

**A SELECTED GROUP OF NURSES' EXPERIENCE OF
TERMINATION OF PREGNANCY SUPPORT SERVICES AT A
HEALTH CARE FACILITY IN THE WESTERN CAPE**

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STATEMENT

I, the undersigned, hereby declare that the work contained in this assignment is my own original work, and that I have not previously in its entirety or in part submitted it at any university for a degree.

Signature

Date

SUMMARY

The aim of this pilot study was to do a needs analysis with a selected group of nurses with regard to the following three aspects: nurses' experiences of their involvement in termination of pregnancy (TOP) services, the effects of their involvement in TOP service provision on a personal, familial and career level, as well as their needs with regard to support. An important aspect of the needs analysis was to develop a questionnaire which can be used as basis for future research purposes.

A qualitative, explorative, descriptive and contextual research design was applied in order to conduct this study. Participants were recruited from a health care facility in the Western Cape, and the small sample group (seven out of a possible fifteen) consisted of a selected group of nurses who are currently involved in performing TOPs, as well as nurses involved in pre- and/or post-procedure care of patients. Each participant completed a self-administered biographical data- and semi-structured questionnaire, which was compiled specifically for the purpose of the pilot study. Specific guidelines according to previous research findings were incorporated. The results of the pilot study revealed that most of the participants experience some sort of cognitive, emotional and/or behavioural reaction before, during and after TOP procedures are performed. Feelings of anxiety, sadness, anger, depression and guilt were reported in some cases, as well as moral-ethical conflicts. With regard to the effect on a personal, familial and career level, it was confirmed that the work has an effect on the majority of respondents' personal life and career to a certain extent, although family life did not seem to be affected significantly. The results conveyed that the majority of the nurses experienced that the impact of their work with TOPs seemed to be different from that of their other nursing duties. It was found that participating nurses are in need of some sort of support service, and that the practicality of the services which are currently provided, should be investigated further.

Although the ability to generalise the results, was limited by the small research sample, valuable information was gained with regard to nurses' needs for support, as confirmed by other South African research findings. Suggestions for improvements in the questionnaire, as well as other further research possibilities, are provided.

OPSOMMING

Die doel van hierdie loodsstudie was om 'n behoeftebepaling te doen met 'n geselekteerde groep verpleegpersoneel met betrekking tot die volgende drie aspekte: verpleegpersoneel se ervaring van hul betrokkenheid by terminasie van swangerskap (TOP) dienste, die effek van hul betrokkenheid by TOP diensvoorsiening op 'n persoonlike, gesins- en beroepsvlak, sowel as hul behoeftes met betrekking tot ondersteuning. 'n Belangrike aspek van die behoeftebepaling was om 'n vraelys saam te stel wat as basis vir toekomstige navorsingsdoeleindes sou kon dien.

'n Kwalitatiewe, eksploratiewe, beskrywende en kontekstuele navorsingsontwerp is toegepas ten einde hierdie loodsstudie uit te voer. Deelnemers is gewerf by 'n gesondheidsorgfasiliteit in die Wes-Kaap en die klein steekproef (sewe uit 'n moontlike vyftien) het bestaan uit 'n geselekteerde groep verpleegpersoneel wat tans betrokke is by die uitvoering van terminasie van swangerskappe, sowel as verpleegsters wat betrokke is in pre- en/of post-prosedurele versorging van pasiënte. Elke respondent het 'n selfgeadministreerde biografiese en semi-gestruktureerde vraelys voltooi, wat spesifiek vir die doel van die loodsstudie saamgestel is. Spesifieke riglyne op grond van vorige navorsingsbevindinge is geïnkorporeer. Die resultate van die loodsstudie het aan die lig gebring dat die meeste van die respondente een of ander kognitiewe, emosionele en/of gedragsreaksie ervaar voor, tydens en ná die uitvoering van TOP prosedures. Gevoelens van angs, hartseer, woede, depressie en skuld is gerapporteer in sommige gevalle, sowel as moreel-etiese konflikte. Wat betref die effek op 'n persoonlike, gesins- en beroepsvlak, is dit ook bevestig dat die werk 'n effek blyk te hê op respondente se persoonlike en beroepslewe tot 'n sekere mate, alhoewel dit geblyk het dat gesinslewe nie beduidend beïnvloed word nie. Dit het ook uit die resultate van die studie geblyk dat die meerderheid van verpleegsters die impak van hul werk met TOP as anders as dié van hul ander verplegingstake ervaar. Daar is bevind dat deelnemende verpleegpersoneel 'n behoefte het aan een of ander tipe ondersteuningsdiens en dat die praktiese aspekte van die dienste wat tans voorsien word, verder ondersoek behoort te word.

Alhoewel die veralgemeenbaarheid van die resultate deur die klein steekproef beperk word, is waardevolle inligting bekom met betrekking tot verpleegpersoneel se behoeftes aan ondersteuning, soos bevestig deur ander Suid-Afrikaanse navorsingsbevindinge. Aanbevelings vir verbetering aan die vraelys, sowel as verdere navorsingsmoontlikhede word gemaak.

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A SELECTED GROUP OF NURSES' EXPERIENCE OF TERMINATION OF PREGNANCY SUPPORT SERVICES AT A HEALTH CARE FACILITY IN THE WESTERN CAPE

1. Introduction: problem formulation, motivation and aims of the pilot study

The Choice on Termination of Pregnancy Act (Act no. 92 of 1996) was promulgated in November 1996 and came into effect as of February 1997. This Act makes it possible for women in South Africa to make the decision to terminate a pregnancy within the first twelve weeks of pregnancy, and under certain circumstances thereafter (Faure, 1999). Since February 1997 up to July 2000, approximately 137 101 legal abortions have been performed in South Africa, of which 13% of the total occurred in the Western Cape (Barometer, 2000). According to the Barometer, the publication of the Reproductive Rights Alliance (Poggenpoel, Myburgh & Gmeiner, 1998), the nursing profession has been "hit hard" by the legislation. It is also reported that many nurses are not willing to be involved in the nursing of women who have a termination of pregnancy (TOP). Although nurses have a choice regarding their participation in terminations of pregnancy, according to the Nursing Act (no. 10 of 1997) and its related regulations, they are professionally and ethically obliged to nurse a patient before, during and after the termination of pregnancy procedure.

This pilot study has the potential to provide valuable information regarding the needs of nurses who are involved in termination of pregnancies, in order to eventually prepare and put long-term support programmes in place. According to Dickson-Tetteh (2000), mechanisms should be developed by the Department of Health and hospital authorities in order to provide ongoing support to midwives. The recent hearings held by the National Assembly Portfolio Committee on Health and Reproductive Rights Alliance made it clear that, although progress has been made, more has to be done in order to improve service delivery and access to TOP services. It is reported that there seems to be a lack of support for the process by management, an unwillingness by certain health care workers to participate in TOP services, and also fear of victimisation from other staff and community members (Barometer, 2000). According to Ketlhlapile (2000), some health workers who are willing to provide TOP services, have to cope with understaffed services and an unsupportive environment. By creating an opportunity for them to express their views on balancing their individual rights and professional responsibilities, may contribute towards better access and support services.

The study's social relevance with regard to the South African context can be described in light of the fact that abortions and the availability of TOP services have only recently been legalized in South Africa. It is also reported that little research has been conducted in order to explore and describe the effect of TOP services on nurses since the Act came into effect (Poggenpoel et al., 1998). Furthermore, the proposed study forms part of a larger project regarding the implementation of termination of pregnancy services. After a research project was conducted by Faure (1999) regarding the effect of abortions on patients, there appeared to be a need for a similar study regarding the influence that working with TOP services has on nursing staff. Faure (2000) also reported that support services should be provided to health care workers who are involved in TOP services, as this work can be emotionally stressful.

The aim of the present pilot study was therefore to do a needs analysis with regard to a selected group of nurses by both describing and exploring their experience of involvement in termination of pregnancy, as well as the effects personally experienced. An important aspect of the needs analysis was to compile a questionnaire which can be used as a basis for future research purposes. The description and formulation of guidelines to support nurses could possibly emerge as a result of the study. In order to address the aim of the study, three broad questions were posed, namely:

1. How do nurses experience their involvement in termination of pregnancy services?
2. What are the effects of their involvement in TOP services on a personal, family and career level?
3. What are nurses' needs with regard to support?

2. Relevant research findings

In a South African study conducted by Poggenpoel et al. (1998), 22 nurses in the Gauteng area were interviewed regarding their experiences of TOP work. In addition, 1200 nurses who were doing a post-basic course in nursing, were asked to complete an open-ended questionnaire. The research objectives were to explore and describe nurses' experiences of TOP services, as well as to describe guidelines to support them. From the interviews and completed questionnaires the following five major themes were identified regarding the experiences of nurses:

- i.) nurses' freedom of choice to provide support before, during and after the TOP;

- ii.) negative perceptions regarding the women who request TOP services, as well as staff providing the procedure;
- iii.) a need for information aimed at women, the community and nurses;
- iv.) turmoil regarding life versus death; and
- v.) nurses' recommendations regarding TOP management.

The authors of the above mentioned study concluded that nurses seemed inadequately prepared to deal with patients requesting termination of pregnancies and have a need for support at a governmental level, as well as training, for example counselling skills.

In addition, Gmeiner, Van Wyk, Poggenpoel and Myburgh (2000) found, from their observations of clinic nurses who voluntarily participate in the provision of TOP services in the Gauteng area, that support for the latter may be essential. According to the authors, the identification, exploration and description of nurses' experience of being directly involved with women who terminate their pregnancy, is necessary in this regard. A qualitative research strategy was implemented and phenomenological individual interviews were conducted. The aim of the study was to describe support needed by nurses who are directly involved in the provision of TOP services, as well as guidelines in this regard. It was reported that respondents in the study generally viewed the legalization of TOP as a positive step. Furthermore, it was found that direct involvement can result in the reliving of personal trauma and may contribute to value conflict, emotional fatigue and depression, as well as becoming moralistic and judgmental. It was, however, reported that involvement in TOP services may contribute positively to the development of therapeutic abilities such as empathy, unconditional acceptance and respect. Respondents reported that their work can result in secretiveness as a way of protecting themselves against victimisation and stigmatisation. A need for support was voiced by nurses, and guidelines in this regard included the establishment of a continuous support group based on Yalom's group therapy approach, within the context of narrative therapy, in order to empower nurses.

In a recent South African study conducted by Engelbrecht, Pelser, Ngwena and Van Rensburg (2000), the authors focused on the identification of problems, constraints and impediments encountered in the process of implementing the *Choice on Termination of Pregnancy Act* in the Free State, as well as formulating strategies to overcome the problems. The participants included, amongst others, a group consisting of sixteen health professionals and social

workers. In order to address the above mentioned issue, self-administered questionnaires were developed and used. It was found that providers were dissatisfied with the physical aspects of TOP facilities. Furthermore, it was found that, in general, respondents' attitudes were fairly positive towards TOP, and that the majority (eleven of the sixteen participants) displayed a good work morale. The majority of participants indicated that they were in need of support (which included stress management), someone to talk to when necessary and psychological help. Of the nine respondents who attended values clarification workshops, four reported a change in attitude, while eight reported that their effectiveness in dealing with TOP users had improved. Midwives who provide counselling, reported that resources and time was a problem in this regard, as well as issues such as ignorance about contraceptives. In addition, it was found that the majority of nurses (ten of the sixteen participants) in this study did not experience harassment by other colleagues, while four did experience negative attitudes towards them. It was found that three respondents experienced guilt feelings with regard to their work with TOP services (Engelbrecht et al. 2000).

Shortly after the first legalisation of abortions, coming to effect in Hawaii on 11 March 1970, Char and McDermott (1972) were consulted by two hospitals in this state. It was reported that a percentage of nurses in these hospitals experienced acute psychological reactions in response to their TOP work, which was later revealed to be as a result of an acute identity crisis regarding their nursing role. Furthermore, it was found that nurses' reactions varied according to the nursing duties which were performed, personality makeup, as well as personal background. The nurses at one of the two hospitals, who were assisting with more abortions (up to ten per day) than the nurses in the other hospital (maximum of three a day), seemed to have more negative reactions. The common reactions included, in varying degrees, symptoms of anxiety and depression of a transient reactive type, resulting from an acute identity crisis regarding their role as nurses. Where they were asked to save and preserve life in the past, they now played a role in the termination of life. Patients were cared for and helped in the past, while nurses now wanted to reject them. Nurses also experienced anger and doubt towards physicians, as opposed to respect and a willingness to carry out orders in the past. All of the above mentioned factors became a threat to nurses' traditional image of what constitutes a "good" nurse. Although the great majority of the nurses in this research were in favour of the passing of the new abortion act, their personal feelings pertaining to their conflicts about sex, aggression, birth, death and morality had an effect on their reactions to abortion.

The findings of Char and McDermott (1972) can be related to the research findings of Walker (1997), who conducted a study with a group of African Primary Health Care Nurses practising in Soweto clinics, regarding their responses to the abortion issue. It was found that, of the sample of 27 nurses involved, 70 per cent unequivocally and unambiguously rejected abortion. For many of them, abortion symbolised a denial of a woman's true calling. It symbolised not only the end of a pregnancy, but also the end of an opportunity to be a mother and womanhood. In this study, the opportunity was also created to explore the complex and contradictory ways in which patriarchal relationships are understood and responded to by this group of women. According to the author, religion and morality is often a source which contributes to the inner conflict regarding TOP. The author furthermore states that many nurses, who are confronted in practice with the question of abortion, tend to "retreat into cold indifference..." (p. 58) and withdraw from these patients. This seems to be in contrast to the caregiving role of a nurse, according to Walker (1997).

Caregivers can have emotional reactions to their work with TOP services. As one nurse states: "At times I feel drained and exhausted. I become so tired that I do not want to relate to anyone, especially my family who may be in need of emotional support" (Brien & Fairbairn, p. 169).

According to The Reproductive Rights Alliance (2000), one of the challenges with regard to TOP services is to provide support for health care providers, which should be province-specific. It is suggested that discriminatory attitudes and practices towards TOP service providers should be dealt with by institutional management. Furthermore, it is suggested that additional staff should be trained in order to ensure rotational services. Value clarification workshops are planned in order to promote enabling environments where different perspectives are tolerated and patients' rights are not compromised.

In the Western Cape it is reported (Barometer, 2000) that support is provided to health care providers involved in TOP service provision. Staff support is provided by individual facilities, and professional support is made available. It is also reported that 2041 health care providers have attended 1-day value clarification workshops, while 1-day counselling workshops were attended by 598 people.

According to Malan (2002), many midwives are overworked, due to the fact that only a third of the facilities which were allocated for performing TOP services since 1997, are in operation. In a hospital like Chris Hani Baragwanath in Soweto, which is Africa's largest hospital, and only one of three hospitals in Gauteng where TOP procedures are performed after twelve weeks of pregnancy, there are only four nurses who are involved with this service. This implies that the nurses, who work shifts, often need to handle up to three times the amount of cases per day that the hospital actually provides for. The large workload of nursing staff often prevents them from having time to make use of support services which are available. As one nurse states: "... omdat ons so baie gevalle moet hanteer, is daar selde tyd om die hospitaalsielkundige te gaan spreek. Daar's ook nie genoeg tyd om voldoende berading ná die tyd te doen nie, en dié sessies speel 'n baie groot rol in 'n vrou se lewe daarna" (Malan, 2002, p 34). Tancred (1997) reported that many nurses as well as doctors prefer not to be involved in TOP service provision, because of ethical and moral objections. At the time it was said that approximately 25% of the doctors at Chris Hani Baragwanath hospital refused to perform TOP procedures.

✓ A similar finding is reported by Malan (2002) who states that in a clinic in Giyani (Northern Province) the midwife has to do everything - from the counselling beforehand, the TOP procedure, as well as handing out contraceptives afterwards. Many of the doctors in the area refuse to do sonars on the patients, which means that the midwife has to use manual examination to establish how far her patients' pregnancies are. To make matters worse, people in her community call her names such as "murderer, Lucifer or queen Farao - the one who kills first borns."

✓ Malan (2000), describes the above mentioned scenario as quite different from the situation in private clinics. Here the TOP procedures are usually performed by gynaecologists, and patients have access to counselling for as long as needed. In an individual interview with one of the nurses working at Disa Private Clinic, the respondent mentioned that she has enough time to give individual attention to each patient, which also creates the opportunity to investigate all possible options.

According to Faure (2000), who conducted abortion values clarification workshops and discussion groups with nurses, she became conscious that nurses experience significant psychological reactions such as distress and confusion due to their ambivalence towards

abortion - "...low levels of empathy and judgmental attitudes were combined with high levels of care. The desire to care for and protect others conflicted with their desire to protect and care for themselves." (p. 6)

It is reported by Ketlhlapile (2000) that attitudinal change of health workers, including managers, has received insufficient attention. Interviews which were conducted with women in the Northern Cape, brought to the light that most women felt that the majority of health workers at referral centers shun them. Teenagers reported being degraded by health workers. Furthermore, it was reported that judgmental attitudes also affect health care workers who provide the service, and leave them feeling unsupported and alienated by colleagues.

In a documentary programme, Special Assignment (2001), interviews were conducted with midwives who are involved in providing TOP services in the Northern Province. It was reported that some of these nurses suffer from burnout, as well as rejection, criticism and judgmental attitudes of communities and churches. The only support they have is a support group for health care workers. These women have no access to professional support services.

The Democratic Nursing Association of South Africa recommended that all staff working in units where TOPs are being provided, should have access to counselling and support. Furthermore, it is recommended that adequate staff should be available in order to minimize burnout as a result of work overload. Key areas that were in need of improvement were mentioned, such as disabling work environments and resource constraints. In this regard, it was recommended that value clarification workshops should take place with all institutional staff (Barometer, 2000).

From 6-9 June 2000 public hearings on the implementation of the 1996 Choice on Termination of Pregnancy Act (CTOP) took place at Parliament, Cape Town. Various submissions were made, of which some will be highlighted as relevant to this study. A submission by the Women's Health Project (WHP) to the CTOP, showed that barriers to the provision of TOP services in the Northern Cape included poor relationships between health care workers and management, as well as with clients. Furthermore, a lack of motivation seemed to exist among health care workers. Nonyana (2000), a lone health care worker in the Northern Province reported that she did not receive support from hospital management and that other staff members at the hospital were hostile towards her, calling her a baby killer.

Furthermore, the Northern Province Reproductive Health Forum requested the presentation of value clarification workshops in rural areas (2000). According to Pewa (2000) from the Empangeni Hospital in KwaZulu-Natal, there is an overwhelming demand for TOP services. The hospital is suffering severe staff shortages, as well as hostility from colleagues and community members towards health care workers who provide TOP services. Counselling for staff who provide TOP services is also requested in the oral submission of Schoon (2000). Zulu (2000), a nurse at Odi Hospital, North West Province, reported that she and her colleague experienced hostility from other staff and members from the community at first. The situation, however, has improved after a values clarification workshop was presented.

In order to understand all the factors at play in a nurse's environment, the ecosystemic approach provides a good theoretical explanation of the subsystems which have an impact on the personal, familial and career world of a nurse who is involved with TOP service delivery. Ecosystemic approaches refer to the view according to which individuals and their environment are viewed as a single dynamic system (Plug, Louw, Gouws & Meyer, 1997). The research participants, who consisted of a selected group of females and one male, were in the early to late adulthood phase of development (Louw, Van Ede, & Louw, 1998) and the majority was functioning in a nuclear family (married with/without children) at the time of research. Bronfenbrenner's ecological systems model explains human development as a process which is dynamic, two-directional and mutually reciprocal. The multiple levels of environments or settings are actively restructured by a person, while the latter is simultaneously influenced by these environments, the interrelationships between them and influences from the greater environment (Craig, 1996). These systems include the immediate physical and social environment (microsystem); the mesosystem (interactions among various microsystems); the exosystem which refers to social, economic and political conditions; and the values, laws and customs of the society or culture in which an individual lives (macrosystem). In this regard, it can be understood that participants are seen within a context where their environment (from micro to macro social levels), as well as interrelationships between systems, can potentially have an impact on them. Thus, in terms of the ecological systems model, nurses' work with TOP services, can potentially have an impact on all spheres of their lives.

Although a thorough theoretical foundation for the phenomenon of TOP falls outside the scope of the present pilot study, it is nevertheless important that the theory on potential

trauma in the work place and the effect thereof needs to be taken into consideration when dealing with TOP, as was illustrated by the study of Gmeiner et al. (2000). According to Maslach and Jackson (1997), the burnout syndrome or work burnout is caused by work related stress and is characterised by emotional exhaustion, a feeling of incompetence, helplessness and loss of control. People in the helping professions often suffer from this syndrome, because of their frustration with their inability to help as they would have wanted to.

3. Method

Purpose of pilot study

As stated by Huysamen (1993), it is often advisable to conduct a pilot / preliminary study with a limited amount of participants from the same population as the targeted population for a larger study. The purpose hereof is to investigate the feasibility of the envisaged project and to investigate possible limitations with regard to the measuring procedures. The author furthermore states that it can be especially helpful in cases where measuring instruments are compiled specifically for the purpose of a specific research project. As this ties in with the motivation for the present study, it was decided to conduct a pilot study with a convenience sample of seven participants, which consists of nurses who are involved with TOP service provision at a health care facility in the Western Cape.

Operationalization of aims

The aim of this pilot study was to describe and explore nurses' experience of their involvement in the provision of TOP services, as well as the effects on them personally and their needs with regard to support services. Thus, the research questions which were postulated to address this aim in the present pilot study were as follows:

1. How do nurses experience their involvement in termination of pregnancies?
2. What are the effects of their involvement in TOP services on a personal, familial and career level?
3. What are nurses' needs with regard to support?

Research design

A qualitative, explorative, descriptive and contextual research design was applied in order to conduct this pilot study. Data was then obtained, which provided a better understanding of the effect TOP services have on nursing professionals who are involved in this process. According to Everatt and Budlender (1999), there seems to be a need for using qualitative research methods, as well as finding ways in which qualitative nuances can be reflected in a quantitative form, as was obtained in this pilot study by means of the semi-structured questionnaire.

Participants

The sample group consisted of a selected group of seven nurses who are currently involved in performing terminations of pregnancy, as well as nurses involved in pre- and/or post-procedure caring of patients. Participants were recruited from a health care facility in the Western Cape, which provides TOP services on a regular basis. Of the fifteen nurses who are involved in performing TOP services, seven were willing and/or available to participate in this pilot study.

Measuring instruments

1. Biographical data questionnaire

Each participants was asked to report his or her age, sex, marital status and whether they have children, race, level of education/training and the nature of their involvement in termination of pregnancies. Additional data included questioning on the frequency of their involvement in TOP services. The questionnaires were completed anonymously and voluntarily, and confidentiality was guaranteed (Addendum A).

2. Semi-structured questionnaire

Participants were also asked to complete a semi-structured questionnaire (addendum B), which was compiled specifically for this purpose and was available in Afrikaans and English. Twenty-five questions were put forward in the questionnaire, which focused on the three research aspects as mentioned previously. Question numbers 1.1 to 1.3 was focused on nurses' experience of their involvement in TOP services, while question numbers 2 to 6.2 were aimed

at exploring the effect(s) of their involvement in TOP services on a personal, familial and career level. Nurses' needs with regard to support were investigated by means of questions 7.1 to 12. Some of the questions which were put forward in the questionnaire were adapted from the research of Poggenpoel, Myburgh and Gmeiner (1998), as well as other research findings from the literature. The three research questions at the core of this study were also taken into account in the formulation of the semi-structured questionnaire. Specific guidelines were incorporated. These included avoiding the use of dichotomous questions (yes/no), as recommended by Everatt and Budlender (1999). Furthermore, the word abortion was replaced with termination of pregnancy (TOP), which is understood as less judgmental in some languages. Confidentiality was guaranteed, due to the sensitive nature of information required, by keeping the completion and content of the questionnaire anonymous and voluntary.

Procedure

Permission to do research at an institution in the Western Cape where TOP procedures are performed, was obtained beforehand. Nurses were recruited and informed by means of a letter (see Addendum C). Permission was granted to do the research and participants understood that participation was voluntary. The social worker at the health care facility assisted with practical arrangements. The nurses in the sample group were motivated to complete the questionnaires as honestly and completely as possible, by explaining to them the purpose and possible benefit of the pilot study. The questionnaires were completed within approximately twenty to thirty minutes per participant. No difficulties regarding the questionnaire content arose.

4. Results of pilot study

4.1 Profile of participants

Of the fifteen nurses who are involved with TOP services at the targeted health care facility, seven volunteered to participate in the pilot study. The respondents in the study were between the age of 30 and 62, with four being coloured and three white. Only one of the respondents was a male, while the six others were female. Furthermore, one respondent reported to be a widow / widower, while all the others were married at the time of research. Four of the respondents reported to have children of their own. All of them were working at the same

public hospital at the time of research. Four of the respondents reported their involvement with TOP services as being approximately five procedures per week, while one respondent indicated her involvement as two per week. Another respondent reported her involvement with TOP services as being on a monthly basis without giving any indications as to the frequency thereof. One respondent has only been involved with four patients requesting a TOP. Of those respondents who gave an indication regarding their nature of involvement with TOP services, five were involved in pre-procedure as well as post-procedure patient care. Three of the respondents indicated involvement in first trimester TOP procedures, while two indicated involvement in second trimester procedures. One nurse was involved in evaluations in theatre, while another did not give an indication of the nature of involvement in TOP services.

4.2 Experiences before TOP procedures are performed

Nurses reportedly experience differing thoughts, feelings and behaviour before a TOP procedure is performed. Only one respondent reported to experience no negative thoughts, feelings and behaviour. The other respondents reported feelings of disappointment, anger ("hoekom het hierdie persoon nie voorbehoedmiddels gebruik nie?"; "...hoe kan iemand dit doen...") and sadness ("...nog 'n lewe wat beeëndig word..."). One respondent also reported that she tries to ignore a patient beforehand. Two respondents mentioned that they generally think of people who struggle to fall pregnant. Another nurse often wonders how this act will affect a woman emotionally and spiritually. With regard to behaviour, some respondents reported that they sometimes feel uncomfortable towards a patient and therefore try to avoid contact. There are also those who experience mixed emotions towards a patient. Furthermore, two of the respondents do experience feelings of empathy towards patients before a TOP procedure is performed.

4.3 Experiences during TOP procedures

According to feedback from nurses, there sometimes is a feeling of anxiety during a TOP procedure, which accompanies feelings of doubt as to whether the right decision is being made by a patient. One nurse reported feelings of confusion at the time. Thoughts such as the following seem to occur: "...wat sou die baba gewees het...; weet die vader van die baba?..." Another thought is guilt of being part of a sin that is taking place - "dat daar 'n verskriklike sonde voor God gepleeg word...". Feelings of sadness and depression occur, especially when nurses have contact with the fetus of a second- or third-trimester TOP procedure. As one

nurse states: "...dink aan die wesentjie wat wel met geboorte asemgehaal het en in 'n nierbakkie basies versmoor...". Feelings of anger have also been reported. There are, however, some nurses who report that they either feel 'shut down' (afgeskakel") and/or calm and handle the procedure like any other hospital procedure. Some nurses also reportedly feel and behave in a sympathetic way towards patients. There were two respondents who reported that they mainly tend to focus on the procedure, in order to see to it that everything goes smoothly, without any complications. One respondent reported that she behaves in a quiet and distanced ("teruggetrokke") manner.

4.4 Experiences after TOP procedures have been carried out

It was reported by some of the respondents that they try not to think back to what has happened and try to continue with their day-to-day tasks. Others are just quiet and distance themselves afterwards. It was reported by one respondent that she has learnt to become used to this part of her work, although it was very difficult to cope with in the beginning. One nurse reported that she often wonders afterwards whether a patient will regret her decision. Another is concerned afterwards about whether a patient will be able to have or alternatively, wants to have children, in the future. Feelings of anger, sadness, guilt, anxiety as well as mixed emotions after a procedure are experienced. As one nurse states: "...aan die begin was ek erg ontsteld en het selfs sleg geslaap...nou gewoon geraak daaraan en probeer waar moontlik myself distansieer...". It was reported by one nurse that more intense emotions are experienced after a TOP procedure where there was contact with a perfectly formed fetus. There is also sometimes a feeling of sympathy for a patient afterwards, especially when it is a teenager.

4.5 Effect of TOP services on personal life

Guilt feelings were reported as sometimes having an influence on one respondent - "...laat my voel of ek deel is van die sonde wat gepleeg word...". Another respondent experiences anger because of the heavy workload. It seems that TOP work can create negativity, as well as feelings of being depressed. According to three respondents, their work with TOP services does not have an effect on them personally.

4.6 Effect of TOP services on family life

According to five respondents, their work with TOP services does not have an effect on their family life. Two respondents also reported that they do not discuss their work with their

families. As one respondent stated: "...neem nie my werksprobleme huis toe nie...". It seemed that for one respondent difficult personal circumstances are almost, in a sense, emphasised by the nature of her work with TOP services.

4.7 Effect of TOP services on career

For two respondents, their work with TOP services does not have a significant effect on their careers. According to another respondent, this part of her work has the effect that she does not spend the quality time with some patients that she would have wanted to. One nurse reported that this part of her duties is experienced in a positive way, because of the counselling and emotional support she can give to a client. There was, however, one respondent who felt that she did not have much of a say in her being part of the process, and that she just has to assist with TOP services, whether she wants to or not.

4.8 Impact of TOP work versus other nursing duties

For one nurse the task of being involved in TOP services is similar to her other nursing duties and she experiences it as a routine task. In all the other cases, the tasks associated with TOP procedures are experienced as quite different to other nursing duties. One nurse describes it as different in the sense that she is reminded in her thoughts of a wrongful deed that has occurred ("...die gedagte bly by 'n mens van die verkeerde daad wat gedoen is..."). Another respondent describes the impact of TOP services as similar to the impact of a patient's death in her ward, while one nurse associates this part of her work with a shift in spiritual emphasis. TOP services are described by one respondent as a task where lives are taken, while other tasks aim to preserve or save lives.

4.9 Opinion of act of TOP

One of the respondent perceives TOP as a solution to backstreet abortions. For another nurse, TOP is wrong, but she feels that there are exceptions where it is acceptable. In the opinion of two respondents, TOP is a wrongful deed, which, according to one of them has to be banned. The other one states that it is "...'n groot sonde wat gepleeg word...". Others seem positive about it, especially in cases of rape, fetus abnormalities, other medical reasons, or unwanted pregnancies (the example of teenage pregnancies was mentioned). There were two respondents who seemed unhappy in cases where patients misused the service, for example coming back for TOP procedures repeatedly, or in cases of irresponsible behaviour.

4.10 Opinion of patients who choose TOP

Two of the respondents reported that they try not to form opinions of patients and that a woman's reasons do not have an influence on their opinion of her. One responded that a woman's choice regarding TOP does not have an influence on her personality. The other nurses reported experiencing feelings of judgement and criticism towards a patient who chose to have a TOP. It seemed from the feedback that some of the respondents' opinions might be influenced by a woman's reasons for having a TOP, and that is more acceptable for them in certain cases. As one respondent stated: "...dit sou makliker gewees het, want daar sou nie so baie vrae in my kop rondgehang het nie..." There was, however, one respondent who felt that it takes courage to make such a decision - "...eintlik voel ek dat sy 'guts' gehad het om wel so ver te gaan..."

4.11 Behaviour towards patients

Five of the respondents reported that they try to behave either sympathetically or in a normal manner ("...normaal soos teenoor enige ander persoon..."; "...sal nie my gevoelens wys nie..."). One respondent reported that she behaves in a cold ("distant") way towards the patient, but that the patient's reasons for having a TOP might have an influence on her behaviour. Five of the seven respondents did report that a patient's reasons for having an abortion might have an influence on their behaviour, while the other two were of the opinion that it would not make a difference. There was one respondent who mentioned that she gets angry when a patient refuses the use of contraceptives in future.

4.12 Availability and utilisation of support services for staff

Three of the respondents were aware of the support service which is being offered at the health care facility, while two responded that there were no services available. The other two were uncertain whether a service is available. Only three of the respondents were able to name and/or describe the service as being offered by the social worker of the hospital. There were two respondents who reported that they do not make use of any of the services which are being provided.

4.13 Practicality of support services

One of the respondents who stated that she does not make use of the service, reported that she is not currently in need of the support service - "...ek het nie 'hang ups' oor TOP nie, ek het vrede gemaak daarmee...". For another respondent the service is not accessible, because there

is a waiting period for an appointment." She is of the opinion that a person in need of trauma counselling needs to be able to have support sooner. One of the respondents rates the practicality of the service as 1,5 on a scale of one to ten, while another respondent described the service as poor ("swak") in terms of the practicality thereof. According to one of the nurses, the social worker has a very busy schedule and heavy workload, which apparently makes it difficult for her to create time to see nursing staff.

4.14 Manner in which available services comply with nurses' needs

For one respondent, the service which is being provided does comply with her needs to a certain extent. According to another nurse, the service is inaccessible and therefore does not comply with their needs. One of the responses was that the service does not comply with the respondent's needs and that she is of the opinion that many of the staff are in need of the support.

4.15 Regularity of service and time

According to two of the respondents, the service is required twice per week and also for both of the shifts. A suitable time for both of them was reported as between 14:00 and 16:00. Another respondent is of the opinion that the service is required on a daily basis and should be available 24 hours of the day. According to the feedback of another nurse, the regularity of the service will depend on how often she works with TOP services. She is also of the opinion that any time of the day would be suitable, and that it can be arranged according to other prior nursing commitments.

4.16 Preference for service providers

Two of the respondents reported that they would prefer the service to be delivered by internal staff. It was requested that any professional person, or doctors who are trained in this regard, should provide the support service. The others were of the opinion that professionals from external sources (psychologist or social worker) ought to provide the service.

4.17 Other needs for support services

Only one of the respondents reported that she has a need for another form of support and described it as being assistance on how to behave towards patients who have TOP procedures.

4.18 Utilisation of medical / psychological services

None of the respondents have ever obtained any medical, psychological or psychiatric help to support them in their work with TOP services. No indication is given as to whether respondents need any of the above mentioned support services.

4.19 Other comments

One respondent commented that TOP patients should be treated separately from other patients and that there should be an attempt to get them involved with community organisations. Another nurse was of the opinion that a patient who has had more than one TOP should benefit from psychological help.

5. Discussion

The aim of this pilot study was to describe and explore a selected group of nurses' experiences of their involvement in TOP services, as well the effect on them personally. This study also endeavoured to describe guidelines for support services for nursing staff at a specific health care facility in the Western Cape.

Nurses in the present pilot study were viewed specifically within a South African macrosystemic context and questions in the questionnaires were specifically formulated in this regard. Attention was given to personal experiences and the interrelatedness between personal/family life, which forms part of the microsystem, exosystem and mesosystem, which refers to the demands of a career in nursing and specifically dealing with TOP services as part thereof. It was clear, however, that in terms of an ecosystemic theoretical perspective, the demands of working with TOP services impacts on all spheres of life.

Experience of involvement in TOP

According to the results of the pilot study, it became clear that most of the nurses in the selected group experienced some sort of cognitive, emotional and/or behavioural reaction before TOP procedures are performed. Experiences included feelings of disappointment, anger and sadness. In only one case no negative thoughts, feelings or behaviour were reported. Furthermore, nurses reported feelings of anxiety, sadness, anger, depression and guilt during and after TOP procedures, as well as conflicts regarding a woman's decision to

have a TOP. These findings are consistent with the research of Char and McDermott (1972), which demonstrated that nurses had different reactions in varying degrees, which included symptoms of anxiety and depression. These personal feelings seemed to be related to moral and ethical conflicts about aggression, birth, death and morality. The above mentioned findings can also be related to the findings of Poggenpoel et al. (1998), where nurses also reported feelings of anger and unhappiness regarding their involvement in TOP services. There is a consistency with the findings of Gmeiner et al. (2000), who reported that direct involvement can contribute to the reliving of personal trauma, value conflict, emotional fatigue and depression.

It seemed that more negative reactions were experienced by nurses who had contact with a perfectly formed fetus. This is also the finding of Malan (2002), who reported that nurses who have contact with fetuses find it difficult – “Na twaalf weke begin die fetus vorm aanneem en is dit swaar genoeg om 'n vrou ‘basies te laat kraam’...” (p.33). Some respondents do, however, manage to continue with their day-to-day tasks without their functioning being affected significantly.

Effects on personal level

According to the results, some nurses are affected by their work with TOP services on a personal level in the sense that feelings of negativity, guilt and depression are experienced. One nurse seemed to have been burdened by the heavy workload. This was also the finding of Brien and Fairbairn (1996), Engelbrecht et al. (2000) and Gmeiner et al. (2000) who reported that caregivers can have various emotional reactions to their work with TOPs, for example exhaustion and emotional fatigue. Faure (2000) and Gmeiner et al. (2000) found that psychological reactions were experienced by nurses involved with TOP work. According to Malan (2002), there are many midwives who suffer from a heavy workload and therefore do not have time to obtain the necessary and available support. One of the recommendations of the Democratic Nursing Association of South Africa, was that burnout of staff as a result of work overload, should be minimized (Barometer, 2000).

In the majority of cases, respondents reported that their work did not have a significant effect on their family lives. Two respondents also stated that they do not discuss their work with family members. This may be related to the finding of Gmeiner et al (2000), who reported

that nurses become secretive, as a way of protecting themselves. According to Brien and Fairbairn (1996), however, abortion work has the potential to influence relations with family members.

According to the research findings of the present study, the effect of TOPs on nurses' careers varies from one respondent reporting that she does not always spend quality time with patients having TOP procedures, to another's opinion that she has a contribution to make, by providing counselling and emotional support to patients. This correlates with similar findings by Malan (2002) with regard to nurses at a private clinic, who reported on time spent with patients for the necessary emotional support and counselling. In the study of Gmeiner et al. (2000) a similar career benefit was reported by respondents who were of the opinion that abilities such as empathy, unconditional acceptance and respect can be developed as a result of TOP work. Poggenpoel et al. (1998) found that nurses in their research study generally felt angry and unhappy because they did not have a say in the legalisation of abortion. This was also found in the present study, where one respondent made it clear that she was not consulted regarding her involvement in TOP services.

All the respondents in the study (with the exception of one) were of the opinion that their work with TOP differs from other nursing duties. As was found in the study of Char and McDermott (1972) and Walker (1997) where nurses reported a conflict between preserving and saving lives in the past versus having to play a role in the termination of life, one respondent of the current research study described TOP work as a task where lives are taken, in contrast to other tasks where lives are preserved or saved. For another nurse, TOP work is also associated with death. Malan (2002) reports that a nurse stated the following regarding the impact of her work with TOP: "...ek gaan nie jok nie – die deel van my werk ontstel my" (p. 33). The above mentioned findings are congruent with the research of Poggenpoel et al. (1998), where nurses reported that they chose the nursing profession in order to preserve life and promote patient health.

According to the results of the present research it became apparent that nurses have different opinions regarding the act of abortion. Although two respondents expressed strong reactions regarding the wrongfulness of the deed, the others were of the opinion that it could be justified in certain cases. Poggenpoel et al. (1998) also reported that nurses generally found it difficult to associate themselves with the practice of abortion, but were in favour of the fact

that nurses have a choice in this regard. Respondents in the study of Gmeiner (2000) were generally of the opinion that the legalization of abortion was a positive step. This was also consistent with the research findings of Engelbrecht et al. (2000), who reported fairly positive attitudes towards TOP amongst health professionals.

As was found in the research of Poggenpoel et al. (1998), where the majority of nurses expressed negative, judgmental views regarding patients who choose TOP procedures, the majority of participants in the present study also conveyed judgmental and critical attitudes towards these patients. Most respondents, however, reported that knowledge regarding a woman's reasons for choosing a TOP, might have an influence on their view. According to Ketlhlapile (2000), women reported that they were not treated with empathy at referral centers, but felt that the majority of health care workers shun them. This was also the finding of Mafurah, Wood and Jewkes (1997), who found that women experienced nurses as being unsupportive and judgmental. It was interesting, however, that the majority (five) of nurses in the pilot study reported that they try to behave in a normal or sympathetic manner. It can be hypothesised that value clarification workshops might have made a difference to the attitudes and behaviour of nursing staff. This was confirmed by Zulu (2000), who reported that this was the case at the health care facility where she is employed, as well as Engelbrecht et al. (2000), who had a similar finding in the case of some respondents.

It was very difficult to make a clear, general distinguishment regarding the difference in degree and/or intensity of reactions, experiences and effect on nurses on the basis of nature and frequency of involvement in TOP services (as in the research of Char and McDermott, 1972). It is, however, an important aspect which should be given attention in future research.

Needs with regard to support

The nurses in the present pilot study seemed to be uninformed regarding the availability of support services at their health care facility. Although only one respondent stated explicitly that she is not in need of the service, four of the nurses described the service as being inaccessible and/or impractical. Malan (2002) reported that nurses do not have the time to utilise support services, because of the large workloads which they have to cope with. There was not a single respondent in the present study who was of the opinion that the service complies with his or her needs. Literature confirms that nurses are in need of some sort of

support in working with TOP services (Barometer, 2000; Engelbrecht, 2000; Gmeiner et al., 2000; Malan, 2000; Poggenpoel et al., 1998; Reproductive Rights Alliance, 2000).

The majority of respondents in this study recommend that support services should be available on a regular basis and that it should be arranged in accordance with their shifts. The majority (five) of the respondents were of the opinion that the support service should be delivered by external professionals (social workers or psychologists). These findings are consistent with the findings of Engelbrecht et al. (2000), where respondents specifically request a psychological support service. According to the respondents, no medical, psychological or psychiatric assistance have been obtained by any of them with regard to their work with TOP services.

As was the case with the results of Poggenpoel et al. (1998), there was also one respondent in this pilot study who requested assistance regarding appropriate behaviour towards patients who choose to have TOP procedures.

It was suggested by one respondent in the present study, that patients who request TOP services should be treated separately from other patients. This was also one of the recommendations of Poggenpoel et al. (1998), where nurses suggested the investigation of separate abortion clinics. Furthermore, it was suggested that women should benefit from community involvement and psychological support. The practicality and affordability of this arrangement should be investigated, as this service at a separate, private clinic, is estimated at R1250 per patient (Malan, 2002).

6. Conclusion

In the present pilot study, it was found to be difficult to motivate nurses to participate in the research. There might be different explanations for this, for example a general feeling amongst nursing staff of being demotivated or unhappy about not being consulted regarding TOP services in the first place (Poggenpoel et al., 1998). It might also be ascribed to time constraints and/or heavy workloads which might have prevented them from completing the questionnaires. The fact that only almost fifty per cent of potential respondents in this pilot study were willing to complete the questionnaires, can be seen as a limitation in the research. Therefore, the small sample could also limit the ability to generalise the results of the study.

There were, however, important tendencies which could be identified as a result of this pilot study.

In terms of nurses' experience of their involvement with TOP services, the present study confirmed that they do have certain varying reactions in this regard – mostly of a negative nature. Furthermore, it was confirmed that the work had an effect on the majority of respondents' personal life and career to a certain extent, although family life did not seem to be affected significantly. The study conveyed that the majority of nurses experienced that the impact of their work with TOPs seemed to be different from that of their other nursing duties. It was confirmed by the present study that nursing staff are in need of some sort of support service and that the practicality of the services which are currently provided, should be investigated.

It is recommended that further research regarding this very important matter, should be conducted. Although the questionnaire which was used in this study was well accepted, it might be meaningful to adapt some of the questions. Suggestions in this regard include more specific questioning regarding moral-ethical dilemmas, as well as attitudes experienced from colleagues and community members, as this was strongly emphasised in other literature findings. It can also be recommended that respondents can be asked more specifically whether they are in need of a support service or not, and should be asked to explain their needs in this regard. The challenge within the South African context is to establish, with limited resources, the necessary community involvement and psychological support system. Differences between experiences of nurses who are involved in first-trimester TOP procedures, versus the experiences of those involved in TOP procedures after the first-trimester, could possibly be explored. Furthermore, it could be meaningful to include a larger sample group in the research, drawn from various health care facilities. A comparison between private and public health care facilities might also convey interesting and significant tendencies.

In conclusion, the results of the pilot study provide valuable information regarding nurses' experiences of their involvement in termination of pregnancy services, the effects thereof on a personal, family and career level, as well as their needs with regard to support. The questionnaire seems to be suitable in general, although additions are recommended with regard to the following:

- more specific questioning regarding moral-ethical dilemmas

- more specific questioning regarding attitudes experienced from colleagues and community members
- more specific questioning to establish whether nurses are, in fact, in need of support or not, as well as asking them to explain their needs.

Further recommendations for a follow-up study include:

- the inclusion of a larger sample group
- inclusion of various health care facilities
- comparison between private and public health care facilities
- exploration of differences between experiences of nurses who are involved in first-trimester TOP services, versus experiences of nurses involved in TOP services which take place after the first-trimester of pregnancy.

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Addendum A

BIOGRAFIESE DATA / BIOGRAPHICAL DATA

KODE / CODE.....

DATUM / DATE.....

OUDERDOM / AGE:

GESONDHEIDSORGFASILITEIT /

- HEALTH CARE FACILITY:*
- Publieke hospitaal / *Public hospital*
 - Privaatkliniek / *Private clinic*

HUIDIGE HUWELIKSTATUS /

- PRESENT MARITAL STATUS:*
- Getroud / *Married*
 - Woon saam / *Living together*
 - Langtermyn verhouding / *Long term relationship*
 - Enkellopend / *Single*
 - Geskei / *Divorced*
 - Weduwee of Wewenaar / *Widow or Widower*

RAS / RACE:

- Asiër / *Asian*
- Swart / *Black*
- Bruin / *Coloured*
- Wit / *White*

OPVOEDKUNDIGE STATUS /

- EDUCATIONAL LEVEL:*
- Matriek / *Matric*
 - Standerdvoltooi / *Completed standard*
 - Diploma / *Diploma*
 - Universiteitsgraad / *University Degree*
 - Ander / *Other*

GESLAG / GENDER:

- Manlik / *Male*
- Vroulik / *Female*

GELOOF / RELIGION:

Het u kinders / *Do you have children?*

Nee / *No*

Ja / *Yes*. Noem asb. / *Please state:*

aantal / *number*.....

geslag / *gender*.....

ouderdomme / *ages*.....

Aard van betrokkenheid by TOPs /

Nature of involvement in TOPs

Versorging van pasiënte voor TOP prosedures /

Pre-procedure patient care

Versorging van pasiënt na TOP prosedures /

Post-procedure patient care

Betrokkenheid by eerste trimester TOP prosedures /

Involvement in first trimester TOP procedures

Betrokkenheid by tweede trimester TOP prosedures

Involvement in second trimester TOP procedures

Ander / *Other*.....

.....

Frekwensie van betrokkenheid by TOPs /

Frequency of involvement in TOPs

Op 'n daaglikse basis / *On a daily basis*

Ongeveer hoeveel per dag? / *Approximately how many per day?*.....

Op 'n weeklikse basis / *On a weekly basis*

Ongeveer hoeveel per week? / *Approximately how many per week?*.....

Op 'n maandelikse basis / *On a monthly basis*

Ongeveer hoeveel per maand? / *Approximately how many per month?*.....

Addendum B

VERTROUlike VRAELYS / CONFIDENTIAL QUESTIONNAIRE **KODE / CODE.....**
DATUM/DATE.....

1.1) Wat ervaar u gewoonlik **voor** die uitvoering van 'n TOP prosedure? / *What do you usually experience **before** a TOP (termination of pregnancy) procedure is performed?*

Gedagtes / *Thoughts*.....
.....
.....

Gevoelens / *Feelings*.....
.....
.....

Gedrag / *Behaviour*.....
.....
.....

1.2) Wat ervaar u gewoonlik **gedurende** die uitvoering van 'n TOP prosedure? / *What do you usually experience **during** a TOP procedure?*

Gedagtes / *Thoughts*.....
.....
.....

Gevoelens / *Feelings*.....
.....
.....

Gedrag / *Behaviour*.....
.....
.....

1.3) Wat ervaar u gewoonlik **na** die uitvoering van 'n TOP prosedure? / *What do you usually experience **after** a TOP has been carried out?*

Gedagtes / *Thoughts*.....

.....
.....
.....

Gevoelens / *Feelings*.....

.....
.....
.....

Gedrag / *Behaviour*.....

.....
.....
.....

2.) Hoe beïnvloed u werk met TOPs u: / *How does your work with TOPs affect you:*

Persoonlik / *Personally*.....

.....
.....
.....

Gesinslewe / *In your family life*.....

.....
.....
.....

In u beroep / *In your career*.....

.....
.....
.....

3.) Is die **impak** van u betrokkeheid by TOPs soortgelyk of verskillend van die impak van u ander verplegingspligte? Verduidelik asb. / *Is the **impact** of your involvement in TOPs similar or different to that of your other nursing duties? Please explain*.....

.....
.....

.....

4.) Wat is u mening oor die uitvoering van TOPs / *What is your opinion of the act of TOPs?*

.....

.....

.....

5.1) Wat dink u van 'n vrou wat kies om 'n TOP te hê? / *What do you think about a woman who chooses to have a TOP?*.....

.....

.....

5.2) As u 'n vrou se redes vir 'n TOP voor die tyd geweet het, sou dit u siening van haar beïnvloed het? / *If you knew a woman's reason(s) for having a TOP beforehand, would that have changed your view of her?*

.....

.....

6.1.) Hoe tree u op teenoor 'n vrou direk nadat sy 'n TOP gehad het? / *In what way do you behave towards a woman directly after she has had a TOP?*.....

.....

6.2) Indien u 'n vrou se redes vir 'n TOP geweet het, sou dit u gedrag teenoor haar verander? / *If you knew a woman's reason(s) for having a TOP, would that change your behaviour towards her?*.....

.....

7.1) Is daar tans enige ondersteuningsdienste by u gesondheidsorg fasiliteit beskikbaar vir verpleegpersoneel wat betrokke is by TOPs? / *Are there currently any support services available for nursing staff who are involved in TOPs at your health care facility?* Ja / Yes Nee / No

7.2) Kan u. hierdie dienste / fasiliteite benoem en verduidelik? / *Can you name and explain these services / facilities?*

.....
.....
.....

7.3) Watter van die bogenoemde dienste maak u die meeste van gebruik? / *Which of these above mentioned services do you make use of the most?*

.....
.....
.....

7.4) Waarom? Verduidelik asb. / *Why? Please explain.*

.....
.....
.....

8.1) Hoe prakties is die ondersteuningsdienste wat voorsien word by u gesondheidsorg fasiliteit? / *How practical are the services which are provided at your health care facility?*

.....
.....
.....

8.2) Voosien dit in u behoeftes? / *Does it comply with your needs?*

- Ja / *Yes* Nee / *No* Tot 'n sekere mate / *To a certain extent*

8.3) Verduidelik asb. / *Please explain*

.....
.....
.....

9.1) As 'n intervensie by u gesondheidsorg fasiliteit beplan word, hoe gereeld sou u 'n diens verlang? / *If an intervention is planned at your health care facility, how often would you require a service?*

.....
.....

9.2) Watter tye sou vir u gepas wees? / *Which times would be suitable for you?*

.....
.....

9.3) Wie sou u verkies om die dienste te lewer? / *By whom would you prefer the services?*

Professionele persone van buite / *Professionals from outside*

Wie? / *Who?*.....

Interne personeel / *Internal staff*

Wie? / *Who?*.....

10.) Het u 'n behoefte aan enige ander vorm van ondersteuning in u werk met TOPs? / *Are you in need of any other form of support in working with the termination of pregnancies?*

Ja / *Yes*

Nee / *No*

Indien wel, verduidelik asb. / *If so, please explain.*

.....
.....
.....

11.1) Het u al ooit van enige mediese hulp gebruik gemaak om u by te staan / te ondersteun in u werk met TOPs? / *Have you ever obtained any medical help to assist / support you in your work with TOPs?*

Ja / *Yes*

Nee / *No*

11.2) Het u al ooit van enige sielkundige of psigiatriese hulp gebruik gemaak om u by te staan in u werk met TOPs? / *Have you ever obtained any psychological or psychiatric help to support you in your work with TOPs?*

Ja / *Yes*

Nee / *No*

11.3) Indien wel, wie het betaal vir die diens(te)? / *If so, who paid for the service(s)?*

.....
.....

12.) Enige iets anders wat u graag wil byvoeg? / *Anything else that you would like to mention or add?*

.....
.....
.....

Baie dankie vir u tyd en hulp. Dit word opreg waardeer! / *Thank you for your time and help. It is much appreciated!*

Addendum C

Beste Verpleegster / Verpleër

Ek is tans besig met navorsing oor verpleegsters / verpleërs se ervaring van terminasies van swangerskappe (TOPs) en ondersteuningsdienste. Die doel van my navorsing is om te bepaal hoe verpleegsters / verpleërs hul betrokkenheid by TOPs ervaar, die effek wat dit op hul persoonlik het, sowel as behoeftes aan ondersteuningsdienste in hierdie verband.

In die lig daarvan dat TOPs eers sedert 1997 in Suid-Afrika gewettig is, is daar min navorsing in hierdie verband gedoen - veral ten opsigte van die behoeftes van gesondheidsorgwerkers. Daarom is ek ongelooflik dankbaar dat u bereid is om deel te neem aan hierdie projek en hoop ek dat u ook voordeel sal trek uit die resultate daarvan.

Ek wil u verseker dat u deelname vrywillig is en dat die inligting wat u verstrek vertroulik hanteer sal word. Die invul van die aangehegte vraelys is heeltemal anoniem, om u identiteit te beskerm en dit vir u makliker te maak om eerlik en openlik te wees. Indien u ongemaklik voel met 'n vraag, is u ook welkom om dit uit te laat. Hoe meer volledig en eerlik die vraelys egter ingevul word, hoe meer waardevol sal die uiteindelijke resultate wees, ten einde aan u werklike behoeftes te probeer voldoen.

Baie dankie vir u hulp en moeite met hierdie vraelys; ek waardeer dit opreg.

Vriendelike groete

Anne Havemann-Serfontein
M-student in Voorligtingsielkunde, Universiteit van Stellenbosch

Dear Nurse

I am presently conducting a study regarding nurses' experience of termination of pregnancy (TOPs) and support services. The aim of my research will be to determine how nurses experience their involvement in TOPs, the effects on them personally, as well as their needs with regard to support services in this regard.

In view of the fact that TOPs were only legalised in South Africa in 1997, little research has been conducted in this area - especially with regard to the needs of health care professionals. Therefore I am very grateful that you are prepared to participate in this research and hope that you will benefit from the results thereof.

I want to assure you that your participation is voluntary and that the information which you provide will be handled confidentially. The completion of the questionnaire is anonymous, in order to protect your identity and to make it easier for you to be honest and open. If you feel uncomfortable with any question, you are welcome to leave it out. However, the more complete and honest the questionnaire is, the more valuable the results will be, in order to try to fulfill your needs.

Thank you for your assistance with this questionnaire; it is much appreciated!

Anne Havemann-Serfontein
M-student in Counselling Psychology, University of Stellenbosch