Chapter 4

Data analysis

4.1 INTRODUCTION

In this chapter the findings of the research study are presented and discussed. The discussions and findings emanate from the literature review and in-depth interviews discussed in chapters 2 and 3.

As mentioned before, *data analysis* is a process of bringing order, structure and meaning to the data collected so that they can be synthesised, interpreted and communicated in a research report (Marshall & Rossman 1999:148; Polit & Hungler 2004:716). Although this is a messy, ambiguous and time-consuming process, it is creative and fascinating in the end (Marshall & Rossman 1999:150). Data analysis is done to preserve the uniqueness of each participant's lived experience while allowing an understanding of the phenomenon under study.

The aim of analysis is to understand the various constitutive elements of one's data, through evaluating the relationships between concepts and identifying any patterns or trends, or to establish themes in the data (Mouton 2001:108). Interpreting means comparing one's results and findings to existing theoretical frameworks and also showing whether these frameworks are supported or falsified by the new meanings (Mouton 2001:109). The other purpose of data analysis is to identify the similarities and differences in the data (Holloway 2005:154).

In this study, data analysis began with repeated listening to the participants' verbal descriptions on the tape recorder. According to Holloway and Wheeler (1996:236), the fullest and richest data is gained from transcribing all interviews verbatim. The researcher then read and reread the verbatim transcriptions (Holloway 2005:154) and listened to the tape recordings until the researcher became immersed in the data (Burns & Grove 2003:378). The researcher then identified and extracted significant statements. Data saturation was accepted as being reached when no new themes emerged.

4.2 BACKGROUND TO THE FINDINGS

Data was broken down into manageable categories, subcategories and meaning units. The categories reflect definite patterns of the experiences and feelings of participants as regards their involvement in termination of pregnancy. The themes are derived from the unstructured interviews conducted with three participants. The themes identified are affective response, cognitive and perceptual view. Categories and subcategories are present in each theme.

The following need to be considered when reading this chapter:

- Meaning units refer to the initial context.
- Meaning units belong to the ‘de-contextualising’ step during data analysis.
- Each meaning unit is coded, for example C14. This leaves an audit trail that is essential for data audit.
- The letter refers to the participant and the number to the data unit of the analysed interview. The researcher took special care in cutting and transferring data units from transcripts to the specific categories to which they belong.
- Not all the meaning units could be used; only the core meaning units were extracted from the ‘re-contextualising’ step to utilise for data analysis. Similar meaning units from other participants were not included, because they have the same meaning as the included ones.
- A summary of the main themes and categories is presented in table 4.1. The data is then presented step by step by making use of “overview” data displays. These displays are intended to focus attention on the specific theme and category and eliminate the need to page back and forth.
- Discussions that follow the data displays refer to literature that serves the contents of categories.

4.3 DATA STRUCTURE AND FINDINGS

Four levels of abstraction of the data were obtained. Level 4, which contains the major themes that emerged, is the highest and most general abstract level. Level 1 is the lowest and contains the most concrete and pertinent data, namely the data units (meaning units).

The structure of the data consists of the following:

- *6 THEMES*
- *8 MAJOR CATEGORIES*
- *18 SUBCATEGORIES*
- *45 MEANING UNITS*

Table 4.1 represents an overview of the structure of the data as it emerged during data analysis. The table illustrates the themes and categories.

Table 4.1 Structure of data themes and categories

4.3.1	**Theme 1: Emotional and psychological trauma**
	4.3.1.1 Frustration
	4.3.1.2 Stress
	4.3.1.3 Being labelled
	4.3.1.4 Feelings of rejection
4.3.2	**Theme 2: Lack of resources**
	4.3.2.1 Extra-personal resources
	4.3.2.2 Personal resources
4.3.3	**Theme 3: Lack of support**
4.3.4	**Theme 4: Debriefing**
4.3.5	**Theme 5: Positive experiences**
	4.3.5.1 Support system
	4.3.5.2 Feelings of sympathy
4.3.6	**Theme 6: Concern for uninformed colleagues**

4.3.1 Theme 1: Emotional and psychological trauma

The data contained in the categories that comprise theme 1, which are frustration, stress, being labelled and feelings of rejection, relate to the feelings of the TOP providers.

Data display 4.3.1.1: Frustration

TOP providers felt frustration when involved in TOP services.

Subcategories	Meaning Unit
Frustrated about situation prevailing	Dealing with those frustrations is a little bit difficult (A 84). Oh, very much frustrating, very much frustrating, especially when I have to make a decision (A 76). This service is emotionally and psychologically exhausting (B 109-110).

Frustration is a feeling of being thwarted, characterised by interference with ongoing behaviour. Frustration is applied to the feeling of being unable to exert any influence on an outcome (Popplestone & Pherson 1998:137).

Registered nurses involved in the termination of pregnancy become frustrated by several issues during their service delivery. These are described in the literature: Dondashe (2001:47) states that one registered nurse expressed her frustration: “I find it very frustrating when I see a young girl of 12 years signing without parental consent”. Extracts from Mail and Guardian (July 31-Aug 6 1998:3) concur: “being involved in termination of pregnancy is very emotionally taxing” and “emotional toll is heavy on nurses who perform abortions and counselling daily”.

Data display 4.3.1.2: Stress

Participants experienced stress in the TOP unit. This was attributed to several factors.

Subcategories	Meaning Unit
Stressed by procedure	Sometimes, eh, after induction the tablets don't actually work sometimes and you end up doing termination (C14-15). What, what disturbs me most is when you terminate some when the procedure takes long (C12).
Factors relating to stress	I think you need somebody to counsel you there and then so there are no services (B191-192). What affects me most is when the client breaks down, because most of the time they decide to do termination of pregnancy but there's a stage where they are emotionally affected (B54-55). Stressed and there is no transport (C167-168). Being disturbed by the attitude, the behaviour of the client during termination of pregnancy (B 117).

Stress is the way that a person responds to the environmental demands or pressures. Stress is provoked by the fact that one cannot manage the demands being made. A certain degree of stress is a normal part of everyday life, but when stress becomes constant, it can lead to physical or mental problems (Marins 2000:1127).

The literature provides evidence that stress amongst TOP providers is common: The care of women undergoing termination of pregnancy can be extremely stressful and requires considerable skills on the part of nurses involved in their psychological care (Nursing Standard 1993:25). This stress is due several issues. The nurses work under particularly stressful conditions, aside from the general stressors of the inadequacies of the health systems. They have to absorb the additional pressure of the service itself (Barometer May 2002:17). The providers of termination of pregnancy are overloaded with work as they are usually the only provider willing to render the service and this leads to stress (Barometer May 2002:17). The emotional well-being of staff is affected by lack of support from management and the stressful nature of the work (Reproductive Right Alliance 2002:9). The lack of support and or intimidation by managers and colleagues adds to the already stressful nature of this work (Reproductive Right Alliance 2002:18). There is evidence to suggest that nurses may find dealing with termination stressful (Dyson & While 1999:478). Nurses providing daily counselling and performing terminations experience a heavy emotional effect (Prabhakaran 1998:3).

Data display 4.3.1.3: Being labelled

Registered nurses involved in termination of pregnancy experience two types of labelling: perceived and received labelling. Perceived labelling is when a person feels that he or she is being labelled, while received labelling is when he or she is actually called names.

Subcategories	Meaning Unit
Perceived labels	You know killing and doing all these diabolic, diabolic things that people are talking about (A83-84). Feel horrible. I don't like it when people keep on talking about what I do in a negative way (C81). I'm labelled sometimes (A88). Like I say, people can label you with nicknames, you know (A231). Because they are already obsessed with their feeling that you are a killer, finish and klaar (A92-94).
Received labels	They don't actually treat us alright because they're always there, there most of the time, most of them are anti-TOP and they'll keep on saying we are killing and stuff like that (C 69-71). Some of them are calling us serial killers (B15). They mustn't call us names (B132). They will keep on saying we are killing children and stuff like that (C70).

Labelling means attaching a linguistic symbol to a person's behaviour. The label influences the person's behaviour as well as other people's perceptions of and reactions to the label bearer (Sauber, Abate, Weeks & Buchanan 1993:229). Dondashe (2001:49) reports that participants in his/her study were called names for taking part in termination of pregnancy.

Data display 4.3.1.4: Feelings of rejection

The TOP providers feel rejected by colleagues, due to negative comments when they are near.

Subcategories	Meaning Unit
Rejected by colleagues	The talking, you know, most of the time when you are around them, have to talk about TOP and everything that is bad about it, you know (C74-75).

Engelbrecht, Pelser, Ngwena and Van Rensburg (2000:6) state that some health care workers display hostility towards those involved in TOP. TOP providers feel *rejected by colleagues* - this rejection was attributed to being involved in termination of pregnancy (Engelbrecht et al 2000:11). TOP providers are isolated within the institution, working on their own or in very small teams (Barometer May 2002:17). Dondashe (2001:38) states that in his/her study, nurses felt rejected and their colleagues were avoiding them and gossiping about them.

4.3.2 Theme 2: Lack of resources

The second major theme that emerged from the data is that of the lack of resources in the clinics where TOP is provided. The deficiencies that hampered efficient service delivery were either of extra-personal (environmental) resources or of personal (human) resources.

Data display 4.3.2.1: Extra-personal resources

Subcategories	Meaning Unit
Extra-personal (environmental) resource	So suctions that we are having are mobile suctions and..... mobile equipments you have to move them around, unlike syringes whereby you just, you know, use it (B119-121).

Extra-personal resources are all material resources needed to attain TOP objectives, which are the effective termination of pregnancy. These include equipment used for termination of pregnancy. Sufficient and suitable equipment should be made available for improved service delivery, such as ultrasound machines used to assess gestational age (Barometer May 2002:18).

Data display 4.3.2.2: Personal resources

Subcategories	Meaning Unit
Personal (human) resource	I think the first thing is that one of human resource. It's a general problem but I think more people should be trained, especially those who are interested in doing the service (A165-16). I think more people should be trained, especially those who are interested in doing the service so that there must be a continuous, continuous changing and shifting where necessary (A150-152).

Personal resources mean the manpower involved in TOP. In this study, personal resources are people trained in TOP and working in a TOP unit. Social workers and psychologists form part of the human resources since they are responsible for the effective debriefing of TOP providers.

In South Africa/SCHC there is inadequate human-resource capacity allocated to the provision of the service, resulting in high stress and burn out (Barometer May 2002:5). The training of TOP health care providers should be treated as a priority to increase the human resource pool (Barometer May 2002:17). The numbers or availability of social workers and psychologists are insufficient to perform the debriefing sessions essential for TOP providers.

4.3.3 Theme 3: Lack of support

Theme 3 includes the lack of support from colleagues and management at the institution where TOP takes place.

Data display 4.3.3: Lack of support

Subcategories	Meaning Unit
Colleagues	Our colleagues don't support us (B 11). I think colleagues should even support us (B132). Our colleagues here that haven't done TOP, maybe we can do with their support (B133).
Managers	Managers institutionally to organise, eh, hmm, psychologist for us institutionally because that's where we lack support most (B132). I think support from the colleagues and support from the managers especially, because if a manager doesn't support you, how do you expect colleagues to support you (B139-140). We don't have ...eh, access to a psychologist or even access from, eh, access from managers supporting us re experiences that we get when we do terminations (B7-9).

The support of colleagues and managers to TOP providers is of immense importance. *Support* is a category of verbal communication that is person-enhancing, involving statements that are positive, facilitative and respectful and that communicate worth for another person (Sauber et al 1993:387). Effective teams provide support to their fellow team members and can help relieve the tension as well as reduce stress (Jooste 2003:158). Management should ensure a safe and secure environment and this will make the TOP providers to feel valued and appreciated (Jooste 2003:332).

This problem with lack of support is mentioned in several studies and literature sources: There is a need for psychological support provided by the social worker and psychologist. The health care providers are concerned about the emotional well-being of staff and the lack of support from management and authorities (Reproductive Health Alliance 2002:9). Care to the caregiver is non-existent, despite the fact that termination of pregnancy is an emotional issue. There is no psychological support offered (Reproductive Health Alliance 2002:15). Unsupportive management at the facility level actively or passively obstructs the ability to render a service (Barometer May 2002:5). The nurses indicated the urgent need for support in order to be able to nurse the women. Perhaps support groups for nurses could be implemented (Poggenpoel et al 1998:6). The participants felt that it would have been better if management could have

come to TOP facilities to talk and perhaps reassure them (Dondashe 2001:48). In Health Update (2003:13), a TOP provider states that she has no friends, nobody talks to her and she doesn't have any support. She says, "I'm victimised".

4.3.4 Theme 4: Debriefing

Among the issues that prompted the researcher to conduct the study was the lack of debriefing for TOP providers. The TOP providers work under stressful situations and thus need to be debriefed on a continual basis. The debriefing sessions that are provided are said to be inadequate and not always available.

Subcategories	Meaning Unit
Formal debriefing	Once a month there is a debriefing session at the region whereby TOP providers meet monthly and there's a psychologist that comes (B81-82).
Informal debriefing	At the present moment it was just discussion and sharing amongst ourselves (A183)
Emergency debriefing	To some extent it is, but at times you will find that you need an immediate debriefing because the, the, the emotional issue has got to do with termination of pregnancy (B86-87).
Problems with debriefing	Especially midwives should have access to a psychologist anytime, especially when she's emotionally affected, there and then (B129-130). One thing that I think should be done in a debriefing session: they mix ... the meeting plus debriefing session, which put people in a difficult situation of whether they came for meeting or a debriefing session (A 129-130). Debriefing sessions, because they come only once, and once you miss then you know that you'll be missing two months and then you may find yourself having failed to share your problems, share not only your problems but even your achievement with your, your colleagues and is not that much good (A294-298).

Debriefing means a discussion held after an intense event or catastrophe where all aspects of the events are discussed and analysed (Encyclopaedia & Dictionary of Medicine, Nursing & Allied Health 1992:389).

There are several types of debriefing:

- *Formal debriefing* is an arranged debriefing session meant for sharing and analysing issues pertaining to the events. For the purpose of this study, it means an arranged debriefing with a psychologist at the regional office.
- *Informal debriefing* is the sharing and discussion of issues in an informal setting. The participants in this study met and discussed their TOP experiences with colleagues.
- *Emergency debriefing* means a debriefing session needed in cases of crisis situations, for example when the TOP provider is emotionally traumatised.

(Hattingh 2001:24).

Problems experienced in this study were related to inadequate debriefing sessions, as debriefing was held only once a month. Debriefing sessions were also held at the same time as meetings, which the nurses found to be problematic.

According to the literature (Matthews 1998:208), this need for debriefing is common:

Due to the nature of the work involved in termination of pregnancy, nurses verbalised the need to meet to talk about their experiences and off-load (Gmeiner et al 2000:72). The main aim of debriefing is for the nurses to share their feelings, assess their strengths and find new meaning in their everyday experiences, and thus feel supported (Gmeiner et al 2000:73). Health care providers should form support groups for debriefing and sharing experiences (Reproductive Right Alliance 2002:10). Few nurses who are willing to perform termination of pregnancy do not have their own support systems - after performing fifteen terminations per day they need their own counselling, as the job is emotionally taxing (Prabhakaran 1998:3).

4.3.5 Theme 5: Positive experiences

Despite the mainly negative experiences that the TOP providers experienced, some positive reactions were expressed. Two main categories emerged from the data: support systems that were in place and feelings of sympathy for clients.

Data display 4.3.5.1: Support systems

Subcategories	Meaning Unit
Professional	We've got a psychologist whom you can tell, eh, your problems. She's be able to listen (C99-100).
Collegial	He, he always come to check on us. For the fact that he comes and shows interest in what we are doing, how we are coping (C119-120).

Providing support for TOP nurses is important because it promotes emotional well-being. Nurses indicated an urgent need for support in order to be able to nurse the clients. They highlighted the importance of support groups in the workplace to give them an opportunity to ventilate their feelings of anger, resentment, guilt and sadness. Dondashe (2001:48) states that it is necessary for management to help nurses overcome their anxiety and uncertainty by listening to them, answering their questions and giving reassurance where possible. Poggenpoel et al (1998:7) suggest that this should be in the form of "care of the caregiver", conducted by the clinic's own consultant.

Data display 4.3.5.2: Feelings of sympathy

TOP providers felt sympathy for some of the clients they dealt with.

Subcategories	Meaning Unit
Sympathetic with the clients	I become a little bit more sympathetic (A109). Some people when you look at them you may find that it will be difficult, it will be difficult for them to cope (A116).

Participants viewed women who terminated pregnancy as human beings and accepted them unconditionally.

This approach has been revealed in other studies:

Women are nursed within their own frame of reference and not that of a nurse (Ndhlovu 1999:43). The TOP providers supported the clients emotionally and assisted them to find meaning in their experiences (Dondashe 2001:40).

4.3.6 Theme 6: Concern for uninformed colleagues

This theme refers to the lack of information that other registered nurses and staff have with regards to termination of pregnancy issues.

Data display 4.3.6: Concern for uninformed colleagues

Subcategories	Meaning Unit
Uninformed colleagues	Personnel doesn't have insight regarding termination of pregnancy. As a result clients are not well treated and others are being denied a service because of lack of information (B3-5). I think is important for us as TOP providers to inform them because they are lacking most information (B70-71). They need to be educated because most of them they don't actually know what is happening and they don't even have interest (C91-92) I think this comes from the fact that they, they don't have.. they, they lack knowledge, ehm, about TOP (C137-138). Ehm, also management should, should maybe keep others, they should give them, educate them, or give them or give us opportunity to educate, eh, other personnel about TOP (C149-151). I have realised they don't know what is happening (C94).

The other clinic staff were not informed about TOP issues. TOP providers were thus concerned, feeling it necessary to give them information to keep them updated and empowered.

Dondashe (2001:44) states the importance of training other health care workers to understand TOP and related issues. There is a need to design training modules for different levels of health care workers (Ndhlovu 1999:44). Value-clarification workshops need to be organised, with the main aim being to contribute to the effective

implementation and management of TOP (Marais 1997:7). Also, ethical decision-making skills should be incorporated into the curriculum of nurses training in TOP.

Nurses should be informed about their right not to participate in termination of pregnancy if it violates their morality. In such a case, the nurse has a responsibility to inform the employer in writing of her conscientious objection to participating in the termination of pregnancy (Pera & Van Tonder 2005:84).

4.4 CONCLUSION

This chapter presented the findings from the interviews with TOP providers. The data analysis provided information on:

- emotional and psychological trauma experienced by TOP providers
- lack of resources influencing their difficult task
- lack of support from colleagues in the procedure of TOP
- need for debriefing of TOP providers
- positive experiences with respect to support for the TOP provider and for clients
- concern for uninformed colleagues as regards their attitude towards TOP

Chapter 5 concludes the study and discusses the findings from the analysis of the registered nurses experiences in participating in TOP procedures.