

# Abortion Care Research: The Staff Perspective

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# Information gathering: Staff Perspectives

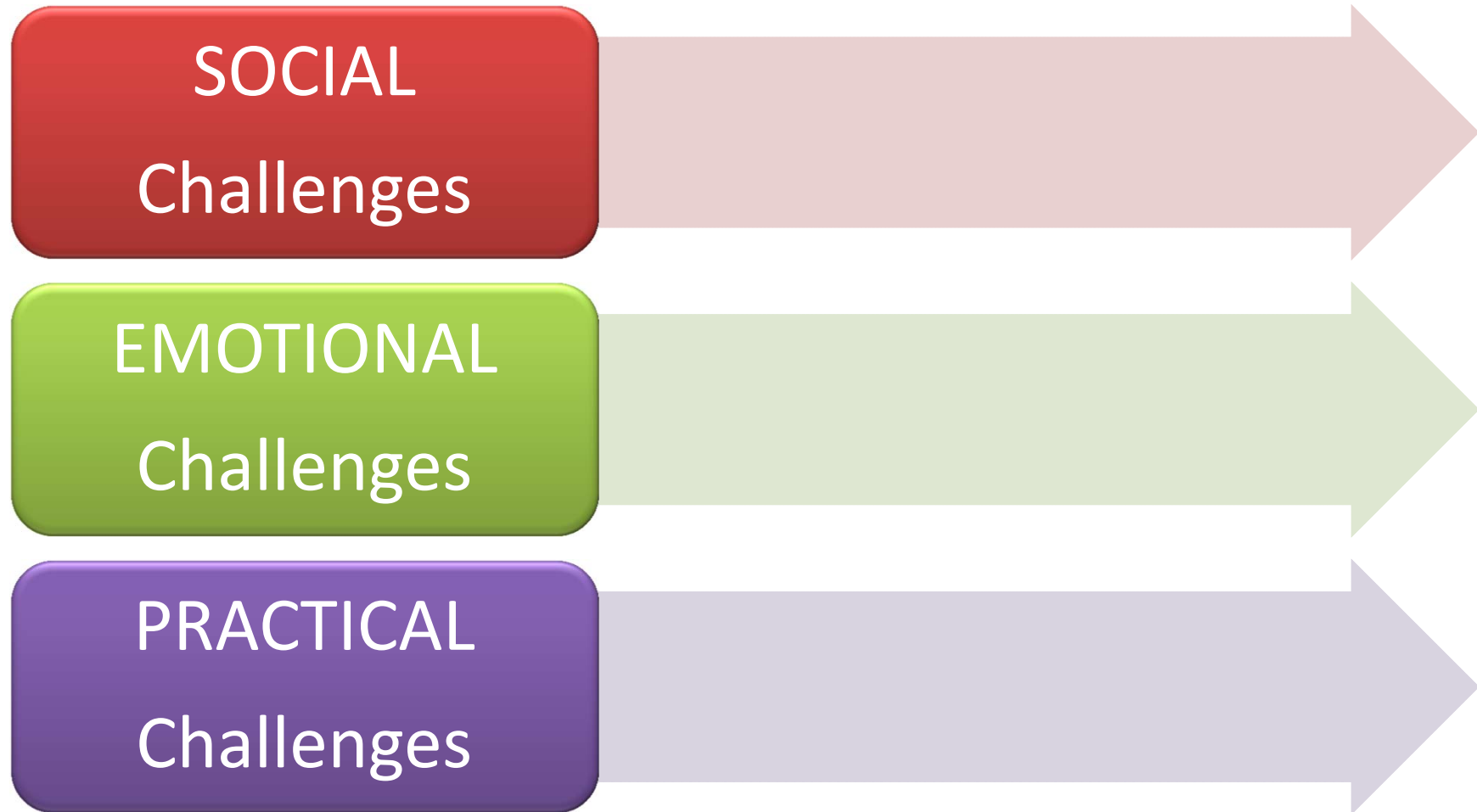
- In depth semi-structured face to face interviews were conducted with 8 staff who provided care for women before, during and after abortion.
- Staff worked in a variety of settings such as community contraception clinics, gynaecology wards and abortion assessment clinics +

# Key Themes

Relating to staff perceptions

# Staff perceptions

## Perceived challenges of working in abortion care



## Staff perceptions

### Perceived challenges of working in abortion care



SOCIAL  
Challenges

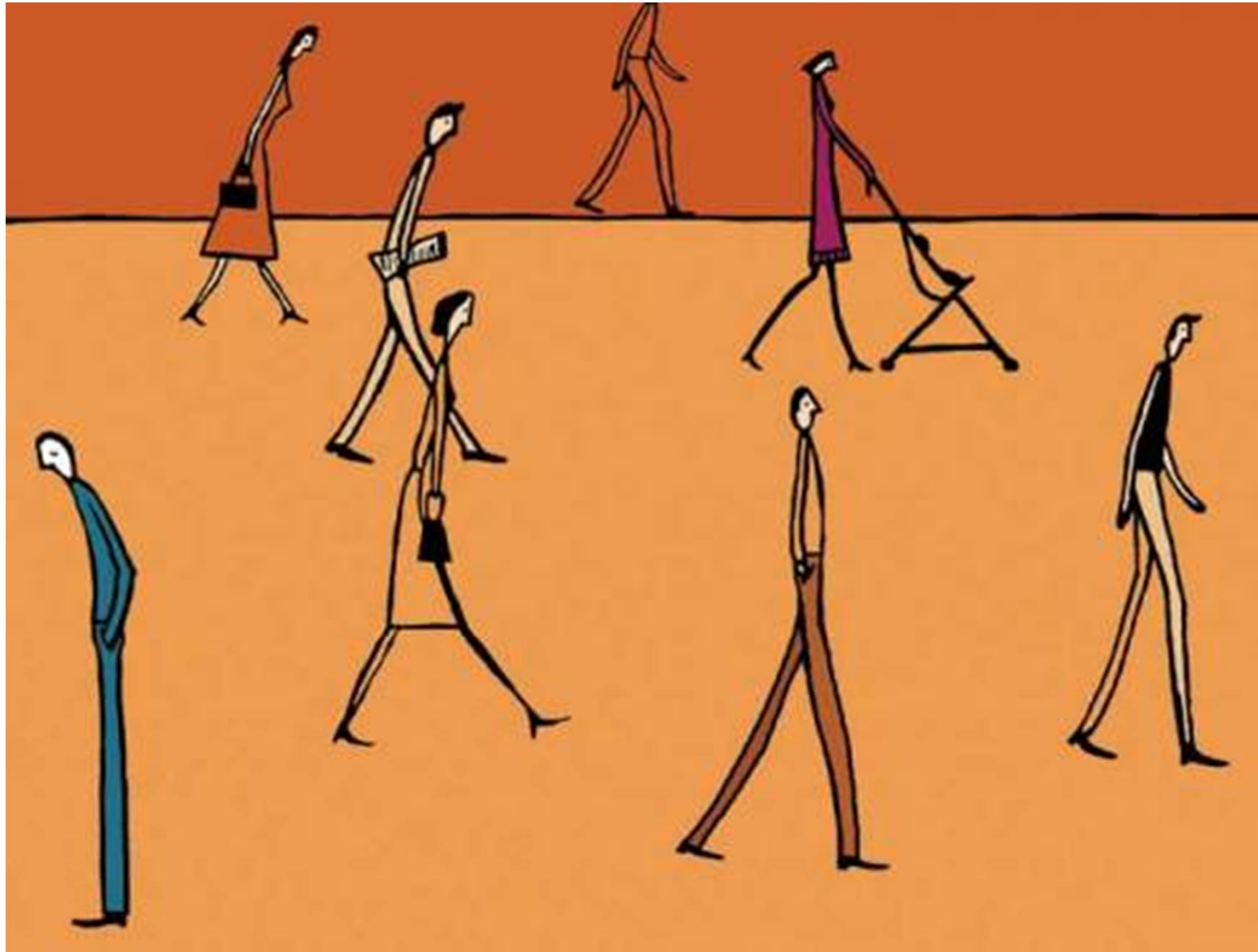
- Unpopularity of working in abortion care
- Isolation – Fear - Vulnerability

# UNPOPULAR WORK

*“You need to look at the whole picture this is not just a woman with a pregnancy inside her uterus that you need to empty. It’s the whole social, psychological aspect of an unplanned pregnancy. It’s all part of the complex picture”.*



# THE SOCIAL CHALLENGES OF ABORTION CARE WORK ISOLATION



# Staff perceptions

## Perceived challenges of working in abortion care



EMOTIONAL  
Challenges

- Personal opinions compromised
- Repeat abortions
- Foetal abnormality



## OPINIONS AND BELIEFS

*“People can’t disassociate themselves from their own judgements, because it’s very deep-rooted”*

**“What’s got to be done has got to be done, the rights and wrongs of it are irrelevant”.**



# REPEAT ABORTION

*“I don't think anybody likes it when we see women coming in again”*

*“oh second one”*

“another one within a year”

“oh dear what is she doing”?

“silly girl”.

# FOETAL ABNORMALITY

**“they might get that extra little visit in with her to check that she is okay”.**



## Staff perceptions

### Perceived challenges of working in abortion care

PRACTICAL  
Challenges

- Access
- Staffing –Recruitment/Retention
- Facilities–appropriate? adequate?

# ACCESS TO SERVICES

*"So many problems of going so far"*

*"It's all about  
postcode,  
postcode lottery"*

**"The organisation of visits puts women off"**

# CONCLUSIONS

- ◉ Staff were motivated by a desire to provide care for women in need.
- ◉ Abortion care work was challenging at times
- ◉ Isolation was experienced as part of the job
- ◉ Repeat abortion provoked negative emotions
- ◉ Foetal abnormality commanded greater sympathy
- ◉ Inequitable access to abortion compromised care
- ◉ Evidence of some judgemental opinions



# RECOMMENDATIONS FOR PRACTICE

- ◉ Improved staff training to include personal reflection
- ◉ Better communication skills
- ◉ Increased collegiate support
- ◉ Ideally staff should elect to work in specialty
- ◉ Increased availability of local services, particularly for late gestation abortion



# Acknowledgements



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