SEX ROLE IDENTITY AND ATTITUDES TOWARD ABORTION OF FEMALE GRADUATE NURSING STUDENTS

A THESIS

SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS

FOR THE DEGREE OF MASTER OF SCIENCE

IN THE GRADUATE SCHOOL OF THE

TEXAS WOMAN'S UNIVERSITY

COLLEGE OF NURSING

BY

KAY DIANE PETERSON, B.S., R.N.

DENTON, TEXAS

DECEMBER 1980

ACKNOWLEDGEMENTS

I wish to acknowledge my appreciation to Dr. Shirley Ziegler, chair of my thesis committee, for her constant support, patience, and intellectual stimulation to me in this research process. Also, my gratitude is extended to Pat Kurtz for her academic and personal guidance on my committee.

In addition, I wish to thank the staff of Routh Street Women's Clinic, in particular Charlotte Taft, for the flexibility as well as the professional and personal encouragement offered me throughout this endeavor.

TABLE OF CONTENTS

LIST OF TABLES

CHAPTER 1

INTRODUCTION

The institutionalization of sex roles has become a persistent issue in human experience. One alternative to the institutionalization of sex roles is the personality concept of androgyny. This concept of androgyny is defined as a high degree of both masculine and feminine characteristics existing within one individual. In androgyny, behavior and self-perception are determined by the situation rather than traditional sex role stereotyping.

The characteristics of androgyny have been found to be representative of the ideal within the nursing profession (Minnigerode, Kayser-Jones, & Garcia, 1978). Thus, it would seem that nurses must come to identify and understand the significance of their sex role perception as it affects themselves and their patient care. Many nursing care situations may require the flexibility, characteristic of androgyny, such as promoting self-determination in patient decision making.

Abortion is one nursing care situation which requires that the nurse demonstrate this situational flexibility

in the encouragement of the patient's psychological freedom of self-determination. Abortion is no longer a question of legality, but is unavoidably a social health issue pertinent to nurses and mental health professionals. In the United States, the total number of legal abortions since 1973 has been estimated at 6,000,000 (Tietze, 1979). The number of illegal abortions is unknown except in cases where complications result in treatment or death. Since the role of the nurse in the nursing care situation or abortion requires the nurse to have the flexibility in accepting the patient's decision regarding her reproductive alternatives, it seemed to be a worthy situation to study whether or not the personality construct of androgyny is related to nurses' attitudes toward abortion.

Problem of Study

The problem of this study was to determine if there is a significant difference in attitudes toward abortion among the sex role identity classifications of androgynous, masculine, feminine, and undifferentiated of female graduate nursing students.

Justification of the Problem

Relevance to Androgyny as a Therapeutic Characteristic in Counseling

Deutsch and Gilbert (1976) have addressed the need for counselors to assist clients in becoming aware of their personal needs, their sex role perceptions, social demands, and the conflicts which may result. "This would require minimizing role-determined behaviors and setting androgyny as a potential goal" (Deutsch & Gilbert, 1976, p. 378).

Differing characteristics of men and women are persisting across many sociometric categories. Women are perceived as less competent, less independent, less objective, and less logical than men; men are perceived as lacking interpersonal sensitivity, warmth, and expressiveness in comparison to women (Broverman, Broverman, Vogel, Clarkson, & Rosenkrantz, 1972). In an earlier study, Broverman and Broverman (1970) have shown that male characteristics are perceived by society as more valuable and more representative of mental health. The consequences of such stereotyping are becoming more and more self-evident in the area of psychotherapeutic practice.

Relevance to Quality Nursing Care of the Abortion Patient

The sexual and reproductive life of women is now a rapidly expanding research area of great importance to psychiatric theory and practice. Research done on women by women will often ask different questions and yield different data than traditional research which has been done from a male point of view (Seiden, 1979). In spite of the challenge within these statements, there appears to have been an avoidance on the part of nurses to conduct any significant investigative research in the area of abortion. Since the Supreme Court decision on the legalization of abortion, nurse researchers and clinicians have produced only a scant quantity of research addressing this issue (Seiden, 1979; Rosen, Werley, Ager, & Shea, 1974). The nursing profession appears to have left this area of research to other professions.

More liberalized attitudes toward abortion and reproductive freedom by nurses have revealed a more positive outcome in abortion patients' perceptions of care (Harper, Marcom, & Wall, 1972). However, there are no data on the personality characteristics of these nurses cited in the study. Another investigation done in 1972 explored the relationship between attitude toward abortion and the

level of nursing education; the results revealed a high degree of conservatism in the attitude of nursing students (Rosen et al., 1974). The only characteristic identified as a significant variable in this particular study was religious preference. Freeman (1977) found that abortion patients who identified themselves as androgynous had a more positive outcome and attitude toward their abortion experience. The question that remains is would this hold true for care-providers as it has in care-recipients.

The void of research since those studies leaves many questions regarding the attitudinal changes that may have occurred since the Supreme Court decision. Another unaddressed concern is the personality attributes of the nurse in relation to her attitudes toward reproductive issues. In order for nurses to contribute to quality care in women's reproductive services, further study of their own attitudes and personality characteristics must be investigated.

Theoretical Framework

Overview of the Theory

A holistic-dynamic theory of human potential has been developed by Maslow providing a positive view of humanity. This theory of human potential serves as the

focusing theoretical base for this investigation. Basic assumptions within the theoretical framework of Maslow (1968) are:

1. A person has an inborn nature which is essentially good.

2. When this essential core of a person is denied or suppressed, frustration will occur.

3. If this inner nature is allowed to grow, the person will become healthy and happy.

This growth process is called self-actualization, and that which interferes with this process is considered to be the origin of psychopathology. However, Maslow in his emphasis on growth potential rather than pathology has conceptualized capacities as being intrinsic needs and therefore having intrinsic value. He has found there to be measurable characteristics in the healthy human being, such as more openness to experience, a more efficient perception of reality, autonomy, the ability to fuse concreteness and abstractness, a democratic character structure, and increased integration of personality (Maslow, 1968). One would then expect that such measurable characteristics as openness to experience and a democratic character structure could be exemplified in attitudes

which allow for the self-determination of others, such as in attitudes toward abortion.

In his studies of ultimately self-actualized persons, Maslow (1954) has found consistent distinguishing features. Some of these are: (a) realistic orientation, (b) problem-centeredness, (c) autonomy and independence, (d) democratic values, and (e) resistance to culture conformity. A person in transcending culture to resisting enculturation must confidently expect controversy, for in the resistance of enculturation autonomy and free choice are exercised. This free choice is not only internalized to self but externally oriented to others. The role of environment is to assist people in the actualization of their potentials, not society's potential.

> If the study of the uniqueness of the individual does not fit into what we know of science, then so much the worse for that conception of science; it too will have to endure re-creation. (Maslow, 1968, p. 13)

This theoretical framework has relevance for the support of this study because it addresses the characteristics of those autonomous, androgynous persons who meet the ambiguity of sex role conflict with independence and resistance to the traditional cultural sex role standards. The theory also proposes the positivity of openness and

flexibility in human experience and growth potential within self and others.

Masculinity/Femininity

Maslow has specifically addressed the basic premise of androgyny when he proposed,

> a desexualizing of the statuses of strength and weakness, and of leadership so that either man or woman can be, without anxiety, and without degradation, either weak or strong, as the situation demands. (Maslow, 1971, p. 367)

It is this concept of flexibility that provides the autonomy of self and the openness to the self-determination of others. He further suggested a type of "psychological bisexuality" to overcome the pathogenic process of dichotomizing and to discover that "differences can fuse . . . and need not be exclusive and mutually antagonistic" (Maslow, 1971, p. 161). Further evidence of application toward androgyny is viewed in his statement:

> My point is that the relations between the sexes are very largely determined by the relation between masculinity and femininity within each person, male and female. . . . To make peace between the sexes, make peace within the person. (Maslow, 1971, pp. 160-161)

Hierarchy versus Dichotomy in Growth Motivation

Maslow (1968) has stated that basic motivations supply a "ready-made" hierarchy of values and needs, and

from these evolve the concept of free choice. What healthy people choose is on the whole what is good for them, certainly in biological terms, but also in the process of their self-actualization. This hierarchy of values and needs involved in self-actualization is defined as one of integration, not of dichotomy. However, he has defined this dichotomizing process as an unavoidable existential human dilemma: "Difficult as it may seem, we must learn to think holistically rather than atomistically" (Maslow, 1968, p. 74). He has described healthy people as being more integrated; for them,

> the cognitive, the affective, and the motor are less separated from each other, and more synergic, i.e., working collaboratively without conflict toward the same ends. (Maslow, 1968, p. 208)

This integration of values leading to free choice would therefore be expected to be a characteristic found in autonomous persons as well as in their attitudes toward others' experiences and self-determination. Thus, one would expect that the integration involved in an androgynous personality would be related to more flexible attitudes toward reproductive alternatives, including abortion.

Assumptions

The following assumptions were considered pertinent to this study:

1. Self-concept is partially determined by sex role identity.

2. There are individual differences in self-perceptions of sex role.

3. Through the process of enculturation, the individual differences are learned and experienced.

Hypothesis

The following hypothesis was proposed:

There will be significantly different scores on the Abortion Attitude Scale among the sex role identity classifications of Androgynous, Masculine, Feminine, and Undifferentiated in female graduate nursing students.

Definition of Terms

The following terms were operationally defined:

1. Sex role identity--the degree to which a subject describes herself as masculine, feminine, or both through assessment of her own behaviors and attributes.

2. Androgynous--the sex role classification based on a score above the median (Bem's Stanford sample) on

both the Masculinity and Femininity scales of the Bem Sex Role Inventory (Bem & Lenney, 1977).

3. Masculine--a sex role classification based on a score above the median on the Masculinity scale and below the median on the Femininity scale (Bem's Stanford sample) of the Bem Sex Role Inventory (Bem & Lenney, 1977).

4. Feminine--a sex role classification based on a score above the median on the Femininity scale and below the median on the Masculinity scale (Bem's Stanford sample) of the Bem Sex Role Inventory (Bem & Lenney, 1977).

5. Undifferentiated--a sex role classification based on a score below the median (Bem's Stanford sample) on both the Masculinity and Femininity scales of the Bem Sex Role Inventory (Bem & Lenney, 1977).

6. Attitude toward abortion--a computed attitudinal score on the Abortion Attitude Scale developed by Snegroff (1976), designed to determine a positive to negative attitude toward abortion as a means of birth control.

7. Graduate nursing student--a female registered nurse enrolled in an educational program fulfilling the requirements for a Master of Science.

Limitations

The limitations of this investigation were as follows:

1. The sample was selected from a specific graduate nursing program, thus the findings may have been pertinent only to the population of that specific program.

2. The sample consisted of volunteer subjects selected by the convenience method.

3. No specific controls were exerted for age, ethnic background, marital status, religious preference, area of nursing practice, number of years of nursing practice, utilization of contraception, or personal experience in reproductive issues.

4. Both instruments, the Bem Sex Role Inventory and the Abortion Attitude Scale, are self-report instruments and depend upon the accuracy of the subjects.

5. The investigation was conducted at a predominantly female university without control for comparison with a coeducational institution.

6. Validity on the Abortion Attitude Scale has not been established.

Summary

Introductory statements have been made regarding the pertinence of studying the sex role identities of female nurses and their attitudes toward abortion. The problem basic to this study has been defined as the determination of a difference between sex role identity and attitudes toward abortion. Androgyny as a characteristic in therapeutic counseling and quality nursing care of the abortion patient served as justification of the problem. In support of the concept of androgyny and flexibility in self and toward others, the theoretical framework of Maslow has been delineated. Appropriate definitions and limitations within the study have also been defined.

CHAPTER 2

REVIEW OF LITERATURE

The review of several areas of literature was conducted in this study of sex role identity and attitudes toward abortion. Major areas examined in this chapter include conceptions of sex role, measurement of sex role identity, correlate studies of sex role identity, and reproductive alternatives. Related subtopics are developed under the major headings.

Conceptions of Sex Role

Overview of Sex Role Research

Learning to be a "psychological" male or female is one of the earliest and most pervasive cultural tasks imposed on an individual (Bem, 1972). Comprehensive texts specifically exhaust this subject of sex role differentiation (Lips & Colwill, 1978; Maccoby, 1966; Williams, 1977). Sex role research addresses subject samples at every stage of the life cycle.

Hochschild (1978) has reviewed in multiple detail the areas of sex role research. She finds there to be four major research approaches. The first type deals

with sex differences and is found in mostly sociological and psychological literature. The second area is concerned with sex roles and the cultural norms which govern them. A major work in this area is by Parsons and Bales (1953) who defined functional instrumental roles, primarily male, and expressive roles, primarily female, within the nuclear family. The present study utilizing the concept of androgyny would be classified as an exponent of this area of sex role research. A third perspective deals with roles defined by a competitive model where studies examine the process of discrimination. The final area of study centers on power and its distribution in role selection and assignment.

Masculinity/Femininity

Traditionally, the constructs of masculinity and femininity have represented composites of traits, conceptualized as two ends of a continuum (Constantinople, 1973). As stated, Parsons and Bales (1953) have defined the bipolar composites of sex role traits within the school of functionalism. However, Bakan (1966) has redefined this instrumental-expressive dichotomy by the use of an agentic-communal continuum. Bakan proposed agentic traits to be manifested in self-protection,

self-assertion, and self-expansion; whereas communal traits exist for the sense of being at one with other organisms. Bakan (1966) further argued that validity for an individual and a society depends on successful integration of agency and communion. Block (1973) has expanded Bakan's work, defining sexual identity as

> the earning of a sense of self in which there is a recognition of gender secure enough to permit the individual to manifest human qualities our society, until now, has labeled as unmanly or unwomanly. (p. 512)

Maccoby (1966) concluded that optimal cognitive functioning depends on a balance between the feminine and masculine orientations.

Consequences of Sex Role Stereotyping

From a heterogenous sample of 1,000 subjects, Broverman, Broverman, Vogel, Clarkson, and Rosenkrantz (1972) found that women are perceived as less competent, less independent, less objective, and less logical than men; whereas men are perceived as lacking interpersonal sensitivity, warmth, and expressiveness in comparison to women. From a sample of mental health professionals, Broverman and Broverman (1970) have also shown that male characteristics are perceived as more valuable and more representative of mental health.

In further demonstration of sex role biases, the Task Force on Sex Bias and Sex Role Stereotyping of the American Psychological Association (1975) found major impairments in the psychotherapeutic professions due to both recognized and unrecognized sex role stereotyping of female clients. Deutsch and Gilbert (1976) found that traditional sex typing in females was associated with poor adjustments; whereas the reverse was true for males. Yet in a replication of the 1970 Broverman and Broverman study, Kjervik and Palta (1978) reported less sex role stereotyping and a closer rating of the healthy female to the values of mental health within a sample of psychiatric-mental health nurses. Carlson (1972) applauded such research as this; for in her critique of personality theory and research, she stated that studies which deal primarily with females and are conducted by females have been greatly impoverished in traditional works.

Androgyny

The term androgyny has been popularized in current personality theory and research. From the Greek derivation, "andro," meaning male and "gyn," meaning female, have been combined to mean that each gender can incorporate traditionally defined masculine and feminine

characteristics. This construct has been the central issue in many contemporary texts and anthologies (Chafetz, 1974; Heilbrun, 1973; Kaplan & Bean, 1976; Singer, 1977; Vetteraling-Braggin, Elliston, & English, 1977).

Measurement of Sex Role Identity

Traditional Bipolar Measurement

Standard inventories of sex role have included: the Minnesota Multiphasic Personality Inventory Masculinity-Femininity Scale, the Terman-Miles Attitude Interest Analysis Test, the Strong Masculinity-Femininity Scale of the Vocational Interest Blank, Gough's Femininity Scale of the California Personality Inventory, and the Masculinity Scale of the Guiford-Zimmerman Temperament Survey (Constantinople, 1973). However, this bipolar method of measurement has been challenged under the premise that masculinity and femininity scores can vary independently (Bem, 1974; Heilbrun, 1976; Spence, Helmreich, & Stapp, 1975).

Measurement of Androgyny

Bem (1974) developed a sex role inventory using 60 items to judge the degree to which an individual evaluated himself or herself to have incorporated sex-typed standards.

Originally, androgyny was based on a small difference score (< 1.0) between the Masculinity and Femininity scales. However, Bem (1976) later revised her scoring technique using the median split and defined androgyny as a score above the median on both the Masculinity and Femininity Scale of the Bem Sex Role Inventory (BSRI).

The use of the median split in scoring androgyny originated with the development of the Personal Attributes Questionnaire (PAQ) (Spence et al., 1975). With this method, four categories of sex role identity were derived: high masculine-low feminine (Masculine), high feminine-low masculine (Feminine), high masculine-high feminine (Androgynous), and low masculine-low feminine (Undifferentiated). Heilbrun (1976) categorized subjects in a similar fashion. Lippa (1978) utilized subjects who had been pretested for sex role identity. He then used these subjects as a stimulus to naive judges to assess masculinity and femininity from expressive cues alone through such mediums as videotaped interviews, recorded voices, and still pictures. Lippa found that these judges' ratings of masculinity-femininity in the stimulus subjects significantly corresponded to the subjects' preassessment of their own sex role identity.

This broadens the question of the androgyny construct to the relation of expressive behavior in personality.

Methodological Issues

Mead (1978) has offered a general guideline for sex role research when she stated, "Research on gender-specific behavior should always be done by both men and women in cross-cultural contexts in order to correct for prejudice, bias, and myopia" (p.364). She further asserted that making assumptions that there are no sex differences can be as disastrous for research as assuming that there is a given set of sex differences.

Two basic issues in the measurement of androgyny have been: (a) the particular universe of items selected to assess the respondent's sex role style, and (b) the scoring technique. An issue yet to be addressed is the assessment of sex role using an interval scale which could permit more precise behavioral prediction. More importantly, the varying measurements very likely lead to different outcomes (Kelly & Worell, 1977).

Another critique made of androgyny is that what has been described as behavioral flexibility may only reflect a higher capability in certain individuals for using behaviors that generate reinforcement. Hence,

higher self-esteem would result. However, the results thus far indicate that self-esteem is more a function of masculine-typed behavior capacities and minimally feminine-typed characteristics (Kelly & Worell, 1977).

In a later critique, Worell (1978) offered two major considerations in sex role research. First she indicated that when a particular scale is being used as a dependent measure to assess predictions from an androgyny scale, it is extremely important to differentiate the construct of androgyny from the implied theory of adaptability. Secondly, when sex role identity is utilized as an independent measure, it is a violation in the treatment of data not to use gender as another variable.

Psychological androgyny research and theory may be far from constituting a radical departure from traditional masculinity-femininity constructs. Rather, it may share a number of the same problematic assumptions. For example, if the intent is to define and measure individual differences in masculinity and femininity, should the definition and measurement of androgyny be based on stereotypic sex differences? Secondly, can an inventory developed around these sex differences be used as a measure of individual differences? The BSRI, among

others, thus leaves respondents no choice but to label the significance of non-trait features with trait terms. More to the point, it is paradoxical that the trait lists continue to be labeled Masculinity and Femininity scales (Locksly & Colten, 1979).

Pedhazur and Tetenbaum (1979) criticized the use of the median split in both the BSRI and the PAQ. They asserted that this technique runs the risk of classifying subjects into one sex role category whether the scores are quite similar or dissimilar. They also found in a sample of graduate students that masculine traits were relatively high in desirability whereas some feminine traits were low which is contrary to the original selection process of Bem (1974).

Bem (1979) in response to the reinforcement perspective of sex role identity critiqued by Kelly and Worell (1977), stated that androgynous individuals are less attuned and controlled by societal definitions. However, sex-typed individuals are more behaviorally motivated to maintain the defined image of their particular sex role stereotype. Bem (1979) reaffirms that the theory behind the BSRI is based more on cognitive processing and motivational dynamics than behavioral reinforcement. Thus, individuals of different sex role

types vary more fundamentally in the content of their beliefs of what the two genders are like and in their cognitive schemata for processing gender-related information.

Validation studies and factor analyses have yielded differing results. Gaudreau (1977) found that several masculine and feminine items did not load on either a masculine or feminine factor, therefore suggesting a revision of the scale to exclude those recommended items. In a regression analysis of Bem's (1974) original standardization study, Luessenheide and Vandever (1978) found the rankings of the three independent groups to confirm the original constructs of role identity as independent of gender identity. Another factor analysis found the low-Masculine scorer to be somewhat penalized as this scale contains several items interpreted as relating to maturity and self-confidence (Gross, Batlis, Small, & Erdwins, 1979). In yet another methodological critique, Walkup and Abbott (1978) revealed that one masculine item, "masculine," and three feminine items, "childlike," "gullible," and "feminine" violated Bem's judgment of desirability.

Correlate Studies with Sex Role Identity

Cross-Sex Behavior

Sex-typed subjects have been reported to be significantly more stereotyped in their behavioral choices than androgynous or sex-reversed individuals (Bem & Lenney, 1976). When subjects, pretested for sex role identity, were asked to choose to perform between traditionally masculine and feminine activities, the investigators found that "masculine" men and "feminine" women were significantly ($p < .001$) more likely to select their own sex's activities and to reject the other sex's activities, even though such choices cost them money. Male and female subjects in the categories of androgynous and sex-reversed did not differ from each other, t (141) = 1.02, ns. When these same sex-typed individuals were given no choice but to perform cross-sex activities, an overall negativity score was obtained from self-ratings of how "attractive," how "likable," how "nervous," and how "peculiar" they had felt during the performance of such activities. The results indicated that sex-typed individuals felt significantly ($p < .001$) more uncomfortable after performing cross-sex activities. Once again, androgynous and sex-reversed subjects did not differ (Bem & Lenney, 1976).

In a later study utilizing the Personal Attributes Questionnaire, results indicated that androgynous and masculine subjects of both sexes had higher comfort ratings on their performance of cross-sex activities than did feminine or undifferentiated subjects (Helmreich, Spence, & Holahan, 1979). Contrarily, Feinman (1974) reported that both male and female subjects rated greater disapproval of cross-sex behavior for males than for females. However, in this particular research, there were no controls for sex role identity but only controls for gender.

When sex role identity was compared with measures of attitudes toward women's issues, neurosis, introversion-extroversion, locus of control, self-esteem, creativity, political awareness, and sexual maturity, results indicated that flexibility and adjustment were associated more with masculinity than androgyny for both males and females. A second part of the experiment indicated that feminine subjects, independent of gender, preferred to become more masculine in their ideal self-image (Jones, Chernovetz, & Hansson, 1978).

Independence and Nurturance

Bem (1975) developed a design to tap the "masculine" domain of independence utilizing a standard conformity paradigm to test the hypothesis that masculine and androgynous subjects would remain more independent in social pressure situations. As expected, masculine and androgynous subjects, regardless of gender, did not differ significantly from one another, and both were significantly more independent ($p < .01$) than feminine subjects. A second study was designed to test the "feminine" domain of nurturance. By offering subjects opportunity to interact with a kitten, the study tested the hypothesis that feminine and androgynous subjects would be more nurturant than masculine subjects. These two studies were to collectively test the hypothesis that androgynous subjects would display both independence and nurturance according to the situational circumstance and not by the sex role stereotype of the behavior in question. As had been expected, feminine and androgynous men did not differ significantly from one another, and both were significantly more responsive ($p < .002$) to the kitten than masculine men. The females differed from the investigators' expectations in that the feminine females were found to show significantly less ($p < .05$) overall

involvement with the kitten than were androgynous females. This raised the question to the investigators as to whether the research situation was biased in not being a human interpersonal situation.

Sex Role Identity and Self-Esteem

Spence et al. (1975), through correlations of the Personal Attributes Questionnaire and the Texas Social Behavior Inventory, reported that high femininity and high masculinity were both significantly and positively related to self-esteem, regardless of gender. In an Australian study, student subjects completed three sex role instruments, the BSRI and PAQ included, and two measures of self-esteem. In every case, masculinity showed significant positive correlations ($p < .01$) with self-esteem in both sexes, whereas correlations with femininity were insignificant ($p < .09$). The investigators concluded that the results served as a contradiction to the recent advocacy of androgyny as ideal (Antill & Cunningham, 1979).

Sex Role Identity and Family Issues

Traditional psychiatric literature has warned that children who are not raised in conformity to masculine-feminine stereotypes are subjected to impending pathology

and identity problems. Lerner (1978) calls for a discrimination between

> healthy parents who, for adaptive reasons, do not choose to organize their lives along traditional masculine-feminine lines, and those chaotic, unstable parents who may make a similar "choice" for pathogenic reasons. (p. 51)

In a report of parental child rearing practices among college students, androgynous subjects reported a high warmth and cognitive involvement from their parents. Feminine males and females reported higher warmth than cognitive involvement, particularly from the mother. Masculine males described cool, unaffectionate relationships with their parents; whereas masculine females reported parental reinforcement for achievement orientation without evidence of any rejection from either parent (Kelly & Worell, 1976).

Allegeier (1975) correlated the BSRI with future plans and demographic data. Results indicated that androgynous females, as compared with sex-typed females,

> (a) moved frequently during childhood ($p < .02$); (b) were raised in larger communities ($p < .02$); (c) had fathers ($p < .03$) and mothers ($p < .003$) of higher occupational status; (d) tended toward higher educational aspiration ($p < .09$); (e) desired fewer children ($p < .05$), and (f) placed more importance on competence at work ($p < .004$). (p. 217)

Sex Role Identity and Interpersonal Behavior

In further study of the female domain of nurturance, Bem (1975) designed a study which would test the interpersonal nature by evoking sympathetic and supportive listening on the part of the subjects. Same sex subjects were paired, one of whom was actually an experimental assistant and served as the initiator. The conversation progressed from impersonal background information to lonely feelings of being a recent transfer student. The subject, as listener, had opportunity to ask questions and make comments, but had been instructed not to shift the focus to himself or herself. The investigators recorded the subjects' behaviors, number of comments, facial expressions, and body movements. After the conversation, both talkers and observers were asked to rate how nurturing the subject had been. A global responsiveness score for each subject was obtained by averaging the various measures. The results indicated that regardless of gender, feminine and androgynous subjects did not differ significantly from each other, but both were significantly more nurturant than the masculine subjects.

In another realm, stereotypes have held to the notion that men and women use different methods to attain

social influence. To test the hypothesis that sex role typing may be more important than gender in accounting for sex differences, Falbo (1977) utilized the BSRI, self-reports of influence strategies, peer evaluations, and the Marlowe-Crowne Social Desirability Scale. Falbo found that, regardless of gender, masculine and androgynous persons received more positive peer evaluations than feminine persons. She also indicated that feminine persons, again regardless of gender, were more likely than masculine or androgynous persons ($p < .05$) to report using emotional alteration and subtlety in efforts to influence others. Further results revealed that sex-typed and androgynous persons had higher need for approval scores than cross-sex-typed persons, with feminine males having the lowest ($p < .05$) need for approval.

Sex Role Identity and Nursing

As reported earlier, androgyny has been indicated as the ideal in nursing (Minnigerode, Kayser-Jones, & Garcia, 1978). However, Ziegler (1977) concluded that the androgynous subjects in her sample of male and female undergraduate nursing students failed to show significantly higher grade point averages, average grades in nursing courses, satisfaction with occupational choice,

or self-actualization scores. Thus, Ziegler (1977) concluded that androgyny was not associated with more effective behavior in her sample.

Other Studies with Sex Role Identity

In an earlier study on self-actualization and sex role identity, Ginn (1975) found androgynous subjects scored no differently than masculine or feminine subjects. He did find that masculine subjects had significantly higher ($p < .01$) Acceptance of Aggression scores than either androgynous or feminine subjects.

In a study examining sex role typing in relation to self-acceptance, acceptance of other and sexist attitudes toward women, Anderson (1978) found more self acceptance than acceptance of others in masculine typed subjects and the reverse in feminine subjects. In fact, masculine typed subjects had the lease acceptance of others than any other group as well as reporting more discriminating attitudes toward women. Androgynous subjects reported having the highest self-acceptance socres.

In studies of more socially undesirable yet sex typed characteristics, androgynous males were found to self-report the fewest undesirable characteristics and

undifferentiated males reported the most (Kelly, Caudill, Hathorn, & O'Brien, 1977). Carsrud and Carsrud (1979) reported feminine subjects as perceiving themselves as experiencing greater fear than either androgynous or masculine subjects; however, they found no significant effects of sex role identity to self-reported anxiety.

Abortion as a Reproductive Alternative

Abortion and Nursing

In a comparison study conducted over a 6-month period of two hospitals in which abortions were performed, significant differences were reported in the attitudes toward abortion of the two nursing staffs ($p < .05$). In the hospital in which the nursing staff viewed abortion less favorably, abortion patients reported nursing care as significantly less satisfactory ($p < .01$). However, in the control groups of nonabortion patients, the nursing care ratings were the same for both hospitals (Harper, Marcom, & Wall, 1972). In a survey of 50 nurses in Hawaii, approximately 56% stated they would actively participate in the care of abortion patients although their attitudes toward the abortion issue varied (Branson, 1972). In another group of nurses in Hawaii, Char

and McDermott (1972) reported a syndrome of identity crisis regarding the nursing role in those nurses participating in the care of abortion patients. Overall, nurses tend to have less favorable attitudes toward abortion than social work professionals (Hendershot & Grimm, 1974; Rosen, Werley, Ager, & Shea, 1974).

Attitudes Toward Abortion

In an early study, Rossi (1966) noted a strong positive association between educational attainment and attitudes toward abortion. In a later multivariate analysis of demographic factors and attitudes toward abortion, advanced education again showed increased approval of abortion legalization. This same study showed no general effect on abortion attitudes due to age, sex, family income, occupation of head of household, race, or section of country (Mileti & Barnett, 1972). In a survey of unmarried non-pregnant college women, 64% reported they would seek legal abortion upon confirmation of pregnancy. In this same sample, 56% stated they would obtain an abortion even if they were involved in a meaningful relationship (Vincent & Barton, 1973).

Psychological Considerations in Abortion

Post-abortion emotional responses have been reported to constitute three general factors. The first set of positive emotions, relief and happiness, are reported to be experienced most strongly. The second two sets are negatively experienced: socially-based feelings, such as guilt and fear of disapproval, and internally-based feelings, such as anxiety, depression, and anger. When the women's strongest negative emotions were correlated with other variables, Adler (1975) found that younger, unmarried women who attended church frequently were significantly more likely to report socially-based emotions. Those women who described the greatest difficulty with decision making reported significantly more internally-based emotions. Shusterman (1976) concurred with this data and indicated that the profile of the abortion patient is a young, unmarried woman who is not in a social or economic position to bear children. Freeman (1977) concluded in her study of personality attributes and psychological reponses to abortion that, "overall, most women were faced with problem pregnancies because they had not been able to see themselves as instrumental in planning pregnancy" (p. 510).

Summary

In the broad area of sex role research, both bipolar and orthogonal approaches have been discussed. Sex role stereotyping in theory, research, and practice has been reviewed and a conceptualization of androgyny provided. In a second section, traditional measurement of masculinity and femininity was discussed, followed by a discussion of the measurement of androgyny scales. Basic methodological issues included item selection, varying scoring techniques, and the behavioral versus cognitive base of androgyny.

Correlate studies with sex role identity have shown that both androgynous and masculine persons tend to adapt better to cross-sex situations although cross-sex activities have more social disapproval for those of male gender. Androgynous and masculine persons were shown to maintain independence in social pressure situations to conform, whereas androgynous and feminine persons showed more nurturance in interpersonal situations. Androgyny has also been reported as having a significant positive correlation with self-esteem although no correlation with self-actualization was been demonstrated. In nursing, androgyny has been indicated as the ideal,

yet further studies have shown that caution is necessitated in making this assertion.

It has been reported that nurses' attitudes toward abortion significantly affect patients' report of care. The identity of the nursing role in this nursing care situation has been discussed as well as the psychological responses of females within this patient population. Overall, more favorable attitudes toward abortion have consistently tended to occur in more educated subjects.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

This investigation was classified as descriptive-correlational in design. According to Polit and Hungler (1978), descriptive-correlational studies "describe existing relationships without fully comprehending the complex causal pathways that exist," and thus are limited by having "no control over the independent variables" (p. 185). The independent variable of sex role identity was not under experimental manipulation or random assignment of groups, but was rather a description phenomena by making comparison and evaluation with the dependent variable of attitude toward abortion.

Setting

The study was conducted in the classroom setting at a Southwestern, state-supported university. This institution has a predominantly female enrollment and a large nursing program.

Population and Sample

The total population from which the sample was selected included approximately 280 female graduate nursing students enrolled for the spring semester at the particular campus utilized in the study. The sample was structured to include only female graduate students and therefore by university requirements, only registered nurses. A total sample of 52 volunteer subjects was obtained for the study.

Protection of Human Subjects

Approval from the university's Human Research Review Committee (Appendix A) was obtained prior to data collection for the protection of human subjects. Agency permission for the recruitment and utilization of nursing graduate students was obtained from the Dean of the College of Nursing (Appendix B). Steps in the process of protecting the rights of subjects included (Appendix C):

1. There was voluntary participation with the stated and written acknowledgement that withdrawal from the study was permitted at any time during investigation.

2. A written and verbal explanation of the study was provided delineating the general purposes of the study.

3. The consent form delineated the potential risks and benefits of participation in the study. These were read and signed prior to the distribution of the instruments.

4. Instruments were notated by code numbers to insure anonymity. Subjects were requested specifically to omit their names from the instruments.

5. Subjects were offered an opportunity to obtain an abstract of the study upon completion.

6. Data analysis was normative rather than ideographic.

Instruments

Three instruments were utilized: the Demographic Data Form (Appendix D, Tool 1), the Bem Sex Role Inventory (Appendix D, Tool 2), and the Abortion Attitude Scale (Appendix D, Tool 3). The Bem Sex Role Inventory and the Abortion Attitude Scale were alternated in the second and third position, with the Demographic Data Form appearing first. This was done for the purpose of

counterbalancing the order to prevent bias (Polit & Hungler, 1978).

Demographic Data Form

To provide descriptive information of the sample, data on age, marital status, ethnic background, religious preference, area of nursing practice, number of years of nursing practice, method of birth control (if applicable), and existence of a personal abortion experience with self or a significant other existed was obtained on the Demographic Data Form.

Bem Sex Role Inventory

The Bem Sex Role Inventory (BSRI) (copyrighted in 1978 by Consulting Psychologists Press, Inc.) contains three scales: the Masculinity scale, the Femininity scale, and the Social Desirability scale. Each scale contains 20 personality characteristics. The personality items on the Masculinity and Femininity scales were originally selected from a list of 200 personality characteristics that appeared to Bem to be relatively positive in value and either masculine or feminine in tone. This list of characteristics served as a pool from which the instrument items were selected. For the Social Desirability scale, an additional 200 characteristics

were selected that seemed neither masculine or feminine and half were positive and half negative in value. The final 20 items for each of the three scales were judged by approximately 100 Stanford undergraduate students, half male and half female. The criteria for selection of the Masculine and Feminine items were those judged to be significantly ($p < .05$) more desirable for one sex than the other in American society. The Social Desirability items were independently judged by both males and females to be no more desirable for one sex than the other ($p < .20$). Of these characteristics, 10 positive and 10 negative characteristics were selected (Bem, 1974).

The Bem Sex Role Inventory thus contains 60 items with a Likert response range from 1 (never or almost never true) to 7 (always or almost always true). The subjects respond on this 7-point scale to the degree that a characteristic most closely describes his or her self-assessment. The Social Desirability scale is utilized to elicit a response set of social desirability (Bem, 1974).

On the basis of responses, a subject receives three scores: a Masculinity score, a Femininity score, and a Social Desirability score. For this investigation, only the Masculinity and Femininity scores were utilized.

From these two scores, subjects are categorized for sex role identity as: Masculine (high masculine--low feminine), Feminine (high feminine--low masculine), Androgynous (high masculine--high feminine), and undifferentiated (low masculine--low feminine).

In the determination of reliability of the Bem Sex Role Inventory, coefficient alpha was computed separately for the Masculinity, Femininity, and Social Desirability scores of her two samples. The coefficients for the Stanford sample of 729 subjects were: Masculine α .86, Femininity α .80, and Social Desirability α .75.

The Bem Sex Role Inventory was administered to 56 subjects 4 weeks following the original administration to determine test-retest reliability. The computed Pearson product moment correlations proved to be highly reliable: Masculinity $\underline{r}$ = .90, Femininity $\underline{r}$ = .90, Androgyny $\underline{r}$ = .93, and Social Desirability $\underline{r}$ = .89 . (Bem, 1974).

To evaluate validity, correlations were computed between the Masculinity-Femininity scales of the California Psychological Inventory, the Guiford-Zimmerman Temperament Survey, and the Masculinity, Femininity, and Androgyny scales of the Bem Sex Role Inventory. The low correlations were suggested to exist because

"the Bem Sex Role Inventory is measuring an aspect of sex roles which is not directly tapped by either of these two scales" (Bem, 1974, p. 160).

Subsequent investigation by Bem (1975) offered some support for the original construct. Androgynous subjects displayed behavioral adaptability in both stereotypically masculine and feminine situations, whereas sex-typed individuals exhibited behavioral restriction and discomfort in those situations which called for behaviors which were not stereotypically within their sex role identity. In a later study, Bem and Lenny (1976) found that sex-typed subjects demonstrated a strong preference for activities of their sex role identity and an avoidance of those activities which were of a cross sex nature. They concluded that sex-typing does restrict one's behavior in perhaps dysfunctional ways. These studies provided some evidence for construct validity in the measurement of androgyny.

Abortion Attitude Scale

Attitudinal scales in the literature which measure abortion attitudes have been few and limited in their item selection, reliability, and validity (Maxwell, 1970;

Bardis, 1972). Snegroff (1976) has provided a summated rating scale constructed from attitude items derived from a comprehensive review of the literature on abortion. An initial list of 300 statements was compiled from six content areas: moral and social, birth control and family planning, legal, women's rights, rights of the unborn, and health. The item responses were organized into a Likert-type scale from 1 (strongly agree) to 5 (strongly disagree), and a middle response of 3 indicating undecided. Items are reversed so that weights of 5 (strongly agree) to 1 (strongly disagree) are assigned for favorable attitude statements, and the reversal for unfavorable statements. Items were screened by professionals and students for attitudinal content and clarity. Subsequently t test values were ranked ordered so that the 30 most differentiating statements could be selected from all content areas. Also items were selected so that 50% would represent each end of the attitude continuum. The final number of item statements was 30, thus the attitudinal score ranges from 30 (totally unfavorable) to 150 (totally favorable), a score of 90 representing an undecided position on the attitudinal continuum. The reliability coefficient was computed by the split-halves method and found to be $r = .91$.

Snegroff (1976) granted permission to utilize the Abortion Attitude Scale for this study (Appendix E). Snegroff has offered the Abortion Attitude Scale instrument with no significant other scales to provide validity. There has been little opportunity for construct validity as most of the attitudinal research has been conducted by unstructured interview or mass survey.

Data Collection

Subjects were contacted by entering the classroom setting after obtaining permission from the appropriate professor. Subjects were requested to either stay following the class or to turn in their questionnaire in a sealed envelope at an appointed place. Approximately five classroom settings were entered to elicit volunteer subjects. Prior to the administration of the instruments, a verbal explanation of the general purposes was given to the volunteer subjects. Written consent forms explaining the possible benefits and risks of participation were obtained with the subject's signature of consent. Subjects were assured of anonymity and requested to omit their names from the instruments and to respond to all items.

The instruments were administered to 52 female graduate nursing students in the spring semester of 1980 over a 3 week period. The time period for administration of the instruments was approximately 20 minutes. Subjects were given information on obtaining an abstract of the completed investigation.

Treatment of Data

Each subject's instruments were assigned a code number prior to administration. Data from the instruments were hand scored by the investigator. For the Bem Sex Role Inventory, the procedure involved:

1. Calculating the Masculinity and Femininity scores for each subject.

2. Classifying subjects into sex role identity classifications by utilizing the median Masculinity and Femininity scores of 4.89 and 4.76, respectively (Bem, 1974, 1977) as follows:

	Masculinity Score	Femininity Score
Masculine	> 4.89	< 4.76
Feminine	< 4.89	> 4.76
Androgynous	> 4.89	> 4.76
Undifferentiated	< 4.89	< 4.76

For the Abortion Attitude Scale, a composite score for each subject was hand scored. Using the Abortion Attitude Scale scores as the dependent variable, an analysis of variance was computed to test the hypothesis that significant differences in abortion attitudes exist among the four sex role identity classifications of androgynous, masculine, feminine, and undifferentiated.

CHAPTER 4

ANALYSIS OF DATA

The analysis of data collected by means of a written questionnaire is presented in this chapter. A description of the sample is provided in narrative and table form. The findings are presented and summarized.

Description of Sample

In this investigation, a total of 52 volunteer graduate nursing students served as subjects. The mean age of the subjects was 32.2 years with a range of 24-50 years. The mean number of years in nursing practice was 9.2 with a range of 2-28 years.

The majority of subjects was Caucasian (90.4%) and Protestant (61.6%). Regarding marital status, approximately 48% were married, with 29% being single and never married, and 23% being divorced or widowed. Approximately 48% of the subjects were enrolled in the medical-surgical clinical nursing area within the graduate program, 17% in public health, 13% in psychiatric-mental health, 11% in pediatrics, and 10% in maternal health. Regarding birth control, 67% reported utilizing some method of

contraception, whereas 33% reported using no method. A personal experience with abortion, either with self or significant other, was reported by 31% of the subjects. Table 1 summarizes the demographic data.

Findings

For the 52 subjects, three scores were obtained for each subject: a Masculinity score, a Femininity score, and a total score on the Abortion Attitude Scale. The Masculinity and Femininity scores were obtained by adding the total number of scores on each scale and then dividing by the number of items (n = 20) on each scale. This provided a range of scores of 1.0 to 7.0. The score was then compared to the median scores on the normative Stanford sample utilized by Bem (1974). The median on the Masculinity scale in this original sample was 4.89 and 4.76 on the Femininity scale. Therefore, a subject who scored above the Masculine median of 4.89 but below the Feminine median of 4.76 would be classified as Masculine in sex role identity; the reverse would be true for Feminine identity. A subject scoring above the medians on both the Masculinity and Femininity scale would be classified as Androgynous; whereas a subject scoring below both medians would be classified as Undifferentiated.

Table 1

Summary of Subject Demographical Information

Demographic Category	Number	Percentage
Racial-Ethnic Background		
White	47	90.4
Black	3	5.8
Other (including Hispanic and Oriental)	2	3.8
Total	52	100.0
Religions Preference		
Protestant	32	61.6
Catholic	15	28.8
Other	5	9.6
Total	52	100.0
Marital Status		
Married	25	48.1

Table 1 (continued)

Demographic Category	Number	Percentage
Single	15	28.8
Divorced	11	21.1
Other (including widowed and separated)	1	2.0
Total	52	100.0
Nursing Area		
Medical-Surgical	25	48.1
Public Health	9	17.3
Psychiatric-Mental Health	7	13.5
Pediatrics	6	11.5
Maternal Health	5	9.6
Total	52	100.0

Table 1 (continued)

Demographic Category	Number	Percentage
Birth Control Method		
Utilized	35	67.3
Not Utilized	17	32.7
Total	52	100.0
Abortion Experience		
Reported No	36	69.2
Reported Yes	16	30.8
Total	52	100.0

This served as the basis for sex role identity categorization.

A subject's score on the Abortion Attitude Scale was obtained by adding the cumulative number of points endorsed on each item statement. Based on a Likert rating scale, each item statement received a range of points from 1 to 5. The subjects' scores on the Abortion Attitude Scale were then compared among the four sex role identity categories of Masculine, Feminine, Androgynous, and Undifferentiated by an analysis of variance.

The hypothesis proposed that there would be a significant difference in attitudes toward abortion among the sex role identity categories of Masculine, Feminine, Androgynous, and Undifferentiated as measured by the Bem Sex Role Inventory and the Abortion Attitude Scale. The results of the analysis indicated a nonsignificant difference in attitudes toward abortion among the four sex role identity categories, F (3, 47) = .47, p = .704 (Table 2).

The sample mean on the Abortion Attitude Scale was 105.35. The means for the four individual sex role identity categories, reported in order of magnitude, were: Masculine 114.0, Feminine 104.9, Undifferentiated

Table 2

Analysis of Variance for Attitudes Toward Abortion Analyzed by Sex Role Identity

Source of Variation	SS	df	MS	F
Main effects	1002.905	3	334.302	0.471*
Explained	1002.905	3	334.302	0.471
Residual	33378.742	47	710.186	
Total	34381.647	50	687.633	

*p = .704.

104.6, and Androgynous 102.13. Of the sample, approximately 46% were classified Androgynous (n = 24), 23% Feminine (n = 12), 20% Masculine (n = 10), and 11% Undifferentiated (n = 5).

Additional Findings

Utilizing the medians on the Masculinity and Femininity scales of this particular graduate nursing sample rather than the medians of the Bem Stanford sample (1974), the BSRI scores were recategorized into the four sex role identity classifications. The sample median was 5.00 on both the Masculinity and Femininity scales. This differed from the medians on the original Stanford sample. Medians on this original sample were 4.76 on the Femininity scale and 4.89 on the Masculinity scale. When the sample medians instead of the Stanford sample medians were used to classify subjects into the sex role identity categories, approximately 27% were classified as Masculine (n = 14), 27% Androgynous (n = 14), 26% Feminine (n = 13), and 20% as Undifferentiated (n = 10). Utilizing the reclassified sex role identity categories as the independent variable, an analysis of variance was recalculated on the attitude toward abortion scores. No significant differences in attitudes toward abortion were obtained, F (3, 47) = .740, p = .533.

Utilizing other data factors obtained on the Demographic Data Form analysis of variance was computed with the scores on the Abortion Attitude Scale (Range 30-150) as the dependent variable. The means on the attitude toward abortion scores were computed for each demographic group (Table 3). When religious preference was utilized as the independent variable, the analysis of variance did not demonstrate any level of significance, F (3, 48) = 1.68, p = .183. The Abortion Attitude Scale score means for the Catholic group was 94.8 and the mean for the Protestant group was 106.1. In the analysis utilizing nursing clinical area as the independent variable, the results were not significant, F (4, 47) = 1.554, p = .202. The abortion score means were: Psychiatric-Mental Health, 120.85; Public Health, 114.55; Maternal Health, 100.60; Medical-Surgical, 100.16; and Pediatrics, 92.5. In addition, attitudes toward abortion did not differ significantly based on marital status, F (3, 48) = .552, p = .6494. The means for the groups according to marital status were: Single, 112.07; Widowed, 106.0; Divorced, 101.45; and Married, 101.44.

In another analysis, the sample was divided into two groups, those reporting utilization of contraception (n = 35), and those who did not (n = 17). Those subjects

Table 3

Abortion Attitude Scale Means as a Function of Demographical Information

Demographical Category	Abortion Attitude Scale Mean
Religious Preference	
Catholic	94.3
Protestant	106.1
Clinical Area	
Psychiatric-Mental Health	120.85
Public Health	114.55
Maternal Health	100.60
Medical-Surgical	100.16
Pediatrics	92.50
Marital Status	
Single	112.07
Widowed	106.00
Divorced	101.45
Married	101.44
Contraception	
Reported Utilization of Method	112.14
Reported no utilization of Method	89.05

utilizing birth control reported significantly more favorable attitudes toward abortion, F (1.50) = 10.229, p = .0024 (Table 4). The means for those subjects

Table 4

Analysis of Variance for Attitudes Toward Abortion Analyzed by Reported Utilization of Contraception

Source of Variation	SS	df	MS	F
Between groups	6097.292	1	6097.292	10.229
Within groups	29803.227	50	596.065	

$p = .0024$.

utilizing contraception and those who did not were 112.14 and 89.05, respectively. In responding to this question, a subject either designated a method(s) used or stated "none."

To test for any significant differences in sex role identity distribution between the female graduate nursing student sample used in this study and the normative Stanford female undergraduate sample, a chi-square analysis was utilized. This analysis demonstrated that there was a statistically significant difference between the two samples in that there was a larger number of subjects categorized as androgynous within this study sample of graduate students and a lesser number of feminine-typed subjects (Table 5).

Another chi-square analysis was utilized to test for any significant differences in sex role identity distribution between the graduate nursing student sample of this study and a female undergraduate nursing student sample from the same university. For this purpose, the study conducted by Till (1978) was pertinent. This analysis demonstrated significant differences between the two samples in that a higher number of subjects was classified feminine in the undergraduate nursing sample compared with the graduate nursing sample. In the sample

Table 5

Chi-Square Analysis Comparing Sex Role Identity of Graduate Nursing Students with Stanford Females

Sex Role Category	Graduate Nursing Student (Observed)	Stanford Female (Expected)
Androgynous	24	14.94
Masculine	10	8.26
Feminine	12	17.44
Undifferentiated	5	10.35

$\underline{X}^2 = 10.323.$

$\underline{df} = 3$

$\underline{p} < .02$

of this study of graduate nursing students, there was also a higher number of subjects classified androgynous (Table 6).

Summary of Findings

Analysis of data obtained from female graduate nursing students demonstrated that there were no significant differences among the four sex role identity classifications in attitudes toward abortion as measured by scores on the Bem Sex Role Inventory and the Abortion Attitude Scale. The study sample of female graduate nursing

Table 6

Chi-Square Analysis Comparing Sex Role Identity of Graduate Nursing Students with Undergraduate Nursing Students

Sex Role Category	Graduate Nursing Student (Observed)	Undergraduate Nursing Student (Expected)
Androgynous	24	16.62
Masculine	10	3.87
Feminine	12	24.93
Undifferentiated	5	5.55

$\underline{X}^2 = 19.747.$

$\underline{df} = 3.$

$\underline{p} < .001.$

students did differ significantly in sex role identity distribution from the original Stanford female sample ($\underline{p} < .02$) in that there were more androgynous and less feminine-typed subjects in the graduate student sample as compared with the undergraduate sample used by Bem (1974). The study sample also differed significantly ($\underline{p} < .001$) from an undergraduate nursing student sample from the same university. In this comparison with the sample used by Till (1978), again there were more androgynous and fewer feminine-typed subjects in the graduate sample of this study.

Although there was a wide range of means on the Abortion Attitude Scale in the five clinical nursing areas (92.50-120.85), no statistically significant difference was demonstrated ($p < .20$). In addition, neither marital status nor religious preference was associated with any significant difference in the abortion attitude scores.

One demographic factor was associated with a statistically significant difference in the scores on the Abortion Attitude Scale. In this sample, those reporting utilization of contraception demonstrated significantly more favorable attitudes toward abortion as measured by the Abortion Attitude Scale ($p < .002$) than did those not utilizing contraception.

CHAPTER 5

SUMMARY OF THE STUDY

The study was conducted to determine if there were significant differences in attitudes toward abortion among the four sex role identity classifications. This was based on the hypothesis that there would be significant differences in the scores on the Abortion Attitude Scale among the sex role identity classifications of Androgynous, Masculine, Feminine, and Undifferentiated. Following a summary of the research process involved in the study, discussion of the findings, conclusions and implications, and recommendations for further study will be provided.

Summary

Data were obtained from 52 female graduate nursing students from the same educational institution. The composite test instrument from which the data were obtained consisted of the Bem Sex Role Inventory (Bem, 1974), the Abortion Attitude Scale (Snegroff, 1976), and a Demographic Data Form developed by the investigator. Following an explanation of the study, signed consent forms

were obtained from all subjects. The three forms were administered to the volunteer subjects during a 3 week period in the spring of 1980.

Subjects were classified into one of the four sex role identity categories based on the Masculinity and Femininity scales of the Bem Sex Role Inventory. The subjects' scores on the Abortion Attitude Scale were then computed. An analysis of variance was computed to test for significant differences in attitudes toward abortion among the four sex role identity categories. In addition the attitude toward abortion scores was analyzed utilizing the demographic data of marital status, clinical nursing area, religious preference, and reported utilization of contraception.

To test for differences in sex role identity distribution between the female graduate nursing student sample used in this study and the normative Stanford female sample, a chi-square analysis was utilized. In addition, chi-square analysis was used to compare the distribution of sex role identity categories in this graduate nursing sample and an undergraduate female nursing student sample from the same university.

Analysis of data demonstrated no significant variance in sexual identity categorization and attitudes

toward abortion. In addition, neither religious preference, marital status, nor nursing clinical area demonstrated significant differences when analyzed with the abortion attitude scores. However, those reporting utilization of contraception significantly demonstrated more favorable attitudes toward abortion when measured by the Abortion Attitude Scale. In an additional comparison, the graduate student sample used in this study differed significantly in sex role identity distributed from the original Stanford female sample and from an undergraduate nursing sample from the same university.

Discussion of Findings

Based on the theoretical framework of Maslow provided for this study, the assertion was made that one who was characterized by flexibility in masculinity and femininity would likewise possess such measurable characteristics as attitudes allowing for the self-determination of others. It was proposed that these persons would demonstrate such flexibility in their attitudes toward abortion. However, in the present study the androgynous subjects, or those who conceptually represent such flexibility, did not demonstrate any

significant differences in their attitudes toward abortion when measured by the Abortion Attitude Scale. Neither sex-typing nor non-sex-typing accounted for any significant variance in their attitudes. Thus, the assertion, extrapolated from the theoretical framework, was not supported when measured by the instruments utilized in this study. Also, the instrument used has reported methodological weaknesses. The Abortion Attitude Scale has had no reported validity studies, and the Bem Sex Role Inventory has many reported methodological criticisms regarding the appropriateness of item selection (Walkup & Abbott, 1978), the use of the median split as a means of categorization (Pedhazur & Tetenbaum, 1979), and the questionable equality on desirability of masculine and feminine items (Gross et al., 1979).

The hypothesis that there would be significant differences on the scores on the Abortion Attitude Scale among the sex role identity classifications of Androgynous, Masculine, Feminine, and Undifferentiated was rejected. The abortion attitude scores did not differ significantly among the sex role identity categories (p = .704).

It has been noted that this particular graduate nursing sample did differ significantly from the normative Stanford female sample in that there was a greater observed number of androgynous and a lesser number of feminine subjects than would be expected in the graduate sample. Possibly, this is due to utilizing Stanford medians based on research done on both genders with a sample only including the female gender. Worell (1978) has cautioned against this utilization of single-gender research. Another methodological error may include the questionable contemporary desirability of item selection. Pedhazur and Tetenbaum (1979) have concluded that certain items on both the Masculinity and Femininity scales of the Bem Sex Role Inventory are no longer applicable and may continue to falsify the medians. For instance, a subject may rate herself high on items on the Masculinity scale yet quite low on the particular item of "masculine." Likewise, a subject may rate herself high on items on the Femininity scale with the exception of items such as "childlike," "gullible," or "feminine," which have been shown to have low desirability by Pedhazur and Tetenbaum (1979). Thus, a subject's score could be lowered enough to

reclassify the subject into another sex role identity category.

The graduate nursing sample also differed significantly ($p < .001$) in sex role category distribution from the undergraduate nursing sample utilized by Till (1978) even though both samples were female and enrolled in the same university. The graduate sample demonstrated a greater number of androgynous classifications and a fewer number of feminine typed subjects than in her total nurse sample. Till's (1978) sample had been divided into exit level students (senior classification) and entry level students (those in the initial nursing course). From this division, she had found that exit level students had a higher endorsement of masculine items than entry level students. In the present study, there was no analysis to compare the level of endorsement of masculine items with the attitude scores although this would be of interest, particularly since there have been assertions made that a bias toward masculinity items exists in sex role identity scales (Kelly & Worell, 1977; Pedhazur & Tetenbaum, 1979).

In the additional findings of the present study, there was noted a significant difference ($p < .002$) in reported use of contraception by subjects and attitudes

toward abortion. Those reporting utilization of contraception had higher scores on the Abortion Attitude Scale. If one could make the assumption that utilization of contraceptions puts one at higher risk for contraceptive failure and thus unwanted or unplanned pregnancy, then perhaps this is a sequential likelihood. However, caution must be exhibited in this interpretation, for there was a relatively small sample and no controls were provided for sterilization as a contraceptive method or for sexual preference.

Another notation made within additional findings was the wide range of abortion attitude score means among the five clinical areas of nursing practice. Although this failed to reach statistical significance ($p < .20$), it would be worthy of further research. Based on the assertion that nurses' attitudes significantly affect patients' perception of care (Harper et al., 1972), the pertinence of clarifying nurses' attitudes in this reproductive area must be a consideration.

Mileti and Barnett (1972) had also asserted that other professionals, namely social workers, demonstrated more favorable attitudes toward abortion than nurses. Of the present sample, those nurses in clinical areas most likely to be outside the hospital setting and

functioning in the community exhibited higher means on the Abortion Attitude Scale. More specifically, the psychiatric-mental health nurses' mean score was 120.85, and the public health nurses' mean score was 114.55; these were a minimum of 14 score points above the other clinical areas. Regarding this data, the most noteworthy caution to be made in interpretation is the consideration of the small size of the sample and that the analysis revealed no statistically significant difference.

As Rossi (1966) and Mileti and Barnett (1972) have proposed, an increase in educational achievement tends to correlate with more favorable attitudes toward abortion. Based on the results of Rosen et al. (1974), undergraduate nursing students were characterized by a high degree of conservatism regarding abortion attitudes. However, in the graduate sample of this study the overall mean of 105.35 on the Abortion Attitude Scale indicated a generally favorable attitude toward abortion. With the acknowledgement of these studies, a comparison of undergraduate and graduate nursing students' attitudes toward abortion might prove of interest.

Conclusions and Implications

Findings of the present study support the following conclusions:

1. Female graduate nursing students' attitudes toward abortion issues are not a function of sex role identity categorization when measured by the Bem Sex Role Inventory and the Abortion Attitude Scale.

2. Female graduate nursing students differ in sex role identity categorization from female college students in general in that graduate students demonstrate a greater frequency in androgynous classification and a lesser frequency in feminine classification.

3. Female graduate nursing students differ in sex role identity categorization from female undergraduate nursing students in that graduate students demonstrate a greater frequency in androgynous classification and a lesser frequency in feminine classification.

4. Female graduate nursing students who report utilization of contraception have more favorable attitudes toward abortion than those who report no utilization when measured by the Abortion Attitude Scale.

5. Compared with the studies from the literature reporting conservatism in nurses' attitudes toward

abortion, nurses' attitudes in this sample are more favorable toward such reproductive issues.

Within the realm of nursing research, the amount of studies regarding abortion, nurses' reactions, and nurses' attitudes has been extremely few. The Abortion Attitude Scale utilized in this study is a relatively new instrument and has no reported usages with nursing samples in the literature. Thus, validity studies with this instrument are vital if continued utilization is to be made. Under the premise that nurses' performances affect abortion patients' care, studies are needed to assist nursing in this process. If nursing continues to avoid such issues in research, nursing will have to form its knowledge base from research done by non-nursing professionals. Likewise, the nursing curriculum should provide the environment for clarification of attitudes toward such reproductive issues as abortion, as well as sexuality in general. In a nurse's clinical experience, she or he may be called upon to assist persons with their own questions regarding such issues. It would appear from the overall favorable attitude of this sample that the general attitude toward abortion is changing in nursing although this can only be compared to a scant number of studies reported in the nursing literature.

Although not demonstrating significant differences, there was a wide range of abortion attitude scores among the clinical practice areas within the sample, enough at least to warrant further study. If implications can be drawn from this data, it would seem important to utilize clarification of nurses' attitudes toward abortion prior to clinical placement. The questionnaire utilized in the present study could serve as a stimulus for discussion among nursing staffs and nursing student groups. If the focus of nursing is quality patient care, the values and attitudes of nurses involved must be first clarified. This should also be a consideration in the prevention of role identity problems in clinical practice areas.

It was found in this study that there was a greater tendency toward androgynous identification among graduate students when compared with undergraduate nursing students and college students in general. It would appear that with more educational achievement and clinical practice experience, this tendency toward androgyny prevails. However, the instruments used to measure sex role identity have many reported weaknesses. The sex role identity instruments, even though contemporary, demonstrate a bias toward masculine traits. Androgyny

cannot be seen as a panacea. Rather continual re-examination of such instruments is necessary using both genders and with many varying samples. Yet questionnaires such as the Bem Sex Role Inventory can offer not simply a diagnostic instrument, but a potential opportunity for the person in the nursing role to evaluate himself or herself regarding the characteristics that he or she most wants to supplement. Through the continued use of such evaluation, a broader repertoire of traits can be developed within the nurse's personality and professional expertise.

Recommendations for Further Study

The following is a delineation of recommendations for further research:

1. A reanalysis of the data comparing the level of endorsement of masculine traits, as given on the Masculinity scale of the Bem Sex Role Inventory, with the scores on the Abortion Attitude Scale

2. Reliability and validity studies on the Abortion Attitude Scale, as this scale being relatively new has had little opportunity for such research

3. Further investigation of abortion attitudes among the various clinical practice areas utilizing larger samples

4. Additional studies of sex role identity of graduate nursing students as their scores compare with subjects in other predominantly female professions, such as teaching, preferably within the same educational institution.

APPENDIX A

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Kay Diane Peterson Center: Dallas

Address: 5455 Monticello Date: 12/18/79

Dallas, Texas 75206

Dear Ms. Peterson:

Your study entitled Sex Role Identity and Attitudes Toward Abortion of Female Graduate Nursing Students has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,

Estelle D. Kurtz

Chairman, Human Research Review Committee

at Dallas.

APPENDIX B

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE Texas Woman's University School of Nursing

GRANTS TO Kay Diane Peterson, B.S., R.N.
a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To determine if there is a significant difference in attitudes toward abortion among sex role identity classifications of androgynous, masculine, feminine, and undifferentiated of graduate nursing students. The Bem Sex Role Inventory (Bem, 1974) and Abortion Attitude Scale (Snegroff, 1976) will be utilized as testing instruments. Approval by Human Rights Committee has been granted; a copy of the proposal will be provided if requested.
The conditions mutually agreed upon are as follows:

1. The agency (may) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (may) (may not) be identified in the final report.
3. The agency (wants) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (unwilling) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: 1-25-80

Anne Edmunds
Signature of Agency Personnel

Kay Peterson
Signature of Student

Shirley M. Ziegler
Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows: Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

APPENDIX C

Consent to Act as a Subject for
Research and Investigation

Spring 1980

I, _____, hereby authorize
(subject's name)
Kay Peterson, R.N. to perform the
(investigator)
following investigation. I understand that my participation in this study will involve:

1. Providing general personal information about myself.

2. Reviewing 60 personality characteristics and classifying each characteristic as self-descriptive to one of seven degrees (from Never or Almost Never True to Always or Almost Always True).

3. Reviewing 30 statements outlined on the Abortion Attitude Scale and responding to one of five degrees that most closely indicates my attitude (from Strongly Agree to Strongly Disagree).

The Procedure of the above investigation has been explained to me by Kay Peterson, the investigator.

I understand that it is unlikely, but worth noting, that risks from this investigation might include discomfort or dissatisfaction as a result of looking at my characteristics and my attitudes toward abortion. I understand that I have the opportunity to discuss any such discomfort with the investigator. I also understand that another possible risk is the improper release

of data although names will not be included on the instruments and data will be reported utilizing grouped data. This signed consent form will be collected and retained separately from the instruments I fill out. I also understand that this investigation may be beneficial to me in that I may increase my self-awareness as well as be involved in supporting nursing research.

I understand that no medical service or compensation is provided to me by the university as a result from injury or discomfort from participation in this research.

I have received both a written and verbal description of this study and have had an opportunity to have my questions answered. I understand that I may terminate my participation in this study at any time. I, therefore, give my consent to act as a research subject.

_____ _____

(date) (subject's name)

Description of the Study

(Verbal Form)

You are being requested to participate in a study that will involve your responses to 60 personality characteristics as you feel they describe yourself. This particular instrument regards primarily the testing of role theory. Also you will be asked to respond to statements regarding attitudes toward the reproductive issue of abortion. As you may be aware, the nursing literature regarding this issue has been very scarce and this will be an opportunity for you to contribute to research in this area. Some general information, such as age, sex, etc., will also be obtained regarding yourself although your names will not appear on any of the instruments to protect your confidentiality. There will be a total of three instruments used in this study and these will take approximately 30 minutes of your time. You will be given an opportunity to obtain an abstract of the study following completion so that you may see the outcome of the study. Prior to testing, a consent form will be provided that explains possible risks and benefits; and of course, you will have the right to terminate your participation in the study at

any time during the testing. I hope that you will be willing to assist me in this research.

APPENDIX D

Demographic Data Form

This research investigation contains three parts: a background information section, a section on abortion attitudes, and a section on personality characteristics. PLEASE DO NOT WRITE YOUR NAME ON ANY OF THE FORMS. This information you provide will be treated as strictly confidential.

Background Information

PLEASE CHECK, CIRCLE, OR PROVIDE THE REQUESTED INFORMATION

Age_____

Marital Status

A. Single

B. Married

C. Divorced

D. Separated

E. Widowed

Religious Preference

A. Catholic

B. Jewish

C. Protestant

D. Other_____

Racial-Ethnic Background

A. American Indian

B. Mexican American

Racial-Ethnic Background (continued)

C. Oriental

D. Black

E. White

F. Other_____

Area of Nursing Practice

A. Maternal Health

B. Medical-Surgical

C. Pediatric

D. Public Health

E. Psychiatric-Mental Health

Years of Nursing Practice _____(not including basic education)

Have you had a personal experience with abortion, either with a significant other or yourself?

Yes _____

No _____

BEM SEX ROLE INVENTORY

A copy of this instrument may be obtained from:

Consulting Psychologists Press, Inc.
577 College Avenue
Palo Alto, CA. 94306

ABORTION ATTITUDE SCALE

On the following instrument, there are 30 statements regarding abortion. They have been arranged in such a manner as to permit you to indicate the extent to which you agree or disagree with each statement. REMEMBER there are no correct or incorrect answers. Be sure to respond with your own feelings, and not as to how someone else would expect or want you to answer.

Read each statement carefully and please respond to all statements. Indicate the extent to which you agree or disagree according to the following scale:

SA -- Strongly Agree

A -- Agree

U -- Undecided

D -- Disagree

SD -- Strongly Disagree

EXAMPLE:

If you somewhat agree with the statement, "Abortion should be an alternative when there is contraceptive failure" then your response would appear as follows:

Abortion should be an alternative when there is contraceptive failure. sa (a) u d sd

SA -- Strongly agree

A -- Agree

U -- Undecided

D -- Disagree

SD -- Strongly disagree

PLEASE CIRCLE THE RESPONSE THAT MOST CLOSELY CORRESPONDS TO YOUR OWN FEELINGS.

1.	Abortion penalizes the unborn for the mother's mistake.	SA	A	U	D	SD
2.	Abortion places human life at a very low point on a scale of values.	SA	A	U	D	SD
3.	A woman's desire to have an abortion should be considered sufficient reason to do so.	SA	A	U	D	SD
4.	I approve of the legalization of abortion so that a woman can obtain one with proper medical care.	SA	A	U	D	SD
5.	Abortion ought to be prohibited because it is an unnatural act.	SA	A	U	D	SD
6.	Having an abortion is not something that one should be ashamed of.	SA	A	U	D	SD
7.	Abortion is a threat to society.	SA	A	U	D	SD
8.	Abortion is the destruction of one life to serve the convenience of another.	SA	A	U	D	SD

SA -- Strongly Agree

A -- Agree

U -- Undecided

D -- Disagree

SD --Strongly Disagree

9.	A woman should have no regrets if she eliminates the burden of an unwanted child with an abortion.	SA	A	U	D	SD
10.	The unborn should be legally protected against abortion since it cannot protect itself.	SA	A	U	D	SD
11.	Abortion should be an alternative when there is contraceptive failure.	SA	A	U	D	SD
12.	Abortions should be allowed since the unborn is only a potential human being and not an actual human being.	SA	A	U	D	SD
13.	Any person that has an abortion is probably selfish and unconcerned about others.	SA	A	U	D	SD
14.	Abortion should be available as a method of improving community socioeconomic conditions.	SA	A	U	D	SD
15.	Many more people would favor abortion if they knew more about it.	SA	A	U	D	SD
16.	A woman should have an illegitimate child rather than an abortion.	SA	A	U	D	SD

SA -- Strongly Agree

A -- Agree

U -- Undecided

D -- Disagree

SD -- Strongly Disagree

17. Liberalization of abortion laws should be viewed as a positive step.	SA	A	U	D	SD
18. Abortion should be illegal, for the 14th Amendment to the Constitution holds that no state shall "deprive any person of life, liberty, or property without due process of law."	SA	A	U	D	SD
19. The unborn should never be aborted no matter how detrimental the possible effects on the family.	SA	A	U	D	SD
20. The social evils involved in forcing a pregnant woman to have a child are worse than any evils in destroying the unborn.	SA	A	U	D	SD
21. Decency forbids having an abortion.	SA	A	U	D	SD
22. A pregnancy that is not wanted and not planned for should not be considered a pregnancy, but merely a condition for which there is a medical cure, abortion.	SA	A	U	D	SD
23. Abortion is the equivalent of murder.	SA	A	U	D	SD

SA -- Strongly Agree

A -- Agree

U -- Undecided

D -- Disagree

SD -- Strongly Disagree

24.	Easily accessible abortions will probably cause people to become unconcerned and careless with their contraceptive practices.	SA	A	U	D	SD
25.	Abortion ought to be considered a legitimate health measure.	SA	A	U	D	SD
26.	The unborn ought to have the same rights as the potential mother.	SA	A	U	D	SD
27.	Any outlawing of abortion is oppressive to women.	SA	A	U	D	SD
28.	Abortion should be accepted as a method of population control.	SA	A	U	D	SD
29.	Abortion violates the fundamental right to life.	SA	A	U	D	SD
30.	If a woman feels that a child might ruin her life she should have an abortion.	SA	A	U	D	SD

APPENDIX E

FAMILY LIFE PUBLICATIONS, INC.

219 Henderson Street • Post Office Box 427
Saluda, North Carolina 28773

November 15, 1979

Ms. Kay Peterson
5455 Montecello
Dallas, TX 75206

Dear Ms. Peterson,

This letter constitutes permission for you to reproduce portions of the Abortion Attitudes Scale and the Abortion Knowledge Inventory in your research under the following conditions:

1. No part or whole may be reproduced for resale.

2. Family Life Publications, Inc. is to receive full credit, including our address, in any finished research document.

Thank you for contacting us.

Sincerely,

Thomas G. McHugh, M.A.
President

TGM/lm

encl

REFERENCES

Adler, N. Emotional responses of women following therapeutic abortion. American Journal of Orthopsychiatry, 1975, 45(3), 446-454.

Allegeier, E. Beyond sowing and growing: The relationship of sex typing to socialization, family plans, and future orientation. Journal of Applied Social Psychology, 1975, 5(3), 217-225.

Anderson, S. Sex-role typing as related to acceptance of self, acceptance of others, and discriminatory attitudes toward women. Journal of Research in Personality, 1978, 12, 410-415.

Antill, J., & Cunningham, J. Self-esteem as a function of masculinity in both sexes. Journal of Consulting and Clinical Psychology, 1979, 45(4), 783-785.

Bakan, D. The duality of human existence. Chicago: Rand-McNally Co., 1966.

Bardis, P. A technique for the measurement of attitudes toward abortion. International Journal of Society and Family, 1972, 42(1), 156-158.

Bem, S. Psychology looks at sex roles: Where have all the androgynous people gone? Paper presented at UCLA Symposium on Women, May 1972.

Bem, S. The measurement of psychological androgyny. Journal of Consulting and Clinical Psychology, 1974, 42(2), 155-162.

Bem, S. Sex role adaptability: One consequence of psychology androgyny. Journal of Personality and Social Psychology, 1975, 31(4), 634-643.

Bem, S. Theory and measurement of androgyny: A reply to the Pedhazur-Tetenbaum and Locksly-Colten critiques. Journal of Personality and Social Psychology, 1979, 37(6), 1047-1054.

Bem, S., & Lenney, E. Sex typing and the avoidance of cross-sex behavior. Journal of Personality and Social Psychology, 1976, 33(1), 48-54.

Bem, S., & Lenney, E. On the utility of alternative procedures for assessing psychological androgyny. Journal of Consulting and Clinical Psychology, 1977, 45(2), 196-205.

Bem, S., Martyna, W., & Watson, C. Sex typing and androgyny: Further explorations of the expressive domain. Journal of Personality and Social Psychology, 1976, 34(5), 1016-1023.

Block, J. Conceptions of sex role: Some cross-cultural and longitudinal perspectives. American Psychologist, 1973, 28, 512-526.

Branson, H. Nurses talk about abortion. American Journal of Nursing, 1972, 72(1), 106-109.

Broverman, I., & Broverman, E. Sex role stereotypes and clinical judgments of mental health. Journal of Consulting and Clinical Psychology, 1970, 34, 1-7.

Broverman, I., Broverman, D., Vogel, R., Clarkson, F., & Rosenkrantz, P. Sex role stereotypes: A current appraisal. Journal of Social Issues, 1972, 28(2), 59-77.

Carlson, R. Understanding women: Implications for personality theory and research. Journal of Social Issues, 1972, 28(2), 17-30.

Carsrud, A., & Carsrud, K. The relationship of sex role and levels of defensiveness to self-reports of fear and anxiety. Journal of Clinical Psychology, 1979, 35(3), 573-575.

Chafetz, J. Masculine/feminine or human? Itasca, Illinois: Peacock Publishers, 1974.

Char, W., & McDermott, J. Abortions and acute identity crisis in nurses. American Journal of Psychiatry, 1972, 128(8), 66-71.

Constantinople, A. Masculinity-femininity: Exeption to a famous dictum. Psychological Bulletin, 1973, 80, 389-407.

Deutsch, C., & Gilbert, L. Sex role stereotypes: Effect of perceptions of self and others on personal adjustment. Journal of Counseling Psychology, 1976, 23(4), 373-379.

Falbo, T. Relationships between sex, sex role, and social influence. Psychology of Women Quarterly, 1977, 2(1), 62-72.

Feinman, S. Approval of cross-sex role behavior. Psychological Reports, 1974, 35, 643-648.

Freeman, E. Influence of personality attributes on abortion experience. American Journal of Orthopsychiatry, 1977, 47(3), 503-513.

Gaudreau, P. Factor analysis of the Bem Sex Role Inventory. Journal of Consulting and Clinical Psychology, 1977, 45(2), 299-302.

Ginn, R. Psychological androgyny and self-actualization. Psychological Reports, 1975, 37, 886.

Gross, R., Batlis, N., Small, A., & Erdwins, C. Factor structure of the Bem Sex Role Inventory and the Personal Attributes Questionnaire. Journal of Consulting and Clinical Psychology, 1979, 47(6), 1122-1124.

Harper, M., Marcom, B., & Wall, V. Abortion: Do attitudes of nursing personnel affect the patient's perception of care? Nursing Research, 1972, 21(4), 327-331.

Heilbrun, A. Measurement of masculine and feminine sex role identities as independent dimensions. Journal of Consulting and Clinical Psychology, 1976, 44(2), 138-190.

Heilbrun, C. Toward a recognition of androgyny. New York: Harper & Row, 1973.

Helmreich, R., Spence, J., & Holahan, C. Psychological androgyny and sex role flexibility: A test of two hypotheses. Journal of Personality and Social Psychology, 1979, 37(10), 1631-1640.

Hendershot, G., & Grimm, J. Abortion attitudes among nurses and social workers. American Journal of Public Health, 1974, 64(5), 438-441.

Hochschild, A. A review of sex role research. American Journal of Sociology, 1978, 4, 1011-1029.

Jones, W., Chernovetz, M., & Hansson, R. The enigma of androgyny: Differential implications for males and females. Journal of Consulting and Clinical Psychology, 1978, 46(2), 298-313.

Kaplan, A., & Bean, J. Beyond sex role stereotypes: Readings toward a psychology of androgyny. Boston: Little, Brown, & Co., 1976.

Kelly, J., & Worell, L. Parent behaviors related to masculine, feminine, and androgynous sex role orientations. Journal of Consulting and Clinical Psychology, 1976, 44(5), 843-851.

Kelly, J., & Worell, J. New formulations of sex roles and androgyny: A critical review. Journal of Consulting and Clinical Psychology, 1977, 45(6), 1101-1115.

Kelly, J., Caudill, S., Hathorn, S., & O'Brien, C. Socially undesirable sex-correlated characteristics: Implications for androgyny and adjustment. Journal of Consulting and Clinical Psychology, 1977, 45(6), 1185-1186.

Kjervik, D., & Palta, M. Sex-role stereotyping in assessments of mental health. Nursing Research, 1978, 27 (3), 166-171.

Lerner, H. Adaptive and pathogenic aspects of sex-role stereotypes: Implications for parenting and psychotherapy. American Journal of Psychiatry, 1978, 135 (1), 48-52.

Lippa, R. The naive perception of masculinity-femininity on the basis of expressive cues. Journal of Research in Personality, 1978, 12, 1-14.

Lips, H., & Colwill, N. The psychology of sex differences. Englewood Cliffs, N.J.: Prentice-Hall, 1978.

Locksly, A., & Colten, M. Psychological androgyny: A case of mistaken identity? Journal of Personality and Social Psychology, 1979, 37(6), 1017-1031.

Lussenheide, D., & Vandever, J. Independence of sex-role and gender identity. Psychological Reports, 1978, 42, 821-822.

Maccoby, E. The development of sex differences. Stanford, Ca.: Stanford University Press, 1966.

Maslow, A. Motivation and personality. New York: Harper Publishers, 1954.

Maslow, A. Toward a psychology of being. New York: Van Nostrand, Reinhold Co., 1968.

Maslow, A. The farther reaches of human nature. New York: Viking Press, 1971.

Maxwell, J. College students' attitudes toward abortion. Family Coordinator, 1970, 19, 249-250.

Mead, M. Mead on sex role research. Psychology of Women Quarterly, 1978, 2(4), 364-367.

Mileti, D., & Barnett, L. Nine demographic factors and their relationship to attitudes toward abortion legalization. Social Biology, 1972, 19(1), 43-50.

Minnigerode, F., Kayser-Jones, J., & Garcia, G. Masculinity and femininity in nursing. Nursing Research, 1978, 27(5), 299-302.

Parsons, T., & Bales, R. Family, socialization, and interaction process. New York: Free Press, 1953.

Pedhazur, E., & Tetenbaum, T. Bem Sex Role Inventory: A theoretical and methodological critique. Journal of Personality and Social Psychology, 1979, 37(6), 996-1016.

Polit, D., & Hungler, B. Nursing research: Principles and methods. Philadelphia: J. B. Lippincott, 1978.

Rosen, R., Werley, H., Ager, J., & Shea, F. Some organizational correlates of nursing students' attitudes toward abortion. Nursing Research, 1974, 23(3), 253-259.

Rossi, A. Public views on abortion. Paper presented to the Committee on Human Development, Unviersity of Chicago, 1966.

Seiden, A. Overview: Research on the psychology of women. American Journal of Psychiatry, 1979, 113, 995-1007.

Shusterman, L. The psychosocial factors of the abortion experience: A critical review. Psychology of Women Quarterly, 1976, 1(1), 79-102.

Singer, J. Androgyny: Toward a new theory of sexuality. Garden City, N.Y.: Anchor Books, 1977.

Snegroff, S. The development of instruments to measure attitudes toward abortion and knowledge of abortion. The Journal of School Health, 1976, 46(5), 273-277.

Spence, J., Helmreich, R., & Stapp, J. Ratings of self and peers on sex role attributes and their relation to self-esteem and conceptions of masculinity and femininity. Journal of Personality and Social Psychology, 1975, 32(1), 29-39.

Tietze, C. Induced abortion: 1979. New York: The Population Council, 1979.

Till, G. Relationship of sex role identity to vocational image of nursing of female baccalaureate students. Unpublished Master's thesis, Texas Woman's University, 1978.

Vetteraling-Braggin, M., Elliston, F., & English, J. Feminism and philosophy. Totawa, N.J.: Littlefield, Adams, & Co., 1977.

Vincent, M., & Barton, D. Attitudes of unmarried college women toward abortion. The Journal of School Health, 1973, 43(3), 55-59.

Walkup, H., & Abbott, R. Cross-validation of item selection on the Bem Sex Role Inventory. Applied Psychological Measurement, 1978, 2(1), 63-71.

Williams, J. Psychology of women. New York: W. W. Norton & Co., 1977.

Worell, J. Sex roles and psychological well-being: Perspectives on methodology. Journal of Consulting and Clinical Psychology, 1978, 46(4), 777-791.

Ziegler, S. Androgyny in nursing: Nurse role expectation, satisfaction, academic achievement, and self-actualization in male and female students. Unpublished Doctoral dissertation, University of Texas, 1977.