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A Ricoeurian Phenomenology of Health Professionals Participating in Therapeutic Abortion

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ABSTRACT

This study aimed at representing the stories of healthcare professionals who have participated in therapeutic abortion. A phenomenological method was utilized, using Paul Ricoeur's theory of Interpretation as a guide for thematic analysis. The interview was unstructured aided with an audio recorder for the transcriptions of the data. Gathering of informants was through snowball and maximum variation sampling. A total of 6 informants (5 females, 1 male) have participated in the study. Four (4) major themes emerged from the interpretation of the informants' experiences namely; "The Choices We Make", "A Choice of Words", "A Couple Can Build a House but a Child Can Create a Home" and "It Could Have Been". The findings have significant implications to inform practice of health care professionals.
Keywords: *interpretive phenomenology, nurses, healthcare professionals, termination of pregnancy, fetal death, qualitative research*

INTRODUCTION

"No woman should die giving life." So much that we value the sanctity of human life that we tend to overlook that sometimes sacrifices are made in order to save another. 529,000 women die from complications in childbirth every minute and the vast majority of them is in developing countries, one of these countries, is the Philippines. Though a vast number of programs have been developed to reduce the instance of maternal mortality, one intervention has been subjected to criticism by the public due to an association with a word that is highly marked with disapproval in maternal solution. This procedure is therapeutic abortion. Therapeutic abortion (termination of pregnancy) is proposed when a pregnancy threatens a woman's life and the fetus is not viable ex utero (Valenzuela, 2003).

A well-researched aspect is the experience of mothers who have undergone therapeutic abortion but little attention is given to the health professionals (licensed doctors, nurses and midwives) who have participated in such procedure that are done to preserve the life of the mother. Thus, we sought to present the experiences of healthcare professionals who have participated in therapeutic abortion.

METHODOLOGY

This study utilized interpretive phenomenology. Through phenomenology,

this study explored the individual's life world, as experienced rather than conceptualized, categorized, or theorized thus aiming for a deeper understanding of the nature or meaning of everyday experience (Van Manen, 2003). This study is rooted on the philosophy of Paul Ricoeur, whose fundamental belief in the possibility of always locating meaning in the expression of man leads him to never reject an opponent's arguments until after having considered them thoroughly, and having adopted and integrated into his own analysis those that merited it. We gathered a snowball and purposive sample of six (6) informants (5 females, 1 male). Our inclusion criteria were: any healthcare professional (i.e. licensed midwife, nurse or physician) who has participated in therapeutic abortion. Our research locales were health care facilities situated in Cebu City. We, the researchers, served as an instrument in our study since it is through our discourse we were able to get our data from our informants. Moreover, we utilized unstructured interviews to collect our data. Each interview started with the grand tour question, "Take me back to the experience where you have participated in therapeutic abortion." We utilized prompts to facilitate exploration of participants' experiences and did not in any way push our ideas and preconceived notions of the phenomenon to the informants. In other words, the informants controlled the flow of the interviews. We brought with us jot down notebooks for our observational field notes. Furthermore, to facilitate data-gathering, we utilized an audiotape recorder to document the verbatim responses of the informants. These recordings were likewise transcribed before analysis.

We sought consent from each of our informants who affixed their signature on the consent form we provided which stated our study objectives, nature of participation of the informants as well as the risks and benefits of the study. We also emphasized that participation in our study is voluntary and they may opt out at any time they wish.

With regards to confidentiality, we assigned pseudo-names for each of our informants. During the interview, we addressed them as "Miss" or "Sir". Our documents were also password-protected and only those involved in the study could access the said files.

We utilized Ricoeur's Hermeneutic method for data analysis. The three levels are as follows:

Level 1: Explanation

In this process the internal nature of the text such as the transcribed interviews as well as our observational notes were examined. In this level, the reader begins to simply know what the text is without really understanding or what the text is about.

Level 2: Understanding

Through this level, we began to reflect slowly on the data that are given by the informants through reflection if the text really says what the informant really means. This is where we began to add their own opinions regarding the topic in the said discourse without contaminating the informant's text.

Level 3: Appropriation

We also have our roles in this world that we are "condemned to interpret" and

appropriate or making something one's own. In this level, the reader finds out that understanding is useful in reality. This level was achieved when the researchers got a new reality from the informants' experiences.

RESULTS AND DISCUSSION

Four (4) major themes with its sub-themes emerged from the interpretation of the informants' experiences:

I. "The Choices We Make"

A. "Free from the consequences"

Free from the consequences represented the interpretation of how the informants reflected on their participation on therapeutic abortion. A devoid of guilt was presented by the statement of the informants backed up by reasons that they went through paperwork. This was interpreted through the statement of Nurse Mary wherein she said that:

> *"So, as to legal matters, we have to go through to be, to make the hospital, the hospital safe and I am concerned [with] that being the OIC,"*

She also added that:

> *"So it's not really immediately that you have to perform the therapeutic abortion, so we go into legal matters."*

Another supporting statement that indicated that the legal matters involved in such procedure wherein she was devoid of guilt was that:

> *"Yeah, for me being a catholic, I fell guil,..ah! I didn't feel guilty because there were the legal matters. I'm concerned with the legal matters."*

> *"So we didn't really [dwell] if we were guilty, we have that kind of guilt feelings because everything is in order, everything is being processed, we process the couple.*

Another protection from guilt that one informant had, Nurse Baby, was that she wasn't the one who decided that the patient would undergo such procedure stating that she was only the nurse following orders of the procedure and the doctor was the one who initiated such. This statement was evident by the verbalization of Nurse Baby that, "No, why would I be guilty when I wasn't the doctor"

B. "Because of the influence"

For Nurse Albert his reflection on the experience that he assisted in the therapeutic termination of pregnancy was that he viewed himself as dependent on how he was brought up and his background as a nurse. He stated that:

> *"Yes, it depends on our belief system if how we are brought up by our parents. There are parents that are okay with it or somebody from the church that will say that it should be forbidden but it just depends. But it depends on the nurse, because we know better, the value of life, the person, the anatomy and physiology. We are focused."*

In another aspect of the influence of another informant, it was the people that were involved in the said procedure that influenced Nurse Mary in her experience. She stated that:

> *"So we have to do, we have to ask our, we have to ask our friends, ah we have to ask the association, we have to ask people whether we had to go through [with] this."*

II. "A Choice of Words"

The theme "The Choices We Make With Words" connoted a sub-theme namely "Reluctance" and "Acceptance". There are people who see therapeutic abortion as something appalling or an ignominy while the others accept it for what it truly is.

A. "Reluctance"

Reluctance illustrated how the informants were hesitant to use the word "abortion" or didn't feel at ease with the term although preceded by the word "therapeutic". Dr. Susan, an obstetric-gynecologist, was hesitant to the researchers of using the word "abortion" through the course of the interview. She stated: "*Ayaw nang therapeutic abortion."* [Let's not use the word therapeutic abortion.]

Prior to this statement the researchers oriented the informant on the definition of therapeutic abortion/therapeutic termination of pregnancy and Dr. Susan preferred the phrase "termination of pregnancy" rather than use the word "abortion."

In the case of Madame Lydia, therapeutic abortion for her and in terms of how people will see it will always have a negative impact. She implicated that when you hear the word "abortion" people would say that it's not an acceptable procedure though medical professionals know the purpose that it is to save the mother's life. Madame Lydia stated that:

> *"Di ko ganahan no kay lahi sad kayo lain kayo paminawon nga ato nalang gyud i-terminate ang life sa baby for the sake sa mama."*
> [I am not comfortable because it sounds negative when we terminate the life of the baby for the mother's sake.]

B. "Acceptance"

One informant preferred to use the word "abortion" throughout the procedure since they differentiated it from other types of abortion. Dr. Grace, an obstetric-gynecologist stated that:

> *"For me, it is really a different story between induced abortion and therapeutic abortion. In induced abortion your real intention is to actually abort the baby which is the evil side. In therapeutic abortion also termed as the therapeutic termination of pregnancy, you aborted the baby for the sake of the mother."*

Over the years, abortion has been stigmatized as an undesirable reproductive choice by people who viewed it as unacceptable. It is critical not to give in to the demands to stigmatize abortion as the one invalid reproductive choice among all the options facing a

pregnant woman This stigma is evident especially among healthcare professionals who participate in such care though it is the therapeutic type. In the book of Reagan (1996), there was a tendency on the part of the hospital not to wish to have its rate (therapeutic abortion performed) higher than the rest because they were aware of the danger of being associated with abortion.

III. "A Couple Can Build A House, But A Child Can Create A Home"

A. "The Love of the Couple"

This theme depicted how informants were able to reflect how the couple valued each other through going through the procedure of therapeutically terminating the pregnancy rather than taking the risk of losing the mother's life. This was interpreted through the statement of Nurse Mary:

> *"Ang husband jud niingon, I don't like to lose my wife. We understood the decision of the couple, so murag wala mi ingon nga guilty mi, we didn't have that kind of guilt feelings because everything is in order, everything is being processed, we process the couple."*
> [The husband really said "I don't like to lose my wife". We understood the decision of the couple, so we weren't thinking that we were guilty because everything was in order and everything is processed, we process the couple.]

Another statement by Nurse Baby showed that she favored the relationship between the couple and how they still could continue on with their life in establishing a family through the verbalization,

> *"Kana man gud siya out of love (laughs slightly) man gud na ang prime. Para nako ba, pero kanang mga succeeding murag…total naa na man kay usa. Kay mao ra man na atong gi aim nga manganak ta, atong uterus kay healthy."*

The need of a child for a couple gives them a sense of a family since they plan such unlike childless couples who opt to not have children. In the sub-theme, "The love of a couple", it shows the insights of the informants on how they relate to the dynamic relationship of the couple when going through the procedure. It was evident that throughout the decision making process of whether who will be the one saved; the couple opted that the baby will be therapeutically terminated since they could still opt to have another one.

IV. "It Could Have Been"

A. "Mother's Endeavour Not In Vain"

Although there was much effort exerted by the mother prior to knowing about the condition, the termination of the pregnancy at the end was the best solution of the existing problem and that procedure can count those efforts as wasted. Hard it may be for the part of the couple to decide, they will have to, so that the mother's sufferings will come to an end and not letting her torments worsen even more.

Dr. Susan said,

> *" So wala unsa man..it's the decision man to be, to be ahmm made not only for the mother and also for the baby."*
> [No, it's not. It's the decision to be made not only for the mother but also for the baby.]

Mrs. Lydia added,

> "*…pila ka buwan nimu gi dala dala ing ana lang dayon pero kung imo sad huna hunaon in the other side it's for the good man sa mama."*
> [You are carrying the baby for many months and then eventually it will come to that point, but when you come to think of it, it's for the good of the mother anyway.]

In the case of Dr. Grace's experience, it was a case of systemic lupus erythematosus. She said:

> *"Of course I know I am a mother also. I know like the second patient I know nga even though it will compromise her life iya gyud to i-continue. I understand her because I'm a mother also so bahala na'g unsa'y mahitabo nako, I will continue the pregnancy."*
> [Of course I know I am a mother also I know like the second patient I know that even though it will compromise her life, she will still continue. I understand her because I'm a mother also. I don't care what happens to me, I will continue the pregnancy.]

B. "Happy ending"

As Mrs. Lydia expressed:

> "*There is really a big difference because when you say delivery it is a happy ending, although the mother will bear, you will have to understand the agony because of the labor. But after that, isn't it you'll be happy because of the baby? But in this situation, it's different. It contradicts with the normal delivery, because of course we already know what will happen to the baby, so you will really feel sad. At the same time, while looking at the mother, you'll see that she's really sad. Isn't it when the baby is delivered, we'll say 'Congratulations!'? Uhm, it's like that when it's normal. But in her case, the environment is different; silent and when you look at the mother you'll still see her crying.*"

C. "It Takes A Single Spark To Start A Flame"

To Nurse Albert, he believed that every child has a future and that in every life that is produced, there exist boundless possibilities equally bestowed upon them.

According to Nurse Albert:

> *"Every child has a chance to be somebody but then at that time, I thought even though he was delivered and he definitely has no chance to excel or to achieve something in life, because he can't live anymore. So we're just looking at the baby as one creation that is lost and squandered, one life supposedly. I hope that she can also survive like us, that are given*

the chance to live. Given with the slightest hope of survival, who knows someday he can be a doctor? So it's sad, really sad."

In contrast to Nurse Albert's experience, Nurse Mary verbalized that to her, upon seeing the dead fetus being placed inside the bottle, all of her thoughts stopped up to there, no more further elaboration of her vision for the fetus happened. She added:

"I didn't think it over that this baby, when he grows up, he can be a president or whatever. It stopped up to there, I didn't think anymore. I wasn't thinking of what will be the outcome of this."

For Nurse Albert, he was looking forward of what could have been the future allotted for this child. However, for Nurse Mary at the time she saw the fetus placed in a bottle, just like its position, the feelings have been encapsulated and anchored only in the moment and nothing more.

The theme "It Could Have Been" explains unlimited accounts on how events could have had happened prior to the procedure. The informants may express a sense of wonder and curiosity of what the child will become when he grows up and how he should live life together with his family especially with his mother that played an important role in introducing him to the world of reality and the opportunities he could accomplish by the time he reaches adulthood. A number of diverse ideas are going through the informants' minds while assisting in the therapeutic termination of pregnancy.

Healthcare staff involved with termination of pregnancy experience both positive and negative views. Varying processes and experiences for staff have been identified, from termination of pregnancy work being emotionally draining and stressful to there being a process of care that evolves with greater experience (Nicholson, Slade and Fletcher, 2010).

Nurses' moral distress may arise from conflicts between the nurse's personal values and institutional requirements, decisions of team members, patients, or their surrogates. Nurses feel frustration, guilt, and anger nurses in such conflicts that can result in burnout and erosion of ethical sentiment leading to avoiding patient contact, changing positions and leaving the profession (Coverston & Lassetter, 2010). These and other ethical situations can lead to moral distress contributing to burnout, costly turnover in nursing positions, and abandonment of the profession compromising patient care.

Nursing staff who were involved in a higher number of first-trimester abortion cases handled in the previous year had a higher risk of compassion fatigue and burnout, while they also had a lower degree of compassion satisfaction. (Mizuno, Kinefuchi, Kimura, & Tsuda, 2013.)

CONCLUSION

In synthesis to the themes generated, the informants participated in the therapeutic abortion procedure because they believed that at least one life must be saved since it is the core of all medical professions regardless if you are a doctor, nurse, or a midwife in the healthcare team. Although there were variations in their emotions and reflections on their experience, it all summed up to saving the mother since the mother can still have another child rather than a family losing her. The informants were at the same time satisfied, even though one life was taken away, another was saved. They were also oriented to the existing stigma of the said procedure that it may have a negative impact to the public that's why they expressed that measures must be done so as not compromise the life of the mother.

A majority of the informants empathized with the mother since most of the informants are mothers as well. One informant felt deeply and wondered what the unborn child could be if only the child's life was saved since he felt for the husband and how husbands would react knowing that the pregnancy must be terminated.

As such, healthcare professionals need to reevaluate their stands or beliefs for the right reasons, and that they expand their knowledge regarding the experiences of other maternal health care providers. The role of healthcare professionals and an existing dilemma between moral distress and the fulfillment of achieving an obligation of their profession need to be acknowledged. After all, these people exist not to end lives, but save them.

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REFERENCES

Coverston, C.R. & Lassetter, J. (2010). *Potential erosion of ethical sentiments: When nurse, patient and institution collide*. Retrieved from http://forumonpublicpolicy.com

Galligan, F., Maskery, C., Spence, J., Howe, D., Barry, T., Ruston, A. & Crawford, D. (2000). *Advanced PE for Edexcel*. Retrieved from http://books.google.com.ph

Lemay, C.A., Cashman, S.B., Elfenbein, D.S. & Felice, M.E. (2010). A qualitative study of the meaning of fatherhood among young urban fathers. *Public Health Nursing, 27*(3), 221 – 231. doi: 10.1111/j.1525-1446.2010.00847

Leyland, A. (2013, February). The midwife's role in caring for the needs of bereaved parentsfollowing a stillbirth. *The Practicing Midwife, 16*(2), 20-2. Retrieved from http://www.ncbi.nlm.nih.gov

Mariutti, M.G., de Almeida, A.M. & Panobianco, M.S. (2007, February). Nursing care according to women in abortion situations. *Revista Latino-Americano de Enfermagem, 15* (1), 20-26. Retrieved from http://www.ncbi .nlm.nih.gov

Mizuno, M., Kinefuchi, E., Kimura, R. & Tsuda, A. (2013, August). Professional quality of life of Japanese nurses/ midwives providing abortion/ childbirth care. *Nursing Ethics, 20*(5), 539-550. doi: 10.1177/096973301 2463723.

Nicholson, J., Slade, P. & Fletcher, J. (2010, October). Termination of pregnancy services: Experiences of gynaecological nurses. *Journal of Advance Nursing, 66*(10), 2245-2256. doi: 10.1111/j.1365-2648.2010.05363

Reagan, L.J. (1996, December 31). *When abortion was a crime: Women, medicine, and law in the United States, 1867-1973*. Retrieved from http://books.google.com. ph

Tranfer, K. & Mott, F. (1997). *The meaning of fatherhood for men*. Retrieved from http://fatherhood .hhs.gov

United Nations Children's Fund (2012). *Maternal and newborn health.* Retrieved from http://www.unicef.org

Valenzuela, C.Y. (2003, May). Scientific ethics of therapeutic abortion. *Revista Medica de Chile, 131*(5), 562 – 568. Retrieved from http://www.ncbi.nlm. nih.gov

Van Manen, M. (2003). *Researching lived experience: Human science for an action sensitive pedagogy* (2nd ed.). London, Ontario: The Althouse Press.