

# "I'm supposed to be a helper": Spiritual distress of abortion providers after the *Dobbs* decision



Leah M Bode, BS; Komal A Kumar, MD; Josie C McQuillan, BS; Nicole P Scott, MD; Caitlin Bernard, MD, MSCI

**BACKGROUND:** The *Dobbs v. Jackson Women's Health Organization* decision has undoubtedly affected the practice of abortion providers nationally. We hypothesized that *Dobbs* has also impacted the ways in which providers experience meaning and purpose through their work, which are elements of spirituality.

**OBJECTIVE:** We sought to describe the spectrum of spirituality of abortion providers and understand whether and how the *Dobbs* decision caused spiritual distress.

**STUDY DESIGN:** For this qualitative study, we conducted video interviews with 26 abortion providers from 17 states between November 2022 and February 2023. States were classified according to the Guttmacher Institute classifications from most restrictive to very protective as of December 2022. Interviews included questions such as, "Can you describe your own sense of spirituality or spiritual identity?" and "How does your spiritual belief inform your response to the *Dobbs* decision?"

**RESULTS:** Participants' states of practice were well-distributed across the abortion restrictive-protective spectrum. The majority of participants were spiritual, while less than half identified as part of an organized religion. Many participants felt a spiritual *call* or *obligation* to provide abortion care and 46% described abortion as a *spiritual act* for provider and/or patient. Most participants experienced spiritual distress (74%), including those practicing in states across the restrictive-protective spectrum. Of note, 92% of participants described their spirituality as helpful in coping with the effects of the fall of *Roe v. Wade*. Sources of strength included advocacy, agency, legislative work, and community; over half specifically cited the abortion provider community.

**CONCLUSIONS:** The *Dobbs* decision—and subsequent state-level abortion restrictions—impacts abortion providers by causing spiritual distress. While many abortion-restrictive laws are influenced by religious or spiritual beliefs, it is important to recognize that abortion providers are also spiritual individuals.

**Keywords:** moral distress, spiritual distress, *Dobbs v. Jackson Women's Health Organization*, conscientious provision, religious freedom

## Introduction

On June 24, 2022, in *Dobbs v. Jackson Women's Health Organization*, the Supreme Court of the United States overturned *Roe v. Wade*, the 1973 landmark case protecting abortion rights in America. The subsequent restrictions on abortion access across the country have significantly impacted not only

patients seeking abortions but also the providers seeking to help them. Post-*Dobbs*, abortion providers across the country are being forced to turn away patients, performing abortions later in pregnancy for patients traveling from out-of-state, bearing witness to the suffering of people forced to carry pregnancies to term, and practicing amidst uncertainty and legal threat.<sup>1–3</sup> These events may threaten one's foundational beliefs about goodness, justice, and purpose and thus cause spiritual distress.

The International Conference on Improving the Spiritual Dimension of Whole Person Care defines spirituality as, "a dynamic and intrinsic aspect of humanity through which persons seek ultimate meaning, purpose, and transcendence and experience relationship to self, family, others, community, society, nature, and the significant or sacred."<sup>4</sup> Notably, this modern, broad definition does not rely on traditional religious values. Previous work has demonstrated that up to 90% of

obstetrician-gynecologists (OBGYNs) may identify as religious or spiritual.<sup>5</sup> Review of the relevant literature shows that the religious or spiritual identities of abortion providers has not previously been studied.

Spirituality touches the work of clinicians by informing their personal beliefs and influencing their relationships with patients. When the suffering of a patient cannot be alleviated, clinicians may perceive themselves as powerless against the inevitability of suffering and mortality.<sup>6</sup> Spiritual distress has been defined as, "the impaired ability to experience and integrate meaning and purpose in life through connectedness with self, other, art, music, literature, nature, and/or power greater than oneself."<sup>7</sup> A similar concept, *moral* distress—defined as, "when one knows the right thing to do, but institutional constraints make it nearly impossible to pursue the right course of action"<sup>8</sup> lacks this language of purpose and connectedness that spiritual distress seeks to define. Given the

From the Indiana University School of Medicine, Indianapolis, IN

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Verbal consent for participation was obtained from all volunteers prior to virtual interview.

Corresponding author: [Lmbode@iu.edu](mailto:Lmbode@iu.edu)

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## AJOG Global Reports at a Glance

**Why was the study conducted?**

In the absence of previous similar work, we sought to understand abortion providers' spiritual beliefs and their potential spiritual distress in the wake of *Dobbs v. Jackson*.

**What are the key findings?**

Findings suggest most abortion providers are spiritual, are motivated in their work by their spirituality, and are experiencing spiritual distress secondary to new abortion restrictions in the aftermath of *Dobbs*.

**What does this study add to what is already known?**

As many laws pertaining to abortion are influenced by religious beliefs, it is important to recognize that abortion providers themselves are spiritual individuals. This commentary on abortion providers' spirituality adds a unique and valuable perspective to conscientious provision and religious freedom framework conversations in counter-legislation efforts against state abortion restrictions.

budding evidence of moral distress due to the fall of *Roe*,<sup>9–13</sup> and the potential threat to one's beliefs of goodness, justice, and purpose, we hypothesized that abortion providers are experiencing spiritual distress. In the absence of previous work describing abortion providers' spiritual beliefs and motivations, we sought to demonstrate the spectrum of spirituality of abortion providers and evaluate their possible spiritual distress in the wake of *Dobbs*.

**Materials and methods**

We opted for a qualitative study design given the lack of precedent for research on the spirituality of abortion providers. Permission for study activities, including the collection and storage of participant information, was granted by the Indiana University Institutional Review Board (Protocol #16606). All abortion providers in the United States, regardless of specialty or fellowship training, were eligible to be interviewed. Recruitment was conducted via OBGYN professional organization forums, email listservs that include abortion providers, and professional connections of the authors. We recruited 26 abortion providers from 17 states using these methods. Verbal consent for participation was obtained from all volunteers prior to virtual interview. Video interviews were conducted by author LB via Zoom with participants between November

2022 and February 2023. Interviews were recorded and transcribed using Zoom's closed caption feature.

Demographics collected included age, racial/ethnic identity, state of practice, years in practice, fellowship training, percentage of practice that is abortion care, and practice setting (community, academic, hybrid). States of practice were classified according to the Guttmacher Institute classifications of Most restrictive, Restrictive, Some restrictions/protective, Protective, and Very protective as of December 2022.<sup>14</sup> All identifying information was removed from the transcripts to protect participant anonymity and safety. Only the Guttmacher Institute restriction classification remained linked to the participants' data.

Interview guides were developed through discussion with an interdisciplinary team including the input of both abortion providers and chaplaincy faculty at our institution. To elicit responses about participants' spiritual identities and beliefs, we asked questions such as:

- *Some people understand spirituality as more closely aligned to faith and organized religion, while others describe their spirituality more as the things that make life meaningful. Can you describe your own sense of spirituality or spiritual identity?*

- *Tell me about your spiritual journey.*

To explore the concept of potential spiritual distress, we asked:

- *In general, what has been your response to the Dobbs v. Jackson Women's Health Organization decision?*
- *How does your spiritual belief inform this response?*
- *Tell me about any spiritual distress or alienation from your religious or spiritual community because of the Dobbs decision.*

To explore sources of strength and self-reflection on one's own spiritual well-being, we asked:

- *What gives you strength moving forward?*
- *Tell me about how your spiritual beliefs are helping you or hurting you in this aspect.*

Interview transcripts were reviewed for recurring themes regarding spirituality, spiritual distress, sources of conflict, and sources of strength. A random sample of 6 transcripts was used to generate an initial code book encompassing these themes by authors LB and JM (both medical students completing an academic concentration in Religion and Spirituality in Medicine) and KK (PGY-3 OBGYN resident). Interviews were then iteratively coded to achieve thematic saturation, and consensus was reached for all interviews. Coded transcripts were then analyzed using NVivo 14 software (QSR International in Massachusetts, USA).

**Results****Demographics**

Participants were a median age of 38 (range 31–78) [Table 1]; most (69%) identified as non-Hispanic White. The cohort of participants included twenty-four OBGYN physicians, 1 Nurse Practitioner, and 1 Family Medicine physician. Providers' practices were equally distributed amongst community (35%), academic (35%), and hybrid (31%) settings. States of practice were well-

**TABLE 1**  
**Demographic characteristics of study participants (N= 24)**

Demographic variables	N (%)
Race/Ethnicity	
White, non-Hispanic	18 (69)
White, Hispanic	2 (9)
South Asian/Asian	3 (12)
Native American	1 (4)
Multiracial	2 (9)
Fellowship	16 (62)
Complex Family Planning	14 (54)
Maternal-Fetal Medicine	2 (9)
Practice setting	
Community	9 (35)
Academic	9 (35)
Hybrid	8 (31)
State abortion restriction level	
Most restrictive	2 (9)
Restrictive	8 (31)
Some restrictions/protections	4 (15)
Protective	8 (31)
Very protective	4 (15)
Percentage of practice that is abortion care	
0–25	13 (50)
26–50	5 (19)
51–75	5 (19)
76–100	3 (12)
Years in practice	
In fellowship	4 (15)
0–5	10 (39)
6–10	6 (23)
11–20	3 (12)
>20	3 (12)

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distributed across the restrictive-protective spectrum: 8% most restrictive, 31% restrictive, 15% some restrictions/protections, 31% protective, and 15% very protective. Of note, states in the Southern United States were under-represented in our cohort with only 3 out of the 10 restrictive/most restrictive states in our study being Southern, while Southern states account for 50% of the

states classified as restrictive/most restrictive by the Guttmacher Institute in December 2022.

We identified 6 major qualitative themes from the interviews: Spirituality and Religion of Abortion Providers, Abortion Care and Spirituality, Impact of Spirituality, Spiritual Distress, Sources of Strength, and Spirituality and Medicine (additional quotes in [Table 2](#)).

## Spirituality and religion of abortion providers

Most participants (69%) identified as spiritual, though fewer (38%) currently belong to a religious tradition. Only 4 participants (15%) identified as definitively not spiritual. Participants reported belonging to Christian (including Quaker), Jewish, Hindu, and Buddhist traditions. Wiccanism, atheism, and other non-religious, spiritual traditions were also represented. Almost half (46%) reported that they were raised Christian but no longer identify with this affiliation.

Several common subthemes that arose during iterative coding, regarding the major tenets of participants' spiritual beliefs, include altruism (73%), belief in inherent goodness (58%), community and connection (54%), and compassion (42%).

*We have both a duty, responsibility, as well as a privilege and honor to be able to take care of each other. -Participant 4*

*Fundamentally, I try to think about what advances justice in the world, and what does the most good for the most people? -Participant 9*

## Abortion care and spirituality

Participants reported that their spirituality informed their role as an abortion provider. Many participants used the language of a spiritual *calling* (36%) or *obligation* (42%) to provide abortion care.

*I very much feel driven towards conscientious provision. I feel like I'm called to this work. I am capable of doing it. I am good at it. -Participant 15*

Additionally, nearly half of participants (46%) described the act of providing an abortion for someone as a spiritual or even religious *act*, and some participants acknowledged that an abortion may be a spiritual experience for patients.

*I feel like in a way like I am also doing God's work by helping this person. -Participant 22*

**TABLE 2****Additional quotations in exploration of qualitative themes**

Theme	Example Quotations
Spirituality and religion of abortion providers	<p>The compassion that we learn from God and from Jesus Christ goes hand in hand with making sure that people are able to decide what to do with their own bodies, and to be able to provide compassionate abortion care. -Participant 19</p> <p>I feel like the whole purpose that we are put on this earth is to help others, and to be kind to one another. So that's just my main goal. Be kind to and help others. -Participant 22</p> <p>Not having a spiritual group here has been difficult. . .It's something that I really miss and need to be able to withstand the rest of the next couple of years as the country is going through a lot of changes. -Participant 17</p>
Abortion care and spirituality	<p>It feels very much like a moral obligation, perhaps a spiritual obligation of doing this work, that you just have to keep doing it. -Participant 16</p> <p>It's an economic decision. It's a spiritual decision. It affects literally every facet of a person's life. -Participant 1</p>
Impact of spirituality	<p>One of the things that I chant every day before my meditation is "all phenomena arise from their causes," or in terms of medicine, for every action there is an equal and opposite reaction. . .and that our actions today will have reactions and causes for the future. So, I think that gives me the strength and hope not to despair. -Participant 11</p> <p>. . .Probably hurting because I believe that people should treat other people nicely. . .and it's immoral to me what they're doing. And I'm feeling that it's much harder for me to find forgiveness or grace for people who are believing in doing those things than it was maybe in the past. -Participant 13</p>
Spiritual distress	<p>I would say that being exposed to the people that were fighting to pass abortion restrictions in this state via advocacy efforts is probably the most damaging to my spiritual wellness. That people could sit across from me as an abortion provider and believe that I was a murderer, and what I was doing was killing babies, and just have no ability to put themselves in someone else's shoes was very, very sad and distressing, and it certainly challenged my outlook that with most people, there's some sort of common ground or mutual respect that can be established. -Participant 2 (practices in a restrictive state)</p> <p>My spiritual belief is integral to my response of to the fall of <i>Roe</i>. . .I feel like I'm called to this work. I am capable of doing it. I am good at it. And if the law or hospital policies prevent me from doing it, especially for these patients that obviously really need care, they are doing moral injury to me. -Participant 15 (practices in a protective state)</p> <p>I think about the patients that I see in our clinic or in our hospital, that are my patients, that I have been holding their hands through so many difficult parts of their chronologic care of pregnancy and I just say, just because of some rules with this clinic, I can't take care of you now. -Participant 17 (practices in a state with some restrictions/protections)</p>
Sources of strength	<p>If my spirituality is based on putting good out into the world and not letting the bad take over without a fight, then that was my way to mitigate the damage of this terrible decision. . . talking with legislators to try and get exceptions into a ban that we knew was going to be inevitable, based on the makeup of our legislature, but really advocating very hard. -Participant 2</p> <p>I'm very thankful to be able to provide abortions. I'm so thankful that my job is so satisfying and gratifying, and that I work with clinic staff who are so incredible and love the work that they do. I just feel really lucky to have a job that doesn't feel like a job. -Participant 25</p> <p>Whenever I have moved to new space, started a new job, started a new position, I have always looked for the Quaker meetings, so that I could find some people, and whenever I do, I would find so many good friends that really, in every single space that I lived, would be a new group of people that I could count on. -Participant 17</p>
Spirituality in medicine	<p>I definitely want to take time in the future to focus on things like [spirituality]. But it's kind of hard when you're working, and then family and friends and things to take care of. -Participant 12</p> <p>I don't talk about my work with people who I know are Christians. I feel that there's way too much hate and murder and injustice, so I don't talk about it. -Participant 10</p> <p>I was pretty explicitly told in medical school that spirituality and religion were outside my purview. And I went to school in California, so if I were trans, I would feel comfortable coming out as trans; if I were gay, I'd feel comfortable coming out as gay; but I really didn't feel comfortable coming out as a person of faith. -Participant 15</p>

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## Impact of spirituality

When asked if the participants' spiritual beliefs were helpful or harmful in coping with the fall of *Roe v. Wade*, 92% of participants described their spirituality as helpful. Many participants expressed that their spirituality motivated the pursuit of goodness in their work. Spirituality also provided a lens of hope in a time when many participants feel despair. For others, spirituality was both helpful and harmful. When conflict arises and the application of one's spiritual tenets in their work is impeded, the result may be for their spirituality to be injurious.

*I think my spiritual beliefs probably both help and hurt. They help give me purpose in that I feel called to the work. . . I feel like it aligns with my religious values, and I feel supported by my religious community. . . But the other side of that coin is when you feel really called to do work, and you're not allowed to do it, or people keep putting up stupid barriers for no discernible reason, that is particularly frustrating and aggravating. -Participant 15*

## Spiritual distress

We presented the Puchalski and Ferrell definition of spiritual distress to participants as the "impaired ability to experience and integrate meaning and purpose in life through connectedness with self, other, art, music, literature, nature, and/or power greater than oneself."<sup>7</sup> Operating from this definition, most participants (74%) experienced spiritual distress directly relating to the Dobbs decision.

*I know how many people are going to be harmed, and feeling unable to help them just feels so overwhelming sometimes. . . I'm supposed to be a helper. I have all of the clinical knowledge and skills and desire, and I know there'll be some people who can't get to me and whose lives will be forever changed in a way they did not want. -Participant 20*

The spiritual distress experienced by participants was related to conflict with

differently minded community members (30%), the perceived inability to live out their calling of providing abortion care (38%), and abortion restrictions in their state of practice (38%). Participants reported that conflict with differently minded community members was particularly distressing when the other people had their own opposing religious or spiritual justifications.

*Every day when I would drive into the parking lot of that clinic there would be about a half a dozen protesters. . . It made me feel like here I am trying to practice my craft and my faith, and I don't want to get into a holy war with somebody else over the belief systems. I just want them to get out of my way and let me do my job. -Participant 6*

Participants in protective, restrictive, and mixed states expressed that their spiritual distress is influenced by where they practice.

*Am I doing the right thing? Should I feel guilty? Am I doing the best that I can? Maybe I should go somewhere where people are more oppressed or having access problems, and I should be out there on the streets fighting for them where they are, rather than sitting in my cushy place with my very nice rules that I live in. -Participant 13 (practices in a protective state)*

*It's hard to be in a place like this. . . I feel like ever since Dobbs, the stigma of abortion has really increased and worsened. . . Facing protesters that are more intense, facing patients that have really horrible situations and stories, and not really being able to help them in a way that I would have before this decision has been challenging. -Participant 14 (practices in a restrictive state)*

*It's not like something that is just on the side like, "Oh, yeah, it'd be nice if I could do this procedure," or whatever, this is my whole life. It's why I came to this state, because I wanted to be able to provide this care to people who didn't have a lot of access to it. -Participant 17 (practices in a state with some restrictions/protections)*

Notably, abortion regulations in their state of practice also played a role for those who did not experience spiritual distress (26%).

*I think if I didn't get to still take care of patients at all, I would have spiritual distress. But because I get to still care for patients, even though in a flawed way, I get a renewed sense [that] what I'm doing is positive and right and good for the world. -Participant 20 (practices in a state with some restrictions/protections)*

While individual participants frequently related abortion regulations in their state of practice and spiritual distress, we did not find a clear trend of spiritual distress and state restrictions across our sample of participants. Spiritual distress was reported by participants in states evenly distributed across the restrictive-protective spectrum.

## Sources of strength

Considering the overwhelming experience of spiritual distress amongst participants, we also asked about what gives them hope and strength. Advocacy and legislative efforts were sources of strength for many participants. More than half (58%) of participants found strength in their agency to continue their work. Alignment of one's work with their spiritual values was also noted to be a protective factor against spiritual distress for many.

*I have this notion that my cause is righteous and the right one, so I feel good continuing to work. If I thought that the people striking down abortion rights were right, probably my spirituality would be suffering a lot, but I think that they're wrong. -Participant 9*

While most participants were spiritual, only 27% identified a faith or spiritual community as a source of support. Professional community was more important to participants overall, as more than half (58%) specifically identified the abortion provider community as a major source of strength.

*It's works of passion and purpose. . . There's a lot of camaraderie in this field because we've all chosen it very intentionally. . . Maintaining connection with other people in my field has been very helpful. -Participant 26*

### Spirituality and medicine

The theme of the intersection of spirituality and medicine arose organically throughout the interviews. Some participants acknowledged that their own spirituality was underexplored, citing a career in medicine as a prohibiting factor (i.e. due to time constraints, frequent geographical movement, etc.). Others perceived an ideological conflict between spirituality and abortion care which excluded previous discussions of spirituality in their medical career.

*I'm not someone who identifies as religious specifically, and I always kind of thought the idea of being religious and being an abortion provider were at odds with each other. -Participant 9*

Some participants reported feeling unsafe discussing their abortion work with other individuals of faith, citing historical violence against abortion providers by members of religious groups. Conversely, few participants also felt unsafe discussing their spirituality with other abortion providers.

*In my own abortion providing community, if I was like, "I am a Christian," I feel like I would get judgment from within the community, because those are still the same people who often are harassing us and threatening us and calling us murderers. . . I don't feel, in a faith community or sometimes in the abortion provider community, safe talking about my spirituality and my beliefs. I've never figured out the right words to even talk about it, because no space feels safe. -Participant 20*

Multiple participants mentioned at the end of their interview that this was the first or only time they could discuss

their spirituality and abortion work in the same sentence.

### Discussion Principle findings

Our findings demonstrate that most abortion providers identify as spiritual and are motivated in their work by their spiritual beliefs. We also found that most abortion providers are experiencing spiritual distress due to post-*Dobbs* abortion restrictions, in all states across the restrictive-protective spectrum. Importantly, we found that alignment of one's work with their spiritual values is protective against spiritual distress, and spirituality is helpful in coping with the fall of *Roe v. Wade*.

### Results in the context of what is known

Ongoing efforts to restore abortion access have leveraged the religious freedom framework to advocate for expanded access based on patients' beliefs. For instance, the Indiana Court of Appeals has affirmed a primary injunction against the state's near-total abortion ban, suggesting that it violates the exercise of religious freedom by recognizing that some individuals have sincerely held religious beliefs that would direct them to terminate a pregnancy.<sup>15</sup> However, the spiritual beliefs of those providing abortions have yet to enter mainstream conversation or be considered in legislative action. This study is the first to investigate the spirituality of abortion providers and suggest that it is integral to their professional lives. Conscientious provision, a counter to conscientious objection,<sup>16</sup> has previously been proposed to protect abortion provision on a moral basis.<sup>17,18</sup> The concept of abortion provision as *spiritually* motivated introduces the spiritual dimension of "ultimate meaning and purpose"<sup>4</sup> to the conscientious provision and religious freedom arguments.

### Clinical implications

The *Dobbs* decision has changed the practices of OBGYNs, others who provide care for pregnant people, and abortion providers in ways that are still being measured: providers are operating

under increasing restrictions and legal threat, experiencing the secondhand trauma of patients with increasingly limited access, and stretching the capacity of their already full practices.<sup>1,2</sup> Previous work suggests that *moral* distress may be higher in restrictive states as a result.<sup>9</sup> Our findings show that these effects are causing spiritual distress, no matter where they practice. The long-term effects of this spiritual distress on providers' ability to continue to practice, or where they choose to practice, is still undetermined. This study highlights the importance of having more conversations around spirituality in medicine, particularly in abortion care, which we have demonstrated is often motivated by spirituality. These conversations are even more important as we determine how to best support OBGYNs, abortion providers, and their patients in the wake of *Dobbs*.

### Strengths and limitations

Our participants practice in 17 states across the restrictive-protective spectrum; however, restrictive states in the Southern United States were underrepresented. Because these restrictive states are less likely to be bordered by protective states, the experiences of Southern providers may be different than those we captured. In addition, most participants in our sample identified as non-Hispanic White. Race, ethnicity, and religion are intertwined in culture, and we recognize that our study is limited in its representation of all racial, cultural, and religious or spiritual backgrounds. However, we did have diverse representation from Christian (including Quaker), Jewish, Hindu, Buddhist, Wicca, atheist, and other non-religious, spiritual traditions.

### Research implications

There is an opportunity for future studies to characterize the spirituality and religiosity of abortion providers, and more broadly, OBGYNs, using validated quantitative measures. This characterization would lend insight into how religiosity interplays with the more fluid concept of spirituality.<sup>19,20</sup> We have documented spiritual distress among

abortion providers and proposed exploration of the intersection of spirituality and conscientious provision in professional abortion work. Further conversation about spirituality in advocacy and legislative efforts, the abortion community, and medical training may demonstrate positive results for the well-being, and thus sustainability, of clinicians.

## Conclusions

Our findings suggest that most abortion providers are spiritual and are experiencing spiritual distress secondary to new abortion restrictions in the aftermath of *Dobbs*. There is a need for increased conversations around the spiritual and professional motivations of abortion care. As many laws pertaining to abortion are influenced by religious beliefs, it is important to recognize that abortion providers themselves are spiritual individuals. ■

## Declaration of competing interest

The authors report no conflict of interest.

## CRediT authorship contribution statement

**Leah M Bode:** Writing – review & editing, Writing – original draft, Validation, Project administration, Methodology, Investigation, Formal analysis, Data curation, Conceptualization. **Komal A Kumar:** Writing – review & editing, Writing – original draft, Validation, Investigation, Formal analysis. **Josie C McQuillan:** Writing – review & editing, Writing – original draft, Validation, Investigation, Formal analysis. **Nicole P Scott:** Writing – review & editing, Supervision, Resources, Project administration, Methodology. **Caitlin Bernard:** Writing – review & editing, Supervision, Resources, Methodology. ■

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