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

- **SOCIAL** Challenges
- **EMOTIONAL** Challenges
- **PRACTICAL** Challenges
Staff perceptions
Perceived challenges of working in abortion care

- Unpopularity of working in abortion care
- Isolation – Fear - Vulnerability
“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
“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”.
“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”.
“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?
“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
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
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