

## CHAPTER 4

### Analysis and discussion of research results

#### 4.1 INTRODUCTION

Twenty-seven respondents initially took part in the research. Two questionnaires had to be discarded as these respondents did not complete any items other than those in section 1 (biographical data). The data obtained from the 25 completed and usable questionnaires were analysed and will be discussed in this chapter. As the research population comprised 32 PNs, the response rate was 78,1% (n = 25).

The purpose of this study was to explore the attitudes of PNs towards CTOPs in Carletonville sub-district.

The objectives of this study were to

- explore and describe the attitudes PNs have towards CTOPs
- explore and describe the feelings of PNs towards CTOPs
- explore and describe the perceptions PNs have about the stigmatisation of CTOPs
- identify whether PNs working in TOP services encounter stigmatisation
- explore and describe support systems for individuals involved with providing TOP services
- explore and describe problems with the delivery of TOP services in the Carletonville subdistrict
- recommend improvements to TOP services in the Carletonville subdistrict
- make recommendations for further research

A questionnaire with six sections were given to the respondents and were to be returned to an identified person after completion.

Section A of the questionnaire attempted to obtain biographic data. The participating PNs had to respond in the appropriate box(es) provided next to each question.

## 4.2 SECTION A: BIOGRAPHICAL DATA

### 4.2.1 Gender

Only one respondent was reportedly a male. As the questionnaires were completed anonymously, the researcher could not trace the person who completed this specific questionnaire. However, consultation with the nurse manager(s) revealed that there was only one male working in that hospital out of the 32 PNs and that he was not working in the CTOP clinic.

### 4.2.2 Age

The ages of respondents ranged from 23 to 45 years. The majority of the respondents, namely 36,0% (n=9) fell within the age group of 37-40. Only 8,0% (n=2) respondents were younger than 26 years and 20,0% (n=5) were older than 41 years. One respondents did not answer this question.



Figure 4.1  
Age distribution of respondents

### 4.2.3 Race

The respondents were required to respond by writing the relevant number provided in the box. The following key was used to guide the respondents:

Black	=	1
Indian	=	2
Coloured	=	3
White	=	4

All the respondents indicated that they belonged to the Black population group. This was correct as the nurse managers revealed that only two PNs in TOP services were White out of the entire establishment of 32 PNs but they were on leave during the time when the research was conducted.

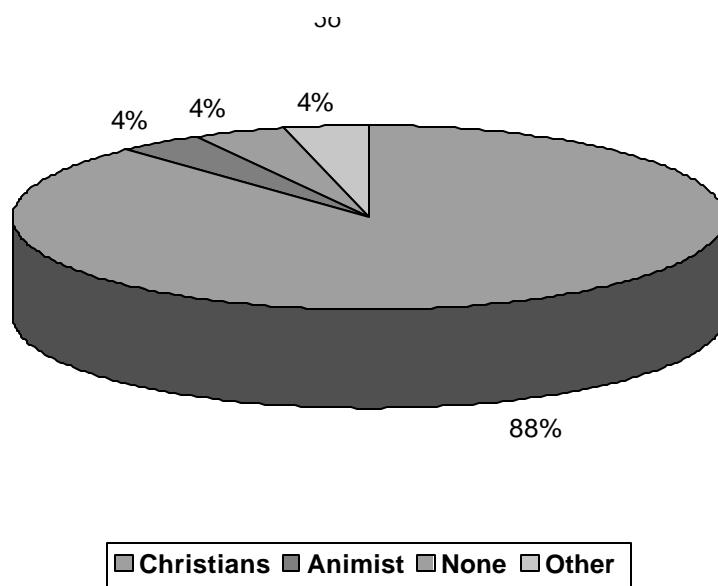
While these results were neither planned nor anticipated, it is realised that the research results presented and discussed in this chapter will be only those of Black PNs working in the Carletonville sub-district and that these results cannot therefore be generalised to Coloured, Indian and/or White PNs.

### 4.2.4 Marital status

Out of the 25 respondents 44,0% (n=11) were reportedly never married, 48,0% (n=12) were married, 4,0% (n=1) was divorced and 4,0% (n=1) was widowed.

### 4.2.5 Religious affiliation

Out of the 25 respondents 88,0% (n=22) were Christians and one (4,0%) was an Animist. One respondent (4,0%) indicated that she had no religious affiliation. One respondent (4,0%) indicated "other" without specifying what she meant by this term. There was no PN representing the Muslim, Buddhist or Hindu faith in this sample.



**Figure 4.2**  
**Religious affiliations of respondents**

Figure 4.2 portrays the diversity regarding the religious affiliations of PNs working in the Carletonville sub-district, indicating that the majority were Christians.

#### **4.2.6 Number of children respondents had**

Eight percent (n=2) of the respondents indicated that they had no children, 32,0% (n=8) had 1 child, 44,0% (n=11) had two children, 12,0% (n=3) had three children and 4,0% (n=1) had five children. The average number of children, which the respondents had, was two.

#### **4.2.7 Specific training received to perform TOPs**

Out of the 25 respondents, only 16,0% (n=4) received specific training to render TOP services.

#### **4.2.8 Perceived adequacy of training to perform TOPs**

Out of the 25 respondents, 16,0% (n=4) PNs perceived that their training was adequate to perform TOP services. This finding correlates with the finding in Item 4.2.7 as only 16% (n=4) of the respondents received any training for performing TOPs and thus only these four respondents would be able to evaluate the adequacy of such training.

#### **4.2.9 Period of time of working in TOP services**

Eighty eight percent (n=22) of the respondents have been working less than 1 year in TOP services, 8,0% (n=2) have been working for one year, 4,0% (n=1) for 2 years and 8,0% (n=2) for 3 years. It is therefore clear from this finding that the respondents lacked experience in this field. This is in line with the fact that TOP services have only been implemented in the Carletonville sub-district during 2001.

The PNs who received training in TOPs have been working the longest, namely 8,0% (n=2) who have been working in TOP services for the past three years, 4,0% (n=1) who has been working the past 2 years in these services and one respondent (4,0%) who has been working the past year in these services. The deduction could therefore be made that the PNs who have been working the for the longest periods in TOP services were the first to be offered opportunities to be trained in performing TOPs.

In this section it was clear that the respondents were female and from the Black population group, most fell within the age group of 37-40 years; were married with two children and belonged to the Christian faith. The majority also did not received special training for rendering TOP services and were working in the TOP services for less than one year.

### **4.3 SECTION B: RESPONDENTS' OPINIONS ABOUT TOPs**

#### **4.3.1 Number of TOPs handled by respondents' departments on a monthly basis**

The respondents indicated that between 20-35 TOP cases were handled on a monthly basis. Eight percent (n=2) of the respondents indicated that they did not know how many cases were handled in their department per month. Most of the respondents, namely 84,0 (n=21) indicated that 35 cases were handled. The average number of TOPs handled by respondents' departments per month was reported to be 22.

### 4.3.2 Respondents' opinions on the realistic number of CTOP cases to be handled within one month

Only one respondent felt that the service could handle 100 cases per month. Eight percent (n=2) of the respondents indicated that 15 cases per month could be handled, 4,0% (n=1) felt that 30 cases could be handled easily and 76,0% (n=19) was of the opinion that 20 cases could realistically be handled by the TOP services within one month.

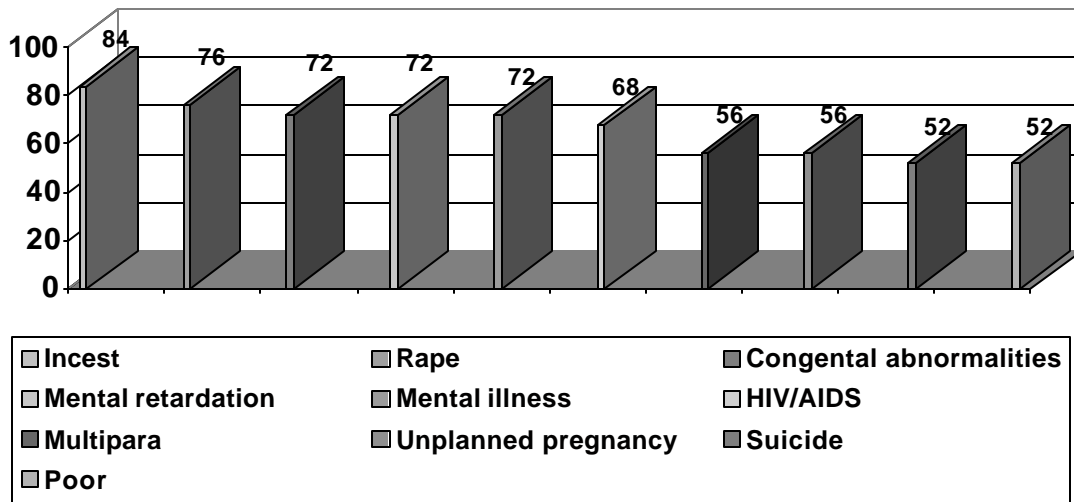


Figure 4.3

PNs' opinions of patients who should receive TOP services

### 4.3.3 The opinions of the respondents about which patients should receive TOP services

Figure 4.3, used according to Bless (1993:28), presents the PNs' opinions of patients who should receive TOP services. The majority namely 92,0% (n=23) of the PNs were of the opinion that women who had previous TOPs done should **not** receive TOP services for subsequent unwanted pregnancies.

The majority of the respondents, namely 72,0% felt that women who were expecting a child with congenital abnormalities should be allowed to receive TOP services.

Although the majority of the respondents, namely 76,0% (n=19) felt that women who were raped should be given TOP services, six (24,0%) of the respondents felt that even after being raped women should not receive TOP services.

Almost half of the sample, namely 48,0% (n=12) respondents felt that the risk of suicide should be no reason for obtaining TOP services.

Mental illness in the mother, on the other hand, was seen as an indication for TOP services by 72,0% (n=18) of the respondents, also women who suffered from mental retardation should be allowed to receive TOP services (72%, n=18).

Almost all respondents (92,0%; n=23) felt that women who have no children should never be allowed to have a TOP.

Many respondents, namely 68,0% (n=17) were of the opinion that women with HIV/AIDS should receive TOP services, should they desire to do so.

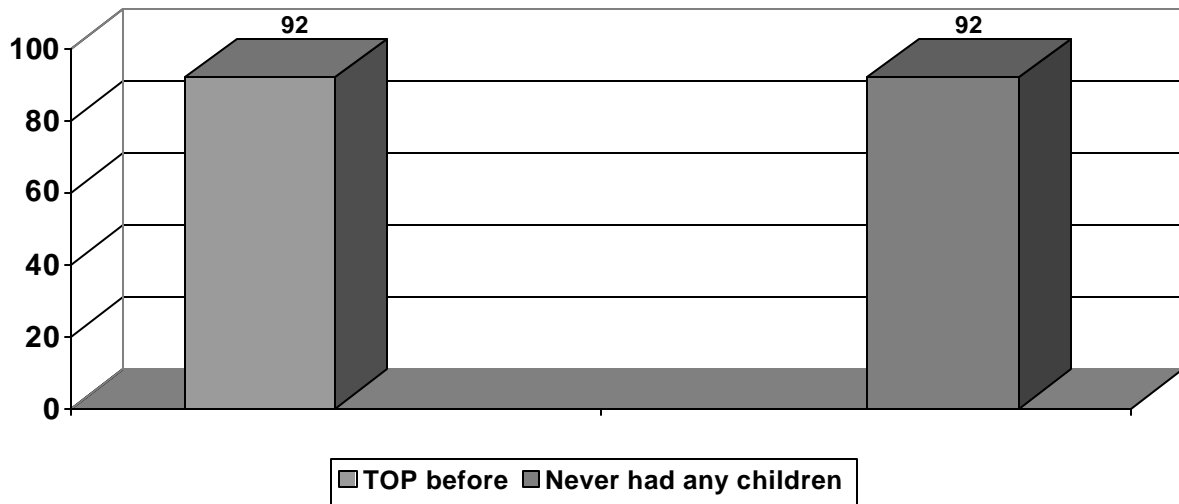
Women who were victims of incest should, according to 84,0% (n=21) of the respondents receive TOP services.

The respondents were divided in their opinions as to whether or not women with many children (grand multiparas) should be given TOP services, as 56,0% (n=14) of the respondents felt that TOP services should be offered to these women.

The respondents were also divided in their opinions as to whether or not poverty should be an indication to have TOP services. Fifty-two percent (n=13) of the respondents felt that TOP services should be given to the poor.

Unplanned pregnancy was also seen by slightly more than half of the respondents as a reason for TOP services as 56,0% (n=14) felt that they should receive TOP services.

PNs who participated in this study were of the opinion that TOP services should be rendered to women who want it, but should not be rendered to women who have never had any children. They also felt that any woman should only receive one TOP in her life time, with requests for TOPs for subsequent unwanted pregnancies being denied.



**Figure 4.4**

**PNs' opinions about who should not received TOP services**

It is interesting to note that the PNs working in TOP services also regarded TOPs to be a contraceptive method as they felt that TOPs should be accessible to women with many children, women who were poor and had unplanned pregnancies.

**4.3.4 Respondents' opinions about the age at which women should be allowed to receive TOPs**

Only one respondent was of the opinion that pregnant women as young as 12 years should be allowed TOP services. Eight percent (n=2) of the respondents felt that the women should be at least between the ages 13-15 years before they could access TOP services. The majority of the respondents 53,0% (n=13) felt that they should between the ages 16-18 years and 32,0% (n=8) felt that they should be between the ages 19-21 years. Two of the respondents had no opinion on this



question. Act 92 of 1996, however, also allows even a minor, after consultation with her parents, guardian, family members or friends, to terminate the pregnancy.

It is clear from these findings that most respondents (84,0%; n=21) felt that the women should be older than 16 year before they were allowed to use TOP services. No reasons for these opinions were given, and it cannot be explained why women younger than 16 years of age should not be able to access TOP services, according to the PNs who participated in this research.

#### **4.3.5 Respondents' opinions as to women's sole decisions to have TOPs**

The majority of the respondents, namely 92,0% (n=23), felt that women should decide whether or not to have a TOP on their own. They clearly felt that a woman has the right to take such a decision on her own, but that she should be older than 16 years of age, prior to being able to access TOP services. This apparent discrepancy in the PNs' views that women should make sole decisions whether or not to have a TOP done, but that only pregnant women aged 16 or older should be able to access TOP services, could not be explained on the basis of the data available on the completed questionnaires. No participant could be followed up as the questionnaires were completed anonymously. So this issue could not be further explored.

#### **4.3.6 Respondents' opinions as to whether a woman should consult someone when deciding about using TOP services**

Question 14 is the same as question 15.1 although in the latter 76,0% (N=9) agreed with the statement that a woman should be allowed to make a decision to have a TOP on her own. The reason for this difference in responses could be that the question was not very clear.

#### **4.3.7 The opinions of the respondents on who should be consulted before deciding to have a TOP**

Although the majority of the respondents indicated in their responses to the preceding items in the questionnaire that a woman could make her own decision whether to have a TOP, 92,0% (n=23) felt that she should consult a counsellor. It could be that the respondents felt that the decision is her own, but that she might need counselling to clarify the potential implications of her decision.

The majority of the respondents felt that the woman should consult a nurse (96,0%; n=24) to discuss her decision as to whether or not to use TOP services.

Almost as many respondents were of the opinion that the woman should consult her husband (40,0%; n=10) as the number of respondents who felt that she should not consult her husband (48,0%; n=12) before taking a decision to have a TOP. Two respondents did not answer this question.

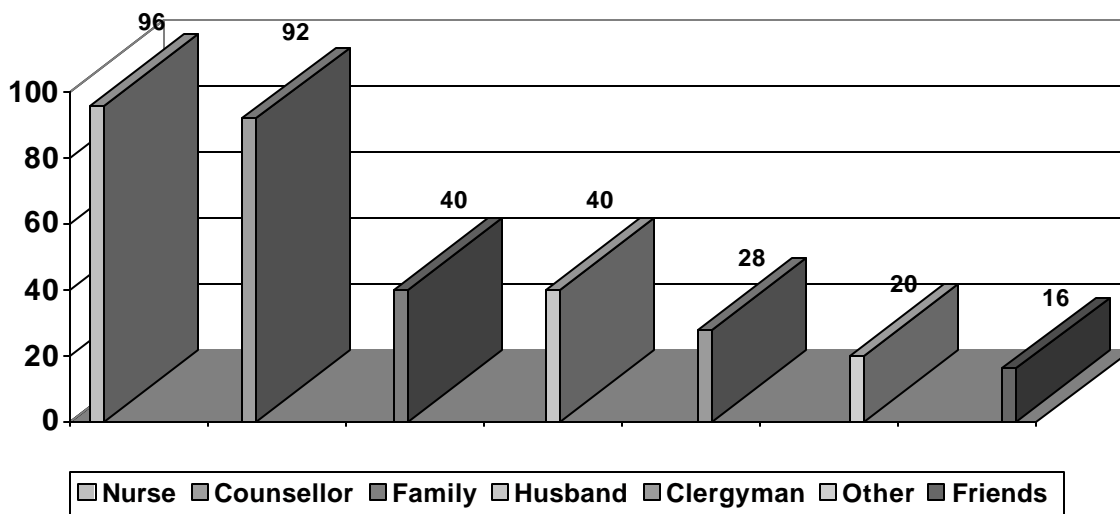


Figure 4.5

**Person who the patients should consult before deciding to have a TOP**

The majority of the respondents, namely 72,0% (n=18) felt that a clergyman should not be consulted. The reason for this finding might refer to the fact that the majority of the respondents belonged to the Christian religion which does not condone TOPs in the RSA. Two respondents had no opinion on this matter.

More than half of the respondents (60,0%; n=15) felt that she need not consult her family on this matter. Two respondents did not answer this question.

The respondents also strongly felt that the woman planning to make use of TOP services should not consult her friends (84,0%; n=18). The reason might be that members of the community might not understand the woman's circumstances and that her friends might not accept her decision to

have a TOP. Two respondents also did not respond to this question. These two respondents were the same respondents who failed to respond to all the questions dealing with people whom the woman should consult prior to her making a decision to have a TOP.

Although 20,0% (n=5) of the respondents indicated that the women should consult "others" they did not indicate who they meant should be consulted before making a decision to have a TOP.

In Section B the most important findings were that the respondents

- were of the opinion that their TOP department handled 35 cases per month but that 20 cases could be managed realistically – with the available staff and equipment
- believed that women who expected an infant with congenital defects or who might be mentally retarded should be given a TOP
- indicated that women who suffered from mental illness should also be allow TOP, as well as the women who have been raped, who is living with HIV/AIDS, who were victims of incest
- believed that women with many children should also be given TOPs
- were rather divided in their opinion as to whether women who have never had children, who were suicide risks, poor or who had unplanned pregnancies should be allowed to have TOPs done
- believed that the decision to have a TOP should be the woman's own decision if she were older than 16 year of age, but that she should consult someone about her decision who could be a counsellor, a nurse or her partner.

#### **4.4 SECTION C: RESPONDENTS' OPINIONS ON SUPPORT RECEIVED FOR RENDERING TOP SERVICES**

##### **4.4.1 Support respondents received from various people**

This section consisted of eight items which aimed to investigate the support the PNs received from individuals, as discussed in the following sections:

Responses to item 16.1 revealed that out of the 24 respondents who completed this item, only 20,0% (n=5) were of the opinion that they received excellent support from their colleagues who

worked with them in TOP services. Fifty-six-percent (n=14) of the respondents seemed to be satisfied with the support they received from their colleagues (good 28,0%; n=7) and acceptable (28,0%; n=7) whereas 20,0% (n=5) indicated that they were not satisfied with the support they received from their colleague as it was perceived as being either very poor (8,0%; n=2) or non-existing (12,0%; n=3).

Responses to item 16.2 revealed that 32,0% (n=8) of the 24 respondents who completed this section, received no support at all from colleagues who had never worked in TOP services followed by 12,0% (n=3) who received very poor and 24,0% (n=6) poor support. Therefore 28,0% (n=7) of the respondents indicated that they were rather satisfied with the support they received from their colleagues who had never worked in TOP services in contrast with 76,0% (n=19) of the respondents who felt satisfied with the support they received from their colleagues who had previously worked in TOP services. This finding therefore revealed that PNs who did not work in TOP services probably could not understand the conditions under which the PNs worked in TOP services and could therefore probably not provide the needed support to their colleagues who worked in TOP services.

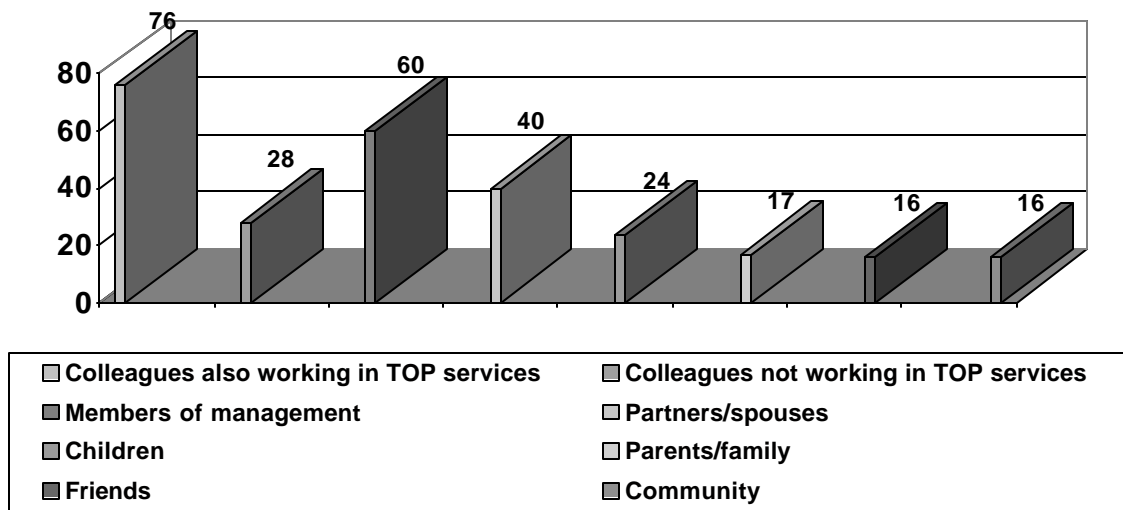
According to the analysis of the responses to item 16.3, 60,0% (n=15) of the respondents were satisfied with the support they received from the members of management of the health services (excellent, good, acceptable), and 36,0% (n=9) were less satisfied (poor, very poor, no support at all). Only one respondent (4,0%) had no opinion on this matter.

As many as 40,0% (n=10) out of 23 of the respondents who answered question 16.4 felt that they received no support from their partners or spouses and 24,0% (n=6) indicated that they received acceptable support. Only 20,0% (n=5) respondents reportedly received excellent or good support from their spouses.

The majority of the respondents, namely 68,0% (n=17) out the 23 respondents who answered question 16.5, indicated that they received no support from their children and 24,0% (n=6) indicated that they were satisfied with the support they received from their children. The two respondents who did not answer this question indicated earlier that they had no children. Although no question was asked about the ages of the respondents' children, nor whether their children were told what type of work their mothers did, it could be possible that the children were too young

to understand the nature of their mothers' work or were not informed and therefore could not support their mothers.

Responses to item 16.6 revealed that 44,0% (n=11) out of the 23 respondents who answered this item, received no support at all from their parents and/or other family members and 17,4% (n=4) indicated that they received acceptable support. The respondents were generally not satisfied with the support they received from their parents nor from the rest of the family as only 24,0% (n=6) indicated that they were reasonably satisfied with this support (excellent, good, acceptable).



**Figure 4.6**

**The respondents' satisfaction with the support they received (excellent, good, acceptable)**

According to the responses received to item 6.17, the majority, namely 72,0% (n=18) of the respondents were not satisfied (poor, very poor, no support at all) with the support they received from their friends. Only 16,0% (n=4) respondents could be considered as being reasonably satisfied (excellent, good, acceptable) This finding appears to correspond with that of item 15.7 in that the majority of the respondents also felt that the woman should not consult her friends when deciding to have a TOP. Again two respondents did not answer this question.

As many as 72,0% (n=18) out of the 22 respondents who answered question 16.8, indicated that they were dissatisfied with the support they received from the community (poor, very poor, no support at all) and 16,0% (n=4) indicated that they were reasonably satisfied with the support they received (excellent, good, acceptable). Three respondents did not answer this item. The same two

respondents (number 13 & 14) did not answer any question in this section. These two respondents indicated that they have been working in the TOP service less than one year. Perhaps the reason why they did not have much of an opinion on many questions is because they feel that they haven't been involved with TOP services to have an opinion on this matter.

However, generally it can be assumed that there is lack of support received by PNs from all the items in this section.

#### **4.4.2 Respondents' ratings of the understanding of their nuclear families concerning the nature of their work**

The majority of the respondents indicated that their nuclear families did not know what type of work they were doing (28,0%; n=7) or vaguely understood something about the nature of their work (28,0%; n=7) whereas only 12,0% (n=3) of the respondents' families had a very good understanding and 24,0% (n=6) a good understanding of the type of work they did.

#### **4.4.3 Respondents' opportunities for venting their feelings with their nuclear families**

More respondents were of the opinion that they were **not** given enough opportunities to vent their feelings than those who felt positive about the time given to them to vent their feelings.

The majority of the respondents, in response to item 18.1, indicated that they did not obtain many opportunities to vent their feelings as 40,0% (n=10) indicated that they were **never** given an opportunity to vent their feelings, 4,0% (n=1) seldom obtained such an opportunity and 12,0% (n=3) did not obtain many such opportunities. Forty percent (n=10) of the respondents indicated that they had sufficient opportunities, whenever required, to vent their feelings, but that these opportunities were available often - at least once a week. One respondent did not answer any of the questions discussed under 4.4.3. This respondent indicated in response to a previous question that she was married and had two children. The reason for her not answering these questions could be related to the fact that she had been working less than a year in the TOP services and might not yet be affected thereby to the extent of requiring opportunities to vent her feelings.

In response to item 18.2 the majority, namely, 44,0% (n=11) of the respondents **felt satisfied with the amount of rest** they were allowed to enjoy. Sixteen percent (n=4) of the respondents indicated that their nuclear families did not allow them the opportunities to obtain much rest. Thirty-two percent (n=8) of the respondents felt that their nuclear families never allowed them enough time to rest.

Sixty percent (n=15) of the respondents were of the opinion that their nuclear families **did not consider what they were doing in TOP services as being important**. Twenty-percent (n=5) of the respondents felt reasonably satisfied, that their nuclear families thought that what they were doing important work. Twenty-percent (n=5) of the respondents felt that their nuclear families did not think too often that their work was important.

More than half, namely 60,0% (n=15) of the respondents felt that their nuclear families were **never proud** of what they were doing and 16,0% (n=4) of the respondents reportedly felt that their nuclear families were proud of their work less than once per month. Only 24,0% (n=6) of the respondents felt that their nuclear families were proud of them.

Almost half of the respondents, namely 56,0% (n=14) of the respondents felt that their nuclear families **did not respect** them for what they were doing. Only 16,0% (n=4) of the respondents felt that their nuclear families respected them and only 8,0% (n=2) felt that they had often received respect from their nuclear families.

Only 20,0% (n=5) of the respondents indicated that their nuclear families would defend what they were doing in a conversation and 4,0% (n=1) believed that her family would do it often, once a month. The majority, however, were of the opinion that their nuclear families **would never defend** them 48,0% (n=12), would defend them or would do so less often than once a month 12,0% (n=3), or would perhaps defend them once a month in a conversation 12,0%( n=3).

Only two of the respondents indicated that their nuclear families felt that TOP services were necessary, while three indicated that their families often felt that TOP services were necessary, but many of the respondents indicated that their nuclear families felt that TOP services **were never necessary** 64,0% (n=16). Twelve percent (n=3) of the respondents indicated that they believed

that their families were sometimes of the opinion - perhaps once a month - that TOP services were necessary.

Although it was clear from the above findings that the nuclear families of the respondents were not at all happy about the fact that the PNs' rendered TOP services, they did not appear to be judgmental about the respondents' type of work.

As many as 48,0% (n=12) of the respondents, in response to item 18.8, indicated that their nuclear families never judged them, and only 8,0% (n=2) indicated that their families judged them less than once a month. Twenty-eight percent (n=7) of the respondents indicated that their nuclear families always judged them and 8,0% (n=2) indicated that their nuclear families judged them often. Twelve percent (n=3) indicated that their families judge them perhaps once a month.

Many respondents also indicated that their families did not really care much about the nature of their jobs, as 60,0% (n=15) indicated that they never cared. Only 16,0% (n=4) respondents indicated that their families always cared, or often cared 8,0% (n=2).

#### **4.4.4 Respondents' ratings of their extended families' comprehension of their work**

Some respondents indicated that their extended family either did not know what they were doing 40,0% (n=10) or vaguely 20,0% (n=5) knew what they were doing. Only 8,0% (n=2) of the respondents indicated that they believed that their families had a very good understanding of their work or 16,0% (n=4) a good understanding.

Four respondents did not answer this question. Three of these respondents indicated that they were never married and one was married. Three of these respondents were working in TOP services for less than one year.

#### **4.4.5 Respondents' opportunities for venting their feelings with their extended families**

Thirty-two percent (n=8) of the respondents indicated that their extended families would always allow them to vent their feelings, and only 4,0% (n=1) indicated that her family would defend her - perhaps once a month. The majority of the respondents believed that their families would never



(44,0%; n=11) allow them to vent their feelings or vent their feelings less than once a month (8,0%; n=2) One respondent did not answer any of the questions discussed under 4.4.4.

More than half of the respondents answered negatively on the question whether they believed that their extended families thought that what they were doing was important. Sixty-eight percent (n=17) of the respondents felt that their families never or almost never (less than once a month) felt that what they were doing was important. Eight percent (n=2) of the respondents felt that their families did not often their work to be important perhaps - once per month.

More respondents responded negatively (60,0%; n=15) (never and seldom proud --- less than once a month) to the question whether their extended families were proud of them than those who responded positively (20,0%; n=5 --- always proud, and often --- at least once a week). Eight percent (n=2) of the respondents indicated that their extended families did not show that they were proud more often than once a month.

Again the respondents indicated that their extended families did not respect them for what they did much as 56,0% (n=14) of the respondents indicated that their families never respected them for what they did. Twenty-four percent (n=6) of the respondents indicated that their families either always or often respected them for what they did. Three respondents (12,0%; n=3) indicated that their extended families did not show respect to them for what they did.

The respondents also did not feel that their extended families would defend their work in a conversation as 48,0% (n=12) felt that their families would never do so, and 12,0% (n=3) felt that they would not do it too many times, perhaps once a month. Only 24,0% (n=6) of the respondents were of the opinion that they could rely on their extended families to defend their work in a conversation – always and often -- at least once a week. Eight percent (n=3) of the respondents felt that their extended families would not defend them too many times, perhaps once a month.

As many as 60,0% (n=15) of the respondents indicated that their extended families never 12,0% (n=3) felt that TOP services were necessary, 12,0% (n=3) believed that their families seldom thought that the services were necessary, whereas 4,0% (n=1) indicated that their families always felt that TOP services were necessary and 8,0% (n=2) considered this often to be necessary.

The majority of the respondents, namely 60,0% (n=15) indicated that their extended families never judged them because of the work they did, 8,0% (n=2) indicated that their families seldom judged them, whereas 4,0% (n=1) indicated that their families always and often judged them and 8,0% (n=2) indicated that their families did not judge them too often.

Although the majority of the respondents indicated in the previous item that their extended families did not judge them they indicated in this item that their families did not care much about what they did. Fifty-six percent (n=14) of the respondents indicated that their extended families never cared what type of work they did, 12,0% (n=3) of the respondents indicated that their families seldom cared, whereas 4,0% (n=1) indicated that their extended families always cared 8,0% (n=2) often cared and 4,0% (n=1) cared less often.

#### **4.4.6 Respondents' rating of their friends' understanding of the nature of their work**

The majority of the respondents felt that their friends did not comprehend (32,0%; n=8) and 40,0% (n=10) vaguely understood what they were doing. Only 12,0% (n=3) indicated that their friends had a very good understanding and 12,0% (n=3) a good understanding the nature of their work.

#### **4.4.7 How often the respondents received support from their friends**

Again it is clear from the findings that the respondents did not feel very positive about the support they received from their friends. Three respondents (12,0%) did not answer all the questions in this section.

Thirty-two percent (n=8) of the respondents indicated that their friends would never allow them and 16,0% (n=4) that their friends would almost never allow them to vent their feelings. Twenty-eight percent (n=7) of the respondents indicated that their friends would always allow them to vent their feelings, 12,0% (n=3). Sixteen percent (n=4) of the respondents responded neutrally to these questions.

The respondents also were not allowed much time to rest as 44,0% (n=11) indicated that they were never allowed enough time to rest or seldom given enough time to rest 12,0% (n=3). Only 16,0%

(n=4) were of the opinion that their friends always allowed them enough time to rest. Twelve percent (n=3) gave neutral answers in response to this question.

Some of the respondents indicated that they believed that their friends never thought that what they were doing was important (48,0%; n=12), while only 12,0% (n=3) reported this to be seldom the case. Only 8,0% (n=2) of the respondents felt that their friends always thought that what they were doing were regarded as being important, and 4,0% (n=1) often thought so. One respondent gave a neutral answer.

Some of the respondents were also very sure that their friends were never proud of them (48%; n=12), or seldom proud of them (8,0%; n=2). Only 20,0% (n=5) of the respondents felt that their friends were always proud of them, and 12,0% (n=3) were reportedly often proud of them. Eight percent (n=2) of the respondents answered neutrally to these questions.

Some of the respondents felt that their friends never respected them for what they did (48,0%; n=12) and seldom respected them for what they did (8,0%; n=2). Only 32,0% (n=8) of the respondents answered positively to this question (always and often). Eight percent (n=2) of the respondents gave a neutral answer (not too often).

Only 16,0% (n=4) of the respondents were sure that their friends would always defend them and 4,0% reportedly often defended them in conversations. However, some of the respondents believed that their friends would never (44,0%; n=11) defend them in a conversation and 12,0% (n=3) would seldom defend them. Four percent (n=1) of the respondents gave a neutral answer to this question, probably indicating their perceived lack of support from their friends for the nature of the work they performed.

More than half of the respondents revealed that they did not experience the support they received from their friends as being very positive, as 60,0% (n=15) indicated that their families never thought that TOP services were necessary, 12,0% (n=3) that it was seldom necessary. Only 20,0% (n=5) of the respondents felt reasonably positive that their families thought that TOP services were necessary as 16,0% (n=4) indicated that their families always and 4,0% (n=1) felt that their friends often felt it was necessary. One respondent gave a neutral answer.

Fifty-six percent (n=14) of the respondents felt that their friends never judged them, 12,0% (n=3) seldom judged them, 8,0% (n=2) felt that their friends always judged the and 8,0% (n=2) often judged them. Twelve percent (n=3) answered neutrally by indicating that their friends did not judge them too often, perhaps once a month.

Of the respondents, 48,0% (n=12) indicated that their friends never cared what they did, 12,0 (n=3) seldom cared, 8,0% (n=2) always cared, and 4,0% (n=1) indicated that their friends almost always cared what they did. Twelve percent (n=3) of the respondents indicated that their friends did not care too much.

#### **4.4.8 The respondents' rating of the community's understanding**

The majority of the respondents felt that the community did not comprehend (52,0% n=13) while 24,0% (n=6) thought their communities vaguely understood what they were doing. Only 8,0% (n=4) indicated that the community had a very good understanding of the nature of their jobs. Two respondents did not answer this question.

#### **4.4.9 Support received from the community**

Again it is clear from the findings that the respondents did not feel very positive about the support they received from their communities. Three respondents (12,0%) did not answer all the questions in this section.

Forty-four percent (n=11) of the respondents indicated that their communities would never and 12,0% (n=3) almost never allow them to vent their feelings. Twenty percent (n=5) of the respondents indicated that their communities would always allow them to vent their feelings. Twelve percent (n=3) of the respondents responded neutrally to these questions.

The respondents were not allowed much time to rest as 60,0% (n=15) indicated that they were never allowed enough time to rest or seldom given enough time to rest 8,0% (n=2). Only 20,0%

(n=5) were of the opinion that the communities always allowed them enough time to rest. Sixteen percent (n=4) of the respondents indicated that their friends did not give them much rest.

Some of the respondents indicated that they believed that the community never thought that what they were doing were important (56,0%; n=14). Only 20,0% (n=5) of the respondents felt that the community always thought that what they are doing was important, and 4,0% (n=1) often thought so.

Most of the respondents, in re-plying to item 24.4, reported that their communities were never proud of them (60,0%; n=15), or seldom proud of them (4,0%; n=1). Only 12% (n=3) of the respondents felt that the community were always proud of them, and 8,0% (n=2) were reportedly often proud of them. Eight percent (n=2) of the respondents answered neutrally to these questions.

The majority of the respondents felt that the community never respected them for what they did (64,0%; n=16) and seldom respected them for what they did (4,0%; n=1). Only 16,0% (n=4) of the respondents answered positively to this question (always and often). Four percent (n=1) of the respondents gave a neutral answer.

Only 8,0% (n=2) of the respondents were sure that the community would always defend them and 4,0% (n=1) often defended them in conversations. The majority of the respondents believed that the community would never (56,0%; n=14) defend them in conversations and 8,0% (n=2) would seldom defend them. Twelve percent (n=3) of the respondents gave a neutral answer (not too much perhaps once a month).

A number of the respondents revealed that they did not experience the support they received from the community as being very positive, as 40,0% (n=10) indicated that their families never thought that TOP services were necessary, while only 8,0% (n=2) considered TOP services to be seldom necessary. Only 24,0% (n=6) of the respondents felt reasonably positive that the community thought that TOP services were necessary as 12,0% (n=3) indicated that their families always and 12,0% (n=3) felt that the community often felt is was necessary. Four respondents (n=16,0%) gave a neutral answer to this questions.

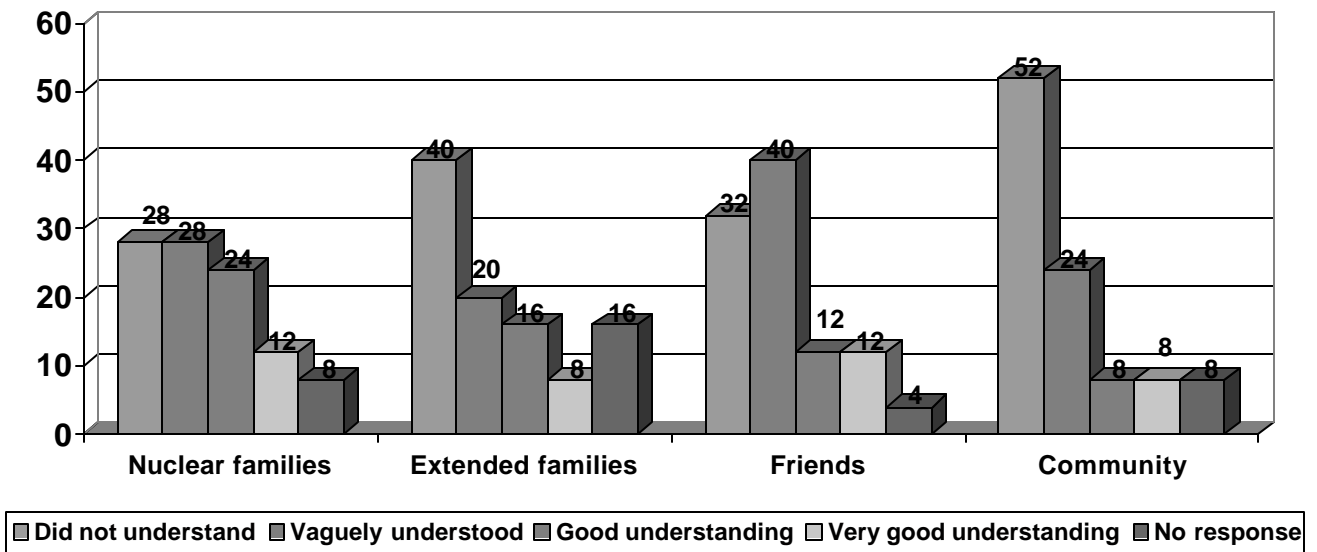


Figure 4.7

#### Respondents' rating of comprehension of their work from significant others

Forty percent (n=10) of the respondents felt that the community never judged them, 8,0% (n=2) considered themselves to be judged seldom by the community, 28,0% (n=7) felt that the community always judged them and 4,0% (n=1) often felt judged by the community. Eight percent (n=2) answered neutrally by indicating that the community did not judge them too often, perhaps once a month.

More than half of the respondents namely 52,0% (n=13) indicated that the community never cared what they did, 4,0% (n=1) perceived that their community seldom cared, 8,0% (n=2) perceived this always to be the case, and 4,0% (n=1) indicated that their community almost always cared what they did. Twelve percent (n=3) of the respondents indicated that their community did not care too much.

#### 4.4.10 Respondents' rating of the counselling services

A number of the respondents, namely 40,0% (n=10) were of the opinion that the counselling services were excellent, 16,0% (n=4) indicated that the counselling services were reasonable, and 4,0% (n=1) indicated that the services were good, and 20,0% (n=5) indicated that the services could improve. Twenty four percent (n=6) of the respondents indicated that no counselling services were available.

#### 4.4.11 Type of support the respondents received from management

In response to the question "what type of support does the nurses working in TOP services receive from management the respondents answered as follows:

- The majority (80,0%; n=20) of the respondents indicated that they received counselling services from management.
- Three respondents (12,0%) indicated that management provided manpower and other resources.
- The remaining respondents did not answer the question.

#### 4.4.12 Employers' comprehension of the stress involved with providing TOP services

All the respondents indicated that they would have liked their employers to have an understanding of the stress involved in providing TOP services.

Eighty-eight percent (n=22) of the respondents indicated that they expected their employers to provide more manpower, but 12,0% (n=3) did not expect this.

Ninety-two percent (n=23) indicated that they felt that their employers should provide more resources.

Fifty-six percent (n=14) of the respondents were of the opinion that their employers should give them more days off to rest, but 44,0% (n=11) were satisfied with the number of days they were given off to rest.

All the respondents, with the exception of 12,0% (n=3) were of the opinion that they should be paid more for rendering TOP services.

All the respondents (n=25) felt that they should be given counselling services.

All the respondents, except 8,0% (n=2), felt that their employers should provide more acceptable working environments.

#### 4.4.13 Steps taken by the respondents to relieve stress levels

The majority of the respondents met less than 3 times per month to relieve stress. Twenty-four percent of the respondents (n=6) indicated that they never had regular meeting to relieve stress, 16,0% (n=4) indicated that they met once a month, and 28,0% (n=7) met at least three times a month to relieve stress. Eight percent (n=2) indicated that they met every day, 4,0% (n=1) met 3-4 times a week and 8,0% (n=2) met 2-3 times a week

Fifty-two percent (n=13) of the respondents indicated that they never attended social events to forget about the work and to relieve stress, 12,0% (n=3) indicated that they did so less than once a month, 12,0% (n=3) attended at least 1-3 times a month and 16,0% (n=4) attended a social event once a week to forget about the work and to stress.

The majority of the respondents indicated that they tended to work together in teams and that this relieved stress. Thirty-six percent (n=9) worked in a team every day, and 8,0% (n=2) at least 3-4 times a week, and 16,0% (n=4) worked 2-3 times per week in a team. Twenty percent (n=5) never worked in a team, and 4,0% (n=1) worked at least 1-5 times a month in a team, and 4,0% (n=1) worked once a week in a team.

The majority of the respondents indicated that they tended to make jokes to relieve stress. Fifty-six percent (n=14) revealed that they made jokes every day, 4,0% (n=1) said that they made jokes 3-4 times a week, and 8,0% (n=2) indicated that they made jokes 2-3 times a week to relieve stress. Four percent (n=1) made jokes at least once a month and less than once a month and 24,0% (n=6) never made jokes to relieve stress.

It was clear from the findings that the respondents did not take part in sport to relieve their stress, as 48,0% (n=12) never took part in sport, 24,0% (n=6) took part in sport less than once a month and 8,0% (n=2) took part in sport 1-3 times a month. Only 12,0% (n=3) took part in sport every day, and 4,0% (n=1) 3-4 times a day, and 4,0% (n=1) once a week to relieve stress.



#### **4.4.14 Counselling services offered to the respondents**

The majority (52,0%; n=13) of the respondents indicated that psychologists offer counselling services to nurses who work in TOP services, followed by colleagues also working in TOPs 20,0% (n=5), by members of management 12,0% (n=3) and by lay counsellors 8,0% (n=2).

#### **4.4.15 Respondents' perceptions of persons offering counselling services**

Many respondents (72,0%; n=18) were of the opinion that the individuals who offered the counselling services to nurses working in TOP services really understood the strain under which the nurses were working, 8,0% (n=2) of the respondents felt that the counsellors only vaguely understood and 20,0% (n=5) felt that they had no understanding of the stress to which the nurses were subjected while working in TOP services.

#### **4.4.16 Respondents' rating of the support given to patients who request TOP services**

Many respondents were of the opinion that the support patients requesting TOP services received from their families were not good, as 24,0% (n=6) felt that these patients received no support whatsoever, 12,0% (n=3) felt that this support was very poor, and 20,0% (n=5) felt it was poor. Only 16,0% (n=4) of the respondents felt that the patients received excellent support from their families, 8,0% felt that they received good support and 20,0% (n=5) felt that they received acceptable support from their families.

More respondents indicated that they believed that the patients' partners supported them fairly poorly than fairly well. Twenty-eight percent (n=7) felt that they received no support at all, 12,0% (n=3) felt that they received very poor support and 16,0% (n=4) felt that they received poor support. Only 4,0% (n=1) felt that the patients' partners gave them excellent support, 12,0% (n=3) felt that they were given good support and 28,0% (n=7) felt that they received acceptable support from their partners for TOP services.

More respondents felt that the patients received fairly good support from the nurses than those who felt that they received fairly poor support. Twenty-four percent (n=6) of the respondents felt that the patients making use of TOP services were given excellent support by nurses, 36,0% (n=9)

felt that they were given good support, and 12,0% (n=3) felt that they received acceptable support. Eight percent (n=2) felt that the patients received no support at all from the nurses, 16,0% (n=4) felt that they received very poor support and 4,0% (n=1) felt that they received poor support from the nurses.

Just as many respondents felt that the patients receiving TOP services obtained fairly good support from the medical doctors as those who felt that the patients received fairly poor support from the doctors. Eight percent (n=2) felt that the patients received excellent support from the medical doctors, 24,0% (n=6) felt that they received good support, and 12,05 (n=3) felt that they received acceptable support. Twenty percent (n=5) felt that the patients received no support at all from the medical doctors and 24,0% (n=6) felt that the patients received very poor support.

The major issues which were highlighted by the findings concerning support for nurses providing TOP services and women requesting TOP services included:

- The majority of the respondents were satisfied with the support they received from their colleagues who worked with them in TOP services.
- The respondents did not receive good support from colleagues who were not nurses.
- The respondents were very satisfied with the support they received from management.
- The majority of the respondents indicated that they did not receive sufficient support from their spouses and partners, their children, extended family, friends nor from their communities.
- They also believed that their nuclear families, extended families and friends did not have the understanding of the type of work they did; were not allowed enough time by these groups to vent their feelings; these groups of people did not think that the nurses' work was either important or necessary, were not proud of the nurses and would not defend the nurses' work in TOP services in conversations, and generally did not care about the nurses' type of work.
- The respondents did, however, indicate that their nuclear families allowed them enough time to rest.
- The respondents also indicated that their nuclear families, extended families and friends would not judge them for the work they did. The reason for this finding in light of the findings summarised here is that they might have misread the questions as one cannot believe that all

these people did not support them, nor respect them but would then not judge the nurses for the type of work they did.

- The majority of the respondents indicated that their counselling services were good.
- They also indicated that they would like management to understand the strain under which they worked, as well as the facts that more staff members were required as well as more resources and an improved working environment. They did not feel more time off nor higher salaries were very necessary.
- All the respondents did, however, feel that counselling services for nurses working in TOP services should be offered.
- The respondents indicated that they met 1-3 times a month to relieve stress but did not attend any social events nor did they participate in sports. They indicated that they would make jokes to relieve stress and they worked in teams which also helped to relieve stress.
- The respondents indicated that psychologists, followed by other nurses working in TOP services, as well as members of management were the people responsible for rendering the counselling services to nurses working in TOP services.
- The majority of the respondents also indicated that the people who offered the counselling services really understood their situation.
- The respondents indicated that they did not rate the support patients requesting TOP services received from their families nor from their partners to be very good.
- The respondents did, however, indicate that they believed that the support the patients received from the nurses were very good, but the respondents were divided in their opinion of the support the patients received from the medical doctors.

#### **4.5 SECTION D: FEELINGS EXPERIENCED BY RESPONDENTS WORKING IN TOP SERVICES**

##### **4.5.1 Respondents' feelings experienced while working in TOP services**

It was clear from the findings that the majority of the respondents working in TOP services quite often experienced most of the listed negative feelings.

More respondents experienced sadness than those who did not. Twelve percent (n=3) of the respondents revealed that they experienced sadness a few times a day, 48% (n=12) experienced it every day and 8,0% (n=2) experienced sadness a few times a week. Twenty percent (n=5) of the respondents experienced feelings of sadness less than once a week and 12,0% (n=3) experienced it once a week.

Twenty percent (n=5) of the respondents indicated that they experienced feelings of frustration a few times a day, 40,0% (n=10) experienced it every day and 8,0% (n=2) experienced frustration a few times a week. Twenty-four percent (n=6) of the respondents indicated that they experienced frustration less than once a week and 8,0% (n=2) experienced it once a week.

The respondents indicated that they felt worthless. Thirty-two percent (n=8) of the respondents experienced feelings of worthiness less than once a month and 20,0% (n=5) experienced it once a week. Twenty percent (n=5) experienced feelings of worthiness a few times a day, 20,0% (n=5) experienced it every day.

The respondents indicated that they were in a state of denial as 16,0% (n=4) indicated that they experienced feelings of denial a few times a day and 40,0% (n=10) indicated that they experienced it every day. Thirty-two percent (n=8) of the respondents indicated that they experienced feelings of denial less than once a week and 12,0% (n=3) experienced it once a week.

Of the respondents 40,0% (n=10) indicated that they experienced feelings of relief less than once a week and 12,0% (n=3) once a week. Only 16,0% (n=4) experienced feelings of relief a few times a day, 24,0% (n=6) experienced it every day and 8,0% (n=2) experienced it a few times a week.

Twenty percent (n=5) of the respondents indicated that they experienced stress a few times a day, 40,0% (n=10) experienced it every day, 16,0% (n=4) a few times a week, 4,0% (n=1) once a week and 20,0% (n=5) less than once a week.

Sixteen percent (n=4) of the respondents revealed that they felt anxious a few times a day, 20,0% (n=10) experienced it every day, 8,0% (n=2) experienced it a few times a week, 12,0% experienced feelings of anxiousness once a week and 24,0% (n=6) experienced it less than once a week.

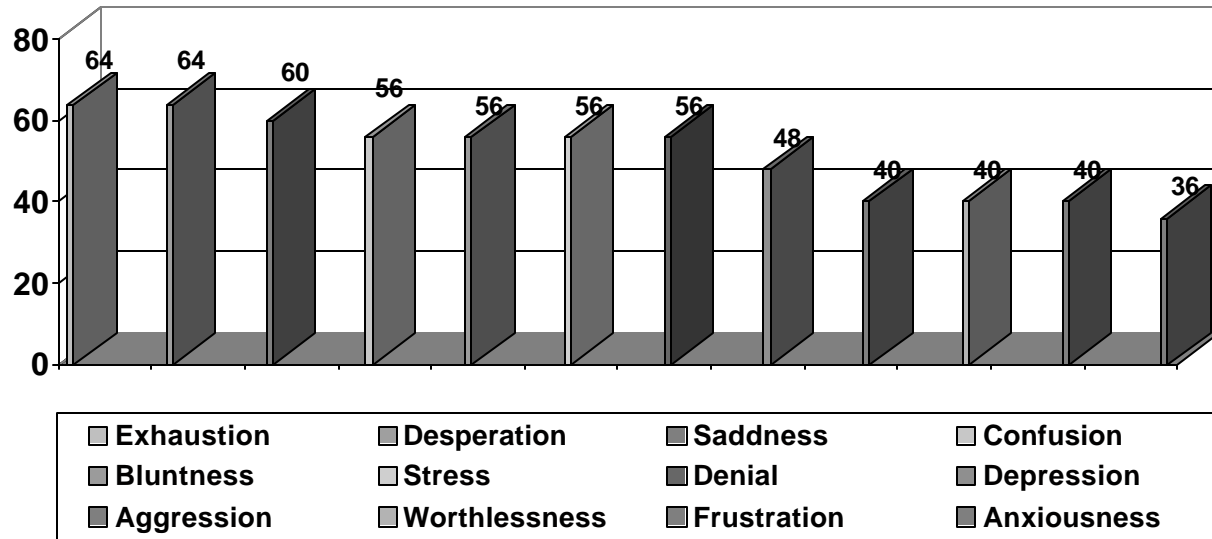


Figure 4.8

#### Feelings experienced by respondents while working in TOP services

More respondents indicated that they experienced aggression less often than those who indicated that they experienced it often, as 40,0% (n=10) respondents indicated that they experienced feelings of aggression less than once a week, and 16,0% (n=4) indicated that they experienced it once a week. One respondent indicated that she experienced aggression a few times a week, 32,0% (n=8) of the respondents experienced it every day and 8,0% (n=2) experienced feelings of aggression a few items a day.

Only 8,0% (n=2) of the respondents experienced feelings of hopelessness a few items a day, but the majority 36,0% (n=9) experienced this feeling every day, 8,0% felt it a few times a week, 8,0% (n=2) experienced it once a week and 16,0% (n=4) experienced it less than once a week. Six respondents did not answer this question.

More respondents indicated that they experienced depression than those who did not. Sixteen percent (n=4) indicated that they experienced depression a few times a day, 32,0% (n=8) felt depressed every day and 4,0% (n=8) experienced depression a few times a week, 12,0% (n=3) once a week and 16,0% (n=4) experienced depression less than once a week.

Sixteen percent (n=4) of the respondents revealed that they experienced a feeling of bluntness a few times a day, 40,0% (n=10) experienced it every day, 8,0% (n=2) experienced it a few times a week, 12,0% (n=3) experienced the feeling once a week and 20,0% (n=5) of the respondents experienced a feeling of bluntness less than once a week.

Most of the respondents revealed that they did not experience a feeling of achievement too often, as 28,0% (n=7) reported that they experienced it less than once a week, 12,0% (n=3) experienced the feeling once a week, 20,0% (n=5) experienced the feeling of achievement a few times a week, 20,0% (n=5) experienced it every day and 16,0% (n=4) experienced it a few times a day.

The same number of respondents experienced feelings of happiness often, as those who did not experience it so often, as 44,0% (n=11) of the respondents indicated that they felt happy a few times a day 16,0% (n=4) and every day 24,0% (n=6). Also 44,0% (n=11) of the respondents indicated that they experienced happiness less often as 32,0% (n=8) experienced happiness less than once a week, and 12,0% (n=3) experienced it once a week.

The respondents indicated that they experienced a feeling of desperation a few times a day (20,0%; n=5), every day (44,0%; n=11), a few times a week (4,0%; n=1), once a week (8,0%; n=2), and less than once a week (20,0%; n=5).

More respondents not experience a feeling of satisfaction of a work well done too often, as 40,0% (n=10) of the respondents experienced this feeling less than once a week (36,0%; n=9) and once a week (4,0%; n=1). Twelve percent (n=3) of the respondents experienced it a few times a day and 24,0% (n=6) experienced it every day. Twelve percent (n=3) of the respondents experienced this feeling a few times a week.

More respondents felt confused, as 12,0% (n=3) indicated that they felt confused a few times a day, 44,0% (n=11) felt it at least once a day. Twenty percent (n=5) of the respondents indicated that they felt confused less often (less than once a week, and 12,0% (n=3) felt confused once a week.

More respondents felt exhausted, as 8,0% (n=2) felt exhausted a few times a day, 56,0% (n=140) felt exhausted every day. Twenty percent (n=5) indicated that they felt exhausted less often (less than once a week) and 12,0% (n=3) felt exhausted once a week.

#### **4.5.2 Respondents' sleeping patterns**

As many as (60,0%; n=15) of the respondents indicated that they could not fall asleep at night.

Approximately half of the respondents (52,0%; n=13) revealed that they tended to wake up early in the morning and could not fall asleep again.

A number of the respondents (56,0%; n=14) indicated that they did not have nightmares, while 60,0% (n=15) indicated that they managed to sleep at night.

#### **4.5.3 The impact of working in TOP services on respondents' lives**

Most of the respondents indicated that they would go out and that the type of work would not influence them in this way, as 44,0% (n=11) indicated that they were never influenced not to go out; 24,0% (n=6) indicated that it seldom affect them, and 20,0% (n=5) indicated that it affected them often. Twenty-four percent (n=6) indicated that it always affected them and that they therefore did not like to go out because of the nature of their work in the TOP services, and 12,0% (n=30) indicated that it often affected them.

Just as many respondents felt guilty of what they did (always 32,0%; n=8) and often (12,0%; n=3) as those who never felt guilty (24,0%; n=6) or seldom felt guilty (24,0%; n=6).

The majority of the respondents indicated that they never (48,0%; n=12) enjoyed their work and 8,0% (n=2) indicated that they often did not enjoy their work, whereas 20,0% (n=5) indicated that they always enjoyed their work and 8,0% (n=2) indicated that they seldom enjoyed their work. Four respondents gave a rather neutral answer and indicated that they enjoyed their work many times.

Some of the respondents 51,0% (n=13) indicated that they always felt like sinners because of the work their work in the TOP services, whereas 24,0% (n=6) indicated that they never felt that way

and 20,0% (n=5) seldom felt like sinners. One respondent gave a rather neutral answer by indicating that she did not feel like a sinner too many times.

Slightly more than half of the respondents 52,0% (n=13) revealed that they always felt that God would never forgive them for the work they were doing, 8,0% (n=2) indicated that they often felt that way whereas 20,0% (n=5) never felt that way and 4,0% (n=1) seldom felt that way. Twelve percent (n=4) of the respondents indicated that they felt many times that God would not forgive them for providing TOP services to women.

As many as 40,0% (n=10) of the respondents indicated that they never felt any negative feelings about the nature of their work, while 24,0% (n=6) felt that they seldom experienced negative feelings, whereas 20,0% (n=5) of the respondents indicated that they always experienced negative feelings and 12,0% (n=3) often experienced such negative feelings. This is in contrast with the findings (item 34.5) where the majority of the respondents indicated that they believed that God would not forgive them and that they were sinners, but appeared to be in line with the finding of item 34.2 where the majority indicated that they did not feel guilty about the nature of their work.

A number of the respondents (40,0%; n=10) indicated that people always tended to gossip about their jobs and 16,0% (n=4) indicated that people often gossiped, whereas 32,0% (n=8) indicated that people never gossiped and 12,0% (n=3) indicated that people seldom gossiped about the nature of the work they were doing.

Although the majority of the respondents indicated that people tended to gossip about the work they were doing, the majority did not feel that they were physically in any danger as 68,0% (n=17) of the respondents indicated that they had never been assaulted, 12,0% (n=3) indicated that they were seldom assaulted, whereas 8,0% (n=2) of the respondents indicated that they had often been assaulted, and 16,0% (n=4) indicated that they had been assaulted many times.

A number of the respondents (52,0%; n=13) indicated that they never lived in fear of being attacked by the community for the work they were doing and 8,0% (n=2) indicated that they seldom experienced fear, whereas 32,0% (n=8) of the respondents indicated that they always lived in fear of being attacked by members of the community and 16,0% (n=4) indicated that they had many times experienced fear because of work in TOP services.



This is in line with the findings (item 34.8) where it is clear that those respondents who indicated that they had never been attacked would not live in fear. The number of respondents who lived in fear of being attacked exceeded that of those who indicated that they had indeed been assaulted. It could be that they had seen what had happened to their colleagues.

Some of the respondents also indicated that they did not fear for the safety of their families because of the work they did, as 60,0% (n=15) respondents indicated that they never feared for the safety of their families, whereas 28,0% (n=7) of the respondents always feared for the safety of their families and 8,0% (n=2) experienced fear for their families many times.

Just as many of the respondents indicated that they would always (36,0%; n=9) and often (8,0%; n=2) have liked to work in another department as those who indicated that they never (32,0%; n=8) or seldom (12,0%; n=3) wanted to work in another department. Three respondents gave a neutral answer to this question.

More respondents indicated that they were always (24,0%; n=6) and often (24,0%; n=6) scolded for the work they do. Forty-four percent (n=11) of the respondents indicated that they had never been scolded for the type of work they do. Two respondents gave a neutral answer.

Approximately half of the respondents were never (52,0%; n=13) or (12,0%; n=3) often threatened for what they did, whereas 20,0% (n=5) of the respondents were always and 8,0% (n=2) often threatened for what they did.

The majority 56,0% (n=14) of the respondents never felt that what they are doing was important whereas 24,0% (n=6) always felt that what they were doing was important and 8,0% (n=2) often felt this way.

As many as 44,0% (n=11) of the respondents felt that they were never and 8,0% (n=2) believed that they were seldom well trained for rendering TOP services, whereas 36,0% (n=9) always felt that they were well trained for their work. Three respondents indicated that they had felt many times that they were well trained.

Some of the respondents (28,0%; n=7) indicated that they never and 8,0% (n=2) often felt that they should not go to church because of the nature of their work, whereas 20,0% (n=5) always and 4,0% (n=1) felt that they should not go to church because of the work they did. Four (16,0%) respondents indicated that they seldom felt that way.

Some respondents felt that they were psychologically strong enough while others did not feel psychologically strong enough for the work they did. Forty percent (n=10) of the respondents indicated that they always felt psychologically strong enough and 8,0% (n=2) often felt strong enough for what they did whereas 28,0% (n=7) never and 20,0% (n=5) seldom felt strong to do the work they are doing. One respondent chose the neutral answer.

The majority, namely 60,0% (n=15) of the respondents indicated that they never felt that they were coping very well, and 16,0% (n=4) indicated that they were seldom coping very well, whereas 16,0% (n=4) felt that they were always coping and 8,0% (n=2) indicated that they often coped very well irrespective of what type of work they did.

Highlights of research results pertaining to feelings experienced by the respondents:

- The majority of the respondents experienced feelings of exhaustion, desperation, sadness, confusion, stress and denial.
- The only positive feelings the respondents experienced were happiness (60,0%) and fulfilment (52,0%).
- The majority of the respondents (60,0%) indicated that they experienced sleeplessness, although (60,0%) of the respondents indicated in response to another question that they could sleep. However, 52,0% of the respondents indicated that they tended to wake up early and that they could not sleep again. If these findings were correlated with the previous findings that the respondents reportedly experienced exhaustion, stress, sadness, desperation and bluntness it could indicate that they were suffering from depression.
- The majority of the respondents indicated that the type of work they did, did not prevent them from going out, nor from going to church.
- The majority also indicated that they did not enjoy their work, felt like sinners and felt that God would never forgive them.

- The respondents were divided in their experiences of guilt; although many experienced guilt, because of what they did, almost the same number did not feel guilty.
- The majority of the respondents were of the opinion that people gossiped because of what they did, were reportedly often scolded, but they did not feel physically in danger of being assaulted, nor feared for the safety of their families.
- The respondents felt that they were psychologically strong enough for their work although they did not feel that they were coping very well.
- A minority of respondents had indeed been assaulted by members of the community because of the work they do.
- The respondents were divided as to whether they liked their work or not.
- Many of the respondents felt that they were not properly trained for the work they do.

#### **4.6 SECTION E: RESPONDENTS' ATTITUDES TOWARDS THE CTOP ACT**

##### **4.6.1 The presence of a copy of the CTOP Act in the institution**

The majority (56,0%; n=14) of the respondents indicated that the institution did have a copy of the Act, whereas 20,0% (n=5) did not know and 24,0% (n=6) indicated that their institution did not have a copy of the CTOP Act (no 92 of 1996).

##### **4.6.2 The applicability of listed statements from the CTOP Act to the respondents**

Many of the respondents, namely 72,0% (n=18) felt that they needed to read the Act often as they did not know it well enough, but they did not read it at least once a month. The majority, namely 80,0% (n=20) of the respondents indicated that they also did not read it at least every three months; nor even twice a year (72,0%; n=18); nor even once a year. The majority of the respondents, namely 80,0% (n=20) never read the Act.

Approximately half of the respondents (56,0%; n=14) indicated that the Act was acceptable and did not need to be revised. Those respondents who disagreed indicated that the act should change to allow only women aged 16 or older to request legal TOP services.

Highlights of respondents' perceptions of the CTOP Act included that:

- The respondents indicated that the institution did have a copy of the Act, knew that they should read it often, but failed to read it.
- The majority of the respondents indicated that the CTOP Act was acceptable but those who indicated that it should be revised felt that the age at which women should be allowed to decide to have TOPs should not be younger than 16 years.

#### **4.7 SECTION F: RESPONDENTS' ATTITUDES TOWARDS TOP SERVICES**

##### **4.7.1 Gestation stage at which TOPs are done**

Some respondents namely 44,0% (n=11) indicated that they believed that all of the patients who received TOP services were less than 16 weeks pregnant, and 28,0% (n=7) of the respondents thought that 50-80% of the respondents were less than 16 weeks pregnant.

Only 12,0% (n=3) of the respondents indicated that they believed that 50-80% of the patients were within their second trimester of pregnancy.

Only 28,0% (n=7) of the respondents felt that some patients were between 18-20 weeks pregnant but they believed that only 5,0-15,0% of patients fell within this category.

Only 20,0% (n=5) of the respondents felt that some patients were rather advanced (beyond 20 weeks) in their pregnancies who received TOP services, but they believed that this was no more than 5,0-10,0% of the patients.

##### **4.7.2 The respondents' opinions of the attitudes of nurses who usually rendered TOP services**

Respondents were requested to indicate on the questionnaire how strongly they agreed with each given statement. However, not all respondents answered all the questions.

The following findings are presented in table 4.1.

Some of the PNs (36,0%; n=9) agreed that generally nurses refused to render TOP services and only 8,0% (n=2) strongly disagreed that nurses generally refused to render TOP services.

Two respondents (8,0%) strongly agreed that nurses should be penalised for refusing to render TOP services and 36,0% (n=9) disagreed and 52,0% (n=13) strongly disagreed, regardless of offences and penalties stated in CTOP Act (no 92 of 1996:8) that if any person obstructs access to facility for TOP.

Some PNs (32,0%; n=8) agreed that nurses who rendered TOP services were generally caring people.

**Table 4.1 Attitudes towards TOP services (part 1)**

	STATEMENTS FROM THE QUESTIONNAIRE	RESPONDENTS				RESPONDENTS			
		N=35		N=63		N=47		N=69	
		Agree		Disagree		Strongly agree		Strongly disagree	
		f	%	F	%	f	%	F	%
38.1	PNs required TOP services	8	32,0	5	20,0	9	36,0	2	8,0
38.2	Penalised for requiring TOP services	-	-	9	36,0	2	8,0	13	52,0
38.3	TOP nurses caring people	8	32,0	6	24,0	6	24,0	4	16,0
38.4	TOP nurses unfriendly	1	4,0	8	32,0	1	4,0	14	56,0
38.5	Monitor patients hourly	10	40,0	4	16,0	5	20,0	5	20,0
38.6	Leave patients	1	4,0	10	40,0	4	16,0	9	36,0
38.7	Do not want to be involved in TOPs	4	16,0	9	36,0	6	24,0	5	20,0
38.8	Patients to clear up their mess	-	-	8	32,0	1	4,0	15	60,0
38.9	Work in TOP services out of choice	3	12,0	4	16,0	13	52,0	2	8,0

Of the PNs 56,0% (n=14) strongly disagreed with the statement that nurses who rendered TOP services were unfriendly. Only 50,0% (n=10) of the respondents agreed that TOP patients were monitored hourly.

Even although only 14,0% (n=10) disagreed with the statement that nurses generally leave their patients to care for themselves, this could indicate that some patients did not receive adequate nursing care while undergoing TOP procedures.

No respondents agreed with the statement that nurses generally left patients to clean up after the pregnancies had been terminated; 60,0% (n=15) strongly disagreed.

More than half of the respondents, namely 52,0% (n=13), of the respondents strongly agreed with the statement that they worked in TOP services out of choice.

#### **4.7.3 Respondents' opinions about ethical issues related to TOP services**

A number of the respondents strongly disagreed (52,0%; n=13) with the statement that a foetus prior to 16 weeks' gestation was not yet a human being, 24,0% (n=6) disagreed with the statement, whereas 20,0% (n=5) strongly agreed and 8,0% (n=2) agreed.

The majority of the respondents strongly disagreed (60,0%; n=15) and disagreed (24,0% n=6) with the statement that a foetus prior to 16 weeks' gestation does not have a soul, where as only 8,0% (n=2) strongly agreed and 4,0% (n=1) agreed with the statement.

The majority of the respondents felt strongly that each patient has a right to choose whether she wants TOP services, as 76,0% (n=19) of the respondents strongly agreed, and 16,0% (n=4) agreed with the statement. The majority of the respondents indicated that they would not influence the patients not to have a TOP. Sixteen percent (n=4) of the respondents indicated that they strongly disagreed with the statement that they would like to influence patients not to have TOPs, 48,0% (n=12) agreed with this statement, whereas 24,0% (n=6) strongly agreed.

The majority of the nurses believed that the foetus at conception has the right to live as 84,0% (n=21) strongly agreed with this statement and 12,0% (n=3) agreed, whereas only 4,0% (n=1) strongly disagreed.

Table 4.2 Attitudes towards TOP services (part 2)

	STATEMENTS FROM THE QUESTIONNAIRE	RESPONDENTS				RESPONDENTS			
		N=17		N=423		N=82		N=549	
		Agree		Disagree		Strongly agree		Strongly disagree	
		f	%	f	%	f	%	f	%
39.1	Foetus less than 16 weeks not a human being	1	4,0	6	24,0	5	20,0	13	52,0
39.2	Foetus less than 16 weeks does not have a soul	1	4,0	6	24,0	2	8,0	15	60,0
39.3	Choice to TOP	4	16,0	1	4,0	19	76,0	1	4,0
39.4	Influence clients not to have TOP	3	12,0	12	48,0	6	24,0	4	16,0
39.5	Foetal at conception right to life	3	12,0	-	-	21	84,0	1	4,0
39.6	Refuse to be part of TOP at least once	2	8,0	7	28,0	10	40,0	6	16,0
39.7	TOP should not be in scope of practice of the professional nurse	3	12,0	7	28,0	11	44,0	6	16,0
39.8	TOP services often rendered on pregnancy that progressed beyond 16 weeks	7	28,0	6	24,0	7	28,0	8	32,0

A number of respondents had reportedly refused to take part in TOP services on at least one occasion, as 40,0% (n=10) of the respondents indicated that they strongly agreed with the statement that they had refused at least once, 8,0% (n=2) agreed with the statement, whereas 24,0% (n=6) strongly disagreed and 28,9% (n=7) disagreed.

Some respondents strongly agreed (44,0%; n=11) and agreed (12,0%; n=3) with the statement that TOPs should not fall within the scope of practice of the professional nurse as the respondents who strongly disagreed (32,0%; n=8) and disagreed (20,0%; n=5).

More respondents strongly agreed (28,0%; n=7) and agreed (28,0%; n=7) with the statement that TOPs were performed on pregnancies that progressed beyond 16 weeks' gestation than the respondents who strongly disagreed (24,0%; n=6) and disagreed (20,0%; n=5) with the statement.

#### 4.7.4 The respondents' opinions with regard to delivering TOP services

Respondents were requested to indicate on the questionnaire how they experienced the TOP services.

The respondents had different perceptions about the accessibility of TOP services as some indicated that TOP services were always 72,0% (n=18) accessible for patients, 16,0% (n=4) indicated that the services were accessible most of the time, whereas 8,0% (n=2) indicated that the services were never accessible and 4,0% (n=1) who indicated that the services were seldom accessible.

**Table 4.3 Respondents' attitudes about TOP services (part 3)**

ITEM	STATEMENTS FROM THE QUESTIONNAIRE	Always	Most of the time	OFTEN	NEVER
40.1	TOP services are accessible	72,0% (n=18)	16,0% (n=4)	4,0% (n=1)	8,0% (n=2)
40.2	TOP services are acceptable	32,0% (n=8)	20,0% (n=5)	32,0% (n=8)	16,0% (n=4)
40.2	TOP services are lined to reproductive health services	64,0% (n=16)	16,0% (n=4)	8,0% (n=2)	12,0% (n=3)
40.4	TOP services are stigmatised	72,0% (n=18)	16,0% (n=4)	8,0% (n=2)	4,0% (n=1)
40.5	TOP are used as method of contraception	40,0% (n=10)	12,0% (n=3)	16,0% (n=4)	32,0% (n=8)
40.6	TOP services has reduces illegal abortion	36,0% (n=9)	24,0% (n=6)	24,0% (n=6)	16,0% (n=4)
40.7	TOP services are rendered professionally	84,0% (n=21)	12,0% (n=3)	4,0% (n=1)	-

Although the respondents indicated in item 40.1 that TOP services were accessible some were reportedly of the opinion that it was never acceptable (16,0%; n=4) and seldom acceptable (32,0% (n=8), whereas 32,0% (n=8) of the respondents indicated that the services were always acceptable and 20,0% (n=5) acceptable most of the time.

The majority of the respondents indicated that TOP services were linked to reproductive health services, but that TOP services were stigmatised. Almost as many of the respondents believed that TOP services were used as a method of contraception than those who believed it was not the case. More respondents indicated that the number of illegal abortions were reduced because of TOP services than those who believe it not to be true.

The majority of the respondents were of the opinion that TOP services were always rendered professionally.



#### **4.7.5 The respondents' rating of the counselling services for patients**

Counselling services available in their workplace: no official counselling (4,0%; n=1), counselling services are excellent and accessible (20,0%; n=5), counselling services were good (24,0%; n=6), counselling services were reasonable (16,0%; n=4) and counselling services could improve (n=0).

#### **4.7.6 The professionals providing counselling services for the TOP patients**

One respondent did not answer this question. The majority, namely 52,0%(n=13) indicated that psychologists offer the counselling services for patients making use of TOP services, 12,0% (n=3) said members of management, and 24,0% (n=6) stated that colleagues also working in TOPs offered counselling to the patients. Psychiatrists, social workers and lay counsellors did not (according to the respondents' reported perceptions) offer counselling to the TOP patients.

#### **4.7.7 The respondents' attitudes toward the TOP patients**

The respondents were asked to indicate to what degree they agreed or disagreed with each statement.

Reportedly only 44,0% (n=11) strongly agreed with the statement, and 16,0% (n=4) agreed, whereas 16,0% strongly disagreed and 24,0% (n=6) disagreed with a statement indicating that they felt good about themselves.

Almost as many respondents agreed with the statement as those who disagreed that TOP services changed their lives in negative ways, as 24,0% (n=6) of the respondents indicated that they strongly agreed that TOP services negatively changed their lives and 24,0% (n=6) agreed, whereas 28,0% (n=7) strongly disagreed and 24,0% (n=6) disagreed.

More than half of the respondents indicated that they strongly disagreed (68,0%; n=17) with the statement that they had been penalised because they had refused to render TOP services. Another 28,0% (n=7) of the respondents disagreed with the statement.

The majority of the respondents strongly agreed (68,0%; n=17) with the statement that they were caring people and 20,0% (n=5) agreed.

Almost as many respondents agreed as those who disagreed that TOP services changed them in positive ways, as 24,0% (n=6) indicated that they strongly disagreed with the statement and 32,0% (n=8) disagreed, whereas 16,0% (n=4) strongly agreed and 28,0% (n=7) agreed.

Of the respondents 32,0% (n=8) indicated that they strongly agreed with the statement that they were always friendly, whereas 4,0% (n=1) strongly disagreed and 16,0% (n=4) disagreed.

Twenty-eight percent (n=7) of the respondents strongly agreed with the statement that they monitored patients having TOPs hourly and 32,0% (n=8) agreed, whereas 16,0% (n=4) strongly disagreed and 24,0% (n=6) disagreed with the statement.

More than half of the respondents, namely 68,0% (n=17) strongly disagreed with the statement that the nurses usually left the patients to care for themselves (and the foetus), 24,0% (n=6) disagreed, whereas 4,0% (n=1) strongly agreed and 4,0% (n=1) agreed with the statement.

Almost the same number of respondents disagreed as those who agreed with the statement that they could have done more for their patients if there were fewer patients, as 24,0% (n=6) of the respondents strongly disagreed and 28,0% (n=7) disagreed, whereas 20,0% (n=5) strongly agreed with the statement and 28,0% (n=7) agreed.

Some respondents strongly disagreed 36,0% (n=9) with the statement that they wanted to be involved in TOP services, and 24,0% (n=6) disagreed, whereas 24,0% (n=6) strongly agreed and 16,0% (n=4) agreed.

A number of respondents indicated that they would have liked to do more for their patients, as 32,0% (n=8) strongly agreed with the statement and 48,0% (n=12) agreed, whereas 12,0% (n=3) strongly disagreed and 8,0% (n=2) disagreed.

The majority of the respondents disagreed with the statement that they left their patients to clean up after their pregnancies had been terminated, as 64,0% (n=16) of the respondents strongly disagreed, and 28,0% disagreed, whereas only 8,0% of the respondents agreed.

Fifty-six percent of the respondents indicated that they strongly agreed with the statement that they worked in TOP services out of choice, and 24,0% (n=6) agreed, whereas 12,0% (n=3) strongly disagreed and 8,0% (n=2) disagreed.

The majority of the respondents strongly agreed (56,0%; N=14) with the statement that they always do what is expected of them and 32,0% (n=8) agreed, whereas only 8,0% (n=2) strongly disagreed and 4,0% (n=1) disagreed.

The respondents strongly disagreed 44,0% (n=11) with the statement that they felt guilty about the way they treated their patients, and 32,0% (n=8) disagreed, whereas 12,0% (n=3) strongly agreed and 12,0% (n=3) agreed.

Of the respondents 44,0% (n=11) strongly disagreed with the statement that they had no feelings for their patients and 48,0% (n=12) of the respondents disagreed. Only 8,0% (n=2) of the respondents strongly agreed with the statement.

The majority of the respondents indicated that they strongly agreed (72,0%; n=18) with the statement that they liked themselves and 12,0% (n=3) agreed, whereas only 12,0% (n=3) strongly disagreed and 4,0% (n=1) disagreed.

#### **4.7.8 The respondents' opinions as to the influence of others on their attitudes towards TOP services**

Here the respondents had to indicate how strongly they agreed with the statements supplied on the questionnaire.

The majority of the respondents indicated that they strongly agreed (36,0%; n=9) with the statement that the attitude of the community influenced their attitude toward TOPs and 24,0% (n=6) agreed, whereas 8,0% (n=2) strongly disagreed and 32,0% (n=8) disagreed.

The majority of the respondents strongly agreed (36,0%; n=9) that the attitude of their families influenced their attitudes toward TOPs and 32,0% (n=8) agreed with this statement, whereas 4,0% (n=2) strongly disagreed and 24,0% (n=6) disagreed.

The majority of the respondents also strongly 24,0% (n=6) agreed that the attitude of their friends/colleagues influenced their attitudes toward TOPs, and 36,0% (n=9) agreed. Twenty percent (n=5) of the respondents strongly disagreed and 20,0% (n=5) agreed with the statement.

The aspect that had the greatest influence on the attitudes of the respondents toward TOPs was religion as 56,0% (n=14) of the respondents indicated that they strongly agreed that religion influenced their attitudes toward TOPs and 16,0% (n=4) agreed, whereas only 4,0% (n=1) strongly disagreed and 24,0% (n=6) disagreed.

#### **4.7.9 The respondents' answers to open-ended questions**

In this question the respondents had to indicate what they liked most about TOP services. Some examples of these answers included that TOP services help

- mothers who expect infants with congenital defects
- pregnant who were raped --- "to be cleaned out".
- to counsel patients who are in a moment when they are desperate
- those who fell pregnant unexpectedly

In addition two respondents indicated that:

- "Services are free, confidential, accessible, excellent counselling services offered by well trained nurses".
- "It saves our country a lot of money as it cuts down on backstreet abortions".

This open-ended question attempted to determine what the respondents disliked about TOP services.

- The majority of the respondents indicated that they disliked TOP services because it was used for the wrong reasons "like sleeping around with married men hoping to terminate when pregnant" and "... using TOP as contraceptive" or people "who abuse TOP and come twice per year or even more times the same year".
- Some respondents did not like TOP as "... it is messy", or the "... crying and depressed patients afterwards".
- Three respondents felt that it is not our right to decide who should live or die "... only God can decide this". Another respondent said "TOP is murder and a sin".

An open-ended question asked respondents to indicated what they wished most for the women undergoing TOP procedures.

- The majority of the respondents indicated that they wished that "... the women having TOP must go for family planning and use contraceptives. They must not abuse TOP".
- The respondents also wished that the women "... would learn from their mistakes and never do TOP again".

Another open-ended question asked the respondents what they wished most for the nurses working in TOP services.

- Some of the respondents indicated that they would wish that nurses receive "... counselling services from professionals like psychologists".
- They also indicated that they wished for the nurses "... a good support system".
- They also indicated that "... they should not get involved".
- They also wished that nurses "... are compensated for TOP".

Respondents were requested to indicate what advice they gave patients on contraceptives.

- All the respondents who answered this question indicated that patients should use family planning services and contraceptives.

Respondents had to indicate in which department they would have liked to work.

- Some responses were, "... anywhere not TOP" or "midwifery", or "HIV/AIDS" and "paediatrics".

Respondents were requested to indicate what they would prefer to use in TOP services --- vacuum aspiration, or a pill, for TOP.

- All the respondents indicated "pill" as they did not want to manoeuvre the foetus – as might be required during a vacuum aspiration.

Respondents major perceptions about TOPs:

- The majority of the respondents indicated that the majority of TOP cases were less than 16 weeks pregnant.
- There were, however, some TOPs done to women who were beyond 20 weeks' gestation.
- Nurses generally refused to render TOP services, but felt that they should not be penalised for such refusals.
- The majority of the respondents indicated that they were of the opinion that the nurses working in TOP services were generally caring and friendly people.
- The majority of the respondents indicated that they monitored their patients hourly and did not leave the patients to care for themselves.
- The majority also indicated that they did not leave the patients to clean up after TOPs were procured.
- The majority of the respondents indicated that they worked in TOP out of choice and wanted to be involved in TOP services.

## 4.8 SUMMARY

Section A consisted of six items, which revealed biographic characteristics of the respondents. Items 7 to 8 aimed to find out about the respondents' training in rendering TOP services, its adequacy and their experience of working in TOP services.

Section B consisted of 15 items and its main focus was mainly the PNs' opinions of TOP services. As many as 85,0% of the respondents were of the opinion that women who had previous TOPs done, should not access TOP services subsequently, and 81,5% were of the opinion that women who were victims of incest should receive TOP services. Respondents were also of the opinion that the age to make a decision about TOPs should be 16 years.

Section C consisted of 81 items, which aimed to identify PNs' opinions about support from different individuals including their nuclear families, extended families and communities. The respondents appeared to be very divided in their opinions of support, (n=5) felt they received excellent support from management and (n=8) indicated that they received no support from management. Most respondents felt they did not received support from their partners or spouses and nor from their children. It was also revealed that PNs who worked in TOP services did not receive support from their communities.

Section F consisted of 24 items about the attitudes of PNs towards TOP services. PNs reportedly refused to work in TOP services and most of the respondents disagreed that they should be penalised for such refusals.

TOP services were still stigmatised despite the implementation of the CTOP Act (no 92 of 1996). Some of the respondents felt that TOP services were used by patients as a method of contraception.

The next chapter will present the conclusions of the study and recommendations for future research. The limitations to which the research had been subjected and which could impact on the generalisability of the research results will also be identified.