

NURSING STUDENTS' ATTITUDES AND  
PERCEPTIONS TOWARD ABORTION

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## CHAPTER I

### INTRODUCTION

During the last decade controversy over abortion has raged across the country. The nation seemed divided on the issue of liberalizing anti-abortion laws. The issues which surround abortion reform are largely based on legal theory and religious beliefs. Since 1967 when Colorado was the first state to liberalize its abortion law, four states and the District of Columbia have repealed their existing abortion laws and have adopted a law that makes the decision for abortion a matter between a woman and her physician. By 1970, 13 states had modeled their abortion laws after a proposal prepared by the American Law Institute in 1962. This statute defines those instances in which abortion would be justified. They are: (a) when there is

substantial risk that continuance of the pregnancy would gravely impair the physical or mental health of the mother, (b) when there is substantial risk . . . that the child would be born with grave physical or mental defect, (c) when the pregnancy resulted from rape, incest, or other felonious intercourse, including statutory rape of girls under sixteen. (Cooke, 1968, p. 53)

On January 22, 1973, the United States Supreme Court granted American women the right to legal abortion (Supreme Court Reporter, 1973). With this decision the United States joins Japan, India, the Soviet Union and the majority of Eastern European countries, where abortion is permitted.

Tyler and Schneider (1971, p. 491) have concluded from available data from the United States and other countries that we can expect:

(a) that lifting the legal restriction on abortion will lead to an immediate increase in requests for legally induced abortions, (b) the demand for induced abortions will continue to rise reaching a level of 500 abortions per 1,000 live births within five to ten years, (c) the number of legally induced abortions may reach approximately 2.0 million in 1975 and about 2.4 million in 1980, if this abortion ratio is applied to census bureau projections for births.

Thus with the decision of the Supreme Court to permit legal abortions and with the prediction that approximately two million abortions will be performed in 1975, abortion with all of its beneficial and possible residual effects warrants consideration.

#### Statement of the Problem

A very limited amount of research has been conducted concerning abortion. There exists a real need for developing insight into the needs of the abortion client and the health care workers who assist the abortion client.

Moody (1971) as a member of the Clergy Consultation Service on Abortion in New York City found that doctors, nurses and hospitals were unsympathetic toward and even resist any change in attitude and practice regarding abortion. Many hospitals found that nurses working with abortion patients were experiencing negative psychological reactions. The nurses seemed unable to identify with abortion patients and were punitive toward the patient. Very few nurses were prepared to care for the abortion patient if their moral standard differed from that of the patient (McDermott and Char, 1971).

David (1971) recognized the need for research to help develop

educational programs in the health professions which would be designed to enhance awareness and skill in dealing adequately and appropriately with abortion. One aspect of such research is the need to gain more information concerning attitudes and perceptions of nursing students toward abortion.

Malo-Juvera (1971) believes that nursing education should prepare students for life in society today and in the future. Therefore, she feels the care of patients undergoing abortion belongs in every nursing curriculum. In summary, the problem is a need for more descriptive data concerning the attitudes and perceptions of health care workers toward abortion.

#### Purpose of the Study

The general purpose of this study was to investigate the attitudes and perceptions of associate degree nursing students toward abortion.

The specific purposes of this study were to:

1. Examine the responses of associate degree nursing students to each of the items in the Attitude Toward Abortion (ATA) Scale (Maxwell, 1970).
2. Examine each of the following attitudes and perceptions of nursing students concerning abortion: (a) whether the respondent felt abortion would have a bad effect on society, (b) whether abortion should be available upon demand, (c) after what stage in a pregnancy an abortion should no longer be performed, (d) who should make the decision for abortion when a married couple seek abortion, (e) who should make the decision for abortion when an unmarried couple seek abortion, (f)

whether an abortion should be permitted when financial deprivation is present, (g) whether an abortion should be permitted when a client is experiencing emotional crisis, (h) whether the respondent would consider abortion morally acceptable for themselves or their spouse, (i) whether the respondent would desire an abortion if involved in an unwanted pregnancy, and (j) whether they consider their views on abortion to be liberal, moderate or conservative.

3. Examine each of the following perceptions of associate degree nursing students concerning the care of an abortion client:
  - (a) if the respondent would choose to care for an abortion client,
  - (b) would the respondent's personal beliefs interfere with the care he or she would give an abortion client,
  - (c) whether the respondent perceived other nurses being kind to an abortion client,
  - (d) whether the respondent perceived doctors meeting the psychological needs of abortion clients,
  - (e) whether the respondents perceived nurses meeting the psychological needs of abortion clients, and
  - (f) what two aspects of patient care were most troublesome in giving care to an abortion client.
4. Examine the hypothesis that there is a significant difference in attitudes concerning whether abortion should be available upon demand according to the following five variables:
  - (a) religious preference,
  - (b) marital status,
  - (c) number of children of respondent,
  - (d) whether abortion had been studied in the nursing curriculum, and
  - (e) whether the respondent had cared for an abortion client.

5. Examine the hypothesis that there is a significant difference in perceptions concerning whether the respondent would desire an abortion if involved in an unwanted pregnancy according to the following five variables: (a) religious preference, (b) marital status, (c) number of children, (d) whether abortion had been studied in the nursing curriculum, and (e) whether the respondent had cared for an abortion client.
  
6. Examine the hypothesis that there is a significant difference in Attitude Toward Abortion (ATA) Scale scores according to the following 12 variables: (a) sex, (b) age, (c) race, (d) religious preference, (e) marital status, (f) number of children of respondent, (g) residence for major part of life, (h) year of nursing education, (i) whether abortion had been studied in the nursing curriculum, (j) whether the respondent had cared for an abortion client, (k) school attended by respondent, and (l) region of the country.

## CHAPTER II

### RELATED LITERATURE

#### Laws and Public Opinion Toward Abortion

A revolution has taken place in the legal status of abortion and in public attitudes toward abortion. It was during the 19th Century, when surgery became more popular, that abortion was regulated. In 1967 Colorado became the first state to change their anti-abortion laws. Since that time, 16 states and the District of Columbia have revised their laws to allow abortion for various reasons. In January, 1973, the United States Supreme Court, in considering the cases of Row versus Wade and Doe versus Bolton, struck down all anti-abortion laws. The decision included a precise set of guidelines which are:

during the first three months of pregnancy the abortion decision and its effectuation must be left to the medical judgement of the pregnant woman's attending physician. After the first trimester a state may regulate the abortion procedure in ways that are reasonably related to maternal health, for instance by requiring hospitalization . . . . but to demand that a panel of doctors okay the abortion is an unconstitutional complication. (Supreme Court Reporter, 1973)

The Supreme Court's recent ruling on abortion is based on the right to privacy which is specifically protected by the due-process clause of the 14th Amendment.

The abortion controversy in the courts has raged for the past decade and likewise the controversy has raged among the American public. In 1965, a poll conducted by the National Opinion Research Center found

that only 15 percent said yes to this question, "Please tell me whether or not you think it should be possible for a pregnant woman to obtain a legal abortion if she is married and does not want any more children" (Hardin, 1968, p. 248). A Gallop organization survey fielded in January, 1972, showed that 57 percent of Americans agreed with the statement: "The decision to have an abortion should be made solely by a woman and her physician" (Family Planning Perspectives, 1972, p. 39). In June, 1972, another Gallop survey revealed that 64 percent of the persons surveyed support full liberalization of abortion laws; 31 percent do not support liberalizing abortion laws and five percent do not express an opinion (American Journal of Nursing, 1972, p. 1961). Maxwell (1970) in a study of college students' attitudes toward abortion found that attitudes toward abortion are largely the result of environmental exposure and are modifiable by a changing milieu.

#### Moral Aspects of Abortion

The moral question, concerning abortion seems to be, "when does life begin?" Those in favor of abortion believe that life begins when the fetus is able to live without the life support of the mother. Those who are opposed to abortion contend that life begins at the moment of conception and abortion at any time is murder. The pro-abortion followers consider that an abortion before the fetus can live outside the mother is acceptable. The moral issue is rooted in many religious teachings where life is considered sacred from the moment of conception. The Roman Catholic Church has led the support for the anti-abortion group in the United States. The encyclical of Pope Paul VI *Humane Vitae* in 1968 contains a directive on abortion "Direct abortion, defined

as the directly intended termination of pregnancy before viability, is never permitted nor is the directly intended destruction of a viable fetus" (Curran, 1972). Bishop William Cannon of the United Methodist Church warned against taking the creation of life lightly. In April, 1972, the General Conference of United Methodist Church recommended that abortion be removed from the criminal code (New York Times, April 27, 1972). The first Islamic Conference on Family Planning issued a statement banning abortions under Moslem Law (New York Times, January 1, 1972). The United Presbyterian Church General Assembly in May, 1972, reaffirmed its liberal stand on abortion, stating that the decision on the matter of abortion should be entirely up to the woman. The United Church of Christ called for repeal of all legal prohibitions of physician performed abortions (New York Times, June 30, 1972). The Southern Baptist Convention in June, 1972, called for legislation allowing an abortion in certain cases, including cases involving the mental health of the mother (New York Times, June 3, 1972).

Smith, Steinhoff, Diamond and Brown (1971) found that abortion was used in Hawaii by all religious groups in close proportion to the size of the group in the state population with an under-representation of Buddhists. Among caucasians and orientals abortion tends to be used by single women in a first or second pregnancy. By contrast among Filipino and Hawaiian women, abortion tends to be used by married women in a third or higher numbered pregnancy. Those receiving abortions were found to be 42 percent Protestant, 28 percent Catholic and seven percent Buddhist. These findings may suggest that many women are choosing abortion in spite of traditionally held moral values.



### Profile of the Abortion Client

The typical recipient of a legal abortion is unmarried, less than 25 years old and pregnant for the first time (Tietz and Lewitt, 1972). Duffy (1971) in a National survey found that 80 percent of the women having abortions were white. Sixty-two percent were under 25 and over 78 percent were under 30, 26.2 percent were married and those who were single, separated, widowed or divorced, constituted 73.3 percent of the total. In nine states where abortions were permitted the reasons given were: (a) mental health, 88 percent, (b) maternal physical health, 4.8 percent, (c) fetal deformatives, 1.1 percent, (d) felonious intercourse, 3.7 percent, and (e) other, 1.7 percent.

Overstreet (1971) found that about 97 percent of all legal abortions were done under the mental health provision of the law. Overstreet's study revealed a growing evidence from psychiatric studies that to force a woman to carry a pregnancy truly against her will is almost inevitably a detriment to her own mental health and to that of her child as well.

Keeler and Copeland (1972) noted that the abortion patient of necessity has low tolerance for any barriers that frustrate the achievement of her goal. Once the patient has made the decision to abort, it is psychologically prudent for her to have it done as quickly as possible. Aren and Amark (1961) in a follow-up study of 142 Swedish women for whom abortion had been granted but not carried out, found that 94 percent were satisfied with giving birth and had a positive maternal attitude. H  k (1963) reported in a study of 249 Swedish women whose requests for abortion had been denied, established that 77 percent had

made a difficult or poor adjustment.

Goldman (1971) studied the effect of abortion on women in a New York clinic and found many of the patients to be withdrawn, depressed and crying during the abortion procedure.

Cronenwett and Choyce (1971) in their work with patients who received saline injection, as the method of abortion, found that even the quiet and uncommunicative patient often begins to talk about the following: (a) her pregnancy and the effects it has had on her life, (b) about the decision to have an abortion, and (c) about her fears related to the impending labor.

#### Attitude of Health Professionals Toward Abortion

Heller and Whittington (1968, p. 814) in a survey of physicians in the Denver, Colorado area, found that "physicians whose lives have been oriented toward the preservation of life have predictable psychological difficulties in approving abortions." Gendel and Gleason (1971) report that physicians, nurses and other health personnel continue to associate abortion with its previous negative criminal connotation.

In a recent survey of Obstetricians and Gynecologists, Wassertheil-Smoller, Arnold, Lerner, and Heimrath (1972) found that 56 percent of women physicians were in favor of abortion and that 68 percent of male physicians were in favor. Forty-four percent of women physicians compared with 61 percent of men physicians would perform abortions without qualifications, while 35 percent of women residents compared with 67 percent of men residents were willing to perform an abortion. Catholic women physicians seemed to be slightly less in favor of abortion than the Catholic men.

McDermott and Char (1971) found that nurses were expressing negative psychological feelings toward abortion patients since the repeal of the law in Hawaii. These nurses really "wanted" these babies and were assuming maternal attitudes and guilt for abortive mothers and society, who they felt lacked these attitudes. McDermott and Char (1971, p. 621) also found

that operating room nurses who assisted with suction D and C abortions for women in the first trimester seemed less affected than the floor nurses who assisted with the saline injection procedure for second trimester pregnancies, as it simulated actual labor and produced a dead fetus.

Nurses who were adopted or had adopted children seemed particularly negatively affected by the abortion crisis.

In a survey conducted by RN Magazine in June, 1970, it was found that 86 percent of the nurses polled favored abortion when there was cause to believe that the fetus would be deformed. Seven percent of the nurses did not favor abortion for any reason. Brown, Thompson, Bulger, and Laws (1971) found in an attitude questionnaire that nurses in the premature center were more in favor of abortion for all reasons than were nurses in the delivery rooms, postpartum units, nursery, and pediatric service.

David (1971) suggested that there is a need for research to help develop educational programs designed to enhance awareness and skill for dealing adequately and appropriately with abortion requests. Due to varying attitudes on the part of physicians regarding abortion, Roemer (1971) recommends continuing education programs for the medical profession and reform in medical education to facilitate a more equitable application of medical abortion. Keller and Copeland (1972) state that it is important for the nurse to constantly reassess her attitudes and

her ethics relating to abortion, sex, and the quality of life.

The following observations of three nursing educators concerning abortion are of interest. Fonesca (1968) believes that if a nurse cannot care for an abortion patient without moral bias that her negation of responsibility will affect her nursing care in all facets of professional life. Malo-Juvera (1971) reports that the actual care of the patient having an elective abortion is an optional experience for students at Hunter College, although all of the students are expected to learn about the procedures and the nursing care that is indicated. Cronewett and Choyce (1971) recommend that a nursing student may be able to help abortion patients explore their feelings and identify the positive results of this crisis.

## CHAPTER III

### PROCEDURE

#### Selection of Subjects

The 575 subjects for this study were associate degree nursing students representing seven regions of the United States. The nursing students were enrolled in maternal-child health courses in the spring of 1973.

The subjects were selected by the following criteria: (a) no less than 50 subjects were selected to represent each of seven regions of the United States, (b) each associate degree nursing program selected would be accredited by the National League for Nursing, and (c) the subjects selected were enrolled in or had studied a maternal-child health nursing course.

The regions and schools selected were: (a) New England states were represented by the Junior College of Connecticut, Bridgeport, Connecticut and by Northeastern University, Boston, Massachusetts, (b) Middle Atlantic region was represented by the Junior College of Albany, Albany, New York, (c) Midwestern region represented subjects from Hesston College, Hesston, Kansas, and Delta College, University Center, Michigan, (d) the Southern region by subjects attending DeKalb College, Clarkston, Georgia, (e) Southwestern states were represented by Cameron State College, Lawton, Oklahoma, (f) the Rocky Mountain states by students from Southern Colorado State College, Pueblo, Colorado, and (g)

Pacific Coast States by nursing students from Long Beach City College, Long Beach, California.

### Instrument

The questionnaire was composed of fixed alternative type questions and consisted of the following parts: (a) a general information sheet to obtain background data about the subjects, (b) a modification of the Attitude Toward Abortion (ATA) Scale (Maxwell, 1970), (c) questions relating to the respondent's attitude and perception toward various aspects of abortion, and (d) certain perceptions concerning the care of abortion clients.

A pilot study was conducted to administer the questionnaire to 16 associate degree nursing students for the purpose of establishing effective communication. The students were asked to evaluate the items in terms of the following: (a) is the item clear? (b) were there any questions which you feel should be included which were not? and (c) did you find any question where the alternative answer which was provided was not adequate?

The terms "abortion client" and "patient" were used interchangeably. The term "client" was used because of an increased use of this term by nurses and doctors.

### ATA Scale

The Attitude Toward Abortion (ATA) Scale was developed by Maxwell (1970). This scale is composed of 12 Lickert type items, which are designed to obtain the respondents' attitudes toward abortion. The scale was developed on a sample of 323 undergraduate college students who were

enrolled in four different universities in the south and midwest.

In an item analysis of the scale, Maxwell found that 11 out of the 12 items discriminated significantly between the upper and lower quartile scores. In a test-retest over a four week period the reliability of the scale was found to be .80 (Maxwell, 1970). Each of the 12 items includes five degrees of response: (a) strongly agree, (b) agree, (c) undecided, (d) disagree, and (e) strongly disagree. The items in the ATA Scale were scored with the most favorable response toward abortion given the highest score (5) and the least favorable response toward abortion given the lowest score (1).

#### Analysis of Data

A percentage and frequency count was used to obtain background characteristics of respondents. A percentage and frequency count was also used to obtain information concerning the perceptions and attitudes of respondents to various aspects toward abortion and the care of the abortion client.

The chi-square test was used to determine if there was a significant difference in attitudes of nursing students concerning whether abortion should be available upon demand according to the following: (a) religious preference, (b) marital status, (c) number of children of respondent, (d) whether abortion had been studied in the nursing curriculum, and (e) whether the respondent had cared for an abortion client.

A chi-square test was also used to determine if there was a significant difference in perceptions of nursing students concerning whether the respondent would desire an abortion if involved in an unwanted pregnancy according to the following: (a) religious preference,

(b) marital status, (c) number of children of respondent, (d) whether abortion had been studied in the nursing curriculum, and (e) whether the respondent had cared for an abortion client.

An analysis of variance was used to determine if there was a significant difference in ATA Scale scores according to the following:

(a) sex, (b) age, (c) race, (d) religious preference, (e) residence for major part of life, (h) year of nursing education, (i) whether respondent had studied abortion in the nursing curriculum, (j) whether respondent had cared for an abortion client, (k) school of respondent, and (l) region of country.



## CHAPTER IV

### RESULTS

#### Description of Subjects

A detailed description of the 575 subjects who participated in this study is presented in Table I. The sample consisted of 94 percent females and six percent males. Their ages ranged from 17 to 51 and two persons over 51 years with the greatest percentage (44 percent) in the age group 20-25 years of age. Ninety-one percent of the sample was white. Fifty-one percent of the subjects were Protestant and 36 percent Catholic. Fifty percent of the respondents were single and 41 percent married. The largest percentage of subjects (61 percent) reported having no children, 23 percent indicated having two-three children. Twenty-six percent of the respondents indicated their place of residence for the major part of life as being a city over 100,000 population while, 25 percent reported having lived in a city 50,000-100,000. Fifty-six percent of the subjects were second year nursing students. The largest percentage of students (66 percent) reported having studied abortion. A majority of students (76 percent) in the sample reported not having taken care of an abortion client. The subjects represented nine associate degree nursing programs. The largest percentage of students (26 percent) represented the New England region.

TABLE I  
CHARACTERISTICS OF THE SUBJECTS

Variable	Classification	No.	%
Sex	Male	34	5.9
	Female	541	94.1
Age	17 - 19	124	21.6
	20 - 25	251	43.7
	26 - 30	71	12.4
	31 - 35	55	9.6
	36 - 40	33	5.7
	41 - 45	26	4.5
	46 - 50	12	2.1
	51 & over	2	0.3
Race	White	517	91.0
	Black	34	6.0
	Indian	2	0.4
	Oriental	4	0.7
	Mexican-American	5	0.9
	Other	6	1.1
Religious Preference	Catholic	208	36.2
	Protestant	296	51.5
	Jewish	8	1.4
	Unitarian	7	1.2
	Mormon	5	0.9
	None	43	7.5
	Other	8	1.4
Marital Status	Married	237	41.3
	Single	287	50.0
	Divorced	39	6.8
	Separated	4	0.7
	Widow	5	0.9
	Other	2	0.3
Children	None	349	61.0
	One	58	10.1
	2 - 3	130	22.7
	4 - 5	27	4.7
	Over 5	8	1.4
Residence for Major Part of Life	On farm or in country	50	8.7
	Small town under 25,000	128	22.4
	City of 25,000 to 50,000	100	17.5
	City of 50,000 to 100,000	144	25.2
	City over 100,000	150	26.2

TABLE I (Continued)

Variable	Classification	No.	%
Nursing Education	1st year Nursing Student	249	43.5
	2nd year Nursing Student	324	56.5
Included Information on Abortion	Yes	378	66.1
	No	194	33.9
Cared for an Abortion Client	Yes	138	24.0
	No	437	76.0
School	Junior College of Albany	55	9.6
	Hesston College	18	3.1
	Delta College	40	7.0
	DeKalb College	106	18.4
	Junior College of Connecticut	132	23.0
	Southern Colorado State College	53	9.2
	Long Beach Community College	80	13.9
	Cameron State College	71	12.3
Region	Northeastern University	20	3.5
	Middle Atlantic States	55	9.6
	New England States	152	26.4
	Midwestern States	58	10.1
	Southern States	106	18.4
	Southwestern States	71	12.3
	Rocky Mountain States	53	9.2
	Pacific Coast States	80	13.9

#### Analysis of the Attitude Toward Abortion Scale

As shown in Table II, approximately 80 percent of the students agree that abortion should be left up to the individual. Eighty-one percent agree that abortion should be legalized so that it could be obtained with proper medical attention. Eighty-one percent of the respondents disagree that abortion would lead to greater premarital sexual activity. Only eight percent of the respondents felt that abortion

should be treated as a form of murder. These responses in general reflect a very high degree of acceptance for abortion.

TABLE II  
 FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE ATTITUDES OF  
 NURSING STUDENTS CONCERNING THE ITEMS ON THE ATTITUDE  
 TOWARD ABORTION SCALE

Perception	Agree		Undecided		Disagree	
	No.	%	No.	%	No.	%
Abortion should be left strictly to the individual	455	79.3	40	7.0	79	13.7
Abortion should be treated legally as a form of murder	47	8.2	58	10.1	469	81.7
The total health of the mother is more important than the life of an unborn child	374	65.1	113	19.7	87	15.2
Abortion should be legalized as another type of birth control	181	31.5	109	19.0	284	49.4
Abortion should be legalized so that it could be obtained with proper medical attention	466	81.2	44	7.7	64	11.1
Abortion should be forbidden because it damages the mental health of those who obtain it	37	6.5	75	13.1	462	80.5
Abortion should be permitted because it is a lesser evil than having a baby who is not wanted	316	55.1	102	17.8	156	27.2

TABLE II (Continued)

Perception	Agree		Undecided		Disagree	
	No.	%	No.	%	No.	%
Abortion should be permitted for married women but not for single women	15	2.6	17	3.0	542	94.4
Abortion should be permitted when the baby would probably be deformed	432	75.2	89	15.5	53	9.3
Abortion should be permitted in case of rape	474	82.6	49	8.5	51	8.9
Abortion should be forbidden because it would lead to greater premarital sexual activity	45	7.9	67	11.7	462	80.5
Abortion should be permitted in cases of incest	434	75.6	82	14.3	58	10.1

These findings generally support the research of Maxwell (1970). Maxwell's study discriminated significantly between the upper and lower quartile scores except when abortion should be permitted for married women but not for single women. The present study shows favorableness toward abortion in all categories with one exception. Forty-nine percent of nursing students do not consider abortion as another form of birth control.

#### Analysis of Attitudes and Perceptions

##### Concerning Abortion

The respondents were found to hold moderately favorable attitudes

and perceptions toward abortion. Table III reflects 51 percent of the subjects felt abortion should be available upon demand. Fifty-four percent favored abortion when a family cannot financially afford a child. The greatest percentage (62 percent) felt abortion should be permitted when pregnancy results in an emotional crisis for the client. Forty-two percent found abortion not to be acceptable for self or spouse.

TABLE III

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE ATTITUDES AND PERCEPTIONS OF NURSING STUDENTS CONCERNING CERTAIN ASPECTS OF ABORTION

Attitudes and Perceptions	<u>Agree</u>		<u>Undecided</u>		<u>Disagree</u>	
	No.	%	No.	%	No.	%
Abortion will have a bad effect on society	149	26.0	151	26.3	274	47.7
Abortion should be available upon demand	290	50.6	98	17.1	185	32.3
Abortion should be allowed when a family cannot afford a child	311	54.4	144	25.2	117	20.5
Abortion should be permitted when pregnancy results in an emotional crisis for the client	356	62.3	154	27.0	61	10.7
Considers abortion morally acceptable for self or spouse	240	42.0	93	16.3	239	41.8
In the future, would desire an abortion if involved in an unwanted pregnancy	203	35.6	190	33.3	177	31.1

As shown in Table IV, the greatest proportion of students (39 percent) felt that pregnancy should not be terminated by abortion after three months. Thirty-five percent considered four to five months as the stage in pregnancy when an abortion should no longer be permitted.

TABLE IV

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE ATTITUDES OF  
NURSING STUDENTS CONCERNING WHAT STAGE IN A PREGNANCY  
AN ABORTION SHOULD NO LONGER BE PERFORMED

Stage in Pregnancy	Number	Percent
1 - 3 months	225	39.3
4 - 5 months	198	34.6
5 - 6 months	69	12.0
7 or more months	20	3.5
Never	53	9.2
Undecided	8	1.4

Concerning who should make the decision for abortion, 95 percent of the students felt that both the man and woman together should make the decision regarding abortion (see Table V).

When considering the decision of an unmarried couple to have an abortion, 56 percent thought that both the man and woman should make the decision (see Table VI).

TABLE V

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE PERCEPTIONS OF  
NURSING STUDENTS CONCERNING WHO SHOULD MAKE THE DECISION  
FOR ABORTION INVOLVING MARRIED COUPLES

Perception	Number	Percent
Woman Only	30	5.3
Man and Woman Together	537	94.7

TABLE VI

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE PERCEPTIONS OF  
NURSING STUDENTS CONCERNING WHO SHOULD MAKE THE DECISION  
FOR ABORTION INVOLVING UNMARRIED COUPLES

Perception	Number	Percent
Woman Only	251	44.5
Man and Woman Together	313	55.5

Table VII describes how the respondents would rate their views on abortion. Forty-four percent of the students considered their views to be moderate, 38 percent liberal and 18 percent conservative.



TABLE VII

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE PERCEPTIONS OF  
NURSING STUDENTS CONCERNING HOW THEY RATE THEIR  
PERSONAL VIEWS ON ABORTION

Perception	Number	Percent
Liberal	215	37.8
Moderate	252	44.3
Conservative	102	17.9

Analysis of Perceptions Concerning Care of  
the Abortion Client

Certain aspects of the care given abortion clients can be found in Table VIII. Eighty-seven percent of the respondents indicated that they would choose to care for an abortion client. When considering their personal beliefs, 88 percent of the subjects felt their personal beliefs would not interfere with the care they would give abortion clients. Sixty-four percent of the respondents perceived other nurses as being kind to the abortion client. When considering the psychological needs of the client, 65 percent of the subjects perceived doctors as not meeting the psychological needs of the client and 59 percent of the subjects perceived nurses as not meeting the psychological needs of the client.

In a survey conducted by RN Magazine (1970), findings indicate 76 percent of nurses perceived other nurses as being understanding of the abortion client. This supports the finding that 64 percent of the respondents perceived nurses as being kind to the abortion client.

TABLE VIII

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE PERCEPTIONS OF  
NURSING STUDENTS CONCERNING THE CARE OF ABORTION CLIENTS

Aspect of Care	Agree		Undecided		Disagree	
	No.	%	No.	%	No.	%
Would choose to care for abortion client	497	86.6	41	7.1	36	6.3
Personal beliefs interfere with care given abortion client	26	4.5	42	7.3	504	88.1
Perceive other nurses being kind to abortion client	364	63.5	122	21.3	87	15.2
Perceived doctors meeting psychological needs of abortion client	29	5.1	170	29.8	372	65.1
Perceived nurses meeting psychological needs of abortion client	39	6.8	195	34.2	337	59.0

An analysis of the two most troublesome aspects of client care can be seen in Table IX. The highest proportion of respondents, 27 percent, indicated that they were uncertain about the most troublesome aspect of care since they had not taken care of an abortion client. However, 20 percent of the students indicated that a lack of agreement in moral ethics was troublesome.

Approximately two percent of the respondents indicated meeting the psychological needs of the client was troublesome. At first this appears in conflict with the finding that 59 percent of the subjects perceived nurses as not meeting the psychological needs of the abortion

client. One explanation is that meeting psychological needs was not listed as an alternative answer on the questionnaire but was written in under other by the respondents.

TABLE IX

FREQUENCY AND PERCENTAGE DISTRIBUTION OF THE PERCEPTIONS OF NURSING STUDENTS CONCERNING THE TWO ASPECTS OF PATIENT CARE WHICH WERE THE MOST TROUBLESOME IN GIVING CARE

Problem	Number	Percent
Lack of agreement in moral ethics	151	20.21
Lack of agreement among staff concerning what is best for the patient	140	18.74
Patient demands too much attention	3	0.74
Patient doesn't stay long enough	80	10.71
Getting involved emotionally with patient	107	14.32
Uncertain, have never taken care of an abortion patient	205	27.44
Other	13	1.74
Nothing is troublesome	32	4.28
Meeting psychological needs of patients	8	1.61
Own attitude	2	0.27
Communications	2	0.27

### Examination of Hypotheses

The chi-square test was used to examine the following hypotheses:

Hypothesis I: There is a significant difference in attitudes concerning whether abortion should be available upon demand according to the following five variables: (a) religious preference, (b) marital status, (c) number of children of respondent, (d) whether abortion had been studied in the nursing curriculum, and (e) whether the respondent had cared for an abortion client.

Hypothesis II: There is a significant difference in perceptions concerning whether the respondent would desire an abortion if involved in an unwanted pregnancy according to the following five variables: (a) religious preference, (b) marital status, (c) number of children, (d) whether abortion had been studied in the nursing curriculum, and (e) whether the respondent had cared for an abortion client.

An analysis of variance was used to examine the following hypothesis:

Hypothesis III: There is a significant difference in the Attitude Toward Abortion (ATA) Scale scores according to the following 12 variables: (a) sex, (b) age, (c) race, (d) religious preference, (e) marital status, (f) number of children of respondent, (g) residence for major part of life, (h) year of nursing education, (i) whether abortion had been studied in the nursing curriculum, (j) whether the respondent had cared for an abortion client, (k) school attended by respondent, and (l) region of the country.

Hypothesis I (a): There is a significant difference in attitudes of nursing students concerning whether abortion should be available upon demand according to religious preference.

As illustrated in Table X, a chi-square value of 31.60 indicates that a significant difference exists at the .001 level. The lowest proportion of those respondents who agreed that abortion should be available upon demand were Catholic, 39.4 percent, while the highest proportion of those who agreed with this view expressed other religious preferences. The highest proportion of those who disagreed that abortion should be available upon demand were Catholic and the lowest were in the category of other.

TABLE X

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN ATTITUDES CONCERNING WHETHER ABORTION SHOULD BE AVAILABLE UPON DEMAND ACCORDING TO RELIGIOUS PREFERENCE

Attitude	Religion						X <sup>2</sup>	Level of Sig.
	Catholic		Protestant		Other			
	No.	%	No.	%	No.	%		
Agree	82	39.4	153	52.0	55	77.5		
Disagree	85	40.9	90	30.6	10	14.1	31.60	.001
Undecided	41	19.7	51	17.3	6	8.5		

Hypothesis I (b): There is a significant difference in attitudes of nursing students concerning whether abortion should be available upon demand according to marital status.

The chi-square value obtained showed no significant difference in the attitudes of nursing students concerning whether abortion should be

available upon demand according to marital status. As Table XI indicates, a chi-square value of 8.87 was obtained.

TABLE XI

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN ATTITUDES CONCERNING WHETHER ABORTION SHOULD BE AVAILABLE UPON DEMAND ACCORDING TO MARITAL STATUS

Attitude	Marital Status						X <sup>2</sup>	Level of Sig.
	Married		Single		Other			
	No.	%	No.	%	No.	%		
Agree	117	49.6	139	48.6	33	66.0		
Disagree	85	36.0	91	31.8	9	18.0	8.87	n.s.
Undecided	34	14.4	56	19.6	8	16.0		

Hypothesis I (c): There is a significant difference in attitudes of nursing students concerning whether abortion should be available upon demand according to number of children of respondent.

Table XII indicates no significant difference in attitudes concerning whether abortion should be available upon demand according to number of children of the respondent. A chi-square value of 4.13 was obtained.

Hypothesis I (d): There is a significant difference in attitudes of nursing students concerning whether abortion should be available upon demand according to whether abortion had been studied in the nursing curriculum.

TABLE XII

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN ATTITUDES CONCERNING  
WHETHER ABORTION SHOULD BE AVAILABLE UPON DEMAND ACCORDING  
TO NUMBER OF CHILDREN OF RESPONDENT

Attitude	Number of Children								X <sup>2</sup>	Level of Sig.
	None		One		2 - 3		Over 4			
	No.	%	No.	%	No.	%	No.	%		
Agree	175	50.3	33	56.9	67	51.5	15	44.1		
Disagree	107	30.7	18	31.0	44	33.8	14	41.2	4.13	n.s.
Undecided	66	19.0	7	12.1	19	14.6	5	14.7		

Table XIII indicates that there was no significant difference in the attitudes of nursing students concerning whether abortion should be available upon demand according to whether a respondent had a course on abortion in the curriculum.

TABLE XIII

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN ATTITUDES CONCERNING  
WHETHER ABORTION SHOULD BE AVAILABLE UPON DEMAND ACCORDING TO  
WHETHER ABORTION HAD BEEN STUDIED IN THE NURSING CURRICULUM

Attitude	Study of Abortion				X <sup>2</sup>	Level of Sig.
	Included		Excluded			
	No.	%	No.	%		
Agree	190	50.5	98	50.5		
Disagree	123	32.7	61	31.4	0.20	n.s.
Undecided	63	16.8	35	18.0		

Hypothesis I (e): There is a significant difference in attitudes of nursing students concerning whether abortion should be available upon demand according to whether respondent had cared for an abortion client.

The chi-square value obtained showed no significant difference in the attitudes of whether abortion should be available upon demand and whether the respondent had cared for an abortion client. As Table XIV indicates, a chi-square value of 1.47 was obtained.

TABLE XIV

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN ATTITUDES CONCERNING WHETHER ABORTION SHOULD BE AVAILABLE UPON DEMAND ACCORDING TO WHETHER THE STUDENT HAD CARED FOR AN ABORTION CLIENT

Attitude	<u>Cared for Abortion Client</u>				X <sup>2</sup>	Level of Sig.
	<u>Yes</u>		<u>No</u>			
	No.	%	No.	%		
Agree	76	55.1	214	49.2		
Disagree	41	29.7	144	33.1	1.47	n.s.
Undecided	21	15.2	77	17.7		

Hypothesis II (a): There is a significant difference in perceptions of nursing students concerning whether respondent would desire an abortion if involved in an unwanted pregnancy according to religious preference.

When the chi-square test was used to examine this hypothesis, it was found to be significant at the .001 level. As Table XV indicates,



a chi-square value of 37.87 was obtained. The lowest proportion of those respondents who would desire an abortion if involved in an unwanted pregnancy were Catholic, 26.4 percent, while the highest proportion of those who agreed with the view expressed a religious preference of other. The highest proportion of those who disagreed that they would desire an abortion if involved in an unwanted pregnancy were Catholic and the lowest were classified as other.

TABLE XV

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN PERCEPTIONS CONCERNING WHETHER RESPONDENT WOULD DESIRE AN ABORTION IF INVOLVED IN AN UNWANTED PREGNANCY ACCORDING TO RELIGIOUS PREFERENCE

Perception	Religion						X <sup>2</sup>	Level of Sig.
	Catholic		Protestant		Other			
	No.	%	No.	%	No.	%		
Agree	55	26.4	102	34.9	46	65.7		
Disagree	81	38.9	85	29.1	11	15.7	37.87	.001
Undecided	72	34.6	105	36.0	13	18.6		

Hypothesis II (b): There is a significant difference in perceptions of nursing students concerning whether respondent would desire an abortion if involved in an unwanted pregnancy according to marital status.

As Table XVI shows, the chi-square value of 17.22 to be significant at the .01 level. The lowest proportion of subjects who would desire an

abortion if involved in an unwanted pregnancy were married (31.6 percent), while the highest proportion who agreed with this view were classified according to marital status as other. The highest proportion of those who disagreed that they would desire an abortion if involved in an unwanted pregnancy were married and the lowest were other. Thirty-four percent of the single respondents were undecided concerning whether they would desire an abortion if involved in an unwanted pregnancy.

TABLE XVI

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN PERCEPTIONS CONCERNING WHETHER RESPONDENT WOULD DESIRE AN ABORTION IF INVOLVED IN AN UNWANTED PREGNANCY ACCORDING TO MARITAL STATUS

Perception	Marital Status						X <sup>2</sup>	Level of Sig.
	Married		Single		Other			
	No.	%	No.	%	No.	%		
Agree	74	31.6	100	35.1	29	58.0		
Disagree	84	35.9	87	30.5	5	10.0	17.22	.01
Undecided	76	32.5	98	34.4	16	32.0		

Hypothesis II (c): There is a significant difference in perceptions of nursing students concerning whether they would desire an abortion if involved in an unwanted pregnancy according to number of children.

A chi-square value of 6.12 was obtained, as is shown in Table XVII. This indicates that there was no significant difference in the perceptions of respondents who would desire an abortion if involved in an unwanted pregnancy according to the number of children.

TABLE XVII

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN PERCEPTIONS CONCERNING WHETHER RESPONDENT WOULD DESIRE AN ABORTION IF INVOLVED IN AN UNWANTED PREGNANCY ACCORDING TO NUMBER OF CHILDREN

Perception	Number of Children								$\chi^2$	Level of Sig.
	None		One		2 - 3		Over 4			
	No.	%	No.	%	No.	%	No.	%		
Agree	118	34.2	24	41.4	46	35.7	14	40.0		
Disagree	106	30.7	15	25.9	41	31.8	15	42.9	6.12	n.s.
Undecided	121	35.1	19	32.8	42	32.6	6	17.1		

Hypothesis II (d): There is a significant difference in perceptions of nursing students concerning whether they would desire an abortion if involved in an unwanted pregnancy according to whether abortion had been studied in the nursing curriculum.

The chi-square value obtained showed no significant difference in the perceptions of respondents who would desire an abortion if involved in an unwanted pregnancy according to whether they had studied abortion in the nursing curriculum. As Table XVIII indicates, a chi-square value of 1.41 was obtained.

TABLE XVIII

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN PERCEPTIONS CONCERNING WHETHER RESPONDENT WOULD DESIRE AN ABORTION IF INVOLVED IN AN UNWANTED PREGNANCY ACCORDING TO WHETHER ABORTION HAD BEEN STUDIED IN THE NURSING CURRICULUM

Perception	Study of Abortion				X <sup>2</sup>	Level of Sig.
	Included		Excluded			
	No.	%	No.	%		
Agree	127	34.0	75	38.9		
Disagree	121	32.4	56	29.0	1.41	n.s.
Undecided	126	33.7	62	32.1		

Hypothesis II (e): There is a significant difference in perceptions of nursing students concerning whether they would desire an abortion if involved in an unwanted pregnancy according to whether respondent had cared for an abortion client.

Table XIX shows a significant difference was found to exist in the perceptions of associate degree nursing students concerning whether they would desire an abortion if involved in an unwanted pregnancy according to whether the respondent had cared for an abortion client. A chi-square value of 6.10 was obtained which is significant at the .05 level.

The highest proportion of the respondents who would desire an abortion if involved in an unwanted pregnancy had taken care of an abortion client (43.1 percent). The lowest proportion of respondents who would desire an abortion if involved in an unwanted pregnancy had not taken care of an abortion client.

TABLE XIX

CHI-SQUARE VALUE REFLECTING DIFFERENCES IN PERCEPTIONS CONCERNING WHETHER RESPONDENT WOULD DESIRE AN ABORTION IF INVOLVED IN AN UNWANTED PREGNANCY ACCORDING TO WHETHER THE STUDENT HAD CARED FOR AN ABORTION CLIENT

Perception	<u>Cared for Abortion Client</u>				X <sup>2</sup>	Level of Sig.
	<u>Yes</u>		<u>No</u>			
	No.	%	No.	%		
Agree	59	43.1	144	33.3	6.10	.05
Disagree	43	31.4	134	30.9		
Undecided	35	25.5	155	35.8		

Hypothesis III (a): There is a significant difference in ATA Scale Scores according to sex.

An analysis of variance was used to examine this hypothesis. As Table XX indicates, there was no significant difference in the Attitude Toward Abortion (ATA) Scale scores according to sex of the respondent.

TABLE XX

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES ACCORDING TO SEX OF RESPONDENT

Sex	No.	$\bar{X}$	F	Level of Sig.
Male	34	47.18	0.008	n.s.
Female	541	47.04		

Hypothesis III (b): There is a significant difference in ATA Scale scores according to age.

When an analysis of variance was applied, no significant difference was found to exist according to age of respondent. As Table XXI indicates, a F score of 0.20 was obtained.

TABLE XXI  
F SCORE REFLECTING DIFFERENCES IN MEAN ATA  
SCALE SCORES ACCORDING TO AGE

Age	No.	$\bar{X}$	F	Level of Sig.
17 - 19	124	46.40		
20 - 25	251	47.09		
26 - 30	71	47.58		
31 - 35	54	47.50	0.20	n.s.
36 - 40	33	47.48		
41 - 45	26	47.35		
46 - 50	12	46.92		
51 and over	2	45.00		

Hypothesis III (c): There is a significant difference in ATA Scale scores according to race.

Table XXII showed that when an analysis of variance was applied to this hypothesis a F score of 1.35 was obtained, indicating there is no

significant difference in ATA Scale scores according to race of the respondent.

TABLE XXII

F SCORE REFLECTING DIFFERENCES IN MEAN ATA  
SCALE SCORES ACCORDING TO RACE

Race	No.	$\bar{X}$	F	Level of Sig.
White	517	47.12		
Black	34	45.47		
Indian	2	49.00	1.35	n.s.
Oriental	4	44.00		
Mexican-American	5	42.40		
Other	6	53.50		

Hypothesis III (d): There is a significant difference in ATA Scale scores according to religious preference of respondent.

As Table XXIII illustrates, an analysis of variance revealed an F score of 10.82. This represents a significant difference at the .001 level in mean ATA Scale scores classified according to the religious preference of the respondent. Unitarians expressed the highest mean Attitude Toward Abortion Scale scores, representing the most favorable attitude toward abortion. Mormons indicated the lowest mean Attitude Toward Abortion Scale scores representing the least favorable attitude

toward abortion.

TABLE XXIII

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO RELIGIOUS PREFERENCE

Religion	No.	$\bar{X}$	F	Level of Sig.
Catholic	208	44.70		
Protestant	295	47.62		
Jewish	8	53.00		
Unitarian	7	55.00	10.82	.001
Mormon	5	41.00		
None	43	53.72		
Other	8	42.00		

Hypothesis III (e): There is a significant difference in ATA Scale scores according to marital status.

As shown on Table XXIV, an analysis of variance was applied to this hypothesis and a significant difference was found to exist at the .01 level in mean ATA Scale scores classified according to the marital status of respondents. The highest mean ATA Scale scores were expressed by the respondents classified as separated, representing the most favorable attitude toward abortion. The lowest mean ATA Scale scores were indicated by those who were single, representing the least favorable attitude



toward abortion.

TABLE XXIV

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO MARITAL STATUS

Marital Status	No.	$\bar{X}$	F	Level of Sig.
Married	236	47.06		
Single	287	46.37		
Divorced	39	50.64	3.37	.01
Separated	4	54.25		
Widow	5	52.00		

Hypothesis III (f): There is a significant difference in ATA Scale scores according to number of children.

In examining this hypothesis, the analysis of variance was again used. As the F score indicates in Table XXV, there was no significant difference in Attitude Toward Abortion Scale scores classified according to the number of children of the respondent.

Hypothesis III (g): There is a significant difference in ATA Scale scores according to residence of respondent for the major part of life.

In order to determine if there was a significant difference in Attitude Toward Abortion Scale scores classified according to residence for the major part of life, an analysis of variance was applied. A F

score of 0.95 was obtained, indicating that there was no significant difference (see Table XXVI).

TABLE XXV

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO NUMBER OF CHILDREN

Number of Children	No.	$\bar{X}$	F	Level of Sig.
None	349	46.66		
One	58	47.45		
2 - 3	129	48.18	0.84	n.s.
4 - 5	27	47.11		
Over 5	8	45.63		

TABLE XXVI

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO RESIDENCE FOR MAJOR PART OF LIFE

Residence	No.	$\bar{X}$	F	Level of Sig.
On farm or in country	50	45.96		
Town under 25,000	128	46.24		
City 25,000 - 50,000	100	46.88	0.95	n.s.
City 50,000 - 100,000	143	47.15		
City over 100,000	150	47.97		

Hypothesis III (h): There is a significant difference in ATA Scale scores according to the year of nursing education of respondent.

An analysis of variance was utilized to examine the significance of the differences in Attitude Toward Abortion Scale scores classified according to year of nursing education. Table XXVII shows that the difference was not significant.

TABLE XXVII

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO YEAR OF NURSING EDUCATION

Year	No.	$\bar{X}$	F	Level of Sig.
1st Year	249	47.31	0.30	n.s.
2nd Year	323	46.91		

Hypothesis III (i): There is a significant difference in ATA Scale scores according to whether the respondent had studied abortion in the nursing curriculum.

As is indicated in Table XXVIII, no significant difference was found in Attitude Toward Abortion Scale scores and whether the respondent had studied abortion in the nursing curriculum.

Hypothesis III (j): There is a significant difference in ATA Scale scores according to whether the respondent had cared for an abortion client.

There was no significant difference found in the Attitude Toward Abortion Scale scores concerning whether the respondent had cared for an abortion client. As Table XXIX indicates, the F score value obtained was 0.24.

TABLE XXVIII

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES ACCORDING TO WHETHER THE RESPONDENT HAD STUDIED ABORTION IN THE NURSING CURRICULUM

Studied Abortion	No.	$\bar{X}$	F	Level of Sig.
Yes	377	47.03	0.002	n.s.
No	194	47.06		

TABLE XXIX

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES ACCORDING TO WHETHER THE RESPONDENT HAD CARED FOR AN ABORTION CLIENT

Cared for Abortion Client	No.	$\bar{X}$	F	Level of Sig.
Yes	138	47.36	0.24	n.s.
No	436	46.95		

Hypothesis III (k): There is a significant difference in ATA Scale scores according to school of respondent.

Table XXX shows a significant difference was found to exist in Attitude Toward Abortion Scale scores and the school attended. A F value of 3.62 was obtained which is significant at the .001 level. The Junior College of Connecticut and DeKalb College, Clarkston, Georgia, expressed the two highest mean Attitude Toward Abortion Scale scores, representing the most favorable attitudes toward abortion. Hesston College, Hesston, Kansas, indicated the lowest mean ATA Scale score, representing the least favorable attitude toward abortion.

TABLE XXX

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO SCHOOL ATTENDED BY RESPONDENT

School	No.	$\bar{X}$	F	Level of Sig.
Junior College of Albany	55	44.82		
Hesston College	18	39.44		
Delta College	40	44.28		
DeKalb College	106	48.11		
Junior College of Connecticut	132	48.32	3.62	.001
Long Beach Community College	80	47.74		
Southern Colorado State College	52	47.08		
Cameron State College	71	47.63		
Northeastern University	20	46.65		

Hypothesis III (1): There is a significant difference in ATA Scale scores according to the region of the country.

The F score value of 3.99 reflects a significant difference in mean Attitude Toward Abortion Scale scores at the .001 level. The Southern and New England regions indicated the highest mean Attitude Toward Abortion Scale scores, representing the most favorable attitudes toward abortion. The Midwestern states expressed the lowest ATA Scale scores, representing the least favorable attitude toward abortion.

TABLE XXXI

F SCORE REFLECTING DIFFERENCES IN MEAN ATA SCALE SCORES  
ACCORDING TO REGION OF THE COUNTRY

Region	No.	$\bar{X}$	F	Level of Sig.
Middle Atlantic States	55	44.82		
New England States	152	48.10		
Midwestern States	58	42.78		
Southern States	106	48.11	3.99	.001
Southwestern States	71	47.63		
Rocky Mountain States	52	47.08		
Pacific Coast States	80	47.74		

## CHAPTER V

### SUMMARY

The purpose of this study was to investigate the attitudes and perceptions of associate degree nursing students toward abortion. The sample was composed of 575 nursing students, from nine colleges and universities located in seven regions of the United States. The students were enrolled in a maternal-child health course, and were primarily between the ages of 17 and 25. The data were obtained during the months of March and April, 1973.

The questionnaire which was submitted to the students consisted of: (a) an information sheet for securing various background data, (b) the Attitude Toward Abortion Scale, and (c) various questions to gather information concerning certain aspects of abortion and care of the abortion client.

The percentage and frequency count was used to analyze the respondents' attitudes and perceptions toward abortion. The chi-square test was used to determine if a significant difference existed in attitudes concerning whether abortion should be available upon demand according to the following variables: (a) religious preference, (b) marital status, (c) number of children, (d) whether abortion had been studied, and (e) whether the respondent had cared for an abortion client. The chi-square test was used to analyze the respondents' perceptions concerning whether they would desire an abortion if involved in an unwanted pregnancy

according to the following variables: (a) religious preference, (b) marital status, (c) number of children, (d) whether abortion had been studied, and (e) whether the respondent had cared for an abortion client.

An analysis of variance test was used to determine if there was a significant difference in Attitude Toward Abortion Scale scores according to: (a) sex, (b) age, (c) race, (d) religious preference, (e) marital status, (f) number of children, (g) residence for major part of life, (h) year of nursing education, (i) whether abortion had been studied in the nursing curriculum, (j) whether the respondent had cared for an abortion client, (k) school of respondent, and (l) region of the country.

The results of this study were as follows:

1. An analysis of the percentage of responses on the ATA Scale scores revealed that: (a) approximately 80 percent of the students agree that abortion should be left up to the individual, (b) 81 percent agree that abortion should be legalized so that it could be obtained with proper medical attention, (c) 81 percent of the respondents disagree that abortion would lead to greater premarital sexual activity, and (d) only eight percent of the respondents felt that abortion should be treated as a form of murder.
2. In analyzing the percentage of responses to various questions regarding abortion and care of the abortion client revealed:  
(a) 51 percent of the subjects felt abortion should be available upon demand, (b) 54 percent favored abortion when a family cannot financially afford a child, (c) 62 percent favored



- abortion when pregnancy results in an emotional crisis for the client, (d) 42 percent of the respondents considered abortion morally acceptable for self or spouse, (e) 95 percent of the students felt that both the man and woman together should make the decision regarding abortion when it involves a married couple, (f) 87 percent of the respondents would choose to care for an abortion client, (g) 88 percent felt their personal beliefs would not interfere with the care they would give abortion clients, (h) 64 percent perceived other nurses as being kind to the abortion client, (i) 65 percent of the students perceived doctors as not meeting the psychological needs of the client and (j) 59 percent of the respondents perceived nurses as not meeting the psychological needs of the abortion client.
3. A significant difference was found in attitudes of nursing students concerning whether abortion should be available upon demand according to religious preference at the .001 level.
  4. No significant difference was found in attitudes of nursing students concerning whether abortion should be available upon demand according to: (a) marital status, (b) number of children, (c) whether the student had studied abortion, and (d) whether the student had cared for an abortion client.
  5. There was a significant difference in perceptions of nursing students concerning whether the respondent would desire an abortion if involved in an unwanted pregnancy according to: (a) religious preference (.001), (b) marital status (.01), and (c) when the respondent had cared for an abortion client (.05).
  6. No significant difference was found in perceptions of nursing

- students concerning whether the respondent would desire an abortion if involved in an unwanted pregnancy according to: (a) number of children, and (b) whether abortion had been studied.
7. There was a significant difference in ATA Scale scores according to: (a) religious preference (.001), (b) marital status (.01), (c) school attended (.001), and (d) region of the country (.001).
  8. No significant difference was found in ATA Scale scores according to: (a) sex, (b) age, (c) race, (d) number of children, (e) residence for major part of life, (f) year of nursing education, (g) whether abortion had been studied, and (h) whether the respondent had cared for an abortion client.

One general conclusion which might be drawn from the study is: the respondents showed a high degree of acceptance for abortion for patients and others. However, when considering abortion for self or spouse, the respondents were less favorable.

One recommendation suggested by the finding that the majority of the respondents perceived both doctors and nurses as not meeting the psychological needs of the abortion client, is that future research might examine the psychological aspects of abortion.

The statement of one respondent who participated in the study summarizes some of the major attitudes and perceptions toward abortion:

Like I said before, I did experience an unwanted pregnancy which ended in abortion. I do not regret my decision, however, as I see things now. If I were to become pregnant again I would not have an abortion. I realize that it must be very difficult and quite a heavy burden to have to make a law as such, that will speak for all

people. I can also understand and even share the fear of legalized abortions getting out of hand. However, abortions can be obtained by most pregnant women who desire them, and I feel that we as concerned medical personnel should urge that abortions be legalized, so that we can extend our minds and available care facilities to provide physical health and, very important, mental health to men and women who choose to terminate their pregnancy in abortion.

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APPENDIXES

**OKLAHOMA STATE UNIVERSITY • STILLWATER**

Department of Family Relations & Child Development  
(405) 372-6211, Ext. 6084

74074

February 22, 1973

Ms. Lorayne Clifton, Chairman  
Department of Nursing  
Phoenix College  
1202 W. Thomas Road  
Phoenix, Arizona 85013

Dear Ms. Clifton:

Your Department of Nursing at Phoenix College has been identified as one qualified and possibly willing to participate in a research project which is being directed by the Department of Family Relations and Child Development at Oklahoma State University. This research project is concerned with the attitudes and perceptions of associate degree nursing students toward abortion. It is hoped that the information gained from this research can be of benefit to nursing students, nurse graduates and ultimately to the abortion client. Your cooperation is requested in this study because your students and other nursing students reflect a vast mental health potential which can assist the client at this critical time in their lives.

If you would be kind enough to assist us in this research please indicate by checking the enclosed postal card. Also, please indicate on the enclosed postal card the number of students you would expect to be answering the questionnaire. If possible, could you return the card to us by March 10, 1973. If it is possible for you to participate in the study we would like to mail to you questionnaires to be administered to your students who are enrolled or who have been enrolled in a maternal-child health course. If your program is integrated we would like to survey those students who have studied the nursing interventions of the abortion client. A copy of the questionnaire is enclosed. The questionnaire will take approximately 15 minutes to complete.

If you would like a brief summary of the findings of this research study when it is completed, we will be happy to send it to you if you will so indicate on the enclosed postal card. This summary should be available in the latter part of the summer.

Your assistance with this research is greatly appreciated. It is through the participation of individuals such as you that we gain greater knowledge and understanding of the difficult situation which nursing students face, such as abortion, and how they might be assisted in dealing with these situations.



If you can cooperate in the research project, we will be happy to send the questionnaires to you at the earliest possible date. If at all possible, we would like to have the completed questionnaires returned to us by April 30, 1973. Of course, return postage will be paid by us. Thank you very much for your consideration.

Sincerely,



Nick Stinnett, Ph.D.  
Associate Professor



Judith Harned  
Graduate Student

Enclosures:2

Your cooperation in this research project is greatly appreciated. Your contribution in a research project of this type helps us to gain greater knowledge and insight into nurse-patient relationships.

Please check or fill in as appropriate to each question. Your questionnaire is anonymous. Since your name is not required, please be as honest in your answers as possible.

The blanks at the extreme left of the page are for purposes of coding (do not fill in).

- \_\_\_ 1. Sex:      \_\_\_ 1. Male      \_\_\_ 2. Female
- \_\_\_ 2. Age:      \_\_\_ 1. 17-19      \_\_\_ 4. 31-35      \_\_\_ 7. 46-50  
                  \_\_\_ 2. 20-25      \_\_\_ 5. 36-40      \_\_\_ 8. 51 and over  
                  \_\_\_ 3. 26-30      \_\_\_ 6. 41-45
- \_\_\_ 3. Race:      \_\_\_ 1. White      \_\_\_ 4. Oriental  
                  \_\_\_ 2. Black      \_\_\_ 5. Other \_\_\_\_\_  
                  \_\_\_ 3. Indian
- \_\_\_ 4. Religious preference:  
                  \_\_\_ 1. Catholic      \_\_\_ 4. Mormon  
                  \_\_\_ 2. Protestant      \_\_\_ 5. None  
                  \_\_\_ 3. Jewish      \_\_\_ 6. Other \_\_\_\_\_
- \_\_\_ 5. Marital Status:  
                  \_\_\_ 1. Married      \_\_\_ 4. Separated  
                  \_\_\_ 2. Single      \_\_\_ 5. Other \_\_\_\_\_  
                  \_\_\_ 3. Divorced
- \_\_\_ 6. Number of children:  
                  \_\_\_ 1. None      \_\_\_ 4. 4-5  
                  \_\_\_ 2. one      \_\_\_ 5. over 5  
                  \_\_\_ 3. 2-3
- \_\_\_ 7. For the major part of your life have you lived:  
                  \_\_\_ 1. on farm or in country      \_\_\_ 4. city of 50,000 to 100,000  
                  \_\_\_ 2. small town under 25,000      \_\_\_ 5. city over 100,000  
                  \_\_\_ 3. city of 25,000 to 50,000
- \_\_\_ 8. Nursing Education:  
                  \_\_\_ 1. 1st year nursing student  
                  \_\_\_ 2. 2nd year nursing student
- \_\_\_ 9. Has your nursing curriculum included information on abortion as a specific topic?  
                  \_\_\_ 1. Yes      \_\_\_ 2. No
- \_\_\_ 10. Have you taken care of an abortion patient?  
                  \_\_\_ 1. Yes      \_\_\_ 2. No

DIRECTIONS: Below are several statements about abortion. We would like to know the extent to which you agree or disagree with each statement. Please check whether you strongly agree, agree, disagree, strongly disagree or are undecided about each.

		Strongly Agree	Agree	Undecided	Disagree	Strongly Disagree
___ 11.	Abortion should be left up strictly to the individual.					
___ 12.	Abortion should be treated legally as a form of murder.					
___ 13.	The total health of the mother is more important than the life of an unborn child.					
___ 14.	Abortion should be legalized as another type of birth control.					
___ 15.	Abortion should be legalized so that it could be obtained with proper medical attention.					
___ 16.	Abortion should be forbidden because it damages the mental health of those who obtain it.					
___ 17.	Abortion should be permitted because it is a lesser evil than having a baby who is not wanted.					
___ 18.	Abortion should be permitted for married women but not for single women.					
___ 19.	Abortion should be permitted when the baby would probably be deformed.					
___ 20.	Abortion should be permitted in cases of rape.					
___ 21.	Abortion should be forbidden because it would lead to greater premarital sexual activity.					
___ 22.	Abortion should be permitted in cases of incest, that is, where a woman becomes pregnant by a blood relative.					

- \_\_\_ 23. If you had your choice would you take care of an abortion patient?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 24. Do you feel that abortion on demand will have a bad effect on society?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 25. Do you feel most of the nurses you know would be kind to an abortion patient?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 26. Do you feel when pregnancy results in an emotional crisis for the patient, abortion should be permitted?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 27. Do you feel that abortion should be available upon demand?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 28. After what stage in a pregnancy do you feel an abortion should no longer be performed?  
 \_\_\_ 1. 1-3 months \_\_\_ 4. 7 or more months  
 \_\_\_ 2. 4-5 months \_\_\_ 5. Never  
 \_\_\_ 3. 5-6 months
- \_\_\_ 29. When a married couple must decide whether to have an abortion who should make the decision?  
 \_\_\_ 1. woman only \_\_\_ 2. man only \_\_\_ 3. man and woman together
- \_\_\_ 30. When an unmarried couple must decide whether to have an abortion who should make the decision?  
 \_\_\_ 1. man only \_\_\_ 2. woman only \_\_\_ 3. man and woman together
- \_\_\_ 31. Do you feel that a family who can not financially afford a baby should be allowed to have an abortion?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 32. Women only: Would you consider an abortion morally acceptable for yourself?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- Men only: Would you consider an abortion morally acceptable for your spouse?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided
- \_\_\_ 33. Would your own personal belief's interfere with the care you would give an abortion patient?  
 \_\_\_ 1. Yes \_\_\_ 2. No \_\_\_ 3. Undecided

- \_\_\_ 34. Do you feel the psychological needs of abortion patients are being met by doctors?  
\_\_\_ 1. Yes      \_\_\_ 2. No      \_\_\_ 3. Undecided
- \_\_\_ 35. Do you feel the psychological needs of abortion patients are being met by nurses?  
\_\_\_ 1. Yes      \_\_\_ 2. No      \_\_\_ 3. Undecided
- \_\_\_ 36. \_\_\_\_\_
- \_\_\_ 37. Which of the following aspects of your relationship with the abortion patient do you consider to be the two most troublesome in giving nursing care.  
\_\_\_ 1. lack of agreement in moral ethics  
\_\_\_ 2. lack of agreement among staff concerning what is best for the patient  
\_\_\_ 3. patient demands too much attention  
\_\_\_ 4. patient doesn't stay long enough  
\_\_\_ 5. getting involved emotionally with patient  
\_\_\_ 6. uncertain, have never taken care of an abortion patient  
\_\_\_ 7. other \_\_\_\_\_  
\_\_\_ 8. nothing is troublesome
- \_\_\_ 38. If, in the future, you were involved in an unwanted pregnancy, would you desire an abortion?  
\_\_\_ 1. Yes      \_\_\_ 2. No      \_\_\_ 3. Uncertain
- \_\_\_ 39. Do you consider your views on abortion to be:  
\_\_\_ 1. liberal      \_\_\_ 2. moderate      \_\_\_ 3. conservative

VITA <sup>Y</sup>

Judith Gay Harned

Candidate for the Degree of

Master of Science

Thesis: NURSING STUDENTS' ATTITUDES AND PERCEPTIONS TOWARD ABORTION

Major Field: Family Relations and Child Development

Biographical:

Personal Data: Born in Detroit, Michigan, June 14, 1936, the daughter of William and Jeraldine Blunk. Married June 3, 1966, to Thomas L. Harned. Mother of one son, John.

Education: Graduated from Marquette High School, Tulsa, Oklahoma, in May, 1954. Graduated from St. Johns Hospital School of Nursing in July, 1957. Received Bachelor of Science from the University of Tulsa, with a major in Nursing in June, 1963. Completed requirements for the Master of Science degree in December, 1973.

Professional Experience: Operating Room Nursing; Muskogee General Hospital, Muskogee, Oklahoma; St. Johns Hospital, Tulsa, Oklahoma; Kaiser Foundation Hospital, Oakland, California; 1957-1961. Instructor of Nursing, St. Johns Hospital School of Nursing, Tulsa, Oklahoma, 1961-1963. Director of Nursing Education, The Hissom Memorial Center, Sand Springs, Oklahoma, 1964-1967. Instructor of Nursing, Northern Oklahoma College, Tonkawa, Oklahoma, 1971.

Professional Organizations: American Nurses Association, Oklahoma State Nurses Association, American Red Cross Nurse.