

You have been briefed about your rights You are requested to complete this questionnaire as honestly as possible		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> 1-3
SECTION A: BIOGRAPHICAL DATA		
1	Age in years	<input type="text"/> <input type="text"/> 4-5
2	Sex Key: Male = 1 Female = 2	<input type="text"/> 6
3	Population group Key: Black = 1 Indian = 2 Coloured = 3 White = 4	<input type="text"/> 7
4	Marital status Key: Never married = 1 Married = 2 Divorced = 3 Widow/er = 4 Remarried = 5	<input type="text"/> 8
5	Religion Key: Christian = 1 Muslim = 2 Animist = 3 Buddhist = 4 Hindu = 5 None = 6 Other, specify	<input type="text"/> 9
6	Number of children	<input type="text"/> <input type="text"/> 10-11
7	Are you specially trained to render TOP services?	<input type="text"/> 12
8	Do you consider your training as adequate?	<input type="text"/> 13
9	How many years have you been working in TOP services?	<input type="text"/> 14
SECTION B: YOUR OPINION OF TOP SERVICES		
10	How many TOPs do you department manager per month?	<input type="text"/> <input type="text"/> <input type="text"/> 15-17
11	How many cases of TOP do you think is realistic to manage in one month?	<input type="text"/> <input type="text"/> <input type="text"/> 16-18
12	According to your opinion who should receive TOP services? Key: Yes = 1 No = 2	
12.1	Women who have had a TOP before	<input type="text"/> 19
12.2	Women who are expecting a child with congenital abnormalities	<input type="text"/> 20

12.3	Women who have been raped	<input type="checkbox"/>	21
12.4	Women who are at risk of committing suicide	<input type="checkbox"/>	22
12.5	Women who are suffering from mental illness	<input type="checkbox"/>	23
12.6	Women who are mentally retarded	<input type="checkbox"/>	24
12.7	Women who never had children	<input type="checkbox"/>	25
12.8	Women with HIV/AIDS	<input type="checkbox"/>	26
12.9	Women who are victims of incest	<input type="checkbox"/>	27
12.10	Women who have many children (grand multiparas)	<input type="checkbox"/>	28
12.11	Women who are poor and cannot care for their children	<input type="checkbox"/>	29
12.12	Women who have an unplanned pregnancy		
	Other, specify	<input type="checkbox"/>	30
13	How old do you think a woman should be before she should be allowed to make a decision to have a TOP?	<input type="checkbox"/>	<input type="checkbox"/> 31-32
14	Do you think that a woman should be allowed to make the decision to have a TOP alone? Key: Yes = 1 No = 2	<input type="checkbox"/>	33
15	Do you think that she should consult individual before deciding to have a TOP? Key: Yes = 1 No = 2		
15.1	She may make this decision on her own	<input type="checkbox"/>	34
15.2	She should consult a counsellor	<input type="checkbox"/>	35
15.3	She should consult a nurse	<input type="checkbox"/>	36
15.4	She should consult her partner	<input type="checkbox"/>	37
15.5	She should consult a clergyman	<input type="checkbox"/>	38
15.6	She should consult her family	<input type="checkbox"/>	39
15.7	She should consult her friends	<input type="checkbox"/>	40
15.8	She should consult "other"		
	Please specify	<input type="checkbox"/>	41

SECTION C: YOUR OPINION ON SUPPORT

16 How would you rate the support you receive from the following individuals for the work you do?

Key: Excellent = 1
 Good = 2
 Acceptable = 3
 Poor = 4
 Very poor = 5
 No support at all = 6

16.1 Nursing colleagues who also work in TOP services

42

16.2 Nursing colleagues who have never worked in TOP services

43

16.3 Members of management of the health service

44

16.4 Your partner/spouse

45

16.5 Your children

46

16.6 Your parents and rest of the family

47

16.7 Your friends who are not nurses

48

16.8 Members of the community

49

17 How would you rate the comprehension your nuclear family have of your work?

Key: Very good understanding = 1
 Good understanding = 2
 Vaguely understand = 3
 Do not know what you are doing = 4

50

18 How often does your nuclear family support you in the following way?

Key: Always = 1
 Often (at least once a week) = 2
 Not too much = 3
 Seldom (less than once a month = 4
 Never = 5

18.1 They allow you to vent your feelings

51

18.2 They allow you enough time to rest

52

18.3 They think that what you are doing is important

53

18.4 They are proud of you

54

18.5 They respect you for what you do

55

18.6 They will defend your work in conversations with other people

56

18.7	They feel that TOP services are necessary	<input type="text"/>	57
18.8	They judge you	<input type="text"/>	58
18.9	They do not care about your job	<input type="text"/>	59
19	How would you rate the comprehension your extended family has of your work?		
Key:	Very good understanding = 1		
	Good understanding = 2		
	Vaguely understand = 3		
	Do not know what you are doing = 4	<input type="text"/>	60
20	How often does your extended family support you in the following way?		
Key:	Always = 1		
	Often (at least once a week) = 2		
	Not too much (one a month) = 3		
	Seldom (less than once a month) = 4		
	Never = 5		
20.1	They allow you to vent your feelings	<input type="text"/>	61
20.2	They allow you enough time to rest	<input type="text"/>	62
20.3	They think that what you are doing is important	<input type="text"/>	63
20.4	They are proud of you	<input type="text"/>	64
20.5	They respect you for what you do	<input type="text"/>	65
20.6	They will defend your work in conversations with other people	<input type="text"/>	66
20.7	They feel that TOP services are necessary	<input type="text"/>	67
20.8	They judge you	<input type="text"/>	68
20.9	They do not care what you do	<input type="text"/>	69
21	How would you rate the comprehension your friends who are not nurses have of your work?		
Key:	Very good understanding = 1		
	Good understanding = 2		
	Vaguely understand = 3		
	Do not know what you are doing = 4	<input type="text"/>	70
22	How often do your friends who are not nurses support you in the following way?		
Key:	Always = 1		
	Often (at least once a week) = 2		
	Not too much (one a month) = 3		
	Seldom (less than once a month) = 4		
	Never = 5		

22.1	They allow you to vent your feelings	<input type="checkbox"/>	71
22.2	They allow you enough time to rest	<input type="checkbox"/>	72
22.3	They think that what you are doing is important	<input type="checkbox"/>	73
22.4	They are proud of you	<input type="checkbox"/>	74
22.5	They respect you for what you do	<input type="checkbox"/>	75
22.6	They will defend your work in conversations with other people	<input type="checkbox"/>	76
22.7	They feel that TOP services are necessary	<input type="checkbox"/>	77
22.8	They judge you	<input type="checkbox"/>	78
22.9	They do not care what you do	<input type="checkbox"/>	79
23	How would you rate the comprehension the community has of your work?		
	Key: Very good understanding = 1		
	Good understanding = 2		
	Vaguely understand = 3		
	Do not know what you are doing = 4	<input type="checkbox"/>	80
24	How often does the community support you in the following way?		
	Key: Always = 1		
	Often (at least once a week) = 2		
	Not too much = 3		
	Seldom (less than once a month) = 4		
	Never = 5		
24.1	They allow you to vent your feelings	<input type="checkbox"/>	81
24.2	They allow you enough time to rest	<input type="checkbox"/>	82
24.3	They think that what you are doing is important	<input type="checkbox"/>	83
24.4	They are proud of you	<input type="checkbox"/>	84
24.5	They respect me for what you do	<input type="checkbox"/>	85
24.6	They will defend your work in conversations with other people	<input type="checkbox"/>	86
24.7	They feel that TOP services are necessary	<input type="checkbox"/>	87
24.8	They judge you	<input type="checkbox"/>	88
24.9	They do not care what you do	<input type="checkbox"/>	89

25	How would you rate the counselling services available in your place of work for nurses rendering TOP services? Key: There are no official counselling services available = 1 The counselling services are excellent and accessible = 2 The counselling services are good = 3 The counselling services are reasonable = 4 The counselling services need to improve = 5	<input type="text"/> 90
26	What type of support does nurses working in TOP services receive from management?	
27	What type of support do you expect of your employer? Key: Yes = 1 No = 2	
27.1	To understand the stress involved in TOP services	<input type="text"/> 91
27.2	To provide more manpower	<input type="text"/> 92
27.3	To provide enough resources	<input type="text"/> 93
27.4	To provide more days off to rest	<input type="text"/> 94
27.5	To provide better remuneration	<input type="text"/> 95
27.6	To provide counselling services	<input type="text"/> 96
27.7	To provide a more acceptable working environment	<input type="text"/> 97
27.8	Other, specify	
28	How often do you and your colleagues working in TOP services do the following to relieve stress? Key: Every day = 1 3-4 times a week = 2 3-2 times a week = 3 Once a week = 4 At least 1-3 times a month = 5 Less than once a month = 6 Never = 7	
28.1	Have regular meetings to vent your feelings	<input type="text"/> 98
28.2	Have social events to forget about the work	<input type="text"/> 99

28.3	Work together as a team	<input type="checkbox"/>	100
28.4	Make jokes	<input type="checkbox"/>	101
28.5	Take part in sport events	<input type="checkbox"/>	102
28.6	Other, specify		
		
29	Who offers the counselling services for nurses who work with TOP?		
	Key: Psychologists = 1		
	Psychiatrists = 2		
	Social workers = 3		
	Members of management = 4		
	Lay counsellors = 5		
	Colleagues also working in TOPs = 6		
	Other, specify		
	<input type="checkbox"/>	103
30	Are you of the opinion that the individuals who do the counselling understand the strain you experience when rendering TOP services?		
	Key: They understand completely = 1		
	They have a vague understanding = 2		
	They have no understanding = 3	<input type="checkbox"/>	104
31	How would you rate the support given to TOP services?		
	Key: Excellent = 1		
	Good = 2		
	Acceptable = 3		
	Poor = 4		
	Very poor = 5		
	No support at all = 6		
31.1	From their families	<input type="checkbox"/>	105
31.2	From their partners	<input type="checkbox"/>	106
31.3	From the nurses	<input type="checkbox"/>	107
31.4	From the medical doctors	<input type="checkbox"/>	108

SECTION D: FEELINGS

32 How often do you experience the following feelings?

Key: A few times a day = 1
 Every day = 2
 A few times a week = 3
 Once a week = 4
 Less than once a week = 5

32.1 Sadness ☐ 109

32.2 Frustration ☐ 110

32.3 Worthiness ☐ 111

32.4 Denial ☐ 112

32.5 Relief ☐ 113

32.6 Stress ☐ 114

32.7 Anxiousness ☐ 115

32.8 Aggression ☐ 116

32.9 Hopelessness ☐ 117

32.10 Fulfillment ☐ 118

32.11 Depression ☐ 119

32.12 Bluntness ☐ 120

32.13 Feelings of achievement ☐ 121

32.14 Happiness ☐ 122

32.15 Desperation ☐ 123

32.16 Feelings of satisfaction of a job well done ☐ 124

32.17 Confusion ☐ 125

32.18 Exhaustion ☐ 126

32.19 Other, specify

33 Do you experience any of the following?

Key: Yes = 1
 No = 2

33.1 Cannot fall asleep at night ☐ 127

33.2	Wake up very early in the morning and cannot sleep again	<input type="checkbox"/>	128
33.3	Have nightmares	<input type="checkbox"/>	129
33.4	Cannot sleep at all	<input type="checkbox"/>	130
34	How applicable are the following statements in your situation (working as a nurse in TOP services)? Key: Always = 1 Often = 2 Many times = 3 Seldom = 4 Never = 5		
34.1	I do not like to go out because of what I do	<input type="checkbox"/>	131
34.2	I feel guilty because of what I do	<input type="checkbox"/>	132
34.3	I enjoy my work	<input type="checkbox"/>	133
34.4	I feel I am a sinner because of what I do	<input type="checkbox"/>	134
34.5	I feel that God will never forgive me because of what I do	<input type="checkbox"/>	135
34.6	I do not have any negative feelings because of what I do	<input type="checkbox"/>	136
34.7	People gossip about me because of what I do	<input type="checkbox"/>	137
34.8	I have been assaulted because of what I do	<input type="checkbox"/>	138
34.9	I am in fear of being attacked by members of the community because of what I do	<input type="checkbox"/>	139
34.10	I am in fear for the safety of my family because of what I do	<input type="checkbox"/>	140
34.11	I would like to work in another department	<input type="checkbox"/>	141
34.12	I have been scolded because of what I do	<input type="checkbox"/>	142
34.13	I have been threatened of what I do	<input type="checkbox"/>	143
34.14	I feel what I do is important	<input type="checkbox"/>	144
34.15	I am well trained for what I do	<input type="checkbox"/>	145
34.16	I do not go to church anymore because of what I do	<input type="checkbox"/>	146
34.17	I do not think that I am psychologically strong enough for what I do	<input type="checkbox"/>	147
34.18	I am coping very well irrespective of what I do	<input type="checkbox"/>	148

SECTION E: YOUR ATTITUDE TOWARDS THE ACT

35 Do you have a copy of the CTOP Act (no 92 of 1996) in your institution?

Key: Yes = 1
 Uncertain = 2
 No = 3

☐ 150

36 Which of the following statements are applicable to you?

Key: Yes = 1
 No = 2

36.1 It is not necessary to read the Act as you know it well enough

☐ 151

36.2 You read the Act at least once a month

☐ 152

36.3 You read the Act at least three months

☐ 153

36.4 You read the Act at least twice a year

☐ 154

36.5 You read the Act at least once a year

☐ 155

36.6 You have never read the Act

☐ 156

36.7 You feel that the Act is good enough and need not be revised

☐ 157

36.8 You feel that the Act needs to be revised

☐ 158

Indicate how the Act should be revised?

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SECTION F: YOUR ATTITUDE TOWARDS TOP SERVICES

37 What percentage of TOPs are conducted on:

37.1 Pregnancies less than 16 weeks

☐☐☐ 159-161

37.2 Pregnancies 16-18 weeks

☐☐☐ 162-164

37.3 Pregnancies 18-20 weeks

☐☐☐ 165-167

37.4 Pregnancies advanced beyond 20 weeks

☐☐☐ 168-170

38	Indicate how strongly you agree with each of the following statements: Key: Strongly agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4	
38.1	Nurses generally refuse to render TOP services	<input type="checkbox"/> 171
38.2	Nurses should be penalised if they refuse to render TOP services	<input type="checkbox"/> 172
38.3	Nurses who render TOP services are generally caring people	<input type="checkbox"/> 173
38.4	Nurses who render TOP services are generally unfriendly	<input type="checkbox"/> 174
38.5	Nurses monitor all patients having TOPs hourly	<input type="checkbox"/> 175
38.6	Nurses generally leave patients to care for themselves	<input type="checkbox"/> 176
38.7	Nurses do not want to be involved in TOPs	<input type="checkbox"/> 177
38.8	Nurses generally leave patients to clean up their "own mess"	<input type="checkbox"/> 178
38.9	Nurses generally work in these services out of choice	<input type="checkbox"/> 179
39	Indicate how strongly you agree to the following statements: Key: Strongly agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4	
39.1	The foetus younger than 16 weeks is not yet a human being	<input type="checkbox"/> 180
39.2	The foetus younger than 16 weeks does not have a soul	<input type="checkbox"/> 181
39.3	Every person has the right to choose whether she wants TOPs	<input type="checkbox"/> 182
39.4	I would like to influence the clients not to have TOP	<input type="checkbox"/> 183
39.5	The foetus at conception has the right to life	<input type="checkbox"/> 184
39.6	I have refused to be part of a TOP at least once	<input type="checkbox"/> 185
39.7	TOP services should not be in the scope of practice of the professional nurse	<input type="checkbox"/> 186
39.8	TOP services are often rendered on pregnancies that progressed beyond 16 weeks	<input type="checkbox"/> 187

40	What is your experience about the following? Key: Always = 1 Most of the time = 2 Seldom = 3 Never = 4	
40.1	TOP services are accessible	<input type="text"/> 188
40.2	TOP services are acceptable	<input type="text"/> 189
40.3	TOP services are linked to reproductive health services	<input type="text"/> 190
40.4	TOP services are stigmatised	<input type="text"/> 191
40.5	TOP services are used as a method of contraception	<input type="text"/> 192
40.6	TOP services has reduced illegal abortions	<input type="text"/> 193
40.7	TOP services are rendered professionally	<input type="text"/> 194
41	How would you rate the counselling services available in your place of work for patients for TOP services? Key: There are no official counselling services available = 1 The counselling services are excellent and accessible = 2 The counselling services are good = 3 The counselling services are reasonable = 4 The counselling services need to improve = 5 The counselling services are very poor = 6	<input type="text"/> 195
42	Who offers the counselling services for nurses who work with TOP? Key: Psychologists = 1 Psychiatrists = 2 Social workers = 3 Members of management = 4 Lay counsellors = 5 Colleagues also working in TOPs = 6 Other, specify	<input type="text"/> 196
43	Indicate how strongly you agree with the following statements: Key: Strongly agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4	
43.1	You feel good about yourself	<input type="text"/> 197
43.2	TOP services changed you in a negative way	<input type="text"/> 198
43.3	You have been penalised because you refused to render TOP services	<input type="text"/> 199

43.4	You are a caring person	<input type="checkbox"/>	200
43.5	TOP services changed you in a positive way	<input type="checkbox"/>	201
43.6	You are always friendly	<input type="checkbox"/>	202
43.7	You monitor all patient shaving TOPs hourly	<input type="checkbox"/>	203
43.8	You generally leas a TOP patient to take care of herself while aborting the foetus	<input type="checkbox"/>	204
43.9	You cannot do more for the patients because there are too many of them	<input type="checkbox"/>	205
43.10	You want to be involved in TOPs	<input type="checkbox"/>	206
43.11	You wish you could do more for the patients	<input type="checkbox"/>	207
43.12	You generally leave patients t o clean up their own mess	<input type="checkbox"/>	208
43.13	You work in these services out of choice	<input type="checkbox"/>	209
43.14	You always do what is expected of you	<input type="checkbox"/>	210
43.15	You feel guilty about the way you treat the patients	<input type="checkbox"/>	211
43.16	You have no feelings for these patients	<input type="checkbox"/>	212
43.17	You like yourself	<input type="checkbox"/>	213
44	Indicate how strongly you agree to the following statements: Key: Strongly agree = 1 Agree = 2 Disagree = 3 Strongly disagree = 4		
44.1	The attitude of the community towards you influenced your attitude towards TOP	<input type="checkbox"/>	214
44.2	The attitude of your family influenced your attitude towards TOP	<input type="checkbox"/>	215
44.3	The attitude of your friends/colleagues influenced your attitude towards TOP	<input type="checkbox"/>	216
44.4	Your religion influenced your attitude towards TOP	<input type="checkbox"/>	217
45	Indicate what you like most about the TOP services		

46	Indicate what you dislike most about the TOP services	
	
	
	
47	If you could have one wish for women undergoing TOPs, what would that be?	
	
	
	
48	If you could have one wish for nurses working in TOPs, what would that be?	
	
	
	
49	Do you give clients any advice about contraceptives? If yes, what advice do you give? If no, why not?	
	
	
	
50	If you had a choice in what department/clinic/health care field would you choose to work?	
	
	
	
51	If you had a choice would you prefer using vacuum aspiration of pill for TOP?	
	
	
	

COMMENTS	
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