ORIGINAL RESEARCH ARTICLE

Community health nurses' experiences regarding provision of termination of pregnancy services in Johannesburg metro subdistricts clinics

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Abstract

Experiences of community health nurses contribute to access of termination of pregnancy (TOP) to be affected. The aim of this study was to explore and describe the experiences of community health nurses who provide termination of pregnancy in Johannesburg Metro sub districts clinics. This study was conducted in a natural setting namely the clinics where the community health nurses worked. The clinic was the natural setting for the community health nurses because it was where they provide termination of pregnancy services on a daily basis. The researcher conducted the study in 5 sub districts clinics in Johannesburg Metro. A qualitative, explorative and descriptive method was used in this study. The population comprised of community health nurses who were selected purposively. Data were collected amongst 11 participants using individual face to face interviews in a natural setting. Data were analyzed using the Tesch method of data analysis. Two themes emerged; attributes of termination of pregnancy providers as the first theme with sub-theme possess emotional stability, courage, self-worth, and selflessness. The second theme that emerged was a requirement for termination of pregnancy services with staff, equipment for termination of pregnancy, management support, training, and development needs were sub-themes of the second theme**.** Termination of pregnancy providers experienced stigma and discrimination by their colleagues and community. Though the community health nurses loved their job, lack of support from the supervisors contributed to them feeling neglected and this in turn caused them, to experience stress. The experiences of community health nurses who provided termination of pregnancy in Johannesburg Metro subdistricts clinics were explored and described. It was noted that the community health nurses were overwhelmed with work, doing everything on their own which resulted in them experiencing stress and burnout. Lack of equipment and consumables increased their stress levels because they had to improvise in order to keep the service going. *(Afr J Reprod Health 2022; 26[8]: 112-122).*

Keywords: Community health nurses, experiences, provision, termination of pregnancy

Résumé

Les expériences des infirmières en santé communautaire contribuent à ce que l'accès à l'interruption de grossesse (TOP) soit touché. Le but de cette étude était d'explorer et de décrire les expériences des infirmières en santé communautaire qui pratiquent l'interruption de grossesse dans les cliniques des sous-districts du métro de Johannesburg. Cette étude a été menée dans un milieu naturel à savoir les cliniques où travaillaient les infirmières en santé communautaire. La clinique était le cadre naturel pour les infirmières en santé communautaire, car c'était là qu'elles offraient quotidiennement des services d'interruption de grossesse. Le chercheur a mené l'étude dans 5 cliniques de sous-districts du métro de Johannesburg. Une méthode qualitative, exploratoire et descriptive a été utilisée dans cette étude. La population était composée d'infirmières en santé communautaire sélectionnées à dessein. Les données ont été recueillies auprès de 11 participants à l'aide d'entretiens individuels en face à face dans un cadre naturel. Les données ont été analysées à l'aide de la méthode d'analyse des données de Tesch. Deux thèmes ont émergé; les attributs de l'interruption de grossesse comme premier thème avec sous-thème possèdent la stabilité émotionnelle, le courage, l'estime de soi et l'altruisme. Le deuxième thème qui a émergé était une exigence pour les services d'interruption de grossesse avec du personnel, l'équipement pour l'interruption de grossesse, le soutien à la gestion, la formation et les besoins de développement étaient des sous-thèmes du deuxième thème. Les prestataires d'interruption de grossesse ont été victimes de stigmatisation et de discrimination de la part de leurs collègues et de la communauté. Bien que les infirmières en santé communautaire adoraient leur travail, le manque de soutien des superviseurs contribuait à leur faire sentir qu'elles étaient négligées, ce qui, à son tour, leur causait du stress. Les expériences des infirmières en santé communautaire qui ont pratiqué l'interruption de grossesse dans les cliniques des sous-districts du métro de Johannesburg ont été explorées et décrites. Il a été noté que les infirmières en santé communautaire étaient débordées de travail, faisant tout par elles-mêmes, ce qui leur a causé du stress et de l'épuisement professionnel. Le manque

d'équipements et de consommables augmentait leur niveau de stress car ils devaient improviser pour maintenir le service. *(Afr J Reprod Health 2022; 26[8]: 112-122).*

Mots-clés: Infirmières en santé communautaire, expériences, prestation, interruption de grossesse

Introduction

Two decades ago, termination of pregnancy was made accessible and affordable to all women in South Africa. This was made possible by repealing the restrictive Abortion and Sterilization Act of 1975 (Act no. 2 of 1975). Since the inception of the Choice on Termination of Pregnancy Act of 1996 (Act no. 92 of 1996) as amended, there has been an increase in the number of women requesting to terminate their pregnancies. It is documented that between 2015 and 2019 roughly 121 million pregnancies worldwide occurred unplanned or unintended[1]. The authors further indicated that of these unplanned or unintended pregnancies, 61% ended in abortion. Thus, 73 million abortions occurred per year. These make an overwhelming impact on the limited number of Termination of Pregnancy (TOP) providers who find it difficult to cope with the demand for termination of pregnancy[2]. These shortages of TOP providers lead to the community health nurses who are currently providing TOP services to experience various challenges.

Problem statement

In the public arena as well as in the healthcare profession, the termination of a pregnancy is a sensitive and a controversial matter[3]. Despite the fact that termination of pregnancy is legal there are still challenges faced by TOP providers such as being labeled "baby killers[4]. The community health nurses who provide TOP appear traumatized as a result some of them resorting to conscientious objection to providing TOP. This leads to staff shortage as there are few nurses who agree to be allocated to TOP services, meanwhile clients' access increases.

Background

Healthcare systems worldwide regarding women's health have become a focal point and include the right of women to make their own reproductive choice as entrenched in the reproductive rights[5]. This implies among other reproductive rights that a woman can choose to terminate a pregnancy without involving her partner or a parent in a case of a minor. In South Africa the restrictive legal guidelines were entrenched in the Abortion and Sterilization Act of 1975 (Act no. 2 of 1975) which was repealed by the Choice on Termination of Pregnancy Act of 1996 (Act no. 92 of 1996) as amended. The Choice on Termination of Pregnancy Act of 1996(Act no. 92 of 1996) made TOP more accessible and affordable to all women in South Africa. Regardless of the stipulations of the Choice on Termination of Pregnancy Act of 1996 (Act no. 92 of 1996) women still opt to go to illegal abortion as there is limited access to TOP clinics due to the shortage of TOP providers[4]. Although pregnancy termination has been legalized in South Africa, it is a highly debated subject. Experiences and perspectives of TOP providers in South Africa confirmed that people who are against abortion or TOP are often influenced by their culture and/or religious beliefs[6]. This group of people regard the termination of pregnancy as similar to murdering another human being. Röhrs[7] expound on the religious connotations by explaining that, since taking a life is an immoral and sinful act, those who are involved with 'killing babies' are equally sinful and immoral. Perceptions such as this make it very difficult for community health nurses to provide termination of pregnancy.

Community health nurses who are providing TOP at the clinics experience intense guilt because they provide termination of pregnancy which goes against what Marks[8] calls "womanly virtue of caring and compassion". Termination of pregnancy service is an important service that deals with the sexual reproductive health and woman's rights**.** Even though this service is important, the community nurses who provide terminations are overburdened and stigmatised by colleagues[9]. In order to avoid being stigmatised community health nurses do not volunteer to be allocated in the TOP services that lead to shortage.

Aim of the study

The aim of this paper was to explore and describe the experiences of the community health nurses who provide termination of pregnancy services in Johannesburg Metro Sub-districts clinics.

Method

A qualitative, exploratory, and descriptive approach was used. Qualitative research is the investigation of the phenomena, typically in an in-debt and holistic fashion, through the collection of rich narrative materials using a flexible research design[10]. The researcher explored and described the experiences of the community health nurses who provide TOP services in Johannesburg Metro Sub-districts clinics.

Researcher characteristics and reflexivity

One researcher works at the Department of Health under the maternal and child health worker and nutrition department, whereas all other researcher works at the University of Pretoria under the department of nursing. All the researchers had no influence on the study or participants as they were not working closely with the community health nurses at their clinics. All the researchers believe that TOP is one of the most important sexual and reproductive healthcare services for all women. As a result, the experiences of community health nurses need to be explored in order to identify the support needs related to this procedure. This belief has no impact on research data analysis and the data analyzed is a true reflection of the participants without being skewed.

Context of the study

The study was conducted in the clinics which was a natural setting where the participants felt safe. It was in the five clinics of the Johannesburg Metro Sub-districts. The natural setting was the duty room of the clinics where the participants were familiar with the surroundings and were feeling comfortable and safe.

Population and sampling strategy

A total of 11 participants constituted the population of this study, which included the community health nurses who provide TOP services and those who are TOP trained but allocated in other department of the clinics. The 11 participants voluntarily consented to participate in the study. Non- probability purposive sampling was used to select the participants.

Data collection method and instrument

Data was obtained from the participants through individual face to face interviews. The purpose of individual face to face interviews was to make participants feel free to express themselves without fear, meanwhile clearly defining the phenomena. The face to face interviews which were audio recorded were conducted after permission was obtained from the participants**.** The researcher used the audio recorder to capture all the discussions. The researcher posed the question**:** "what are your experiences regarding the provision of TOP services"? This was followed by probing and paraphrasing to ascertain good understanding of what the participants were saying. The interviews lasted for 30 minutes to an hour.

Unit of study

Participants of the study were both male and female who are conducting TOP around the five selected community health care centers. Participants were working as community health nurses who had at least one year of working experience. Participants were given formal training on and were involved in TOP. The study included 11 registered community nurses who voluntarily participated in the study.

Data processing and analysis

The data was analyzed according to Tesch method[11]. The researcher transcribed the collected data verbatim. The researcher engaged a co-coder to analyze data. The co-coder was given unmarked transcripts to analyze. Thereafter a telephonic discussion between the co-coder and the researcher took place where an agreement was reached on the categories and sub-categories that were derived. There were 4 categories and 11 sub-categories that were identified and agreed into.

Trustworthiness

The principles of trustworthiness were applied as described by Lincoln and Cuba as cited in Polit and

Beck[10]. Credibility was acquired through the use of prolonged engagements with the participants. The researcher obtained dependability by transcribing the data verbatim from the audio tape. Thereafter, an independent coder experienced in qualitative research method was presented with the transcribed audio interviews and field notes to analyze and code the data independently. The consensus meeting was held to compare data analysis and codes, further ensuring credibility and dependability of data analysis and findings. Transferability was established through the provision of detailed information that will enable prospective researchers to transfer findings to other contexts. Confirmability was acquired through keeping an audit trail.

Results

The participants narratives of the phenomenon under study were grouped together under two categories. See Table 1 below reflecting the experiences of community health nurses who provide termination of pregnancy services in Johannesburg Metro Sub-districts clinics.

Attributes of TOP providers

Attributes of TOP providers emerged as the first category which was sub-divided into four sub-categories namely: possession of emotional stability in order to display courage, self-worth and selflessness.

- ***Possession of emotional stability***

Possession of emotional stability evolved as the first sub-category under the first category of attributes of a TOP provider. The participants had different ways of coping with their work to stay emotionally stable. Focusing on keeping the patient calm and performing a safe successful TOP also helped them to control their emotions. The participants expressed that:

Yoh, I felt bad, I didn't cry initially but I was hurt, I … I did not show the patient I just did my … my job …TOP is an independent practice …" (Participant no. 3).

"*Not ever, I'm never been depressed I've never experienced any signs of depression. "(Participant no. 10).*

"I don't feel bad, I don't know I love; love what I am doing mmm… I don't feel not [performing TOP] *they don't make me feel bad at all"* (Participant no. 3).

"Yah, so when it comes to patients it was quite eh a fulfilling experience whereby you, you find that when you help [them] to go through the procedure either you transfer them and they get successful either you do the procedure and you get successful then it's, it's, it's a thumbs up for you" (Participant no. 8)

The participants controlled any possible feelings of sadness or depression by relying on an inner belief and strength that they were in a job that they loved. They dealt with any negative feelings by focusing on being committed to their patient's safety and well-being and placing it first. Possessing emotional stability assisted them to render TOP services without becoming upset and depressed. They did not show any signs of emotional breakdown.

- ***Courage, self-worth and selflessness***

Courage, self-worth and selflessness emerged as the second sub-category of the first category resembles the attributes of a TOP provider. The participants admitted that they sometimes felt as if they could not cope, but then their love for the nursing profession and their commitment to their clients encouraged and empowered them to be resilient. Courage, self-worth and selflessness were expressed as:

*"Mina (Me) it's just that I love nursing. I love nursing. I don't know maybe that's why I cope I just love nursing and when I do something I wanna (*want) *to do it to the fullest if I'm in maternity you know I need our service providers to be more compassionate, to be more caring and you just have to be patient with the clients and eh the need for confidentiality is extra and yah it's just a nice practice I guess". (Participant no.8).*

"It's just that I love nursing, I do because, I do I enjoy what I do much as I have problems but I do enjoy what I'm doing. … and then I feel good when a patient goes away and then she's safe, I've got a way of controlling overcrowding like I've said we do twenty (patients) a day we are managing and then I feel good when a patient after counselling … after we've done … everything they do come back

Table 1: Categories and sub-categories on the experiences of the community health nurses who provide top service in Johannesburg metro sub-district clinics

CATEGORY	SUBCATEGORY
Attributes of TOP providers	Possess emotional stability
	Courage, self-worth and selflessness
	Professional independency and competency
Requirements for TOP services	Staff
	Equipment for TOP
	Management support
	Training and development needs

to us thanking us… acknowledging our counselling". (*Participant no.11).*

The participants indicated that they were compassionate and love the nursing profession; they were more caring and able to deal with confidentiality. They displayed courage by sticking to their job despite taking strain when performing a TOP. Additionally, these participants mentioned that they sometimes experienced feelings of depression and being ignored by colleagues from other units. They were determined to do their work successfully and felt that there was no obstacle that was going to hinder them performing their job as TOP providers.

- ***Professional independence***

Professional independence and competency also emerged as a sub-category of attributes of TOP providers. The participants mentioned that they worked alone without any assistance from an enrolled nurse or a clerk. The participants had to perform TOP service, do pre and post abortion counselling, family planning, HIV testing and washing and packaging of their own instruments. The participants were expected to possess technological skills in order to work independently. They needed technological as well as relationship-oriented skills. The community health nurses displayed competency and independently by performing their duties despite lack of assistance from other staff categories, and this was confirmed as:

"You have to do the procedure on your own … you do your sonars [ultrasound examination], *you do your own patients, you do your own family planning so it's … it's quite a lot, you clean your own instruments then after cleaning you have to do your own discarding …We do sonar and book according to the weeks".* (*Participant no. 8).*

"Staff in essence at the moment I am working alone I am doing sessions, it's only four hours, did you see how many patients were here today? All these patients need to be attended to. There's MVA [Manual Vacuum Aspiration] I had to do, there's not even a nursing assistant, not even a clerk". (Participant no. 6).

The participant expressed that she had to do procedures on her own and that it was a lot of work. Despite performing the procedures, the participant had to clean instruments which could be done by an enrolled nursing assistant if the assistants were available. The participants mentioned that they had to do the sonars (ultra sound scan) perform manual vacuum aspiration (MVA) and offer other services such as family planning.

Requirements for top services

Requirements for TOP services emerged as the second category: requirements for TOP service refer to both human and material resources that are needed to manage a TOP service. Four sub-categories were identified, namely: staff, equipment for TOP, management support and training and development needs.

- ***Staff***

Staff was identified as the first sub-category under category requirements for TOP services. All the participants stated that they needed extra staff members to assist with some duties and activities required for a TOP unit to run smoothly. The following quotes are significant:

"*Staffing for instance… We have a lot of patients and ask for a nursing assistant to come help us with washing of instruments or the little things like … eh pregnancy testing, vital signs things like that. It took them more than a year to give us nursing assistants… initially there was just me and … another sister providing the services so we were later on joined by another sister from XXX* [and] *there was a problem with eh staffing at XXX* [the TOP unit]*"* (Participant no. 10).

A concern of shortage of staff was raised by the participants. The participants mentioned that they were attending to patients as well as washing their own instruments.

- ***Equipment for TOP***

Equipment for TOP emerged as a sub-category under the category requirements for TOP services. Equipment such as MVA pack, medication and linen are resources necessary for the TOP providers to conduct their work. The following quotes represent this finding:

"And then … the other challenge the instruments, ***vacuums*** *the, the* ***cannulas,*** *we are short of them … although we … sterilize them we put them in the* ***Cidex*** *on a daily basis after procedure we clean them"* (Participant no. 2).

The provision and allocation of equipment remained a challenge for the participants and prevented provision of safe and quality care. The participants felt that they were limited in their job due to the lack of equipment such as vacuums and cannulas. The participants added that because of the shortage of cannulas they had to sterilize the ones used in Cidex or Biocide-D.

- ***Management support***

Management support was identified as the third sub-category of: requirements for TOP services. The participants believed that an important part of the manager's role is to offer support (in the form of moral support) and to ensure the resources needed for TOP service are available. Quotes supporting this finding are:

"No, no, they don't, they don't' take rounds in the clinic, they only acknowledge us when we got problems, that's why I feel sometimes other in other clinics people are just doing their own things because they are not being supported (silence…)
"No, not at all that's the honest truth because some of them [managers/supervisors] they just come and harass us…" (Participant no. 11).

Training and development needs

Training and development needs emerged as the fourth sub-category of 'requirements for TOP services. One participant expressed disappointment for not being allowed to attend courses other than TOP courses as the following quote verify:

"… Also when you think about TOP even when there's anything, courses that need to be done, TOP providers are not … are not looked at so you will be going only to TOP courses… I felt bad I really felt bad yah, even now we are not in good terms with the matron because of that … I just felt discriminated [against] *… like I was saying, you don't get support* [to attend other courses] *I mean really?* [Are] *you not supposed to go to school* [training opportunities] *because I am a TOP provider, why not*"? (*Participant no. 3).*

It seemed as if management did not give preference to TOP providers when it came to selecting staff to go on training for courses other than termination of pregnancy courses. Specific participants voiced that there was discord between her and the supervisor because the participant that it was unfair for TOP providers not being allowed to attend training opportunities. Nurses need to keep abreast of what is new in their career. They can only be able to do so if they are allowed to develop as nurses through acquiring up-to-date knowledge and skills. In addition, management did not give preference to TOP providers when it came to selecting staff to go on training for other courses in other health units. The participants shared that they encountered various barriers if they wanted to improve their knowledge and skills and develop their scope of practice though training and other educational initiatives. The quote also reflects the need to conduct a staff in service training for better understanding of TOP.

Discussion

Attributes of TOP providers

The attributes such as emotional stability, courage, self-worth and selflessness came up strongly during the discussions. The possession of emotional stability was expressed as emotional resilience and defined as the extent to which a person can recover quickly from experiencing negative emotions[12]. Working in an environment where TOP services are performed on a daily basis can be extremely straining on the TOP providers[9]. The argument is that for TOP providers to cope, they must be professionally mature to manage their work as well

as their personal well-being[13]. Professional maturity in this study context implied that TOP providers have to be personally and professionally competent, experienced and skilled on an emotional, intellectual, physical and sociocultural level[14]. Considering the quoted results, it can be implied that as far as personal and professional maturity is concerned, the participants in this study possessed controlled emotional stability, which empowered them to do their job properly and support the patients emotionally while distancing themselves from their own feelings.

The participants in this study acknowledged feeling uneasy at the moment of rendering the service, however they chose not to display their emotions immediately and some did not feel depressed by such feelings. The reaction of the participants who did not allow their feelings to overwhelm them completely or seemed outwardly in control of their emotions was supported by[9]. This author confirmed that nurses offering abortion protect themselves from emotional pain by undergoing psychological defense mechanism among others rationalization, intellectualization and projection. To change their experience from negative to positive, older adults use strategies such as **"**internal down regulation, re-evaluation or destruction of events"[15]. In this study, the majority of participants were older than thirty-five years and the oldest was sixty years old. Therefore, the participants understood that they needed to possess emotional stability to protect negative feelings from overpowering them and jeopardizing their service delivery.

Termination of Pregnancy providers' tendency to focus on the positive aspect of their work may be an illustration that people tend to continue with an act which they experience as internally rewarding[16]. The experiences of these participants illustrate that in general, people employ different coping strategies when faced with situations that threaten their emotional stability[17]. It was evident that the participants were competent and could independently provide professional and safe TOP services in spite of the work overload. Additionally, the appreciation from various satisfied and happy clients attests to the participants' professional competence and ability to work independently[18]. Professional independence is central to the nurse practitioner's role[19]. Nurses are able to provide primary healthcare by exercising their independent judgement and self-governance within the scope of practice[19]. The participants displayed their professional independence when providing TOP services. On the other hand, professional competence is a combination of skills and capabilities that result from a conceptual and functional synthesis of theoretical aspects particularly linked with disciplinary contents and current experience[20].

To achieve self-accomplishment, the nurses have to get involved with the patients and form a relationship with them[21]. The participants in this study were multi skilled; from doing administrative duties to working with technology (doing sonars) and performing TOP's and counselling patients. Similarly, Fukada[20] states that professional competence has always been a centre of nursing and health services management where nurses represent a significant part of human resources. The main dimension of nurses' daily work can be considered care and management processes[20]. In this study, the care and management of clients were combined with the knowledge of technology, performing non-patient –oriented duties such as cleaning up and keeping the administrative work up to date, which resulted in work overload. It is revealed that with the gradual acquisition of working experience, people tend to see themselves as competent[21].

Good interpersonal skills mean that the TOP provider must be able to relate and communicate with the clients. Good interpersonal skills include counselling and motivation. The participants in this study expressed a concern that the women came for repeat TOP despite that they were counselled and offered family planning methods. What made it more difficult is that the women were not only coming once, but twice or even thrice in a year. Those who were offered family planning methods either did not comply or did not use contraception altogether. Some participants mentioned that the women who sought abortion were counselled on alternatives such as adoption or carrying the pregnancy to term[3].

The participants also advised the women on alternatives to abortion such as keeping the baby or giving the baby up for adoption[22]. The abortion repeats on the same client were taking its toll on the participants in the current study. Most of the time,

the providers judged their own performance as counsellors when women came for repeat TOP[23]. Professional nurses' in the study conducted in North West Province of South Africa indicated that TOP services should be provided to women who request for it, but a woman should not have a legal abortion for a first child and neither should a woman have more than one abortion in her lifetime[24]. They further felt that any woman should only receive one TOP in her lifetime; thus, requests for subsequent abortion should be denied. However, denying to terminate a pregnancy would contradict the provisions of the CTOP Act No 92 of 1996, which particularly promotes women's reproductive rights and allows freedom of choice by offering every woman the right to choose whether to have an early, safe, and legal abortion according to what she believes[6].

Counselling for a woman who seeks abortion care is viewed as positive in the sense that they are then in a position to make an informed decision on whether they want to proceed with the TOP or consider alternative choices[6]. Motivational counselling encourages women to return for follow-up family planning treatment. In this study, despite counselling and the offering of family planning, many women did not comply or follow-up but came for repeated TOP service. In addition, Vandamme *et al.* [22] argued that women who seek abortion would have already made up their minds, therefore counselling should focus on women who may find it difficult to make a final decision to have a TOP. Counselling women who do not want an abortion but are forced by other factors, for example poverty, to have a TOP could open their eyes to alternatives such as adoption and foster care. In this study it appears as if, despite being counselled on alternatives to TOP, most of the clients had already decided that they did not want the baby but wanted to have an abortion instead.

Requirement for top services

Various requirement for TOP services that can improve the quality of TOP services has been highlighted. These requirements include among others, staff, equipment's, management support, training and developmental needs. Indicating that a TOP service unit cannot function optimally without adequately trained staff and insufficient infrastructure and equipment. Since the inception of the Choice on Termination of Pregnancy Act 1996 (Act no. 92 of 1996) and amendment (Act No. 1 of 2008), there has been an increased demand of women seeking TOP services in relation to the decreased number of TOP providers in South Africa[4]. In addition, the study conducted in Tshwane District South Africa revealed that there is insufficient provision to the infrastructure of public health facilities to accommodate the high demand for CTOP services[2]. The decreased number of TOP providers results in an increased workload for the TOP providers who remain in this milieu. In a study that was conducted at a tertiary hospital in Bareilly, India, on unsafe abortions, conclude that safe legal abortion will not be fulfilled without skilled providers and accessible and adequate facilities[25]. In this study, it was apparent that the participants also believed that a TOP service could not function optimally without adequate provision of staff and insufficient infrastructure. The inequity of healthcare workers versus healthcare seekers contributes to increased workload, which can result in healthcare providers experiencing stress.

The participants in this study mentioned that they experience stress due to increased workload and lack of support from their managers. The participants also expressed that they experience stress and burn out from the increased workload. Training and developmental needs were also emphasized by participants as an important aspect in ensuring that nurses are professionally matured in the context of TOP providers. As mentioned previously the TOP providers have to be personally and professionally competent, experienced and skilled on emotional, intellectual, physical and sociocultural levels[14]. These can be attained through continuous education and in-service training. Continuing education that focuses on application of skills is often viewed as an optimal way of disseminating knowledge and skills[26].

Nkosi, Mulaudzi and Peu[2] acknowledge that there is a challenge facing public healthcare, namely the inequitable distribution of human and material resources. The nursing profession is faced with inequity of the healthcare providers versus the healthcare seekers, which contributes to increased workloads, which can result in the healthcare workers experiencing stress[27]. Therefore, health workforce and materials must be distributed

equitably in order for services to be rendered and patients to receive quality care. The phenomenon of shortage of TOP providers is not only seen in South Africa but it is also present in other countries. In the USA, for example, staff attrition was identified as a consequence of an increased workload caused by a shortage of nurses. It was further noted that the increased workload predisposed the TOP providers to stress and burnout syndrome[4]. This was confirmed by the current study where participants verbalised that they were experiencing burnout syndrome and stress due to inadequate staff allocated to the TOP unit. The shortage of abortion providers is exacerbated by abortion (TOP) not being taught in medical and nursing schools. Hence, there is an urgent need to address provider shortage[6]. Furthermore, abortion education and training need to be included in medical and nursing curricula as part of reproductive and women's health, to ensure sustaining abortion services[6]. Moreover, it was suggested that all healthcare workers should be trained on CTOPA including value clarification workshops to engage with and reflect on the complex and contested issues around abortion[4]. Therefore, including CTOPA in the medical and nursing curricula will draw attention of healthcare workers and increase the pool of abortion care providers.

Implications of the study

The findings in this study reflected the experiences of community health nurses who provide TOP services in Johannesburg Metro Sub-districts clinics. These suggest a need for partnership between communities, nursing education colleges, government and researchers to address the challenges highlighted by the community health nurses who provide TOP services.

Limitation of the study

The sample size was small and it was limited to only fifteen community health nurses who were providing the TOP service. Only 11 of the 15 TOP providers could be interviewed because 4 of them did not agree to participate in the study. It was therefore difficult for the study to be generalized because it did not include all the community health nurses who provide TOP services in the Province or those who are in the private sector.

Recommendations

Based on the findings of the research it is recommended that for a TOP service to function optimally, staffing need to be adequate. Managers need to make supplies and equipment available for smooth running of the TOP service. It is also imperative that managers be orientated on TOP to enhance their understanding of the services so that they can give support to the TOP providers. Debriefing sessions need to be conducted at least twice a year where the TOP providers can go and verbalize their feelings and emotions.

Ethical considerations

The researcher obtained the permission to conduct the study from the University of Pretoria Ethics Committee with the approval noumber (144/2014) and the Johannesburg District Ethics committee number (2014:15/065). There were no risks to the subjects because of their participation in the study. The only problem was that the study involved a lot of psychological dangers where participant reported the feeling of stress and depression caused by their work they were doing which is TOP. The participants who showed signs of stress were referred to a state employed psychologist for a one on one consultation**.** The participants were informed that participation in the study was voluntary and they were informed that they have the right to withdraw at any time**.** Informed consent was obtained from the community health nurses who provide TOP services who wished to participate in the study. A written consent form was given to the participants and a thorough verbal explanation was given with regard to the study. The participants were informed about their right to refuse to participate should they choose to do so and still have the right to withdraw if they did not feel comfortable continuing at any stage.

Conclusion

The purpose of the study was to explore and describe the experiences of the community health nurses who provide TOP in Johannesburg Metro

sub-districts clinics. It was evident that TOP is a sexual reproductive health and rights service which is essential in order to reduce the maternal deaths of women from unsafe abortions. The participants of this study attested that it is vital to make available material and human resources to support them in their work to ensure that safe, effective and efficient TOP services are rendered. The important additional challenges have been highlighted and supported by the participants and confirmed by literature. Based on the recommendations of this study it is hoped that measures will be put in place to improve the TOP services.

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Competing interests

The author declares that they have no financial or personal relationship which may have inappropriately influenced them in writing this article.

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