for abortion only in cases of life endangerment, rape or incest.

Rhode Island currently has three BSN programs and one ADN program.

Maine. In 2010, 48% of all pregnancies (9,000) were unintended, resulting in a rate of 37 per 1,000. Of these unintended pregnancies, 57% resulted in live births, 28% in abortions and the rest in miscarriages. In 2011, there were 11 abortion providers in Maine with five of those being clinics. Eighty-one percent of Maine counties have no abortion clinic. The state has the following restriction regarding abortions in effect as of July 1, 2015:

 Public funding is available for abortion only in cases of life endangerment, rape or incest.

Maine currently has eight BSN programs and seven ADN programs.

Abortion Providers in New England

In the United States, 38 states require an abortion to be performed by a licensed physician (Guttmacher Institute, 2015). Out of the six New England states, this requirement applies to Massachusetts and Maine, despite Maine's designation as a full practice authority state for NPs (Barry & Rugg, 2015). Vermont and New Hampshire are two of only five states in the nation where Advanced Practice Clinicians (APCs),

including NPs, physician's assistants (PAs) or certified nurse midwives (CNMs) can provide aspiration abortions as well as medication abortions (Barry & Rugg, 2015) in addition to licensed physicians. Connecticut and Rhode Island currently allow APCs to provide medication abortions but not aspiration abortions in the first trimester, although considering their current legislatures, gubernatorial composition and regulatory environment regarding medication abortion, regulations could change to allow APCs to provide aspiration abortions as well (Barry & Rugg, 2015).

Abortion Education

The research examining inclusion of abortion education and options counseling in undergraduate nursing curricula generally has demonstrated a great need for increased inclusion of this material. Research about this topic tends to focus more on NPs, PAs and medical students. A current literature review revealed minimal research pertaining to faculty perspectives on this issue, which is what this research examined.

In an attempt to gain baseline knowledge about reproductive health content in nursing education, the AAP in collaboration with the University of Massachusetts

Medical Center, surveyed program directors at each of the 52 accredited associate-level,
baccalaureate-level and master's level nursing programs in Massachusetts (AAP, 1997;

M. Baker, personal communication, February 20, 2015). This survey revealed that 23%

(or 1,160 students, based on school enrollment) received no training in reproductive
choice in 1996 in Massachusetts. Additionally, 23% of schools that reported coverage of
reproductive choice indicated that their training was inadequate or did not include any
content on abortion at all. This translates to 45% of matriculated students (2,229 students)
in Massachusetts nursing schools that were inadequately educated in 1996. Although the

majority of the program representatives indicated that their curriculum included some didactic coverage of all five areas of inquiry (pregnancy options counseling, aspiration and medical abortions, emergency contraception, family planning and contraception and barriers to incorporate reproductive health topics), it confirmed that clinical exposure to abortion was extremely limited. This study also revealed that abortion is often covered in ethics classes rather than clinical courses. Additionally, the respondents expressed a need for training and educational materials in addition to assistance in developing clinical opportunities for students (Simmonds, Foster & Zurek, 2009).

The current assumption, supported by organizations such as NSFC and the Argosy Foundation, is that uniform and complete reproductive health education for nurses is severely deficient, contributing to a generally paucity of quality reproductive health services and understanding of reproductive rights (Davis, 2014). This has been supported by data that shows a national average of nursing education on reproductive health concepts and techniques for BSN programs to be 1.7, (on a scale of zero to three, with three being "extensively covered in the curriculum") meaning that average BSN programs in the United States are between minimal and intermediate (Davis, 2014). When analyzed by region, this data showed that the Northeast has a mean score of 2.04, higher than the national average, with a statistically significant relationship to the "extensive" category when compared with the rest of the locations. This data was gathered based on student rather than faculty perceptions. The literature did not reveal any data about ADN programs.

Simmonds, Foster and Zurek (2009) proposed a model for stimulating curriculum reform in nursing education delivered by the ROE Consortium for Nursing. As a division

of Provide, an organization devoted to supporting women's access to abortion (Provide, 2014), they focus on providing resources and training on abortion and abortion-related care to nursing faculty. By identifying barriers to the inclusion of abortion education in nursing curricula, the authors established strategies that form core elements of curriculum reform. These strategies include:

- Establishing baseline information. Analyzing existing research and literature enabled the researchers to identify current issues to focus this work.
- Engaging the target population. Engaging the nursing faculty in the development
 of curricula with an independent organization (ROE Consortium) provided
 increased internal expertise and external legitimacy while creating interprofessional relationships in the field.
- Using existing advocacy networks. By utilizing existing networks based around reproductive health and rights advocacy groups, the directive interventions were successful while remaining low-cost and high quality.
- Contextualizing the issue. Framing the issue of abortion as one aspect of caring for women with an unintended pregnancy with a focus on women's health care needs, the highly political, controversial nature of this topic is able to be diffused and more acceptable for the target population.
- Identifying local contacts. Collaborating with networks of health advocates within the nursing profession increased credibility with interdisciplinary teams.
- Providing flexibility and follow up. Providing consistent, persistent and routine follow up with program participants and offering different levels of engagement

- among participating faculty encouraged inclusion of abortion as a priority when faculty are already busy with a full curriculum.
- Identifying tensions between advocacy and research. Although this was not a core
 part of the program, tracking discrepancies raised throughout this program was
 included to inform and guide future programs.

The ROE Consortium for Nursing has had significant success with creating and providing support to institutions to include and/or expand abortion education in nursing curricula. For example, more than 240 curricula tools have been downloaded from AAP's website. However, challenges such as connecting with increasingly busy faculty still exist. Continuing to provide innovative, flexible interventions to teach abortion education will help support curricula reform.

An example that demonstrates the impact of the involvement of clinical exposure to abortion was demonstrated with third-year medical students at the University of New Mexico (Epsey, Ogburn & Dorman, 2004). These students were offered an optional half-day clinical experience in abortion care to improve education about women's reproductive health. Of the 145 students who participated, 87% completed a questionnaire. Of these students, 68% participated in the rotation with the majority of the students rating the experience very highly. Most notably, 38% of these students reported a change in their attitudes about abortion and 94% of these became more supportive of women's access to abortion services. This demonstrates the importance of inclusion of this material in the education of healthcare professionals.

Another study done by Epsey and colleagues (2008), evaluated medical student attitudes toward the inclusion of abortion education in the preclinical and clinical

curriculum. One hundred and eighteen students were asked to complete a 21-item survey focused on students' attitudes about the appropriateness of abortion education, reasons for participation or nonparticipation in the abortion care experiences in the clinical curricula and the value of abortion education. Most of these students had a focus in Family Medicine and OB-GYN, with over half of them having had the inclusion of an abortion care experience in their clinical rotations. Of those who completed the survey, 96% indicated that abortion education was appropriate in the curricula with 84% of them rating it as valuable. This demonstrates that when students have the exposure to abortion education, it is highly valued and therefore should be integrated into the curricula.

Additional data to support inclusion of options counseling and abortion education in curricula was provided by Pace, Sandahl, Backus, Silveira and Steinauer (2007). From 2004 to 2006, the researchers surveyed medical students before and after their participation in the Medical Students for Choice's Reproductive Health Externship (RHE) program to assess their knowledge about abortion and unintended pregnancy, attitudes about performing abortions, intentions to provide abortions in the future and options counseling. RHE participants showed an increase in knowledge about unintended pregnancy and abortion and an increase in supportiveness of abortion provision. They were also more inclined to provide abortions in the future and to feel comfortable counseling patients about abortion. This study concluded that clinical experience with abortion and family planning can positively impact students' knowledge, attitudes and intentions about abortion, potentially improving women's access to reproductive health care in the future.

Nursing Curricula and Competencies

Nursing school curricula are often a reflection of public health needs, national guidelines from accredited bodies, or insight from those working within the profession. According to the latest Gallup survey (2014), nurses rank first as the most honest and ethical profession, in addition to being one of the largest workforces in the United States. Given that nurses are on the frontlines of patient care and the high prevalence of unintended pregnancy, one might assume that nurses receive extensive training in abortion and options counseling, including abortion, in the standard nursing curriculum. According to past research, however, this does not appear to be the case.

Past data has suggested that abortion and options counseling is largely overlooked or inadequately covered in nursing curricula (AAP, 1997). Some argue that this is due, in part, to the controversial and political nature of these topics. HRSA (2013) has identified improvement in women's health education as a key priority for the coming decade. Modeling nursing curricula on current priorities will not only strengthen nursing education in women's health (American Association of Colleges of Nursing, 2008) but it will also provide better patient care to those experiencing an unintended pregnancy.

Hewitt and Cappiello (2015) conducted a study to identify the essential competencies for prevention and care related to unintended pregnancy to develop program outcomes for nursing curricula. Using a panel consisting of 85 experts, including academic faculty and advanced practice nurses who were providing sexual and reproductive health care, they identified 27 core educational competencies for nursing education. Some examples of these competencies include: "Demonstrate proficiency in providing client-centered pregnancy options counseling including parenting, adoption

and abortion;" and "Demonstrate knowledge of current state-specific laws regulating minors' access to reproductive care for state(s) in which nurses practices." These competencies span overarching categories such as "Attitudes," "Knowledge," "Counseling Skills" and "Clinical Skills." These competencies provide a framework from which nursing education can ensure preparedness, acquisition of knowledge and skills and management of unintended pregnancy for all nurses.

The research looking at undergraduate nursing curriculum regarding abortion and options counseling is minimal compared to that examining the inclusion of this same topic in graduate nursing, physician assistant and medical programs. For example, Foster, Polis, Allee, Simmonds, Zurek and Brown (2006) surveyed NP, PA and CNM programs in the Untied States. They found that only 53% of programs included didactic instruction of surgical abortion, manual vacuum aspiration or medical abortion and 21% reported including at least one of these procedures in routine clinical curriculum. They concluded that abortion education is deficient in NP, PA and CNM programs in the United States. Furthermore, they contend that as integral components in women's health care, abortion, options counseling and family planning merit incorporation into routine didactic and clinical education. It could be argued that because nurses often have the first contact with patients with unintended pregnancy, the need for inclusion of this material in undergraduate programs is equally crucial to inclusion in graduate programs.

Exploring Values

Nurses who deliver options counseling may experience a myriad of thoughts and emotions, as many of the outcomes of these decisions, like single parenthood, adolescent pregnancy and abortion, are socially and politically controversial. Regardless of one's

feelings, nurses have an obligation to patients to deliver informed, nonbiased, professional patient care. Inclusion of abortion education and options counseling in undergraduate nursing programs, not just in an ethics class but also in technical didactic and clinical applications, will allow students the opportunity to explore their values prior to an actual patient encounter. The ultimate goal of value clarification is to ensure that women with unintended pregnancies receive care that is free from bias, without judgment or direction (Simmonds & Likis, 2005). This can be accomplished by inclusion in nursing curricula as well as exploration of books, articles and exercises, including simulation activities. If a nurse is unable to reconcile personal beliefs with delivery of care, he/she must create a plan that will still allow the patient access to unbiased options counseling, which could include referral to another colleague or an entirely different setting (Simmonds & Likis, 2005). Nurses who identify a high level of conflict in providing comprehensive options counseling are advised not to work in settings where it is a frequent job responsibility (Higginbotham, 2002).

Chapter III: Methods

This chapter will outline the methods utilized in this study to analyze the inclusion of options counseling and abortion education in BSN and ADN programs throughout New England. Included in this section are details regarding the design and setting, population and sampling strategy, study procedures and data collection, the study instrument and the data analysis.

Design and Setting

This study was conducted with identified BSN and ADN nursing programs in New England, which produce RN level nurses. Analysis of nursing programs in New England provided a manageable sample size while still providing a diverse group of academic institutions from which to comprise a total sample set. This cross-sectional sample of faculty from each institution comprised the total sample size. The rationale for this sample was based on a previous study from 1997 conducted by the AAP in collaboration with the University of Massachusetts Medical Center, which surveyed program directors at each of the 52 accredited associate-level, baccalaureate-level and master's level nursing programs in Massachusetts. Surveying the faculty rather than the students provided information about inclusion of abortion education and options counseling in these curricula from their perspective.

Population and Sampling Strategy

Throughout New England, 102 institutions that provide nursing education at a BSN or ADN level were identified. A region-wide purposive sample of all schools throughout New England was compiled via a web-based search that included consultation

with the state's respective Boards of Nursing (BONs) and individual institution websites. Out of the 102 programs identified, 53 are BSN level and 49 are ADN level. Five of these 102 schools offer both a BSN and ADN program. Of the 102 total programs, 93 of them were verified as accredited programs by the state's BON and eight were verified by the institution's website. Only one school out the 102 was not verifiable and will therefore not be included in this analysis. Although 99% of programs (101 our of 102) were accredited, only 96% of the programs (98 out of 102) had an appropriate faculty contact listed either on the BON website or on the institution's website. An appropriate faculty is defined as a dean, associate dean, director, associate director, chair, advisor or professor within the undergraduate nursing school that has contact information listed publicly. In one case the survey was sent to the senior administrative assistant with directions to forward to the head of the department. The identified faculty's email addresses that were available publicly were then compiled into one mass email survey distribution, using blind CC so as to ensure confidentiality. During the search to gather this information, the data collected included names of faculty, email addresses, titles and phone numbers. All of this information was recorded and organized on an Excel spreadsheet on the researcher's personal password protected computer. Of the 98 BSN and ADN programs throughout New England that have available contacts and are accredited, there are 52 BSN programs and 46 ADN programs, with five institutions having both a BSN and ADN program. The institutions that have both BSN and ADN programs only received one email each and were asked to complete the survey based on the BSN program only to ensure each school is not over-represented in the data analysis. As a result of these five institutions, the total sample size for this research is 93.

Study Procedures and Data Collection

An appropriate faculty member from each identified BSN and ADN program in New England was contacted via a confidential email with the link for the survey included in the body of the email. The invitation email described the purpose of the survey and included definitions about terminology, such as "options counseling and abortion education." Eligibility criteria listed in this email included being over 21 years of age and being a current nursing faculty member of the academic institution. The email emphasized that only one survey per school should be submitted. If someone received the survey that did not fit the defined criteria, for example an administrative assistant, it was requested that they forward the survey to the appropriate faculty member. Explicitly stated in this email was the implied consent for this survey with the submission of the questionnaire. Prospective participants were not obligated to complete the survey and may have opted out at any time prior to submission. No incentives were provided. Additionally, contact information for both the researcher and the University of Vermont's Committee on Human Subjects Research was included in the invitation email in the event that a participant had questions about the study. Finally, a link to the survey that was administered through LimeSurvey was also included.

The survey was accessible from June 15, 2015 through September 15, 2015. The initial email invitation was sent on June 15th with reminder emails sent monthly. The final reminder invitation was sent one week prior to closing the survey to attempt to increase the response rate. Due to the purposive sampling strategy and directive distribution of this survey, anticipated response rate was 70%, which would have yielded

a sample size of approximately 64 schools across New England. A response rate of 70% is based on the similar survey done by AAP (1997), which had a 67% response rate.

The survey was developed in a secure cloud-based system, LimeSurvey, which is administered through the University of Vermont. The completed surveys were submitted anonymously through LimeSurvey to the password-protected account of the researcher and raw data was further downloaded onto an Excel file for more in-depth analysis. The Institutional Review Board (IRB) at the University of Vermont was consulted and no subjects were contacted until approval of this research project was granted.

Study Instrument

The modified survey (see Appendix A) was adapted with permission from the survey used in 1997 by the AAP in conjunction with University of Massachusetts Medical Center (see Appendix B). The use of this survey was facilitated by consultation from a collaborative researcher on the project (J. Cappiello, personal communication, February 23, 2015). The modified survey used in this research was designed to cascade to different questions depending on the previous answer. The maximum number of possible questions asked was 17 with the minimal number being only 11. The brief, focused nature of this survey was anticipated to enhance participation while obtaining information about the state of options counseling and abortion education in New England. Modifications from the original survey include the following:

The term medical abortion was replaced with medication abortion and includes
the use of mifepristone and misoprostol. This was done to reflect the most current
language used in research and practice.

- The term surgical abortion includes aspiration abortion and D&C. Although this
 was not specified in the original survey, it will be included in the current
 definitions.
- Question one asked participants to identify the state where their institution is located. Because the original survey only researched schools in Massachusetts, this question was not included at that time.
- Question two asked participants to best describe his/her position at the institution and was not included in the original survey.
- Question three inquired if the participant is actively teaching in the nursing department and was also not asked in the original survey.
- Question five asked participants if they identify as either pro-choice, pro-life or neither. They were also given the option not to specify. This question was not included in the original survey and may provide insight into potential sources of bias.
- Question six requested identification of which program the survey is in reference to, a BSN or ADN nursing program. If the school offers both, it is requested to complete the questionnaire in reference to the BSN program only. If both programs offer the same curricula regarding options counseling including abortion, they will continue the survey in reference to the collective curriculum.
- Question 10 corresponded to question one of the original survey, identifying
 inclusion of options counseling including abortion in the curriculum. Those who
 answer yes are asked to skip questions 14-19. Those who answer no are asked to
 complete questions 11 and 12 and then submit the survey.

- Question 11 was modeled after Question two of the original survey, but identified six additional possible reasons that options counseling including abortion may not be included in their curricula:
 - Lack of appropriate clinical placements
 - Not a perceived need in health care
 - o Too specialized to teach in general nursing curriculum
 - Too controversial to discuss in class
 - It has not been covered in the past
 - Lack of resources

These were included because they were identified as additional potential reasons for lack of inclusion of this material by the researcher.

- Questions 12 and 13 inquired about the interest in incorporating options counseling including abortion in future curricula. They were adapted from questions three and four of the original survey. The list of identifying materials to possibly be included to support future curricula include all of those listed in the original survey with the following additions/changes:
 - Guest lecturers and qualified faculty were divided into two separate answers
 on the adapted survey, as they may be two distinctly different possibilities for
 the participants.
 - Online modules were offered in the adapted survey as another potential resource for institutions, based on current research and the recent development and availability of such modules.

- Questions 14-18 are asked only if the participant indicated that his/her institution currently offers instruction in options counseling including abortion education. These questions are more specific about what content is included and what specific teaching methods are used to include this subject matter. Differences between the original survey and the modified survey include the following:
 - Where the original survey only inquired about classroom didactics, the modified survey divided this into "Classroom session focusing on technical/evidence based instruction" and "Classroom session focusing on ethical issues." A classroom session focused on technical/evidence-based instructions specifically refers to didactic material free from any bias and/or judgment and only focuses on factual information. A classroom session focused on ethical issues provides the students with the opportunity to explore and discuss their personal feelings and attitudes about this subject matter.
 - In the modified survey, lab simulation/role play and online modules were also included as possible teaching methods and were not included in the original survey.
- Questions 19-21 were adapted from question seven of the original survey and asked specifically if the participant believes that reproductive choice and abortion are adequately covered in the curricula.
- All participants finished with question 22, which is a free text box to add any additional thoughts they may have about options counseling and abortion in nursing school curricula.

• Question 10 from the original survey was not included. This question asked if it would be helpful if the National League of Nursing included goals and objectives for inclusion of this material in the curricula.

Data Analysis

This preliminary study collected data from the online questionnaire and synthesized the data using quantitative and descriptive statistical methods. The data were analyzed by aggregate and also comparatively by location. The data were compared to the original research by the AAP and University of Massachusetts Medical Center (1997) to determine if there had been an improvement in covering this material in these programs. Various trends and themes perceived by the researcher were also identified and explored. Potential limitations of this project included: a small sample size, differentiation of concentrations of nursing programs between states and/or programs and minimal validation of the survey. This survey was active primarily over the summer months, when many faculty were not on campus, introducing the potential for nonresponse bias. Reporting bias must also be considered. It is possible that schools with better inclusion of this material may be more likely to have responded to the survey, or individuals who have strong opinions about options counseling and/or abortion might have been more or less likely to respond.

Chapter IV: Results

Background Information

During the three months the survey was active, there were 25 responses. Five of those were incomplete, resulting in a total sample size of 20 and a response rate of 22% (Table 1). Each state in New England is represented in this research, with New Hampshire, Massachusetts and Maine having the highest percentage of total responses at 25% each. The majority of respondents identified as a professor in the nursing department and 80% of the total respondents were teaching in the upcoming semester. Of the four faculty members not teaching in the upcoming semester, two identified as Chair of the nursing department and two identified as Dean. Sixty-five percent of respondents identified as being pro-choice, 20% as being pro-life and 15% as neither. There are nearly an equal number of BSN and ADN programs represented in this study. Of the three institutions that had both ADN and BSN programs, all of them indicated that the program content regarding options counseling and abortion education did not differ between the programs.

TABLE 1. Results and percentages from background information for completed survey responses.

	Result	Percentage of total
Total number of surveys completed	20	100%
Location of institution		
Vermont	1	5%
New Hampshire	5	25%
Massachusetts	5	25%
Connecticut	3	15%
Rhode Island	1	5%
Maine	5	25%
Faculty position		

Dean	2	10%
Director	-	-
Chair	4	20%
Professor	14	70%
Other	-	-
Actively teaching in the upcoming semester?		
Yes	16	80%
No	4	20%
Average number of students anticipated to graduate in 2015-2016 academic year	81	N/A
Personal stance on abortion		
Personal stance on abortion Pro-life	4	20%
	4 13	20% 65%
Pro-life Pro-life		
Pro-life Pro-choice	13	65%
Pro-life Pro-choice Neither	13	65%
Pro-life Pro-choice Neither I prefer not to specify Other	13 3 -	65% 15% -
Pro-life Pro-choice Neither I prefer not to specify Other Type of program at institution	13 3 - -	65% 15% - -
Pro-life Pro-choice Neither I prefer not to specify Other Type of program at institution ADN only	13 3 - - 9	65% 15% - - 45%
Pro-life Pro-choice Neither I prefer not to specify Other Type of program at institution	13 3 - -	65% 15% - -

Note. Cells with a dash (-) indicate that there were no respondents.

Options Counseling and Abortion Education Results

Of the total completed surveys, 50% indicated that their institution offers instruction in options counseling and abortion education, with the remaining 50% indicating that it is not offered in the current curricula. When asked to identify reasons that this content is not included in the current curricula (Table 2), 80% of respondents indicated that it is not a curriculum priority due to time constraints. An institution's religious affiliation was indicated by 20% of respondents as a reason this content is not included in the curricula. The same percentage, 20%, also indicated a lack of clinical placements and that this material has not been covered in the past as reasons options

counseling and abortion education is not included in undergraduate nursing curricula. One respondent, representing 10% of the total responses for institutions that do not include this content in their curricula, indicated that it is too specialized to teach in a general nursing program.

TABLE 2. Reasons indicated by respondents whose institution does not currently include options counseling and abortion education in the curricula (n=10). Respondents could

check all that apply.

Reason	Result	Percentage of total
Lack of qualified faculty	-	-
Lack of student interest	-	-
Lack of administrative support	-	-
Fear of response from anti-abortion community	-	-
Religious affiliation of institution	2	20%
Not a curriculum priority due to time	8	80%
constraints		
Lack of clinical placements	2	20%
Not a perceived need in health care	=	-
Too specialized to teach in general	1	10%
nursing curriculum		
Too controversial to discuss in class	-	-
It has not been covered in the past	2	20%
Lack of resources		-
Other	=	-

Note. Cells with a dash (-) indicate that there were no respondents.

All of the respondents who indicated that their institution does not offer options counseling and abortion education in the curricula were asked if they would be interested in incorporating such material in the future. Seventy percent indicated that they would not be interested in including this material in the curricula. The remaining 30% responded that although their institution does not currently offer options counseling and abortion education in the curricula, they would like to see it included in the future. Table 3 indicates identified resources these institutions would need to include this material in the

curricula. Qualified faculty and having access to the appropriate didactic materials were identified as the top two resources needed for institutions to include options counseling and abortion education in their curricula.

TABLE 3. Resources that would be needed in order to incorporate options counseling and abortion education into nursing school curricula, as indicated by faculty who do not currently offer this material at their institution (n=3). Respondents could check all that apply.

Resources	Result	Percentage
Guest lecturers	1	33%
Qualified faculty	2	66%
Didactic materials such as lecture outlines, bibliographies, protocols and case studies	2	66%
Assistance in developing clinical rotation sites in abortion/family planning	1	33%
Online modules	1	33%
No other resources needed	1	33%
Other	-	-

Note. Cells with a dash (-) indicate that there were no respondents.

Half of the total respondents of this survey indicated that options counseling and abortion education is included as part of the undergraduate nursing curricula. These respondents were then prompted to identify what teaching methods in their institution support the inclusion of options counseling, surgical abortion, medication abortion, family planning/contraception and emergency post-coital contraception (Table 4). The majority of programs (90%) include family planning/contraception in the current curricula by incorporating classroom sessions focused on technical/evidence-based instruction. Sixty percent of respondents indicated that surgical and medication abortions are also taught in the same classroom setting. Seventy percent of institutions that include options counseling in the curricula do so by incorporating it into an ethical discussion, as

do half of the programs that cover surgical and medication abortion. No more than 20% of all subject matter is supported by clinical experience.

TABLE 4. Teaching methods that support the inclusion of options counseling, surgical abortion, medication abortion, family planning/contraception and emergency post-coital contraception as identified by faculty of undergraduate nursing programs that offer such material in the curricula (n=10). Respondents could check all that apply.

	Options	Surgical	Medication	Family	Emergency
	counseling	abortion	abortion	planning/	post-coital
				contraception	contraception
Classroom session					
focusing on	50% (5)	60% (6)	60% (6)	90% (9)	70% (7)
technical/evidence	3070 (3)	00 / 8 (0)	0078 (0)	9070 (9)	7070(7)
based instruction					
Classroom session					
focused on ethical	70% (7)	50% (5)	50% (5)	40% 4)	30% (3)
issues					
Clinical experience	20% (2)	20% (2)	20% (2)	20% (2)	10% (1)
Lab simulation/role				10% (1)	
play	_		1	1070 (1)	_
Assigned reading	40% (4)	50% (5)	50% (5)	70% (7)	60% (6)
Online module	-	-	-	20% (2)	-
Not addressed	-	-	-	_	10% (1)
Other	10%* (1)	-	-	10%** (1)	10%** (1)

Note. Data is indicated as a percentage of n. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents. * = "TAB (therapeutic abortion) methods covered but not adoption counseling- so not complete options counseling." ** = "Student presentations."

The respondents whose institutions included options counseling and abortion education in the curricula were then asked if they felt these subjects were adequately addressed. Seventy percent responded "yes" and 30% responded "no." Those who responded "yes" were asked what, if anything, would be helpful to improve the current curricula. Results are listed in Table 5. Didactic materials such as lecture outlines, bibliographies, protocols and case studies were indicated as the most identified resource

(57%) that would be helpful to improve current options counseling and abortion education.

TABLE 5. Resources identified by faculty of undergraduate nursing school curricula that would be helpful to improve the current curricula that covers options counseling and abortion (n=7). Respondents could check all that apply.

Resources	Result	Percentage
Guest lecturers	3	43%
Qualified faculty	2	29%
Didactic materials such as lecture outlines, bibliographies, protocols	4	57%
and case studies		
Assistance with developing clinical rotation sites in abortion/family planning	1	14%
Online modules	1	14%
Funding	-	-
No additional resources needed	1	14%
Other	-	-

Note. Cells with a dash (-) indicate that there were no respondents.

Although 50% of all respondents to the survey indicated that options counseling and abortion education is included in the current nursing school curricula, 30% of those respondents indicated that this subject matter is not adequately addressed. Identified reasons for feeling this way are shown in Table 6. All of the respondents indicated that options counseling and abortion education are too specialized to teach in general nursing curricula and 66% indicated that this subject matter is not a priority due to time constraints and/or funding.

TABLE 6. Reasons indicated by respondents whose institution currently include options counseling and abortion education in the curricula but feel it is inadequately covered (n=3). Respondents could check all that apply.

Reason	Result	Percentage of total
Lack of qualified faculty	1	33%
Lack of student interest	-	-
Lack of administrative support	-	-
Lack of resources	-	-
Fear of response from anti-abortion	-	-
community		
Religious affiliation of institution	-	-
Not a curriculum priority due to time	2	66%
constraints and/or funding		
Lack of clinical placements	-	33%
Not a perceived need in health care	-	-
Too specialized to teach in general	3	100%
nursing curriculum		
Too controversial to discuss in class	-	-
It has not been covered in the past	1	33%
Other	-	-

Note. Cells with a dash (-) indicate that there were no respondents.

Regardless of previous responses, all respondents of the survey were asked the same final question, "Is there anything else you would like to share about options counseling including abortion in nursing school curricula?" They were allowed a free text box to enter their response. There were five responses in total that are listed below.

- "There is not enough time in the semester to cover all the mandated requirements."
- "I think it is important however the structure of our program requires more focus
 on other components. I am also not sure that much of option counseling is
 covered on NCLEX (National Council Licensure Exam)."
- "The National League of Nursing has not included this in their curriculum. They need to do so."

- "None at this point. If it was taught, I would have to research it myself since I am not that knowledgeable about it."
- "Women should learn the truth about abortion: that life begins at conception, that abortion is not healthcare it is the intentional termination of a human life postabortive women suffer serious emotional trauma, if not right away, it occurs eventually few women (if any) regret having their baby, but most women regret abortion once they realize the truth about abortion abortion is as abominable as slavery."

Variations in State Responses

The response rates of each individual state queried in this survey varied from 14% to 36% (Table 7). Of the institutions that responded, the percentage of institutions that include options counseling and abortion education in the current curricula are also shown in Table 7.

TABLE 7. Response rates of each state in New England and percent of respondents that offer options counseling and abortion education in the current undergraduate nursing school curricula.

sentoot emiritation.			
	Total # of	% and number	% and number
	institutions	of institutions	of respondents
	surveyed/ state	that responded	that offer
	(N=93)	(n=20)	options
			counseling and
			abortion ($n=10$)
Vermont	5	20% (1)	100% (1)
New Hampshire	16	31% (5)	20% (1)
Massachusetts	37	14% (5)	60% (3)
Connecticut	17	18% (3)	33% (1)
Rhode Island	4	25% (1)	-
Maine	14	36% (5)	80% (4)

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

Out of the institutions that do not offer options counseling and abortion education in the nursing curricula, the most identified reason in every state is because of a lack of priority due to time constraints (Table 8). In every state that had institutions where this subject matter is not covered, they identified this as one of the reasons. Both Massachusetts and Connecticut had institutions that identified the religious affiliation of the school as one reason why options counseling and abortion education are not included in the curricula. The states that identified lack of clinical placements as a reason this subject matter is not included in the curricula were New Hampshire and Massachusetts. New Hampshire and Rhode Island specified that options counseling and abortion education is not included in the current curricula because it has not been covered in the past.

TABLE 8. Comparison of reasons identified in each state why options counseling including abortion are not covered in the current undergraduate nursing school curricula. Vermont is not included in as there were no identified institutions that do not

offer this subject matter. Respondents could check all that apply.

	NH	MA	CT	RI	ME
	(n=4)	(n=2)	(n=2)	(n=1)	(n=1)
Lack of qualified faculty	-	-	-	-	-
Lack of student interest	-	-	-	-	-
Lack of administrative support	-	ı	ı	ı	-
Fear of response from anti-abortion community	-	1	-	-	-
Religious affiliation of institution	1	50% (1)	50% (1)	1	1
Not a curriculum priority due to time constraints	75% (3)	100% (2)	50% (1)	100% (1)	100% (1)
Lack of clinical placements	25% (1)	50% (1)	ı	ı	-
Not a perceived need in health care	-	-	-	-	-
Too specialized to teach in general nursing	-	50% (1)	-	-	-

curriculum					
Too controversial to discuss in class	-	-	-	-	-
It has not been covered in the past	25% (1)	1	-	100% (1)	1
Lack of resources	-	ı	-	ı	-
Other	-	-	-	-	-

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

As noted earlier, half of the total participants in this survey indicated that options counseling and abortion is included in the undergraduate nursing school curricula. Each respondent was then asked to indicate what methods the institution uses to incorporate options counseling, surgical abortion, medication abortion, family planning/contraception and emergency post-coital contraception into the curricula. Tables 9-13 identify which methods are being most utilized in each state. It should be noted that RI is not included in any of these tables as there were no identified institutions that offer this material.

Four (VT, MA, CT and ME) out of the five states that include options counseling education in the nursing school curricula do so through a classroom setting focused on ethical issues (Table 9). Two states (MA and ME) incorporate a classroom setting that is focused on technical/evidence-based instruction. Lab simulation/role play and online modules are not used by any state to incorporate options counseling education. The one institution represented in New Hampshire indicated, "TAB methods covered but not adoption counseling- so not complete options counseling," but did not indicate how this material is represented in the curriculum.

TABLE 9. Methods identified by individual states in New England that incorporate OPTIONS COUNSELING in the undergraduate nursing school curricula. Respondents

could check all that apply.

Coura Check an inai	пррту.				
	VT	NH	MA	CT	ME
	(n=1)	(n=1)	(n=3)	(n=1)	(n=4)
Classroom session focusing on technical/evidence based instruction	-	1	67% (2)	-	50% (2)
Classroom session focused on ethical issues	100% (1)	-	67% (2)	100% (1)	75% (3)
Clinical experience	100% (1)	1	ı	100% (1)	25% (1)
Lab simulation/role play	-	1	1	-	-
Assigned reading	100% (1)	ı	33% (1)	100% (1)	25% (1)
Online module	-	-	-	-	-
Not addressed	-	-	-	-	-
Other	-	100%* (1)	-	-	-

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents. * = "TAB (therapeutic abortion) methods covered but not adoption counseling- so not complete options counseling."

Surgical abortion education is incorporated into the curricula through classroom setting focused on technical/evidence-based instruction in three (VT, MA and ME) of the five states represented (Table 10). In four (VT, MA, CT and ME) out of five states, surgical abortion education is covered in an ethical classroom discussion. Fifty percent of institutions in Maine use lab simulation/role play to incorporate surgical abortion education. The only methodology not used by any state to include surgical abortion education in the curricula is an online module.

TABLE 10. Methods identified by individual states in New England that incorporate SURGICAL ABORTION in the undergraduate nursing school curricula. Respondents

could check all that apply.

	VT	NH	MA	СТ	ME
	(n=1)	(n=1)	(n=3)	(n=1)	(n=4)
Classroom session focusing on technical/evidence based instruction	100% (1)	ı	67% (2)	ı	50% (2)
Classroom session focused on ethical issues	100% (1)	1	33% (1)	100% (1)	50% (2)
Clinical experience	ı	1	1	100% (1)	25% (1)
Lab simulation/role play	ı	1	1	ı	50% (2)
Assigned reading	100% (1)	ı	33% (1)	100% (1)	
Online module	-	-	-	-	-
Not addressed	-	-	-	-	-
Other	-	-	-	-	_

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

The primary means of incorporating medication abortion into nursing school curricula is both classroom setting focused on technical/evidence-based instruction and ethical issues (Table 11). Lab simulation/role play and online modules were not identified by any state as a method to incorporate medication abortion into the curricula.

TABLE 11. Methods identified by individual states in New England that incorporate MEDICATION ABORTION in the undergraduate nursing school curricula. Respondents

could check all that apply.

	VT	NH	MA	CT	ME
	(n=1)	(n=1)	(n=3)	(n=1)	(n=4)
Classroom session focusing on technical/evidence based instruction	100% (1)	100% (1)	67% (2)	-	50% (2)
Classroom session focused on ethical issues	100% (1)	-	67% (2)	100% (1)	25% (1)
Clinical	-	-	-	100% (1)	25% (1)

experience					
Lab					
simulation/role	-	-	-	-	-
play					
Assigned reading	100% (1)	-	-	-	50% (2)
Online module	-	-	-	-	-
Not addressed	-	-	-	-	-
Other	-	1	1	1	1

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

One hundred percent of the institutions in four states (VT, NH, MA and ME) incorporate family planning/contraception education into the curricula by means of a classroom session focused on technical/evidence-based instruction (Table 12). Family planning/contraception education is also incorporated through ethical discussion in three (VT, MA and CT) out of five states. All identified methodologies are used to by at least one state only in the instance of family planning/contraception education.

TABLE 12. Methods identified by individual states in New England that incorporate FAMILY PLANNING/CONTRACEPTION in the undergraduate nursing school curricula.

Respondents could check all that apply.

	VT	NH	MA	CT	ME
	(n=1)	(n=1)	(n=3)	(n=1)	(n=4)
Classroom session focusing on technical/evidence based instruction	100% (1)	100% (1)	100% (3)	-	100% (4)
Classroom session focused on ethical issues	100% (1)	-	67% (2)	100% (1)	-
Clinical experience	-	-	33% (1)	100% (1)	-
Lab simulation/role play	1	1	1	1	25% (1)
Assigned reading	100% (1)	ı	67% (2)	100% (1)	75% (3)
Online module	-	-	33% (1)	-	25% (1)
Not addressed	-	-	-	-	-
Other	-	-	33%* (1)	-	-

Note. Data is indicated as a percentage of n. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents. * = "Student presentation."

Emergency post-coital contraception is covered in VT, MA and ME primarily through a classroom setting focusing on technical/evidence-based instruction and also through a classroom setting focused on ethical issues in VT, MA and CT. Assigned reading is also a supportive method used to cover this material in most states. Lab simulation/role play and online modules were not indicated as identified methods used to incorporate education about emergency post-coital contraception. This material is not addressed in NH.

TABLE 13. Methods identified by individual states in New England that incorporate EMERGENCY POST-COITAL CONTRACEPTION in the undergraduate nursing school

curricula. Respondents could check all that apply.

	VT	NH	MA	CT	ME
	(n=1)	(n=1)	(n=3)	(n=1)	(n=4)
Classroom session focusing on technical/evidence based instruction	100% (1)	1	67% (2)	-	100% (4)
Classroom session focused on ethical issues	100% (1)	-	33% (1)	100% (1)	ı
Clinical experience	-	-	-	100% (1)	-
Lab simulation/role play	-	-	-	-	1
Assigned reading	100% (1)	-	33% (1)	100% (1)	75% (3)
Online module	-	-	-	-	-
Not addressed	-	100%	-	-	-
Other	-	-	33%* (1)	-	-

Note. Data is indicated as a percentage of n. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents. * = "Student presentation."

Another way to view this data is by analyzing each state individually to identify which methods are currently being used in each state, as is shown in Tables 14-18. Vermont (Table 14) uses primarily classroom sessions focusing on both technical/evidence-based instruction and ethical issues as well as assigned reading to incorporate the options counseling, surgical and medication abortions, family planning/contraception and emergency post-coital contraception material into the current curricula. New Hampshire (Table 15) identified that only medication abortion and family planning/contraception material are included in a classroom session focusing on technical/evidence-based instruction but also includes options counseling and emergency post-coital contraception material by way of student presentations. Massachusetts (Table 16) includes family planning/contraception education in 100% of the institutions that responded while 67% of institutions incorporate options counseling, surgical and medication abortion and emergency post-coital contraception in the same setting. The only clinical setting available to 33% of institutions in Massachusetts offers experience in family planning/contraception. In Connecticut (Table 17), options counseling, surgical and medication abortion, family planning/contraception and emergency post-coital contraception education are offered in a classroom setting focused on ethical issues and assigned reading and all subjects are incorporated in a clinical setting, however none of this material is covered in an evidence-based didactic format. In Maine (Table 18), 100% of the responding institutions incorporate family planning/contraception and emergency post-coital contraception in a classroom setting that focuses on technical/evidence-based instruction, where options counseling, surgical and medication abortion education are covered by 50% of institutions in the same setting. Maine is the only state that

incorporates any subject matter with lab simulation/role play. Massachusetts and Maine were the only states that use online modules to incorporate some of the topics listed.

Rhode Island was not included in this data set as there were no responding institutions that include options counseling including abortion education in that state.

TABLE 14. Methods identified in VERMONT (n=1) that incorporate options counseling, surgical abortion, medication abortion, family planning/contraception and emergency

post-coital contraception.

posi-conar comrace	Piteiti	1		T	T T
				Family	Emergency
	Options	Surgical	Medication	planning/	post-coital
	counseling	abortion	abortion	contraception	contraception
Classroom session focusing on technical/evidence based instruction	100% (1)	100% (1)	100% (1)	100% (1)	100% (1)
Classroom session focused on ethical issues	100% (1)	100% (1)	100% (1)	100% (1)	100% (1)
Clinical experience		-	-	-	-
Lab simulation/role play	-	-	1	-	-
Assigned reading	100% (1)	100% (1)	100% (1)	100% (1)	100% (1)
Online module	-	-	-	-	-
Not addressed	-	-	-	-	-
Other	-	-	-	-	-

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

TABLE 15. Methods identified in NEW HAMPSHIRE (n=1) that incorporate options counseling, surgical abortion, medication abortion, family planning/contraception and

emergency post-coital contraception.

	Options counseling	Surgical abortion	Medication abortion	Family planning/contraception	Emergency post-coital contraception
Classroom session focusing on technical/evidence based instruction	-	-	100% (1)	100% (1)	-

Classroom session					
focused on ethical	-	-	-	-	-
issues					
Clinical					
experience	-	1	-	-	-
Lab					
simulation/role	-	-	-	-	-
play					
Assigned reading	-	ı	-	-	-
Online module	-	-	-	-	-
Not addressed	-	-	-	-	100% (1)
Other	100%* (1)	-	-	-	-

Note. Data is indicated as a percentage of n. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents. * = "TAB (therapeutic abortion) methods covered but not adoption counseling- so not complete options counseling."

TABLE 16. Methods identified in MASSACHUSETTS (n=3) that incorporate options counseling, surgical abortion, medication abortion, family planning/contraception and

emergency post-coital contraception.

	1			Family	Emergency
	Options	Surgical	Medication	planning/	post-coital
	counseling	abortion	abortion	contraception	contraception
Classroom session focusing on technical/evidence based instruction	67% (2)	67% (2)	67% (2)	100% (3)	67% (2)
Classroom session focused on ethical issues	67% (2)	33% (1)	67% (2)	67% (2)	33% (1)
Clinical experience	-	1	1	33% (1)	1
Lab simulation/role play	-	-	-	-	-
Assigned reading	67% (2)	33% (1)	-	67% (2)	-
Online module	_	-	-	33% (1)	33% (1)
Not addressed	-	-		-	-
Other	-	-	-	33%* (1)	33%* (1)

Note. Data is indicated as a percentage of n. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents. * = "Student presentation."

TABLE 17. Methods identified in CONNECTICUT (n=1) that incorporate options counseling, surgical abortion, medication abortion, family planning/contraception and

emergency post-coital contraception.

entergency post con	terr contracep				T
				Family	Emergency
	Options	Surgical	Medication	planning/	post-coital
	counseling	abortion	abortion	contraception	contraception
Classroom session					
focusing on					
technical/evidence	-	-	-	-	-
based instruction					
Classroom session		1000/			
focused on ethical	100% (1)	100%	100% (1)	100% (1)	100% (1)
issues	, ,	(1)	, ,	. ,	, ,
Clinical	1000/ (1)	100%	1000/ (1)	1000/ (1)	1000/ (1)
experience	100% (1)	(1)	100% (1)	100% (1)	100% (1)
Lab					
simulation/role	-	-	-	-	-
play					
Assigned reading	1000/ (1)	100%		1000/ (1)	1000/ (1)
	100% (1)	(1)	-	100% (1)	100% (1)
Online module	-	-	-	-	-
Not addressed	-	-	-	-	-
Other	-	-	-	-	-

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

TABLE 18. Methods identified in MAINE (n=4) that incorporate options counseling, surgical abortion, medication abortion, family planning/contraception and emergency

post-coital contraception.

posi-condi comitace	puon.	ı			1
				Family	Emergency
	Options	Surgical	Medication	planning/	post-coital
	counseling	abortion	abortion	contraception	contraception
Classroom session focusing on technical/evidence based instruction	50% (2)	50% (2)	50% (2)	100% (4)	100% (4)
Classroom session focused on ethical issues	75% (3)	50% (2)	25% (1)	-	-
Clinical experience	25% (1)	25% (1)	25% (1)	-	-
Lab simulation/role play	-	-	-	25% (1)	-
Assigned reading	25% (1)	50% (2)	50% (2)	75% (3)	75% (3)

Online module	-	-	-	25% (1)	-
Not addressed	-	-	-	-	-
Other	-	-	-	-	-

Note. Data is indicated as a percentage of *n*. (Raw data numbers are shown in parenthesis.) Cells with a dash (-) indicate that there were no respondents.

Chapter V: Discussion

Each state in New England was represented in this research study, which allows for comparisons among states as well as a more homogenized sample set. Although all states were represented, some are more represented than others. For example, a 5% overall response rate (one school out of 20 total respondents) from both Vermont and Rhode Island translate into only one institution representing the data incorporated into this sample set. The respondents from each institution were primarily professors who will be teaching in the upcoming semester, which encourages the researcher to believe that the respondent is knowledgeable about the institution's current curricular requirements.

The average number of students per class expected to graduate from these nursing programs in the upcoming year is 81, which equates to approximately 1620 new graduate RNs from these 20 institutions alone in 2016. One can extrapolate that if half of these institutions do not include options counseling and abortion education in the curricula, there could be approximately 810 new RNs in practice without this knowledge in 2016.

In the entire possible sample set of 93 institutions in New England who received the survey, 55% of these have BSN programs and 44% have ADN programs. Of the 20 responses, 40% responded for ADN programs and 60% responded for BSN programs. Although not exactly representative of the whole population surveyed, the responses are varied between the programs and provide insight into both BSN and ADN programs.

When asked one's personal stance on abortion, 65% of respondents indicated they are pro-choice, 20% responded they are pro-life and 15% responded they are neither.

This question was asked to gain insight into potential bias of the responder that could stem from personal attitudes about abortion as well as if one's personal stance on abortion

correlates to whether the institution offers this education to students. The respondents who identified as pro-life were evenly distributed among BSN and ADN programs and from different states. Of those who identified as pro-life, 100% of the represented institutions do not offer options counseling and abortion education in the current nursing curricula. Additionally, 100% of these respondents indicated that they believe options counseling and abortion education should not be included in the curricula. The strong association of those who are pro-life and lack of inclusion of options counseling and abortion education in the curricula indicates that personal beliefs may have influenced the content of what is being included in the curricula.

This notion was reinforced by a comment from one participant who also identified as pro-life. The respondent indicated, "Women should learn the truth about abortion: that life begins at conception, that abortion is not healthcare - it is the intentional termination of a human life - post-abortive women suffer serious emotional trauma, if not right away, it occurs eventually - few women (if any) regret having their baby, but most women regret abortion once they realize the truth about abortion - abortion is as abominable as slavery." In this particular institution, options counseling and abortion education are not included in the curricula. However strong this comment may be, it does bring up the idea of continued support for those who do have an abortion. Lie, Robson and May (2008) found that women who are well informed and supported in their choices experience good psychosocial outcomes from termination of pregnancy, further enforcing the notion for nurses and other healthcare workers to be informed, non-judgmental and supportive in a woman's choice. Although there may be some emotional stresses that are encountered by some women who have had an abortion, the notion of long-

term follow up to support emotional experiences these women may have is recommended (Dykes, Slade & Haywood, 2011), rather than removing the option of abortion all together. Long-term follow up for these women could be another role that nurses could fill if adequate options counseling and abortion education is provided to them throughout their education.

Of those who responded that they are pro-choice, 62% represented institutions that reported including options counseling and abortion education in the curriculum while 38% represent institutions where this content is not included. Of those 38% where the content is not included, over half of respondents indicated that they would not be interested in incorporating it into future curricula. While there was not as strong of a correlation between those who are pro-choice and the inclusion of options counseling and abortion education at the institution, this data does indicate that there may be an association between one's personal beliefs about abortion and the content that is taught to undergraduate nursing students.

These findings also provided insight to the notion of supporting professors who may be teaching this subject matter. One respondent indicated, "If it (options counseling and abortion education) was taught, I would have to research it myself since I am not that knowledgeable about it." Professors must be provided with evidence-based teaching strategies as well as the opportunity to explore their own personal values, just as students must. Not providing this opportunity to teaching faculty will in turn affect the quality of education that is delivered to the students. Where this research is focused on the curricula taught to students, findings support the need for continued education for faculty as well.

The reasons indicated by respondents whose institutions do not currently offer options counseling and abortion education in the undergraduate nursing curricula are represented in Table 2. The majority of respondents indicated that this content is not covered because it is not a priority due to time constraints. With 80% of respondents indicating this, it is by and large the predominant reason given.

One comment spoke specifically to the notion of time constraints, arguing "There is not enough time in the semester to cover all the mandated requirements." Similarly, another response suggested, "I think it (options counseling and abortion education) is important however the structure of our program requires more focus on other components. I am also not sure that much of options counseling is covered on the NCLEX." This participant insinuates that not only time constraints pose a challenge, but also that focusing on other areas of study takes precedent over options counseling and abortion. It is an unfortunate reality that time constraints are shaping the curriculum of future nurses who will face unintended pregnancy rates higher than 50% nationwide (Guttmacher Institute, 2015), with 40% of those being terminated by abortion (Finer & Zolna, 2014).

Analyzing what is currently being done to support the inclusion of options counseling and abortion in the curricula can allow for opportunities to build on what works well and identify opportunities for change. According to this study, when this content is covered, it is primarily done so in three ways: 1) classroom setting focusing on technical/evidence based instruction, 2) classroom setting focusing on ethical issues and 3) assigned reading. While recognizing that these topics are controversial, presenting this material primarily in an ethical setting could perpetuate the very controversial nature of

these topics while not allowing for evidence-based instruction. For example, this data indicates that more institutions cover the ethical issues related to options counseling than focusing on technical and evidence-based instruction of the same topic. Similarly, 60% of institutions that include options counseling and abortion education indicated that surgical and medication abortion are covered in classroom sessions focusing on technical/evidence-based instruction while nearly 50% cover the same content in ethical discussions, putting nearly the same weight on evidence-based instruction as ethical issues. The one school in Connecticut that responded indicated that all of the topics are covered in an ethical classroom setting only and none are covered in an evidence-based/technical instruction discussion. While not eliminating ethical discussions all together, one potential time-saving strategy could be to focus more on evidence-based/technical instruction rather than spending roughly the same amount of time, or more, on ethical issues, as this data found to be the current state for some topics.

This data also offers insight into which teaching methods hold potential for efficient, effective ways to incorporate options counseling and abortion education into the curricula. Creating the opportunity for students to have exposure to options counseling and abortion in a clinical setting can help to accomplish these goals. According to this data, an average of only 18% of institutions that offer options counseling and abortion education to nursing students provide clinical opportunities for students that support this material. As Epsey, Ogburn and Dorman (2004) demonstrated with their research of third-year medical students, 38% of students who were provided a rotation in abortion care reported a change in their attitudes about abortion and 94% of these became more supportive of women's access to abortion services. The collaboration of this data together

strengthens the argument to provide students clinical exposure to options counseling and abortion. However, finding these clinical placements may be problematic, as 14% of respondents whose institutions offer options counseling and abortion education indicated that assistance with developing clinical rotation sites would be helpful to improve the current curricula.

Although online modules and lab simulation/role play are rarely utilized by these institutions to incorporate options counseling and abortion education, it could hold potential for incorporating this material in other creative ways in the future. It can also provide opportunities for other groups to create these materials for institutions to access. This notion is further supported by these data, as 57% of institutions that offer options counseling and abortion education indicated that didactic materials, such as lecture outlines, bibliographies, protocols and case studies would be helpful to improve the curricula. Guest lecturers and qualified faculty were also noted as resources that would be helpful to improve the current curricula.

Many of the factors identified as barriers to inclusion of options counseling and abortion can be recognized as either internal or external factors. Internal factors are those that come from within the institution. Examples of internal factors are faculty and staff, administrative support, learning materials (textbooks, lab simulation, online modules, classroom content) and the traditions of the institution itself. External factors are those that influence inclusion of options counseling and abortion but come from outside of the boundaries of the institution. Examples of external factors include endorsement of this material by nursing associations, inclusion of this material on NCLEX and the political nature of controversy surround this material. Finding a balance between internal and

external factors may be a way to examine this subject from another perspective, which could identify additional opportunities for change. Curriculum in general is a product of both internal and external factors, incorporating the social climates of each. For example, an institution may have faculty who are educated about and would like to include options counseling and abortion education in the curriculum (internal factor), but if this material is not endorsed on the NCLEX (external factor), they may opt to spend less time or skip this content all together. In this case, an external factor is identified as a barrier to inclusion of this material, suggesting that rather than focusing on internal factors, focusing on integration of this material on the NCLEX could be more effective.

Comparison to Original Survey

This research was preceded by and modeled after a study conducted by AAP in collaboration with the University of Massachusetts Medical Center (1997) that surveyed program directors at each of the 52 accredited associate-level, baccalaureate-level and master's-level nursing programs in MA. Although this study only focused on MA rather than all of New England, it provides a good metric to gauge the state of options counseling and abortion education over the last 18 years. In MA, only 14% of institutions responded to this survey, where the work done by AAP had a 67% response rate. This is likely due to this research being conducted online where the survey in 1997 was conducted through the mail and perhaps had a more directive audience with a follow up phone call. The survey by the AAP indicated that 69% of institutions in MA who responded offered training in reproductive choice including abortion in 1997. Similarly, these current data showed 60% of responding institutions in MA include options counseling and abortion education in the curricula. Of those institutions that include this

material, 66% indicated that they believe it is adequately covered. This compares to 23% in 1997. This data supports the notion that options counseling and abortion are included at a similar incidence now when compared to 1997 in MA, and that out of the institutions that do cover this material, it is perhaps more adequately covered now than it was then.

Other similarities between this research and that from 1997 was that this subject matter is often given more attention in ethics classes rather than evidence-based courses and that respondents expressed a need for training and educational materials in addition to assistance in developing clinical opportunities for students. Additionally, the 1997 study posits that limitations in reproductive choice and abortion curricula are due to time constraints, as was also found in this research.

By and large, this data set and the data gathered in 1997 paint a similar story. It must be considered that only 14% of institutions in Massachusetts are represented in this data analysis. Perhaps a bigger sample would show different results. Despite the research done by AAP, it appears as though options counseling and abortion education is still lacking in Massachusetts nearly twenty years later.

Implications for NP Practice

NPs are leaders in the healthcare field and there is an identified need to improve women's health care around unintended pregnancy, options counseling and abortion. NPs can set the standard for incorporating this into current practice by utilizing RNs to the fullest scope of their practice. Both RNs and NPs have the opportunity to provide non-biased, factual, therapeutic options counseling and abortion education to patients, provided they are given a solid educational platform from which their knowledge stems. NPs are in a leadership role that can also potentially influence what is taught in nursing

school curriculum and how it is incorporated. NPs have the opportunity to put this type of education into clinical practice and improve women's healthcare.

Conclusions

Nurses have the opportunity to provide women who face unintended pregnancy with unbiased, non-judgmental, knowledgeable options counseling, but only if they are provided education that will enable them to do so. Like any other skill that is taught in an educational nursing program, options counseling should be given adequate attention so students can be taught factual information while given the opportunity to explore their own values. And likewise, instructors of this material should receive the same courtesy, enabling them to provide high-quality, evidence-based instruction in options counseling and abortion education. This, however, is not the current state in New England. With only half of responding institutions indicating that options counseling and abortion education is included in the curricula, with many of those indicating that the coverage is inadequate, this material is still grossly underrepresented and must be given more attention. With unintended pregnancy rates at 51% nationally, women's health - both mental and physical - hinge on a well educated, well prepared, non-biased nursing force.

Institutions across New England indicated that time is the driving factor that prevents inclusion, or adequate inclusion, of options counseling and abortion education in the nursing curricula. While recognizing this as a real challenge, it must not be the reason that students are not taught these essential skills. This identified challenge speaks to the need for curriculum reform and creative ways to integrate options counseling and abortion education.

Personal attitudes and beliefs about abortion seem to have a correlation with the inclusion of options counseling and abortion education in New England. Much like nurses in practice, professors must be willing and able to put their personal opinions aside to teach unbiased, factual content to nursing students. If this poses too great of a conflict for the individual, perhaps he/she should not be covering this content at all.

As indicated by previous research, there remains a lot to be desired about the state of undergraduate nursing curriculum's inclusion of options counseling and abortion. It is the intention that this research will provide opportunities for institutions in New England to improve the curricula and provide RNs with the ability to provide women with unintended pregnancy compassionate, factual, non-biased, effective options counseling and information about abortion. Supporting women's decisions and empowering them to make educated, well-informed decisions will ultimately help improve women's healthcare

Recommendations for Future Research

This research indicates the need for more in-depth study about nursing curriculum nationally. Comparative studies from other regions across the United States could allow for further insight into the state of options counseling and abortion education, thus leading to more ideas of how to implement this content into nursing curricula. An indepth study about the time-allocation spent on various subjects in nursing curricula could identify opportunities for inclusion of options counseling and abortion education. Further exploration about how personal views and attitudes affect how/what is included in the curricula could also provide valuable insight to improve inclusion of this content. This research also pointed to the need to enrich faculty's knowledge about options counseling

and abortion. Research focused on how to incorporate this type of continuing education to faculty could create opportunities for the faculty to gain further information and knowledge about this subject matter, thus creating a better learning environment for students. Extending beyond the nursing curricula, this research brought up the potential need for follow-up support/counseling for women who have had abortions. Research focusing more on the support provided after such a procedure could also provide opportunities to improve women's health care.

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Appendix AOriginal survey used with permission from the Abortion Access Project (1997).

Massac Massac	chusetts Nu	rsing Scho	ool Survey SS Medical School
Department of	OB/GYN	₹ UMAS	SS Medical School
PLEASE NOTE: THIS PA RESPONSES TO THE SUI TO ENSURE CONFIDENT	RVEY QUESTI		ATELY FROM YOUR JRVEYS WILL BE CODED
DATE COMPLETED:	_//96		
NAME OF RESPONDENT TITLE: INSTITUTION NAME: DEPARTMENT/PROGRA ADDRESS:			
PHONE NUMBER: FAX NUMBER: E-MAIL ADDRESS:	- - -		
How many students are enro the 1996-1997 academic ye			program at your institution for
What is the ethnic/racial manursing program at your instudents enrolled (%) or bot	titution? (Please		
	<u>N</u> U.	MBER	<u>%</u>
African-American			
Anglo/White			
Asian/Pacific Islander			
Latino/Hispanic			
Other	-		
Unknown	-		_
Would you like to receive fi Training and Advocacy Init		on about the a	ctivities of the Abortion
_	_YES		_NO

code		

Massachusetts Nursing School Survey Department of OB/GYN UMASS Medical School

1.	Does your curriculum currently of abortion?	fer instruction in	n reproductive choice including
	YES		NO
	If yes, skip to question 6. If no, plain the envelope provided.	ease complete q	uestions 2-5, and return the survey
2.	In your opinion, what are the reaso currently addressed in your curricu		
	Lack of qualified faculty Lack of student interest Lack of administrative suppo Fear of response from anti-ab Religious affiliation of institu Not a curricula priority due to Other. (Please use space at Q	oortion commun ition o time constraint	ts
3.	If instruction in reproductive choicurriculum, would your institution the curriculum in the future?		
	YES	NO	NOT SURE
4.	What resources would you need in curriculum? (Check all that apply		porate such materials into the
	Guest lecturers/qualified facul Didactic materials such as lec Assistance with developing cl No additional resources neede Other (Please use space at Qu	ture outlines, bil linical rotation si ed	
5.	Would it be helpful to you if the I goals and objectives on reproduc		for Nursing developed curriculum abortion?
	YES	NO	NOT SURE
_			

If your institution does not currently offer curriculum on reproductive choice and abortion, please stop here and return completed survey.

code

Massachusetts Nursing School Survey Department of OB/GYN UMASS Medical School

6. Which of the following topics are addressed in your current curriculum and by what teaching method? (Check all that apply).

	Classroom didactics	Clinical experience/ Rotation	Assigned reading	Not addressd	Other (Please specify at Question #11)
Pregnancy options counseling					
Surgical aspiration abortion					
Medication abortion (e.g. RU486, methotrexate)					
Family planning/ Contraception					
Emergency post-coital contraception (The "Morning After"pill)					
Other (please specify at Question #11.)					

your opinion, does the cu abortion?	urent curriculum adequa	ately address reproductive choice
YES	NO	NOT SURE
If you responded '	"YES" to question #7. r	please skip question #8

|--|

Massachusetts Nursing School Survey Department of OB/GYN UMASS Medical School

6.	Which of the following topics are addressed in your	current curriculum and
	by what teaching method? (Check all that apply).	

	Classroom didactics	Clinical experience/ Rotation	Assigned reading	Not addressd	Other (Please specify at Question #11)
Pregnancy options counseling					
Surgical aspiration abortion					
Medication abortion (e.g. RU486, methotrexate)					
Family planning/ Contraception					
Emergency post-coital contraception (The "Morning After"pill)					
Other (please specify at Question #11.)					

your opinion, does the cu d abortion?	rrent curriculum adequa	ately address reproductive choice
YES	NO	NOT SURE
If you responded '	'YES" to question #7, p	blease skip question #8

Massachusetts Nursing School Survey Department of OB/GYN TUMASS Medical School

8.	In your opinion, what are the reasons that the current curriculum does not adequately address reproductive choice and abortion? (Check all that apply)
	Lack of qualified faculty Lack of student interest Lack of administrative support Fear of response from anti-abortion community Religious affiliation of institution Not curricula priority due to time constraints Other (Please specify at Question #11.)
9.	What resources would you find helpful for improving the curriculum regarding reproductive choice and abortion? (Check all that apply).
	Guest lecturers/ qualified faculty Didactic materials such as lecture outlines, bibliography, protocols, case studies
	Assistance with developing clinical rotation sites in abortion/family planning No additional resources needed Other (Please specify at Question #11.)
10.	. Would it be helpful to you if the National League for Nursing developed curriculum goals and objectives on reproductive choice and abortion?
	YES NO

code_				
	Massachusetts No Department of OB/GYN	arsii	ng School Survey UMASS Medical School	
	_			

11. Comments and/or questions?

Appendix B

The survey sent out to participants in this research study, distributed through a secure online system, LimeSurvey.

Options Counseling and Abortion Education in Undergraduate Nursing Curricula

This is a survey designed to examine the extent to which options counseling and abortion education are included in undergraduate nursing school curricula (BSN and ADN) in New England.

Thank you for participating in this brief, confidential survey that will take less than 10 minutes to complete. Your participation is entirely voluntary and there is no penalty should you choose not to participate.

The following terminology will be used in the survey

BSN: Bachelors of Science in Nursing

ADN: Associates Degree in Nursing

Options counseling including abortion: Choices given to a pregnant woman with an unintended pregnancy to explore whether she will carry the pregnancy and parent, carry the pregnancy and place the infant up for adoption, or have an abortion. Included in this definition is specific information about abortion, which includes:

- Medication Abortion: An abortion performed using a pharmaceutical agent such as mifepristone, methotrexate or misoprostol.
- Surgical Abortion: Includes aspiration abortion and is performed using dilation & curettage, electric aspiration or manual vacuum aspiration.

There are 22 questions in this survey

Background Information

1. Where is your institution located?

Please choose **only one** of the following:

- Vermont
- New Hampshire
- Massachusetts
- Connecticut
- Rhode Island
- Maine

2. How would you best describe your position in your nursing department?

Please choose only one of the following:

- Dean
- Director
- Chair
- Professor
- Other

3. Are you actively (or will you in the upcoming semester) teaching in the nursing department?

Please choose only one of the following:

- Yes
- No

4. Approximately how many students are anticipated to graduate from your nursing program in the 2015-2016 academic year?

Only numbers may be entered in this field.

5. How would you best describe your personal stance on abortion? *

Please choose **only one** of the following:

- Pro-life
- Pro-choice
- Neither
- I prefer not to specify
- Other

6. Does your institution have a BSN program, ADN program or both (all programs must be accredited)?

Please choose only one of the following:

- ADN only
- BSN only
- Both ADN and BSN (go to Question 7)

7. If you answered BOTH, does the content regarding abortion education and options counseling differ between the programs?

Please choose only one of the following:

- Yes (go to question 8)
- No (go to question 9)
- 8. If you answered yes, please continue with the remainder of the survey based on the BSN curriculum only. Click "Next" to continue.
- 9. If you answered no, fill out the remainder of the survey based on the collective curriculum. Click "Next" to continue.

Current Programs

This section offers information about current nursing curricula.

10. Does your curriculum currently offer instruction in options counseling including abortion education?

Please choose only one of the following:

- Yes (go to question 14-19)
- No (go to questions 11 12)

11. If you answered NO in the previous question, what are the reasons that options counseling including abortion education are not currently addressed in your curriculum?

- Lack of qualified faculty
- Lack of student interest
- Lack of administrative support
- Fear of response from anti-abortion community
- Religious affiliation of institution
- Not a curriculum priority due to time constraints
- Lack of appropriate clinical placements
- Not a perceived need in health care
- Too specialized to teach in general nursing curriculum
- Too controversial to discuss in class

- It has not been covered in the past
- Lack of resources
- Other:

12. If instruction in reproductive choice including abortion is not currently offered in your curriculum, would you be interested in incorporating such material into the curriculum in the future?

Please choose only one of the following:

- Yes (go to Question 13, then end of survey)
- No (End of survey)

13. If you answered YES to the previous question, what resources would you need in order to incorporate such materials into the curriculum?

Please choose all that apply:

- Guest lecturers
- Qualified faculty
- Didactic materials such as lecture outlines, bibliographies, protocols and case studies
- Assistance with developing clinical rotation sites in abortion/family planning
- Online modules
- No additional resources needed
- Other:

14. Which teaching method(s) support the inclusion of OPTIONS COUNSELING in the curriculum?

- Classroom session focusing on technical/evidence based instruction
- Classroom session focusing on ethical issues
- Clinical experience
- Lab simulation/role play
- Assigned reading
- Online module
- Not addressed
- Other:

15. Which teaching method(s) support the inclusion of SURGICAL ABORTION in the curriculum? *

Please choose all that apply:

- Classroom session focusing on technical/evidence based instruction
- Classroom session focusing on ethical issues
- Clinical experience
- Lab simulation/role play
- Assigned reading
- Online module
- Not addressed
- Other:

16. Which teaching method(s) support the inclusion of MEDICATION ABORTION in the curriculum? *

Please choose all that apply:

- Classroom session focusing on technical/evidence based instruction
- Classroom session focusing on ethical issues
- Clinical experience
- Lab simulation/role play
- Assigned reading
- Online module
- Not addressed
- Other:

17. Which teaching method(s) support the inclusion of FAMILY PLANNING/CONTRACEPTION in the curriculum? *

- Classroom session focusing on technical/evidence based instruction
- Classroom session focusing on ethical issues
- Clinical experience
- Lab simulation/role play
- Assigned reading

- Online module
- Not addressed
- Other:

18. Which teaching method(s) support the inclusion of EMERGENCY POST-COITAL CONTRACEPTION in the curriculum? *

Please choose all that apply:

- Classroom session focusing on technical/evidence based instruction
- Classroom session focusing on ethical issues
- Clinical experience
- Lab simulation/role play
- Assigned reading
- Online module
- Not addressed
- Other:

19. In your opinion, does the current curriculum adequately address reproductive choice and abortion?

Please choose only one of the following:

- Yes (go to Question 21)
- No (go to Question 20)

20. If you answered NO to the previous question, what are the reasons that the current curriculum does not adequately address options counseling and abortion?

- Lack of qualified faculty
- Lack of student interest
- Lack of administrative support
- Lack of resources
- Fear of response from anti-abortion community
- Religious affiliation of institution

- Not a curriculum priority due to time constraints and/or funding
- Lack of appropriate clinical placements
- Not a perceived need in health care
- Too specialized to teach in general nursing curriculum
- Too controversial to discuss in class
- It has not been covered in the past
- Other:

21. What resources would you find helpful for improving the curriculum regarding reproductive choice and abortion?

Please choose all that apply:

- Guest lecturers
- Qualified faculty
- Didactic materials such as lecture outlines, bibliography, protocols and case studies
- Assistance with developing clinical rotation sites in abortion/family planning
- Online modules
- Funding
- No additional resources needed
- Other:

Final Question

Free text to add any additional thoughts.

22. Is there anything else you would like to share about options counseling including abortion in nursing school curricula?

	Please	write	your	answer	here:
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Thank you for completing this survey.

Submit your survey.