

# Chapter 1

## Orientation to the research

### 1.1 INTRODUCTION

Abortion on request was legalized in South Africa in 1996. Doctors and nurses have been mandated to perform abortion on request.

In this study, the experiences of registered nurses at Soshanguve Community Health Services involving termination of pregnancy was explored. This chapter describes the background to the problem, formulates the problem statement, and discusses the purpose and significance of the study.

Assumptions and research objectives were stated. In addition, the research methodology and design, population and sample setting, data collection and analysis techniques and also trustworthiness and ethical issues will be briefly discussed.

### 1.2 BACKGROUND TO THE STUDY AND PROBLEM STATEMENT

#### 1.2.1 Background to the study

According to a study conducted by the Medical Research Council in 1994, women who were desperately in need of abortion would find an alternative way to abort if the legal way was closed to them. Based on this study, 200 000 back-street abortions were performed over the previous 10 years, of which 44 686 of the women had to be admitted to South African Hospitals afterwards. Previously, an estimated 425 women died each year in hospitals from septic abortions (*Microsoft Encarta Encyclopaedia* 2004).

- The previous legislation governing termination of pregnancy was the Abortion and Sterilisation Act (Act 2 of 1975). One of the stipulations of this Act was that an abortion was to be performed in a State-controlled institution. An abortion had to be performed by two medical officers under specific circumstances such as:

- (1) pregnancy threatening the woman's health
- (2) serious threat to a woman's mental health
- (3) physical or mental defects of the unborn child
- (4) pregnancy due to rape

(Strauss 1995:126)

The discriminatory 1975 Act was replaced by the Termination of Pregnancy Act (Act 92 of 1996), which was put in place to ensure that women who do not wish to continue with a pregnancy can terminate the pregnancy in safe, hygienic conditions.

The role of the registered nurse changed with the new Act. Under the former Abortion and Sterilisation Act the registered nurse assisted two doctors performing the procedure. However, under the new Termination of Pregnancy Act, the registered nurse performs the actual termination procedure if a pregnancy is under twelve weeks gestation, and also counsels and provides post-counselling.

According to Termination of Pregnancy statistics provided by Soshanguve Community Health Services, there is now a high demand for termination of pregnancy, while no clients report at the clinic with incomplete abortion. The number of terminations of pregnancy performed at the clinic increased from 7 clients in September 2001 to 45 clients per month in July 2003. The statistics from the clinic for the termination of pregnancy for the months September 2001 to July 2003 are set out in tables 1.1 to 1.3.

**Table 1.1 Termination of Pregnancy statistics 2001**

<b>Topic</b>	<b>Sept</b>	<b>Oct</b>	<b>Nov</b>	<b>Dec</b>
Counselling	156	214	132	47
TOP request	156	214	132	47
TOP performed	7	33	29	21
Incomplete abortion	0	0	0	0
Referral out	7	83	54	66
Post-counselling	7	30	21	18

**Table 1.2 Termination of Pregnancy statistics 2002**

Topic	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Counselling	47	125	176	122	101	96	141	167	189	158	127	109
TOP request	47	125	176	122	101	96	141	167	189	158	127	109
TOP performed	30	13	20	24	26	32	27	26	31	34	23	19
Incomplete abortion	0	0	0	0	0	0	0	0	0	0	0	0
Referral out	17	119	46	52	20	31	41	92	109	58	74	56
Post-counselling	83	7	15	20	34	28	20	25	29	32	20	17

**Table 1.3 Termination of Pregnancy statistics 2003**

Topic	Jan	Feb	Mar	Apr	May	Jun	Jul
Counselling	155	141	140	120	209	102	176
TOP request	155	141	140	120	209	102	176
TOP performed	16	29	35	38	29	32	45
Incomplete abortion	0	0	0	0	0	0	0
Referral out	67	53	50	37	49	30	51
Post-counselling	14	25	33	30	22	27	39

(Soshanguve Community Health Service TOP Unit)

The new Termination of Pregnancy Act has created conflict between personal, moral and professional demands in the health-care system. The stipulation in the Act that registered nurses are allowed to perform an abortion under certain circumstances has been experienced differently by different registered nurses. Nurses have different feelings towards termination of pregnancy based on their personal, moral, religious and professional views. On the one hand there are nursing ethical codes: to respect (that is to preserve) life, promote health and alleviate suffering; but on the other hand the new Act has brought change pertaining to the rights of a woman. The Act has given pregnant women a choice of termination requiring only informed consent from her but not needing consent from a partner or parent. A minor cannot be denied termination if she does not want to inform her parents, guardian or family members.

The researcher has been employed at Soshanguve Community Health Service since 1991 as a primary health care practitioner. Since the year 2000 the researcher has been responsible for student training and staff development. The researcher must thus ensure that the staff members are kept up to date with the latest developments in primary health care, including termination of pregnancy.

### **1.2.2 Problem statement**

The election of the government of National Unity and democratisation of South African society has brought about changes in the health care system. The implementation of the Termination of Pregnancy Act (Act 92 of 1996) has given women a choice of terminating unwanted pregnancies. There is now a high demand for termination of pregnancy and this has impacted on the health care system. There are not enough well prepared registered nurses or clinics available to render competent care to the growing number of clients applying for termination. Also, large numbers of nurses refuse to be involved in the termination of pregnancy (Gmeiner, Van Wyk, Poggenpoel & Myburgh 2000:71 citing Barometer 1997:8).

As a staff development trainer, the researcher has observed the lack of interest in TOP training. Of the five registered nurses trained for termination of pregnancy at Soshanguve Community Health Service, only three are actively involved in performing termination, since the other two have suffered psychological trauma attributed to termination procedures.

During training sessions when the issue of termination of pregnancy was mentioned, registered nurses expressed many negative feelings and discussed their negative experiences. The new legislation has empowered women in South Africa to make informed choices, but on the other hand nurses are governed by an ethical code which is based on religious and moral grounds: the preservation of life. This contradiction led the researcher into embarking on this study.

The study will thus concentrate on the experiences of registered nurses involved with the termination of pregnancy. Gmeiner et al (2000:71) highlighted that there is little or no research conducted to explore or describe experiences of nurses involved in termination of pregnancy in South Africa, including the support they need or receive.

There are guidelines provided by the mother-and-child unit at Soshanguve Community Health Services for the pre- and post-counselling of women, but no guidelines or literature are available to provide counselling for nurses who are negatively affected by involvement in TOP.

### **1.3 PURPOSE OF THE STUDY**

The purpose of the study was to describe and explore the experiences of registered nurses who participate in the procedure of termination of pregnancy. The quality and essence of this experience was sought.

### **1.4 RESEARCH QUESTION**

Burns and Grove (2003:87) describe a *research question* as a concise, interrogative statement worded in the present tense and usually with one or more variables. The central research question was:

*What are the experiences of registered nurses who participate in the procedure of termination of pregnancy of Soshanguve Community Health Services?*

This was translated for the participants as:

*Please would you describe your experiences of participating in termination of pregnancy; what was it like for you?*

### **1.5 RESEARCH OBJECTIVES**

Burns and Grove (2003:86) describe *objectives* as clear, declarative statements expressed in present tense and for clarity focusing on only one or two variables. The objectives formulated to guide the study were to

- describe the experiences of registered nurses involved in termination of pregnancy at Soshanguve Community Health Services
- gain an understanding of their experiences
- explain how registered nurses were coping when actively involved in TOP procedures

### **1.6 SIGNIFICANCE OF THE STUDY**

The significance of the study relates to its “potential for contributing to, and extending, the scientific body of nursing knowledge” (LoBiondo-Wood & Haber 2002:56). The findings of this study have the potential to improve education, management and

research, which are the foundation of health care practice and thus have a direct impact on the needs of registered nurses.

It is envisaged that the results of the study will influence the redefinition of the nursing parameters and scope of practice of registered nurses with regard to TOP. The findings of the study will facilitate formulation of guidelines for registered nurses involved in termination of pregnancy.

In addition, the findings of this study will contribute to the body of nursing knowledge, especially in the training of registered nurses for TOP. Equipping registered nurses with counselling and coping skills and competencies will help to strengthen and advance their nursing skills for working with TOP clients. The study could influence collaboration between nursing and other health support systems. This will then subsequently affect the care given to clients receiving TOP. The study will enlighten the nurse administrators and policy-makers on the actual experiences of registered nurses involved in TOP services. The information gathered could enhance formation of various support strategies necessary for the nurses involved. The results of the study should assist management in primary health services to achieve their goals of improving quality of care through training appropriately skilled TOP nurses.

## **1.7 ASSUMPTIONS OF THE STUDY**

*Assumptions* are basic principles that are accepted as being true on the basis of logic or reasoning without being verified or proven (Polit & Hungler 1997:640). Assumptions function as essential background beliefs that underlie other decisions in the research process (Mouton 1998:123).

The assumptions underlying the present study are formulated with reference to Kuhn's three areas of commitment for any research undertaking:

- theoretical/conceptual commitment
- methodological/technical commitment
- ontological commitment

(Mouton & Marais 1996:147)

### **1.7.1 Theoretical/conceptual**

*Theoretical/conceptual* assumptions represent commitment to the accuracy or truth of the theories and laws of the particular paradigm (Mouton & Marais 1996:147). In this study it is assumed that:

- Qualitative research is the most appropriate research paradigm for studying human experiences.
- Experience is not primarily a knowledge affair characterised by the separation of subjects and objects (Thompson 1990:234 cited in Van der Wal 1999:6). It has to do primarily with the perception of such an experience as it is actually lived by the individual.

### **1.7.2 Methodological/technical**

*Methodological/technical* commitment refers to the criteria regarded as scientific, and to the methods and instrumentation by means of which a given view of what is scientifically valid may be realised (Mouton & Marais 1996:147 cited in Van der Wal 1999:6).

Methodological assumptions are assumptions about the nature of the research process and the most appropriate methods to be used, about the relative worth of quantitative and qualitative methods. Methodological commitment also addresses interpretation versus explanation and is about the ideal of universal statements versus specific and local generalisation (Mouton 1998:124).

In this study it is assumed that:

- Qualitative research, thematic and content analysis can all be logically connected to phenomenology.
- The qualitative research method can also be applied to the study of the experiences of registered nurses involved in TOP. Qualitative research can lead to an understanding of these experiences.
- Unstructured formal qualitative interviews can yield the required information from the participants (Dienel & Crawdal 1978:52 cited in Van der Wal 1999:6).

- Participants' personal stories elicited through such interviews express a reality sufficiently unique or cohesive so that prior knowledge of the research will not influence the interpretation of the information gathered.
- The registered nurses' descriptions will reveal their true experience of being involved in TOP.

### **1.7.3 Ontological**

According to Mouton and Marais (1996:147), the *ontological* dimension of research examines the nature of the research object, and tackles the "what is" of the phenomenon.

Ontological assumptions also include assumptions about human nature, society, the nature of history, the status of mental entities observable, material phenomena, causality and intentionality in human action behaviour (Mouton 1998:124). The following ontological assumptions are made in this study:

- The views held by registered nurses of termination of pregnancy determine their experiences and practices as health care providers.
- Human feelings are characterised by paradox and contradiction, which forms the basis for a concern about human experiences.
- The reality of TOP is not the same for different registered nurses.

## **1.8 METHODOLOGY**

### **1.8.1 Design**

This is an exploratory, descriptive and contextual qualitative study because it attempts to describe human experiences as provided by people involved (Brink 1999:119). The researcher adopted a phenomenological approach.

- **Qualitative research**

*Qualitative research* refers to inductive, holistic, emic, subjective and process-oriented methods used to understand, interpret, describe and develop a theory on a phenomena



or setting. It is a systematic, subjective approach used to describe life experiences and give them meaning (Burns & Grove 2003:356).

Qualitative research is associated with words, language and experiences rather than measurements, statistics and numerical figures. Qualitative research involves the systematic collection and analysis of subjective data provided by involved people about the phenomena, including how they interpret the experiences and meaning attached to the experience (Brink 1999:119; Polit & Hungler 2004:15). The researcher chose the qualitative research approach because it was the most appropriate design to answer the purpose of the study, which involves real-life experiences.

- **Phenomenological research**

The word phenomena is derived from the Greek *phainomenon* from *phainestha* to appear or from *phainein* to show, and means “anything that can be perceived as an occurrence or fact by the senses” (*Collins English Dictionary* 1991:1168). *Phenomenological research* is an inductive, descriptive approach with the aim of describing an experience as it is lived by the person (Burns & Grove 2003:750). The aim of this study is to explore and describe registered nurses experiences of being involved in TOP.

- **Exploratory research**

*Collins English Dictionary* (1991:546) defines *explore* as to “examine or investigate, especially systematically” and *exploration* as “the act or process of exploring”. *Collins Cobuild English Dictionary for Advanced Learners* (2001:540) defines *exploratory* as “exploratory actions done in order to discover something or to learn the truth about something”. Burns and Grove (2003:482) define *exploratory research* as formative research conducted to gain knowledge of a phenomenon. This study is an attempt to discover specific experiences and needs of a registered nurse involved in TOP.

- **Descriptive research**

*Descriptive research* refers to studies that have as their main objective the accurate portrayal of the characteristics of reasons, situations or groups (Polit & Hungler

2004:716). Roberts and Burke (1989:359) define descriptive research as non-experimental design that is used to observe and measure a variable when little conceptual background has been developed and that concerns specific aspects of the variable under study. The intention of this study is to describe the experiences of registered nurses involved in termination of pregnancy as authentically as possible.

- **Contextual research**

A study is *contextual* when the phenomenon is studied for its intrinsic and immediate contextual significance (Mouton 1998:133). Contextual studies focus on specific events in “naturalistic settings”(LoBiondo-Wood & Haber 2002:128). This study focuses on registered nurses’ experiences of being involved in TOP without the situation having been manipulated.

## **1.9 POPULATION AND SAMPLING**

### **1.9.1 Population**

The *population* includes all elements that meet certain criteria for inclusion in a study (Burns & Grove 2003:43). For the purpose of this study the population consisted of all the registered nurses employed at Soshanguve Community Health Services.

### **1.9.2 Sampling**

A *sample* is part of a population for inclusion in a study (Burns & Grove 2003:43). A non-probability purposive sampling was used in this study. Purposive sampling refers to judgmental sampling that involves the conscious selection by the researcher of certain participants to be included in the study (Burns & Grove 2003:255). The participants that were chosen met the eligibility criteria set for the study. Eligibility criteria are the reason or criteria for including the sample in the study (Polit & Hungler 2004:290). The eligibility criteria of this study require the registered nurse to:

- be trained in TOP management
- have worked in TOP services at Soshanguve clinic 3 (the TOP unit) for more than one year

The researcher chose the participants because they were experts in TOP (Polit & Hungler 2004:291). The size of the sample was considered satisfactory when data saturation was reached. Data saturation occurs when new data yields the same information as that already collected, and a sense of closure is reached (Polit & Hungler 2004:308). Predetermination of the number of participants was therefore impossible (Streubert Speziale & Carpenter 2003:25).

## **1.10 SETTING**

A *naturalistic setting* is a real life situation where nature takes its course without any interference (Burns & Grove 2003:32; Streubert Speziale & Carpenter 2003:331). TOP naturally takes place in a clinic or hospital. For the purpose of this study, the naturalistic setting was in a health care clinic where clients are admitted for TOP. No control or manipulation was imposed during this study.

The clinic is situated north of Pretoria. It is part of a community health centre in Soshanguve and started implementing TOP services in September 2001. It is the only clinic in Soshanguve that provides TOP services. The clinic forms part of the Northern District referral system of the Pretoria region.

MAP OF SOSHANGUVE (see annexure G).

## 1.11 DATA COLLECTION

The *interview* method was selected for data collection. Interviewing refers to verbal communication between the researcher and the participants in which information is presented to the researcher (Burns & Grove 2003:45). A reflective, open and accepting interviewing technique seeks to elicit the genuine views and feelings of participants (Hallet 1999:56). The common ground in phenomenological interviews is that, by their nature, the interviews put the researcher in the role of research instrument “through which data (is) collected” (Streubert Speziale & Carpenter 2003:150). In this study the researcher was the main research tool or primary data-gathering instrument (Streubert Speziale & Carpenter 2003:150) because the information needed was mainly the reality and experience of each participant, which could not be addressed by a non-human instrument such as a questionnaire (Talbot 1995:473).

The researcher used reflexivity, bracketing and intuiting to exclude preconceptions of the phenomena in order to enter the world of the participants with an open mind.

The interview is usually initiated by a broad question, such as: “What are the experiences of registered nurses who participate in the procedure of termination of pregnancy at Soshanguve Community Health Services?” Probes should be neutral to avoid biasing the participant’s responses. Probing should be done within reasonable guidelines to prevent the participants from feeling that they are being “cross-examined” on a topic (Burns & Grove 2003:276).

The interviews in this study were conducted in a natural setting where no controls were imposed. The researcher put the participants at ease, as they were initially asked to talk about issues relating to their experiences of being involved in the termination of pregnancy. This method provided the participants with the opportunity to fully explain their experiences of the phenomenon (TOP).

Interviews were conducted individually in an environment where the participants felt safe. Before the interview the researcher explained the procedure to be followed during the interview to promote co-operation throughout.

An audiotape was used to record the interview. Permission was obtained from the participants to record the interview. The most comprehensive and accurate description can be achieved by adding handwritten notes to verbatim-transcribed accounts (Streubert Speziale & Carpenter 2003:168). The researcher continued interviewing participants until data saturation was reached. The transcription formed the database (see chapter 3 for more detail).

## **1.12 DATA ANALYSIS**

Qualitative data analysis needs to be conducted with rigour and care (Coffey & Atkinson 1996:189). *Rigour* in qualitative research refers to striving for excellence and is associated with discipline, scrupulous adherence and strict accuracy (Burns & Grove 2003:39).

The researcher developed models in order to ensure rigour without sacrificing the relevance of qualitative research.

Data analysis requires the researcher to dwell with the data or become immersed in the data. Data analysis is done to preserve the uniqueness of each participant's lived experience while permitting an understanding of the phenomenon under investigation. This begins with listening to participants' verbal descriptions and is followed by reading and rereading the verbatim transcriptions. As the researcher becomes immersed in the data, he or she can identify and extract significant statements (Henning 2004:127-128).

Data analysis can create order and structure and give meaning to the data collected so that it can be synthesised, interpreted and communicated in a research report (Marshall & Rossman 1999:150; Polit & Hungler 2004:716). This process is messy, ambiguous and time consuming but creative and fascinating in the end (Marshall & Rossman 1999:150).

Tesch (1990:115-123) describes *de-contextualising* and *contextualising* to be used in interpretive or descriptive analysis. The three steps of Tesch - segmenting; developing an organising system; and sorting data (coding) - were used to analyse the data (see chapter 3 for more detail).

### 1.13 TRUSTWORTHINESS

According to Streubert Speziale and Carpenter (2003:364), *trustworthiness* refers to “establishing the validity and reliability of qualitative research”. Qualitative research is trustworthy when it accurately represents the experiences of the participants.

According to Lincoln and Guba (1985:218), trustworthiness endeavours to establish confidence in the truth of the findings and determines the degree to which the findings or the inquiry may have applicability in other contexts, as well as whether the findings would be consistently repeated on replication of the research in a similar context.

Lincoln and Guba (1985:218) identify the following terms that describe operational techniques supporting rigour: *credibility*, *dependability*, *confirmability* and *transferability*. These four aspects of trustworthiness are fully discussed in chapter 3. Table 1.4 below is a schematic representation of the research methodology in the different research phases.

**Table 1.4 Research methodology in the different research phases**

Research objective	Data collection	Data analysis	Sources / Sample	Trustworthiness strategies
<b>Phase 1: Conceptual phase</b>  Background to the problem  Research question and objectives	Literature review	Analysis of <ul style="list-style-type: none"> <li>• reflexivity</li> <li>• bracketing</li> <li>• intuiting</li> </ul>	Primary and secondary resources, national and international	<ul style="list-style-type: none"> <li>• credibility</li> <li>• transferability</li> <li>• dependability</li> <li>• confirmability</li> </ul>
<b>Phase 2: Research design and planning</b>  Data collection instrument  Sampling design	Literature review  In-depth interviewing	Analysis of <ul style="list-style-type: none"> <li>• reflexivity</li> <li>• bracketing</li> <li>• intuiting</li> </ul>	Primary and secondary resources, national and international  Non-probability purposive sample with unknown number of participants	<ul style="list-style-type: none"> <li>• credibility</li> <li>• transferability</li> <li>• dependability</li> <li>• confirmability</li> </ul>

Research objective	Data collection	Data analysis	Sources / Sample	Trustworthiness strategies
<b>Phase 3: Empirical phase</b>				
Data collection process	In-depth interview	Interpretative analysis	Non-probability purposive sample of participants (controlled by saturation)	<ul style="list-style-type: none"> <li>• credibility</li> <li>• transferability</li> <li>• dependability</li> <li>• confirmability</li> </ul>
Analysis/interpretation	Field notes Literature review	<ul style="list-style-type: none"> <li>• segmenting</li> <li>• organising system</li> <li>• sorting data</li> </ul> Analysis of <ul style="list-style-type: none"> <li>• reflexivity</li> <li>• bracketing</li> <li>• intuiting</li> </ul>	Primary and secondary resources, national and international	

(Adapted from Polit & Hungler 1997:31-37)

## 1.14 ETHICAL CONSIDERATIONS

Ethical measures are as important in qualitative research as in quantitative research and include ethical conduct towards participants' information as well as honest reporting of the results. Permission to conduct the study was obtained via letters from the Director of the Mother-and-Child section at the Pretoria regional office (annexure A).

The ethical measures were adhered to in this study. Informed consent was obtained from each participant. To ensure confidentiality and anonymity, the participants' names were not reflected on the interviews. There was no physical or psychological risk involved, as the study was non-experimental.

Further discussions on ethical considerations pertaining to this research will be presented in chapter 3, covering:

- consent to conduct the study
- confidentiality and anonymity
- privacy
- dissemination of results
- the right to withdraw from the study

## **1.15 SCOPE OF LIMITATION OF THE STUDY**

*Limitations* are the theoretical and methodological restrictions in a study that may decrease the generalisability of the findings (Burns & Grove 2003:487).

### **1.15.1 Conceptual limitations**

Conceptual limitations restrict the generalisability/transferability of the findings.

### **1.15.2 Methodological limitations**

The researcher recognises the restrictions in the study that may limit the credibility of the findings and restrict the population to which the findings can be transferred.

### **1.15.3 Theoretical limitations**

The researcher recognises that there could possibly be a weakness in the conceptual and operational definitions that restrict the abstract generalisation of the findings. Limitations of the study are discussed in detail in chapter 5.

## **1.16 ABBREVIATIONS AND DEFINITIONS**

### *Abbreviations*

TOP:	Termination of pregnancy
Rn:	Registered Nurse
CTPA:	Choice on the Termination of Pregnancy Act
SCHS:	Soshanguve Community Health Service
WHO:	World Health Organization

### *Definitions*

The following definitions of key terms are pertinent to this study:



## **Termination of Pregnancy**

Termination of Pregnancy is the separation and expulsion by medical or surgical means of the contents of the uterus of a pregnant woman (Choice of Termination of Pregnant Act 92 of 1996; Constitution of the Republic of South Africa of 1996).

A registered nurse may carry out the termination of a pregnancy during the first 12 weeks of gestation by pharmacological means, but from 12 to 20 weeks of gestation, TOP may only be carried out by surgical means by a medical practitioner (Choice of Termination of Pregnant Act 92 of 1996; Constitution of the Republic of South Africa of 1996).

### **Act**

Act refers to the choice on Termination of Pregnancy Act (Act 92 of 1996).

### **Registered nurse**

Registered nurse means a person registered as either a nurse and/or midwife under the Nursing Act (Act 50 of 1978). In this study registered nurses are professional nurses involved in Termination of Pregnancy at Soshanguve Community Health Services.

### **Experiences**

Experience is “(1) direct personal participation of observation, actual knowledge or contact; (2) a particular incident, feeling, etc, that a person has undergone. The impact made on an individual by the culture of people, nation, etc = ub (tr) to participate in, or undergo” (*Collins English Dictionary* 1991:546). Polit and Hungler (2004:12) explain experience as perceived feelings described by individuals. The description could act as a source of knowledge. Experience is also the lived constitution of a life-world according to phenomenology.

## **1.17 REFERENCE TECHNIQUE**

The reference section lists all books, journals or other sources of information cited in the text (Burns & Grove 2003: 584). For referencing literature sources, the researcher made

use of the abbreviated Harvard System. With regard to acknowledging, referencing and indexing information obtained from the Internet, the following techniques were used:

- In instances where an author's name appears on the web page, the author's name and the date of the update of the web page (if available) are indicated in the text (e.g. Bussion 1998:<http://www> or Bussion <http://www>). In the list of references the author's name and initials and date (if available) are listed followed by the complete web site address including the date of access to the web site.
- In cases where no author information is available, an abbreviated web site address appears in the text (e.g. <http://www.hst.org.za...accessed> 30/04/04) and a complete address is listed in the list of references (e.g. <http://www.hst.org.za> accessed 30/04/04).
- The dots (...) indicate that the complete Internet reference continues in the bibliography.

## **1.18 OUTLINE OF THE STUDY**

The study consists of five chapters, set out as follows:

### **Chapter 1**

An introduction to, and overview of the study is provided. The background to the problem, problem statement, aims and purpose of the study, research question, objectives and significance of the study are discussed. The research methodology, terminology and outline of the research report are also included.

### **Chapter 2**

This chapter provides a literature review on the experiences of registered nurses involved in TOP and in Pre-TOP counselling.

### **Chapter 3**

An overview of the methodology used in the study is presented. This chapter describes the research design, population, sampling, data collection and data analysis used in the study. Ethical considerations and measures to provide trustworthiness are also discussed.

## **Chapter 4**

The methods of data analysis and interpretation, and literature control are presented.

## **Chapter 5**

This chapter provides the conclusion, including strengths and limitations of the research findings. There are also recommendations concerning the presented research and future research.

### **1.19 CONCLUSION**

The background of the content of the study was described. The importance of the study as well as the aim, the purpose, research question and objectives were explained. Relevant concepts were defined, and an outline of the study was provided. A literature study follows in chapter 2.