

Chapter 5

Conclusions and recommendations

5.1 INTRODUCTION

In this chapter the conclusions derived from the findings of this study on the experiences of registered nurses involved in the termination of pregnancy at Soshanguve Community Health Centre are described. The conclusions were based on the purpose, research questions and results of the study. The implications of these findings and the resultant recommendations will also be explained. Recommendations were based on the conclusions and purpose of the study.

5.2 OVERVIEW OF THE STUDY

The study was an exploratory, descriptive and contextual qualitative study. The researcher adopted a phenomenological approach to achieve the objectives of the study. Unstructured, open, qualitative interviews were conducted with three registered nurses from Soshanguve Community Health Centre, Pretoria, who were purposively selected as participants. The interviews were conducted in English and tape-recorded, then transcribed and analysed.

The researcher enlisted the help of an independent co-coder and both the co-coder and the researcher completed an independent analysis. The co-coder and the researcher then held a consensus meeting to clarify discrepancies and identify similarities (Cresswell 1994:154). Themes and categories that emerged from the data were augmented with literature, including literature from the Internet. Trustworthiness of the data was assured and ethical considerations respected (Lincoln & Guba 1985:36).

The findings and recommendations described below are centred on the experiences of the three participants, the research question, the objectives and the themes emerging from the data analysis. The research question to be answered was:

“WHAT ARE YOUR EXPERIENCES OF BEING INVOLVED IN TERMINATION OF PREGNANCY?”

By answering this question, the study achieved the following objectives:

- to describe the experiences of registered nurses who participate in the procedure of termination of pregnancy at Soshanguve Community Health Service
- to gain an understanding of their experiences

5.3 SUMMARY OF THE DATA

Six themes, consisting of 8 major categories, eighteen subcategories and forty-five meaning units, emerged from the data. The findings were discussed according to the six themes that emerged from the data:

THEME 1 Emotional and psychological trauma

THEME 2 Lack of resources

THEME 3 Lack of support

THEME 4 Debriefing

THEME 5 Positive experiences

THEME 6 Concern for uninformed colleagues

5.4 THE THEMES AND THEIR IMPLICATIONS

THEME 1: Emotional and psychological trauma was experienced by the TOP providers during service delivery. Registered nurses verbalised feelings of frustration due to the prevailing situation. There were several issues that frustrated them, for example, that a young girl of 12 years can present for TOP without parental consent. The Termination of Pregnancy Act (Act 92 of 1996) permits young girls to undergo termination of pregnancy without informing their parents or guardian if they so wish. Being involved in termination of pregnancy was emotionally taxing.

Participants experienced *stress*, which was attributed to several factors. Some of these are discussed in the literature. Bewley (1993:25) states that nurses are stressed by caring for the women undergoing termination of pregnancy. Dyson and While (1999:478) highlight that nurses feel stressed when involved in terminations if the situation is at variance with their beliefs. Nurses providing daily counselling and performing terminations experience a heavy emotional toll (Prabhakaran 1998:3). Stressful factors in the procedure itself make nurses less tolerant of the procedure (Marshall et al 1994:567-568). Other factors include clients breaking down during counselling, lack of transport to attend debriefing sessions and the lack of proper debriefing sessions. There is often no formally organised debriefing with a psychologist and the discussions are done in a group (Bewley 1993:25-28).

Participants were being called names for being involved in the actual procedure of terminations. They experienced two types of *labelling*: perceived and received labelling. Registered nurses felt they were given names and were not treated well. Participants were actually called names such as serial killers and children killers (Engelbrecht et al 2000:4).

Participants felt *rejected* due to comments made by other health care workers at the clinic. Some health care workers displayed hostility towards those involved in TOP by making nasty remarks in the TOP provider's presence (Poggenpoel et al 1998:4). TOP providers were isolated by colleagues at the clinic - they experienced stigmatisation by peers, as they were perceived to be involved in an unethical service (Poggenpoel 1998:4-5).

THEME 2: Several issues pertaining to resources hampered efficient service delivery. The shortage of TOP equipment and human resources resulted in high stress and burnout. Management should plan for the acquisition of resources in the budget and deploy them in pursuit of the organisational objectives (Muller, Bezuidenhout & Jooste 2006:423). The availability of funds will facilitate the purchasing of equipment and the recruitment of staff.

THEME 3: A lack of support from colleagues and management was verbalised by participants, though one manager occasionally offered psychological support.

According to Dyson and While (1999:478), it is essential for nurses and midwives to fully explore their own feelings towards termination of pregnancy, which can be done if support is given. Management has the responsibility of supporting TOP providers through listening to them, answering their questions and reassuring them (Poggenpoel et al 1998:6). In another study, TOP providers had no emotional support from colleagues (Engelbrecht et al 2000:4).

THEME 4: Participants highlighted that they worked under stressful situations and thus needed to be *debriefed* on a continual basis. However, the debriefing sessions provided were said to be inadequate. Debriefing was not available when a need arose and the participants had to carry the burden for some time before being debriefed. This resulted in serious psychological effects, including difficulty in coping. Jali and Phil (2001:30) also emphasise the importance of debriefing sessions to be conducted for midwives involved in TOP.

THEME 5: In this theme the participants mentioned *positive experiences*, for example, the availability of a psychologist who was able to listen to them occasionally when having group debriefing sessions. There was also a manager who showed support by checking on them at times - this was appreciated as it helped them.

Another type of positive experience was sympathy for the clients they were dealing with. The participants felt pity for clients and the conditions and other social factors surrounding their pregnancies.

THEME 6: The participants verbalised their concern for their colleagues who were not informed about TOP issues. The colleagues' negative behaviour was attributed to their lack of knowledge.

Dondashe (2001:49) suggests that value-clarification in-service training be conducted to ensure that all staff gain knowledge of and insight into TOP issues. Workshops on the implementation of the Termination of Pregnancy Act would enhance understanding and application.

SUMMARY

The study confirmed that registered nurses involved in termination of pregnancy experienced mixed feelings such as rejection, depression and stress. They utilised whatever coping mechanisms they had in order to handle the stress. It was evident in the study that each registered nurse needed to find a way of dealing with his/her feelings after TOP. Most of them talked to each other about their experiences.

It was clear that the nurses required counselling and psychological support in order for them to perform according to the professional standards. Planned psychological support services should be integrated as an essential part of TOP services delivery. Practically this should translate into finding ways to provide counselling to TOP health care providers on an ongoing basis (Barometer May 2002:17).

Registered nurses who described involvement in TOP as emotionally draining, experienced inadequate support from management. They were overwhelmed by their work and the emotional burden they had to carry. They expressed a need to be helped with the stress they were experiencing and longed for more support from management. Although the need for support was very real, this might also have been an indication that the nurses felt a need to be accepted by their peers, in spite of being involved in TOP. A positive attitude, without prejudice, towards TOP by all health care workers would enable a successful TOP program (Reproductive Right Alliance 2002:14).

The researcher re-examined the research objectives stated at the beginning of the study (repeated in section 5.2). After reviewing the data presented in chapter 4, and the conclusions and recommendations of chapter 5, evaluation showed that the researcher's objectives had been achieved.

5.5 RECOMMENDATIONS

The researcher makes the following recommendations for nursing management, health sciences education and clinical practice.

5.5.1 Nursing management

The quality of care in termination of pregnancy services can be improved by addressing problems at all levels, including management, service providers and communities. There are several recommendations pertaining to the management of the TOP unit as regards understanding of the TOP providers need for counselling, the provision of human and material resources, support from management and the encouragement of collegial support.

The following recommendations are made:

- Nurse managers should undergo TOP training to enhance understanding of what TOP entails and to promote effective management.
- Management and the provincial office should provide support through the allocation of adequate human and material resources.
- Managers can encourage collegial support through her/his support.
- Managers should encourage an open-door system so that TOP providers can come for help whenever they experience problems.
- Counselling and support guidelines should be developed to empower the registered nurses involved in TOP.
- Psychological and social support mechanisms should be an integral part of TOP service delivery, through continuous availability of social workers and psychologists for debriefing and counselling when the need arises.
- Strategies must be implemented that focus on addressing the logistical problems that health care providers face, such as capacity and burnout problems.
- Adequate TOP health care providers should be trained to increase the human resource pool and enable a relief system.
- The staff establishment of TOP providers should be increased through advertisement of posts with a higher notch so that they can relieve each other when the need arises.
- TOP providers should be offered an incentive in the form of a “scarce skill” allowance.
- Termination of pregnancy should be integrated into the health care system instead of being regarded as a stand-alone service. TOP training should thus form part of the basic training of nurses.

- Nurses should receive ongoing training and information to make them aware of women's plight under the previous Act and to inform them about the Termination of Pregnancy Act.
- All health care workers should be provided with in-service training so that they gain knowledge of and insight into TOP issues. This should unfreeze the status quo and counteract the negative attitudes of the staff. In this way TOP providers' support systems will increase as peers become more knowledgeable and the stressful factors will decrease.
- Information pertaining to TOP should be given to the community to encourage proper decision-making by clients.
- There should be ongoing monitoring of service provision through quarterly reviews to check adherence to set standards, availability of TOP equipment and availability of psychological support.
- Quality-control protocols, such as quarterly TOP reviews and psychological assessment tools, should be in place and form an integral part of the monitoring and evaluation system to ensure that a holistic service is rendered (Cronje & Grobler 2003:75; Jooste 2003:217, 270, 338, 340).

5.5.2 Health science education

The following recommendations, of which some were mentioned in Chapter 4, pertain to training the registered nurses involved in TOP to help themselves. They are based on the assumption that, through self-management, the registered nurse can grow towards professional maturity and become assertive, confident, independent and emotionally stable and a good TOP provider in the unit where she is practicing.

The following refer to subjects to be covered in the training of nurses involved in TOP, whether before or in-service:

- Nurses must be informed about their right not to participate in termination of pregnancy if it violates their morality (Pera & Van Tonder 2005:84).
- Ethical decision-making skills should be incorporated in the curriculum.
- A module to develop reflective skills could be incorporated in the course content. The TOP providers would be assisted to identify and be aware of the defence mechanisms they use to cope with emotional responses. This insight could help them to develop more effective ways of managing stress.

- TOP providers need to be taught coping skills, assertiveness training etc. In-service education through seminars or workshops should be given regularly to help the registered nurses with acceptance, confidence, better management of mental health problems and development of a positive attitude towards TOP, TOP services and personnel.
- Value-clarification workshops need to be organised to gain knowledge of the concerns of registered nurses regarding TOP and to assist them to relate their values and beliefs systems to the needs of the clients (Marais 1997:7).

Furthermore, the services of a psychologist are recommended. The psychologist could offer the TOP provider advice/guidance on very limited and well-thought-out situations, in order to smooth out overly stressful moments and reduce tension, and to help them transcend uncooperativeness of colleagues (Rawlins, Williams, Beck 1993:105).

For health care workers other than the TOP providers, there is a need to design different training modules that address the above TOP-related issues.

5.5.3 Clinical practice

To ensure proper implementation of the Termination of Pregnancy Act and the provision of effective and efficient TOP services, the following are recommended:

- A support group of the nurses involved in TOP should be formed. McDonald (1994:40) states that the program should have the full support of management. The support group would create an environment where the nurses could share their feelings, concerns, hopes and values, and where stereotypes could be broken down. Trust and empathy would need to be fostered (Gmeiner et al 2000:76). The group members would have an opportunity to explore their own personal world and reflect back on that (Jooste 2003:158-159).
- Skills and guidelines for handling clients, especially young ones, should be taught. This should include the rights and responsibilities of the clients.
- In Barometer (May 2002:17), it is suggested that through the involvement of a social worker and psychologist, structures and interventions for health care providers can be built into their curriculum to serve as a peer support structures. A model that will facilitate the following can be adopted:

- sharing of information
- sharing of experiences
- peer learning on how to deal with obstacles at institutional and personal level
- building solidarity between those involved in TOP
- building an enabling social context for service delivery
- regular debriefing sessions should be arranged

Thus clear guidelines need to be developed on the actions to be taken to assist the provision of TOP services at designated health centres. The guidelines would have to include the training content, the requirements of the health centres, and TOP implementation guidelines for management and staff.

5.6 LIMITATIONS

Certain limitations were identified in the study: setting for interviews; participants' effect; and data collection and analysis.

5.6.1 Setting for interviews

The setting was found to be inappropriate, having interferences. There were a lot of interruptions during interviews, since interviews were conducted at the participants' workplace during work hours. This happened despite all efforts taken to reduce interruptions such as knocks on the door by colleagues. There was also a lot of noise outside the interview room from patients and colleagues.

5.6.2 Participants' effect

Because the data collection was in the form of unstructured interviews and the participants knew the researcher, the participants could have withheld some of their personal in-depth experiences.

There were only a few TOP-trained nurses working at SCHS, making the pool of possible participants small.

5.6.3 Data collection and analysis

Several limitations in the collection and analysis of data were identified.

- Two of the TOP providers who were participants in the study resigned, so they could not be asked further questions when the need arose, nor could they be contacted to clarify the data collected.
- Interviewing needs more time than questionnaires and thus the data collection was time-consuming for the researcher.
- The nature of qualitative study relied on the researcher's judgements of data collection and analysis. The researcher was the main data collection instrument for the unstructured interviews and analysis of the data. However, the possibility of bias was minimised by the assistance of an expert co-coder and the use of strategies such as trustworthiness, reflexivity, bracketing and intuiting throughout the study.

5.7 RECOMMENDATIONS FOR FURTHER RESEARCH

In the light of the limitations identified and the findings of the study, the following are recommended as future research subjects:

- How reflection techniques would benefit the TOP provider in her nursing practice
- A model for retention of staff working in TOP services, including debriefing services
- The rights of professional registered nurses involved with TOP
- The attitude of management regarding TOP
- The kind of support that would be suitable for nurses involved in TOP
- Client education, especially that of the adolescent, regarding the effect of TOP
- Why nurses have a negative attitude towards TOP.

5.8 CONCLUSION

This study on the experiences of registered nurses involved in termination of pregnancy found that they suffered tremendous stress from being involved in TOP. They felt rejected, were called names by colleagues, lacked resources and needed more support from peers and management. Debriefing sessions were inadequate and not available

when the need arose. Other professional nurses were not informed about TOP issues and thus were in need of value-clarification and updating sessions. There is great need for management to give support to TOP services and to keep abreast with TOP issues for efficient care and continuous support of TOP providers.

Hopefully this research contributed to an understanding of the experiences of registered nurses involved in termination of pregnancy and its findings and recommendations can serve as a basis for future research projects and for continuation of future TOP procedures.

It is also hoped that the experiences of the participants could be used to formulate policies and procedures that could contribute to making the process of working in TOP services a less traumatic and more positive experience.

Following recent changes in abortion laws in many countries, including South Africa, there is a need for further research not only in the area of assessing what the needs of the aborting woman are, but also the needs of the nurses and doctors providing TOP services. Based on previous research findings and the changes to the abortion legislation, and with the current debate on abortion, the present research was conducted to explore and describe the experiences of registered nurses involved in TOP and to identify relevant, specific support strategies necessary for TOP nurses.