Embedding Nurse-Led Termination of Pregnancy Care in Regional Queensland: A Duoethnographic Examination of Organisational Culture Change

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Theme: Research

Background: Despite decriminalisation and expanded scope of practice enabling nurses and midwives to provide early medical termination of pregnancy (ToP), service access in regional Queensland remains limited by workforce shortages, overmedicalisation, and institutional barriers. Nurse-led models offer evidence-based solutions, yet implementation requires navigating complex professional boundaries and organisational resistance. This duoethnographic study examines how three healthcare professionals collaboratively embedded nurse-led ToP care at Cairns Sexual Health Service.

Methods: Using duoethnography—a collaborative qualitative methodology—a Clinical Director, Nurse Unit Manager, and Clinical Nurse Consultant engage in structured dialogue to critically examine their lived experience of developing nurse-led ToP services. Through reflexive conversations, the research explores relational, political, and emotional dimensions of organisational culture change, including professional role negotiation, power dynamics, and institutional resistance. Audio-recorded dialogue sessions are transcribed and analysed to identify themes relevant to healthcare transformation.

Findings: Preliminary themes include the persistence of assumptions about medical oversight despite robust evidence for nurse capability; the critical role of interpersonal trust in navigating professional boundary challenges; patterns of institutional and interprofessional resistance encountered during implementation; and strategies for sustaining culture change within resource-constrained regional services. The research illuminates both visible structures and invisible dynamics shaping organisational transformation.

Conclusions: This insider perspective offers practical insights for Hospital and Health Services implementing nurse-led models under Queensland's Termination of Pregnancy Action Plan 2032. Findings address not only clinical protocols but the often-overlooked cultural and relational work required for sustainable change. By making explicit the human dimensions of the shift from doctor-dependent to nurse-led care, this research contributes to broader efforts to improve equitable access to ToP across Queensland's regional and remote communities.