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## Abortion Care: The Staff Perspective

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For more information see the conference website here <http://www.fiapac.org/pages/es/downloads/professional/info-1.php>

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Methods: A qualitative interpretive study. Face to face in depth interviews with 8 staff.

Results: Working in abortion care presented a unique set of social, emotional and practical challenges for staff. Because of working in abortion care some staff expressed a sense of isolation from other colleagues. They said that those who didn't work in abortion care considered it an unpopular job and perceived patients requesting abortion as more 'challenging' and 'problematic' than other patients, partly because of the additional time required but also because of the emotional investment which is associated with the role. Staff's sense of isolation was manifested because they felt they couldn't talk to others about their job. Irrespective of their perceived sense of isolation the desire to provide a service for women in need was a motivational factor for those staff who had chosen to work in this area.

Although staff, said personal opinions did not have a place in the delivery of care some were unable to disassociate themselves professionally from their own deeply held personal convictions. In addition, some said that they felt unable to voice opposition to an expectation that they would work in this area if it was included as part of a wider women's health remit. They indicated that sometimes their feelings were compromised by this aspect of the role indicating they felt unable to exercise their right to conscientious objection.

The subject of repeat abortion provoked particularly negative staff emotions for personal and professional reasons, especially if patients repeatedly accessed abortion services because of non use of contraception. Often staff admitted they wanted to 'lecture' patients about the issue and some implied that eventually patients may be less likely to receive good care in these instances. However staff reported that women who requested abortion for foetal abnormality were likely to receive more sympathy, understanding and care.

The practical challenges mainly concerned whether facilities were appropriate, available and accessible for patient care. Staff recommended that facilities ideally shouldn't be sited near ante-natal or post-natal areas and there should be provision locally for late gestation abortion and swift access.