Attitudes of Registered Nurses in Designated South Dakota Hospitals Toward Aspects of Terminal Patient Care and Euthanasia

Sharon Ann Hofland

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ATTITUDES OF REGISTERED NURSES IN DESIGNATED SOUTH DAKOTA HOSPITALS TOWARD ASPECTS OF TERMINAL PATIENT CARE AND EUTHANASIA

BY

SHARON ANN HOFLAND

A thesis submitted in partial fulfillment of the requirements for the degree Master of Science, Major in Sociology, South Dakota State University

1972
ATTITUDES OF REGISTERED NURSES IN DESIGNATED SOUTH DAKOTA HOSPITALS TOWARD ASPECTS OF TERMINAL PATIENT CARE AND EUTHANASIA

This thesis is approved as a creditable and independent investigation by a candidate for the degree, Master of Science, and is acceptable for meeting the thesis requirements for this degree. Acceptance of this thesis does not imply that the conclusions reached by the candidate are necessarily the conclusions of the major department.

Thesis Adviser Date

Head, Rural Sociology Department Date
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CHAPTER I

STATEMENT OF THE PROBLEM AND
OBJECTIVES OF THE STUDY

Introduction

Refined medical skills and new technical devices have enabled the medical profession to maintain life in persons who are alive only because drugs and resuscitative devices keep their failing vital organs functioning.

People are beginning to question whether it is correct to keep people "alive" through the use of machines and other artificial devices. In recent months magazines and newspapers\(^1\) have featured articles on the problems of the dying patient. These articles suggest that public opinion appears to support the belief that each person should be able to choose whether he wants to continue to live or die and to have that choice heeded by the medical profession. This appears as a resurgence of interest in questions regarding "euthanasia," a term variably defined as "mercy killing," "easy death," and "death with dignity."

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\(^1\)Current interest by popular journalism in euthanasia is indicated by the following recent articles appearing in general magazines and newspapers: "Why Prolong Life?" National Observer, March 4, 1972; "When Do We Have the Right to Die?" Life, January 14, 1972; "The Terminally Ill Who Want to Die," Minneapolis Tribune, August 19, 1972.
As a further consequence of technological advances, the physician at times faces a dilemma in his treatment of the terminal patient. He must decide to pattern treatment to preserve life or to achieve a comfortable and dignified death. Charles Loomis\(^2\) indicated the dilemma faced by the physician when he stated:

He must evaluate what and how much can be done in the name of science as he continues to extend horizons by discovery and experiment and at what point such discovery and experimentation is detrimental to the best interest of that patient.

The professional nurse is also involved in this dilemma, as she spends a greater amount of time with the patient than any other member of the health team. A recent survey\(^3\) reports that nurses hear more requests for euthanasia than do physicians. Also, the nurse increasingly is being placed in positions which demand decisions which could lead to life or death for the patient. At the same time, she is supposedly guided by the Nightingale Pledge\(^4\) which reads: "... with loyalty will I endeavor to aid the physician in his work, and devote myself to the welfare of


\(^3\)Norman Brown, "How Do Nurses Feel about Euthanasia and Abortion?" American Journal of Nursing, Vol. 71, No. 7 (July, 1971), pp. 533-541.

\(^4\)Florence Nightingale Pledge.
those committed to my care." Thus, there may be role-strain in the nurse's status if the physician continues to maintain life for a patient, even though she feels it is not in the best "welfare" of the patient. This resurgence of interest in euthanasia and the possible role-strain that the issue of euthanasia may present the nursing profession gives rise to an interesting arena for study.

Statement of the Problem

The problem under investigation in this study is:

"What are the attitudes of professional nurses in designated hospitals in South Dakota toward the practice of passive and active euthanasia, and how do these attitudes vary when controlled for selected social and institutional factors?"

Importance of the Problem

Research related to this problem is important in that recent permissive legislative action on the abortion issue caught the nursing profession unprepared, and it is presently attempting to establish a position. To avoid a similar situation on the euthanasia issue, data regarding the current attitudes of nurses concerning the preservation

5 "What Nurses Think about Abortion," RN, Vol. 33, No. 6 (June, 1970).
of life and the management of the terminal patient may be beneficial.

Further, as indicated by a recent RN survey, 95 percent of 1,111 hospitals participating in the survey reported there was no physician in the coronary care unit at all times.\(^6\) This would suggest that the professional nurse is being placed in situations where she is having to make decisions that affect the life of the patient.

Therefore, extensive study into the attitudes of the professional nurse appears appropriate so that wise planning, awareness and education can occur.

**Objectives of the Study**

The objectives of this study are to determine:

1. The attitudes of professional nurses in designated hospitals in South Dakota toward the practice of passive and active euthanasia.

2. The variations observed in attitudes of professional nurses toward the support of passive euthanasia legislation when controlling for selected nominally defined social factors.

3. The extent to which observed variations in selected social, demographic and attitudinal factors

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contribute to the explanation of the variations in the respondents' willingness to support legislation favoring the practice of passive euthanasia.

Organization of the Thesis

This thesis is organized as follows:

1. Chapter I consists of introductory material, statement of the problem and objectives of the study.

2. Chapter II reviews selected literature pertinent to the study.

3. Chapter III includes the theoretical and conceptual framework, together with the research hypotheses.

4. Chapter IV presents the research design and methodology.

5. Chapters V, VI, and VII report analysis of the research findings.

6. Chapter VIII includes a summary of the research findings, implications, and limitations of the study and suggestions for further research.
CHAPTER II

REVIEW OF LITERATURE

This chapter reviews literature pertinent to the present study, and summarizes generalizations derived from that literature.

Review of Selected Literature

Literature related to attitudes of the medical profession regarding euthanasia is limited. The studies, though small in number, are reviewed in this chapter.

Brown and others reported the results of a 1968 euthanasia survey regarding the attitudes of registered professional and licensed practical nurses toward euthanasia. The responses of registered nurses and licensed practical nurses were combined and reported under the category "nurses." Their findings were:

1. Younger nurses, especially those under thirty, were more in favor of passive and active euthanasia than were those nurses sixty years of age and older.

2. Nurses received more requests from patients for euthanasia than did physicians, with a higher proportion of

nurses in the community hospital hearing the requests than those in the university hospital.

3. Nurses with master's degrees reported hearing more requests for euthanasia than did the licensed practical nurse. Diploma school graduates and associate degree graduates gave intermediate responses.

4. Widowed and divorced or separated nurses received more requests for active and passive euthanasia than did single or married nurses.

5. Nurses working in pediatrics and delivery rooms heard fewer requests for euthanasia than those from other units.

6. Nurses on surgical specialty units heard the highest percentage of requests for passive and active euthanasia.

Regarding the degree of perceived role-strain a nurse experienced when a physician was practicing passive euthanasia, the following was found:

1. Most of the responding nurses perceived lesser degrees of role-strain when the physician was practicing passive euthanasia than when he was not practicing euthanasia.

2. Nurses in pediatrics and tumor clinics reported more role-strain when passive euthanasia was being practiced than did other groups of nurses. On the other hand, nurses
in administration, coronary care, and intravenous therapy were least uncomfortable when passive euthanasia was being practiced.

3. The divorced and separated nurses reported they were more uncomfortable than married nurses when passive euthanasia was being practiced.

Attitudes of the nurses toward euthanasia when a signed patient approval waiver was available indicated:

1. Nurses, as a group, favored practicing passive euthanasia when a signed approval waiver from the patient was completed.

2. All nurses in dialysis therapy units and on intravenous therapy staffs approved the use of passive euthanasia when the signed patient approval waiver was secured.

3. Pediatric nurses strongly favored the use of a signed approval waiver, and they indicated they would practice euthanasia with such a statement.

4. Nurses in administration were least favorable to the use of the signed patient approval waiver.

Attitudes of nurses toward the continuation of long-term hemodialysis indicated:

1. Nurses more than physicians favored the use of long-term hemodialysis for patients with chronic uremia.
2. Nurses working in the renal hemodialysis unit were least favorable to hemodialysis as long-term therapy.

3. None of the nurses working in the tumor clinic favored dialysis for all patients with uremia.

Regarding the use of a health board for difficult philosophic decision-making, the results indicated:

1. Nurses supported the use of the health board more than physicians.

2. Widows upheld the concept of a health board more than other marital status groups.

Brown, Laws, and others\(^2,3\) reported the responses given by physicians, medical students, nurses and nursing students to a "modified form" of the same questionnaire.

Regarding the nurses' responses, additional findings were:

1. Nursing students favored changes permitting active euthanasia more than did licensed professional nurses and physicians.

Miller\(^4\) conducted a study in which physicians responded to a number of situations representing common


experiences in the daily operations of a long-term care facility for the chronic ill aged. Each physician had to make a decision to "go ahead" with treatment or to "withdraw effective treatment" for the selected situation. His decision was then compared with the decision of the patient, family, and institution as to the appropriate method of treatment. The institution's opinion expressed the view of the nursing staff and of a medical policy committee. Miller concluded that the patient was the one who most frequently expressed desire to discontinue treatment, followed by the family, the physician and the institution. This would suggest that nurses are most reluctant to discontinue treatment, although it is difficult to evaluate the influence of the nurses' responses as they may have been biased by the inclusion of the medical policy committee's responses.

A 1965 opinion poll of one thousand English physicians indicated that 76 percent of the physicians believe it is justified to maintain a patient on drugs even if the required dosages serve to shorten life. If physicians serve as socializing agents for nurses, then it may be assumed that nurses would also feel justified in maintaining a patient on drugs even though the required dose might shorten the patient's life.

Summary of Literature Review

The literature suggests the following generalizations:

1. The volume of patient requests for euthanasia varies according to health team status, type of hospital, medical service section, educational attainment of requestee, and marital status.

2. Nurses perceived lesser degrees of role-strain when the physician practiced passive euthanasia than when he did not practice euthanasia.

3. Nurses perceived degrees of role-strain when passive euthanasia was practiced which varied according to medical service sections and marital status.

4. Attitudes of nurses in all medical sections toward euthanasia increased in degree of favorability when a signed patient approval waiver was available.

5. Nurses as a group favored the use of renal hemodialysis more than physicians; however, nurses participating in the care of patients requiring such treatment favored it less.

6. Nurses, especially widows, favored the use of a health board for difficult philosophic decisions more than did physicians.

7. Younger nurses were more in favor of passive and active euthanasia than were older nurses.
CHAPTER III

THEORETICAL PERSPECTIVE

Introduction

Berelson and Steiner\(^1\) have noted that men differ in social class, status, intelligence, personality, group and institutional affiliations. Further, they suggest that as part of this differentiation observable variations exist in their attitudes, opinions, and beliefs. If this is true for members of society in general, it would appear that the attitudes of nurses toward euthanasia would also be a function of variations in nurse status-positions and group affiliations. The purpose of this chapter is to provide a theoretical orientation whereby the variations in the attitudes, opinions, and beliefs of nurses can be better understood.

The chapter consists of a discussion of relevant concepts, a theoretical orientation, a proposed conceptual model, and an attempt to devise, somewhat narrowed, a theoretical framework together with associated hypotheses.

Theoretical Concepts and Orientation

Concepts. In general, attitudes, opinions, and beliefs refer to a person's rational or emotional preference

for one side or the other of a controversial problem in the public domain.\textsuperscript{2} Attitudes, opinions, and beliefs differ from one another in their generality or in the intensity with which they are held. As part of the range of personal preference, attitudes tend to be more enduring inclusive views or convictions than beliefs or opinions.

Definitions of the term "attitude" vary; however, existing definitions tend to contain one common characteristic, namely, the predisposition to respond to a given social object. As Shaw and Wright\textsuperscript{3} state:

Attitude entails an existing predisposition to respond to social objects which, in interaction with situational and other dispositional variables, guides and directs the overt behavior of the individual.

This interpretation implies that the "... predisposition to respond ..." is restricted to the social aspects of the environment. It is social interaction with an object to which such dispositional characteristics as motive, wish, intent, and desire are attributed.

Some theorists have attempted to define the theoretical composition of an attitude. Lauer\textsuperscript{4} conceptualizes

\begin{itemize}
  \item \textsuperscript{2} Ibid., p. 557.
\end{itemize}
an attitude as consisting of three components: an affective component, a cognitive component, and a behavioral component. Shaw and Wright, however, limit the construct of attitude to an affective component, to some extent based upon cognitive processes and antecedent to behavior. They further state that restricting the concept to evaluative reactions based upon cognitive processes relates the construct more closely to commonly used operational scales.

Attitudes also need to be differentiated from other personality constructs such as opinions and beliefs. Attitude differs from belief in that the latter emphasizes some level of acceptance of a proposition regarding the characteristics of an object or event. Rokeach uses the term as involving any expectancy, set, or proposition that the individual accepts as true of the object or event. For example, the acceptance of the idea that a ball will roll down a hill if pushed is a belief. As used here, the attitude would be the sum of such beliefs about the object.

Opinions are similar to both attitudes and beliefs. Shaw and Wright state that opinions can be verbalized, whereas attitudes are sometimes mediated by nonverbal

5Shaw and Wright, op. cit., pp. 2-3.
7Shaw and Wright, op. cit., p. 5.
processes, or are "unconscious." For Shaw and Wright, opinion lacks the affective reaction which typifies attitude.

Finally, it should be noted that attitudes have been variably defined. The definitions emphasize certain aspects of the construct. Lauer\(^8\) highlights the positive or negative aspect of attitude orientation. Rokeach\(^9\) stressed the component and situational features, and Shaw and Wright\(^10\) noted the centrality of affective reaction as representing the construct attitude.

For the purpose of this study, attitude is defined as a relatively enduring system of evaluative reactions based upon and reflecting the evaluative concepts or beliefs which have been learned about the characteristics of a social object.\(^11\)

**Orientation.** A number of theoretical orientations have been formulated to explain possible factors associated with observed variations in attitudes. By theoretical orientation is meant a theoretical approach that attempts to provide general contexts for inquiry, indicates concepts and types of variables, and generates models for the

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\(^8\)Lauer, op. cit., p. 248.


\(^10\)Shaw and Wright, op. cit., p. 5.

\(^11\)Ibid., pp. 2-4.
construction of a theoretical framework. Merton\textsuperscript{12} suggests that this type of scheme, although not properly a formulation of theory, is more abstract in nature than isolated empirical generalizations in that it utilizes conceptual and logical connections to indicate possible associations. Social class perpetuation, reference groups and differential socialization are types of theoretical orientations. Study of these orientations gives rise to the recognition that attitudes are a function of multi-dimensional factors.

Some theorists, for example, refer to variable stratification as a major factor associated with variations in attitudes.

Mayer and Buckley\textsuperscript{13} offer a conceptual model suggesting that a stratification system perpetuates itself over generations due to differential interaction, resulting in differential socialization and attitude variation.

Berelson and Steiner\textsuperscript{14} conclude that there are differences in attitudes that derive from the social strata in which people find themselves or from their social characteristics, such as residence, religion, class, age and sex.


\textsuperscript{14}Berelson and Steiner, op. cit., pp. 570-574.
Regarding factors related to this study, they report that in the United States:

1. Rural residents and residents of selected areas of the nation possess more conservative attitudes.

2. Roman Catholics more than protestants agree on the necessity of an ethical belief system based on absolute and traditional values.

3. Persons with higher income, more prestigious occupations, and advanced education generally are more conservative.

4. Lower class members tend to assume more authoritarian sentiments.

5. Advancing age brings with it developing conservatism and increased authoritarianism.

6. Women tend to be more religious and conservative than men.

This orientation suggests that attitude variations are a function of differential stratification.

Reference groups are thought by some theorists to be explanations of attitude variations. Sherif and Sherif maintain that attitudes are learned through interaction with social objects and in social events or situations. They

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also state that attitudes must be studied in the context of the individual's reference group ties if the study is to represent more than artifacts and deal adequately with reality. Halloran\textsuperscript{16} expresses the same view when he states:

> To a large degree the attitudes of the individual depend upon the attitude and norms of the groups which form his frame of reference. In many ways it is true to say attitudes stem from the group.

This orientation postulates that observed variations in individuals' attitudes are a function of differential reference group affiliation, both as to type and number of groups, and to the intensities of other participatory or anticipatory identification and socialization.

Other theorists maintain that socialization contributes to the formation of attitudes. Elkins\textsuperscript{17} defined socialization as "... the process by which someone learns the way of a given society or social group so that he can function within it." He also added that "... socialization includes both the learning and internalizing of appropriate patterns, values and feelings." With reference to the medical profession, Back\textsuperscript{18} spoke of medical schools as


socializing agents in that schools socialize the future doctor in the values of the profession. Merton\(^{19}\) also discussed the socialization of the future doctor and stated that the student learns his proper role by the "... latent teaching of faculty members who serve as role models for students." Loomis,\(^{20}\) speaking on the same topic and including the nurse as part of his investigation, indicated the importance of socialization during nursing education for defining the status-role of the nurse, particularly as she encounters variant role-models. Shaw and Wright\(^{21}\) concluded that all forms of learning conceivably provide bases for the acquisition of attitudes, and that "... attitudes are subject to alteration, maintenance, and breakdown through manipulation of the same order of variables as those producing their original acquisition."

This orientation suggests that the cognitive aspect is inherent in the acquisition of attitudes, and that attitude variations are associated with socialization processes.


Conceptual Model

The review of literature and the examination of some theoretical orientations generate a multivariate model that provides a profile for conceptualizing the relationship between selected social factors and attitude variation. As a configuration, the model might be diagrammed as portrayed in Figure 1.

**Figure 1**

Simplified Model on Attitude Formulation

Ascribed Strata \[\rightarrow\] Achieved Strata \[\rightarrow\] Reference Group
Interaction Differentials Among Young \[\rightarrow\] Interaction Differentials \[\rightarrow\] Aspirations, Identifications, Recruitments, Entrances, Memberships

Differential \[\rightarrow\] RESPONSE \[\rightarrow\] Social
Behavior \[\uparrow\] Object \[\downarrow\] Sub-culture

Differential \[\uparrow\] Differential \[\uparrow\] Differential
Attitudinal \[\rightarrow\] Personality \[\rightarrow\] Socialization
Affectivity \[\rightarrow\] Trait Skills \[\rightarrow\] and Internalization

The model illustrates that differences in a person's ascribed or achieved status rights are factors in the selection of one's reference groups which tend to create differential sub-cultures. These differential sub-cultures
lead to variations in the education and socialization process which perpetuate variations in personality traits, skills and knowledge. These variations tend to shape one's affective attitude toward a stated social object which predisposes the disposition for one to behave or act toward that social object in a preferential manner.

Theoretical Framework

The review of literature, theoretical orientations and conceptual model generate the following theoretical framework, together with associated hypotheses:

I. Members of different classes hold differential positions in the social and economic organization of the society.

II. Differential social positions are associated with interaction differentials that give rise to variant reference group orientations.

III. Variant reference groups generate and perpetuate differential sub-cultures.

IV. Differential sub-cultures have varying socialization impacts upon an individual.

V. Varying socialization impacts upon an individual are associated with differential internalization of cultural values, norms and ideologies.
VI. Differential internalization of cultural values, norms and ideologies are manifested in differential personality traits, skills and knowledge.

VII. Differential personality traits, skills and knowledge are a function of variations in attitudes.

VIII. Residence, religion, class, age and sex are variant statuses associated with differential social positions.

IX. Nurses are incumbents of differential social positions.

X. Observed variations in selected socio-economic attitudinal factors of the nurses will be associated with variations in the willingness of nurses to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

Therefore, the nominally based hypotheses are:

1. Church affiliation is associated with the willingness of nurses to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

1a. Church affiliation is associated with the nurses' willingness to vote to support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued if he has been diagnosed as a terminal patient.
1b. Church affiliation is associated with the willingness of nurses to want the American Nurses' Association to support and attempt to get legislation that would authorize a physician to discontinue life-sustaining treatment to the terminal patient if the patient requested that the treatment be discontinued.

1c. Church affiliation is associated with the willingness of nurses to give monetary support to organizations that are attempting to obtain legislation which would authorize the physician to discontinue treatment on the request of the terminal patient.

2. The type of institution where nurses obtained their nursing education is associated with the willingness of nurses to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

2a. The type of institution where nurses obtained their nursing education is associated with the nurses' willingness to vote to support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued if he has been diagnosed as a terminal patient.

2b. The type of institution where nurses obtained their nursing education is associated with the nurses' willingness to favor the American Nurses' Association support of and attempts to obtain legislation that
would authorize a physician to discontinue life-sustaining treatment to the terminal patient if the patient requested that treatment be discontinued.

2c. The type of institution where nurses obtained their nursing education is associated with the nurses' willingness to give monetary support to organizations that are attempting to obtain legislation which would authorize the physician to discontinue treatment on the request of the terminal patient.

3. The area of hospital specialty will be associated with the willingness of nurses to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

3a. The area of hospital specialty will be associated with the nurses' willingness to support a bill authorizing the physician to discontinue treatment of the patient requests that all life-sustaining treatment be discontinued if he has been diagnosed as a terminal patient.

3b. The area of hospital specialty will be associated with the nurses' willingness to favor the American Nurses' Association support of and attempts to obtain legislation that would authorize a physician to discontinue life-sustaining treatment to the terminal patient if the patient requests that the treatment be discontinued.
3c. The area of hospital specialty will be associated with the willingness of nurses to give monetary support to organizations attempting to obtain legislation which would authorize the physician to discontinue treatment on the request of the terminal patient.

For multivariate analysis, the hypotheses are:

1. The younger the nurse, the greater the willingness to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

2. Marital status is associated with the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

3. The lower the occupational level of the nurse's spouse, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

4. The greater the number of live births delivered to the respondent, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

5. The mortality status of the nurse's parents is associated with the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.
6. The greater the amount of monetary contribution to parental support, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

7. The lower the church attendance, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

8. The lower the educational level, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

9. The greater the number of courses pertaining to terminal patient care while receiving basic education, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

10. The fewer the years spent in nursing practice, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

11. The fewer the number of days worked per month, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.
12. The greater the number of workshops attended regarding the dying patient, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

13. The greater the number of media exposures to the problems of the dying patient, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

14. The weaker the belief in the right of the physician to order drugs for the terminal patient, even though the effective dosage may shorten death, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

15. The greater the belief in the right of the patient to request and to receive discontinuance of life-sustaining treatment without fear of legal action initiated by the medical profession, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

16. The greater the belief that the physician should abide by the request of the patient to discontinue life-sustaining treatment, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.
17. The greater the belief in the right of the physician to discontinue treatment to a suffering comatose patient when the patient is unable to communicate his desire, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

18. The greater the belief that nurses should carry out physicians' orders to discontinue life-sustaining treatment when patient or next of kin waivers are signed, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.

19. The greater the size of the community where the hospital is located, the greater the willingness of the nurse to support efforts leading to the enactment of legislation favorable to the practice of passive euthanasia.
CHAPTER IV

METHODOLOGY

The research methodology used for this study is reviewed in this chapter. This section discusses the unit of analysis, method of collecting data and procedures for analysis.

Unit of Analysis

The unit for analysis for this study was the individual registered professional nurse, actively practicing full- or part-time in one of three designated hospitals located in South Dakota.

Method of Collecting Data

A questionnaire was developed and pretested by administering an interview schedule to registered nurses not included in the sample. After minor revision, the questionnaires were distributed to 256 registered nurses employed at the designated hospitals through the cooperation of the Director of Nurses for each hospital. Each nurse received an interview schedule with her paycheck or from the head nurse in her respective hospital unit.

The three hospitals were chosen for their various institutional factors. At the time of this study, St. Lukes Hospital in Aberdeen, South Dakota, was a 160-bed general
medical and surgical hospital under Catholic administration. It was also a teaching hospital, employing 323 personnel. St. Lukes Hospital had the following units and facilities: intensive care, post-operative recovery room, pharmacy, X-ray therapy, radium therapy, diagnostic radioisotopic facility, histopathology laboratory, electroencephalography, inhalation therapy department, physical therapy department, psychiatric inpatient unit, and an emergency department.\(^1\)

Sixty-nine registered nurses received the questionnaire for this study.

Brookings Community Hospital, located in Brookings, South Dakota, was a 30-bed general medical and surgical hospital with a 59-bed long-term unit. It was a teaching hospital, employing 122 personnel. Brookings Hospital had the following units and facilities: intensive care and cardiac care unit, pharmacy with part-time registered pharmacist, blood bank facilities, extended care facility, physical therapy department and an emergency department.\(^2\)

Fifty registered nurses received the questionnaire.

Sioux Valley Hospital in Sioux Falls, South Dakota, was the largest hospital in the study. It was a 287-bed teaching hospital and employed 651 personnel. Sioux Valley


\(^2\)Ibid.
Hospital had the following units and facilities: intensive care, post-operative recovery room, pharmacy, X-ray therapy, radium therapy, histopathology laboratory, blood bank, inhalation therapy, premature nursery, inpatient renal hemodialysis unit, emergency room, and occupational therapy.3 One hundred and forty-two registered nurses employed at Sioux Valley Hospital received the questionnaire.

The questionnaire attempted to measure the cognitive, affective, and behavioral components of the nurses' attitudes toward passive and active euthanasia. Data were also collected regarding the social and economic characteristics of each respondent. The attitudes of each respondent were recorded using a 5-point weighted Likert type scale, with value 1 representing the strongest agreement and value 5 representing the strongest disagreement. An "undecided" response was indicated by the value 3. The scale values were reversed for answers to negatively phrased statements.

A face sheet accompanied each questionnaire, explaining the purpose of the study, the completion date, and the location of the office where respondents were to return completed questionnaires. It also contained a definition of terms pertinent to the study.

Part one of the interview schedule included questions regarding socio-economic factors, such as age, sex,

3Ibid., p. 198.
occupation of spouse, and other descriptive information (see Appendix I).

Part two of the interview schedule consisted of questions designed to assess the individual nurse's attitude toward passive and active euthanasia.

Part three of the interview schedule contained hypothetical clinical situations that attempted to measure the behavioral attitude of the nurse when faced with such a situation. This section also included a status-index scale designed to measure the attitude of the nurse toward treatment involving passive euthanasia with various patients of different status relationships to the nurse.

Part four of the interview schedule included specific questions attempting to measure the cognitive knowledge of the nurse regarding euthanasia.

A copy of the questionnaire appears in Appendix I.

Procedures for Analysis

Questionnaires were returned by 205 respondents. The resulting data were coded and recorded on IBM punch cards following standard approved input procedures.

The data were then retrieved to: (1) provide a descriptive analysis of the attitudes of the nurses as a group toward aspects of passive and active euthanasia; (2) analyze how those attitudes varied when controlled for
selected nominal factors, and (3) determine the extent to which observed variations in selected social, demographic and attitudinal factors contributed to the explanation of the variations in the respondents' willingness to support legislation favoring the practice of passive euthanasia.

**Descriptive Analysis**

Frequency and percentage listings of the data were printed, indicating the response frequencies for each item, the proportion such frequencies represented, and the mean for each response. This listing included "no response" categories for each item. The descriptive study of the attitudes of the nurses toward euthanasia as reported in Chapter V is based on these printed tabulations.

**Analysis of Nominal Factors**

Computer cross tabulations were compiled, reporting the frequency and percentage of the selected nominal variables as they related to other variable item responses. The selected nominal variables were (1) church membership, (2) type of institution where basic nursing education was obtained, and (3) area of hospital specialty.

Tables reporting cross tabulated data were prepared, analyzed and tested for significance.

**Dependent variable.** The dependent variables were the degree of support of the respondents toward efforts
leading to the enactment of legislation favorable to the practice of passive euthanasia. The degree of support was measured by the extent of agreement of responses to the following items:

1. Nurses should vote to support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued if he has been diagnosed as a terminal patient. \( (Y_1) \)

2. The American Nurses' Association should support and attempt to obtain legislation that would authorize a physician to discontinue life-sustaining treatment to the terminal patient if the patient requested such treatment be discontinued. \( (Y_2) \)

3. The extent to which the nurse would personally donate money to an organization attempting to get a bill through legislature that would authorize the physician to discontinue treatment on the request of the terminal patient. \( (Y_3) \)

**Independent variable.** The independent variables were:

\[ X_{20} = \text{The church membership of the nurse.} \]

\[ X_{21} = \text{The type of institution where basic nursing education was obtained.} \]

\[ X_{22} = \text{The area of hospital specialty.} \]
**Statistical test.** The statistical test for this analysis was Chi-square. The significance level was .05.

**Multiple Regression Analysis**

A set of selected independent variables was determined and incorporated as part of a step-wise least squares multivariate linear equation. This was done to determine factors that would help explain the observed variations in the respondents' willingness to support efforts leading to legislation favorable to passive euthanasia.

This type of analysis enables the researcher to account for the variability of the dependent variable as it may be associated with the variability of the independent variables. The researcher is permitted to test for multiple effects by assessing the relative importance of each of the independent variables as they were added or deleted, providing some measure of the extent to which each of the independent variables contributed to the explained variation in the dependent variable when a given level of significance was specified.

The formula for the regression equation was:

\[ Y = a + b_1 X_1 + b_2 X_2 + \ldots + b_k X_k \]

The specified level of significance was .05.

**Dependent variable.** The dependent variable was the extent to which nurses supported efforts to obtain
legislation favorable to passive euthanasia. This was operationalized by summing the individual responses to questions 44, 45 and 48 on the interview schedule, and was calculated as \( \Sigma \text{Col 44} + \text{Col 45} + (6 - \text{Col 48}) \) (Y reg.).

**Independent variables.** The independent variables were:

- \( X_1 \) = Age of nurse at last birthday.
- \( X_2 \) = Present marital status of nurse.
- \( X_3 \) = Occupation of nurse's spouse.
- \( X_4 \) = Number of live births born to nurse.
- \( X_5 \) = Mortality status of nurse's parents.
- \( X_6 \) = Amount of support money contributed to parents.
- \( X_7 \) = Frequency of church attendance.
- \( X_8 \) = Educational level of nurse.
- \( X_9 \) = Number of courses taken concerning care of the terminal patient during basic education program.
- \( X_{10} \) = Number of years spent in nursing practice.
- \( X_{11} \) = Average number of days worked each month in nursing practice.
- \( X_{12} \) = Number of workshops attended regarding topic of the dying patient.
- \( X_{13} \) = Number of media contacts on issues of dying patient.
- \( X_{14} \) = Right of the physician to order pain removing
drugs for the terminal patient, even though effective dosage may hasten death.

$X_{15}$ = Right of the terminal patient to request and receive treatment discontinuance without fear of legal action initiated by the medical profession.

$X_{16}$ = Physician should not abide by the request of a terminal patient that life-sustaining treatment be discontinued.

$X_{17}$ = Discontinuance of treatment to suffering comatose patient, upon decision of physician, when patient is unable to communicate desires.

$X_{18}$ = Nurses should carry out the physician's order to discontinue life-sustaining treatment when signed patient or next of kin waivers are available.

$X_{19}$ = Location of hospital where employed.

**Definitions**

The following terms are used in this study and are defined as follows:

1. Dying (terminal) patient: One in which death will occur in a few days or several weeks without life-sustaining medical treatment.

2. Passive euthanasia: The planned omission of treatment that would probably prolong life.
3. Active euthanasia: The planned use of therapy which would probably hasten death.

4. Life-sustaining treatment: The medical means by which it is possible to sustain life in a person, and without which the person would be unable to maintain life.

5. Health board: A committee made up of health, legal, religious members to assist the physician in decision-making regarding the terminal patient.

6. Signed authorization waiver statement: (1) A statement signed by the patient or nearest responsible relative requesting that in the event of terminal illness, the patient be allowed to die and not be kept alive by artificial means; requesting passive euthanasia. (2) A statement signed by the patient or nearest kin requesting that drugs and/or treatment be administered under the realization that death would be hastened; requesting active euthanasia.

7. American Nurses' Association (A.N.A.): The organization which represents nurses and serves as their spokesman with allied national and international organizations, governmental bodies, and the public.

8. Church membership: The denominational affiliation which the respondent attends.
CHAPTER V

GENERAL ATTITUDES OF NURSES TOWARD EUTHANASIA

This chapter attempts to fulfill Objective One of this study; namely, to determine the attitudes of professional registered nurses selected from three hospitals in South Dakota toward aspects of passive and active euthanasia. Consequently, this chapter reports:

I. Selected socioeconomic characteristics of the responding sample.

II. The attitudes of the sampled nurses toward selective aspects of treatment for the terminal patient.

III. The attitudes of the sampled nurses toward passive and active euthanasia.

IV. The extent of cognitive knowledge possessed by the respondents as measured by selected items on the interview schedule.

I. Socioeconomic Characteristics of the Sample

The population for this study consisted of 256 registered nurses practicing in three South Dakota hospitals. Of this population, 205 respondents, or 79.15 percent, returned questionnaires, producing a non-random intact sample of 203 females and two male registered nurses. The data recorded on the questionnaires generate the following descriptive analysis of the sample's nurses as a whole.
Age. The respondents' mean age was 30.47 years, with a standard deviation of 10.37. Assuming a normal probability distribution, approximately 68 percent of the respondents were between 20 and 40 years of age. The reported ages ranged from 21 to 65 years.

Marital status. Married respondents numbered 162, or 79.02 percent, of the sample, whereas 34, or 16.59 percent, were single nurses. The remaining nine (4.39 percent) were separated, divorced or widowed.

Spouse occupation. Forty-nine, or 23.90 percent of the respondents' spouses, were engaged in foreman and manual type work; 38, or 18.54 percent, were professionals or technicians; 27, or 13.17 percent, were students; 18, or 8.29 percent, were salespersons or clerical workers; 12, or 5.85 percent, were executives or officials; 11, or 5.37 percent, were farmers; and 2, or .98 percent, were retired. The somewhat high number of student spouses was probably because the three sample cities each contain one or more colleges. Forty-three, or 20.98 percent, did not respond to the question on spouse occupation.

Number of live births. Seventy-seven, or 37.56 percent, of the respondents had no children, and 33, or 16.10 percent, had only one. Sixteen, or 7.80 percent, had five or more children. The number of nurses reporting two,
three, or four children each was about the same. They numbered 26, 26, and 22, respectively. The mean number of live births reported by each nurse was 2.69. Five nurses, or 2.44 percent, gave no response.

**Parent mortality.** One hundred thirty-eight, or 67.32 percent, of the respondents indicated that both parents were living at the time of the survey. Forty-four, or 21.46 percent, reported their mother living and father deceased; 7, or 3.41 percent, indicated the reverse; and 16, or 7.80 percent, replied that both parents were deceased.

**Contribution to parent support.** A substantial proportion, or 188 (91.71 percent) of the nurses, reported that they did not contribute money to their parents' support. Fourteen (6.83 percent) replied that they did, and three (1.46 percent) gave no response.

**Church attended.** Most of the nurses attended the Roman Catholic or the Lutheran Church: 68 (33.17 percent) and 66 (32.20 percent) respectively. Methodist and Presbyterian/Congregational were next most frequently attended: 22 (10.73 percent) and 20 (9.76 percent), respectively.

**Church attendance.** Eighty-three, or 40.49 percent, of the nurses reported they attend worship services four times a month; 18, or 8.78 percent, indicated they attend
three worship services a month; 44, or 21.46 percent, reported they attend twice a month; 26, or 12.68 percent, attend once a month, and 31, or 15.12 percent, indicated they attend less than one worship service per month. Three, or 1.46 percent, of the nurses did not respond to the question.

**Educational level of nurse.** One hundred forty-one, or 68.78 percent, of the nurses were graduates of the three-year diploma nurse program. Thirty-seven (18.05 percent) possessed bachelor's degrees, with eight such degrees earned in non-nursing areas. Twenty-three (11.22 percent) of the nurses had associate degrees in nursing, and one had earned a master's degree in nursing.

**Type of institution attended for nursing education.** Ninety-two, or 44.88 percent, of the nurses had attended a Roman Catholic institution. Fifty-two, or 25.37 percent, of the nurses indicated they had attended private schools; 28, or 13.66 percent, had attended state institutions; 15, or 7.32 percent, had attended Lutheran institutions; 6, or 2.93 percent, had attended Methodist institutions; and 6, or 2.93 percent, had attended a combination of religious schools.

**Location of nurse education institution.** One hundred eighty-six, or 90.73 percent, of the respondents
indicated they obtained their education in the North Central United States. Eight, or 3.90 percent, had attended school in the West; two, or .98 percent, in the South; and three, or 1.46 percent, in the Northeast United States.

Seminars on care of the terminal patient in education program. A substantial proportion, 152, or 74.15 percent, of the nurses stated they had attended seminars or lectures on the complexity of moral decisions regarding the terminal patient. Forty-eight, or 23.41 percent, of the nurses stated they had not attended such lectures.

Specialized education or training. One hundred, or 48.78 percent, of the nurses reported they had not received any additional training in coronary care, intensive care or renal hemodialysis. Sixty-eight, or 33.17 percent, indicated they had received training in coronary care; six, or 2.93 percent, had received training in intensive care; twenty, or 9.76 percent, in coronary and intensive care; and three, or 1.47 percent, had received training in coronary, hemodialysis, and intensive care.

Number of years spent in nursing practice. The mean number of years spent in practice was 6.66 years, with a standard deviation of 6.55 years. Assuming a normal probability distribution, approximately two thirds of the responding nurses had been working from one to twelve years. The
reported number of years spent in practice ranged from one to 39 years.

Number of days worked per month. The mean number of days worked per month was 17.52 days, with a standard deviation of 5.12 days. Assuming a normal probability distribution, approximately two thirds of the nurses worked 12 to 22 days a month.

Area of hospital specialty. Forty-five, or 21.95 percent, of the nurses practiced in a medical unit; 42, or 20.49 percent, in a surgical unit; 39, or 19.02 percent, in obstetrics/pediatrics; 11, or 5.3 percent, in emergency area, and 37, or 18.04 percent, of the nurses worked in intensive care areas. The remaining nurses were located in areas such as orthopedics, psychiatrics, administration and health teaching areas.

Number of workshops attended on complexities of the dying patient. Seventy-six, or 37.07 percent, of the nurses had not attended any workshops that dealt with the problems and decisions relative to treatment of the dying patient. Sixty-six, or 32.20 percent, had attended one workshop; 53, or 25.85 percent, had attended two to three workshops; 6, or 2.93 percent, had attended four or five workshops; and 2, or .98 percent, had attended up to nine workshops relating to the complexities of the dying patient.
Number of multi-media contacts on the dying patient.

One hundred one, or 49.27 percent, of the respondents had been exposed to a maximum of two sources of media information regarding the "right to die" topic. Eleven, or 5.37 percent, indicated they had had no exposure to media information pertaining to the dying patient; 22, or 10.73 percent, indicated exposure to one media source; 42, or 20.49 percent, indicated four or five media contacts; 8, or 3.90 percent, indicated a maximum of seven media contacts, and 19, or 9.27 percent, indicated they had had contact with ten or more media sources concerning the "right to die" topic.

Summary of general respondent characteristics. The typical respondent was female, 30 years of age, married and the mother of three children. Her parents were living and did not receive support money from her. The respondent was generally a graduate of a Catholic three-year diploma program, where she received some training relative to complexities involved in treating the dying patient. She had practiced nursing for six years, and she worked in a general medical or surgical unit approximately 17 days a month. Generally, she had not attended any workshops on the moral decisions regarding the terminal patient, but she had been exposed to the topic through other media sources. Further, she generally lacked specialized training in coronary care,
intensive care and renal dialysis; however, if she had this training, it tended to be in coronary care.

II. Attitudes toward Selected Aspects of Terminal Patient Treatment

The attitudes of responding nurses toward selected aspects of terminal patient care were determined by ascertaining the extent of agreement or disagreement with statements pertaining to the treatment of the terminal patient. This section of Chapter V examines the attitudes of the respondents as a whole toward sustaining the lives of terminal patients due to anticipated cure, continued use of renal hemodialysis, use of analgesic drugs, the role of the terminal patient in decision making, and the behavioral actions of the nurse relating to terminal patient treatment.

Sustaining life due to potential cure. As indicated by Table 1, page 47, the majority, 143 (69.75 percent) of respondents felt it wrong to prolong the life of a dying patient, due to anticipated potential cures. Twenty-eight (13.66 percent) felt such action permissible, and 17 (8.29 percent) were undecided. Slightly over 8 percent of the respondents did not answer this question.

Renal hemodialysis. The respondents were not so sure that renal hemodialysis should be continued as life-sustaining treatment for all patients, even when money is
<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>8</td>
<td>3.91</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>20</td>
<td>9.76</td>
</tr>
<tr>
<td>Undecided</td>
<td>17</td>
<td>8.29</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>86</td>
<td>41.95</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>57</td>
<td>27.80</td>
</tr>
<tr>
<td>No Response</td>
<td>17</td>
<td>8.29</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>205</td>
<td>100.00</td>
</tr>
</tbody>
</table>

Mean: 3.87
Table II indicates that almost as many (77, or 37.56 percent) favored continuance of renal hemodialysis as a means of life-sustaining treatment for all patients as were opposed (80, or 39.02 percent). Thirty-two, or 15.61 percent, were undecided and 16 did not respond to this item.

**Analgesic drugs.** Table III, page 50, shows that a substantial number of the nurses believed that the physician should have the right to order pain and consciousness-removing drugs for terminal patients, even though the effective dosage may hasten death. One hundred fifty-three nurses, or 74.64 percent, favored this practice, 21 (10.24 percent) were opposed, and 14 (6.83 percent) were undecided. Table III also shows that the respondents favored this practice even more strongly if the patient himself requested such drugs. One hundred sixty-nine (82.44 percent) of the nurses reported they felt the patient has the right to request and receive pain-reducing drugs, even though the effective dosage may hasten death. Nurses opposed to such action numbered 12 (5.85 percent), those undecided, 8 (3.90 percent), and those giving no response to this item, 16 (7.80 percent).

**Role of the patient.** The respondents indicated they felt quite strongly that the patient should have the right to decide his method of treatment. Table IV, page 51,
### TABLE II

**NUMBER AND PERCENT OF NURSE RESPONSES TOWARD CONTINUED USE OF RENAL HEMODIALYSIS AS LIFE-SUSTAINING TREATMENT**

<table>
<thead>
<tr>
<th>Response</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly Agree</td>
<td>37</td>
<td>18.06</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>40</td>
<td>19.51</td>
</tr>
<tr>
<td>Undecided</td>
<td>32</td>
<td>15.61</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>35</td>
<td>17.07</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>45</td>
<td>21.95</td>
</tr>
<tr>
<td>No Response</td>
<td>16</td>
<td>7.80</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>205</td>
<td>100.00</td>
</tr>
</tbody>
</table>

**Mean:** 3.06
TABLE III
NUMBER AND PERCENT OF NURSE RESPONSES TOWARD USE OF ANALGESIC DRUGS FOR TERMINAL PATIENTS, EVEN IF EFFECTIVE DOSAGE MAY HASTEN DEATH

<table>
<thead>
<tr>
<th>Response</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Right of physician to order pain and consciousness removing drugs for terminal patients, even though effective dosage may hasten death. Mean 1.89</td>
<td>83 40.49</td>
<td>70 34.15</td>
<td>14 6.83</td>
<td>13 6.34</td>
<td>8 3.90</td>
<td>17 8.29</td>
<td>205</td>
</tr>
<tr>
<td>Right of patient to request and receive pain reducing drugs, even though effective dosage may hasten death. Mean 1.56</td>
<td>122 59.51</td>
<td>47 22.93</td>
<td>8 3.90</td>
<td>8 3.90</td>
<td>4 1.95</td>
<td>16 7.80</td>
<td>205</td>
</tr>
</tbody>
</table>
TABLE IV

NUMBER AND PERCENT OF NURSE RESPONSE REGARDING THE RIGHT
OF PATIENT AND KIN TO AID IN TREATMENT DECISION-MAKING PROCESS

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Undecided</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Response</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Right of patient to request and receive pain reducing drugs, even though the effective dosage may hasten death. Mean 1.56</td>
<td>122</td>
<td>59.51</td>
<td>47</td>
<td>22.93</td>
<td>8</td>
<td>3.90</td>
<td>8</td>
</tr>
<tr>
<td>Right of patient to request and receive discontinuance of treatment without fear of medical initiated legal action. Mean 1.38</td>
<td>139</td>
<td>67.80</td>
<td>34</td>
<td>16.59</td>
<td>12</td>
<td>5.85</td>
<td>2</td>
</tr>
<tr>
<td>Patient requests for discontinuance of treatment should not be abided by. Mean 4.42</td>
<td>4</td>
<td>1.95</td>
<td>10</td>
<td>4.88</td>
<td>8</td>
<td>3.90</td>
<td>47</td>
</tr>
<tr>
<td>If patient unable to communicate desires, physician should discontinue treatment upon personal decision. Mean 2.22</td>
<td>61</td>
<td>29.76</td>
<td>63</td>
<td>30.73</td>
<td>34</td>
<td>16.59</td>
<td>25</td>
</tr>
<tr>
<td>Treatment should be continued upon family demands. Mean 2.29</td>
<td>48</td>
<td>23.41</td>
<td>82</td>
<td>40.00</td>
<td>19</td>
<td>9.27</td>
<td>36</td>
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</tbody>
</table>
illustrates that the nurses thought the patient should have the right to request and receive pain-reducing drugs, even though the effective dosage may hasten death. They also strongly indicated the belief that the patient has the right to request and receive discontinuance of treatment without fear of medically initiated legal action. One hundred sixty-nine (82.44 percent) felt that the patient has the right to request pain-reducing drugs, even though the effective dosage may hasten death, whereas only 12 (5.85 percent) were opposed, and 8 (3.90 percent) undecided. Sixteen gave no response. One hundred seventy-three, or 84.39 percent, endorsed the right of the patient to request and receive discontinuance of treatment without fear of medically initiated legal censure, with only four (1.96 percent) opposed and 12 (5.85 percent) undecided. Here, 16 again gave no response. In still another area they strongly felt that the patient's request for discontinuance of treatment should be abided by the physician, and that the physician is justified in discontinuing life-sustaining treatment upon his own judgment if the patient is unable to communicate his own wishes. Respondents favoring abiding by patient's request for discontinuance of treatment to comatose patients numbered 168 (81.95 percent) and 124 (60.49 percent), respectively, with 14 (6.83 percent) and 41 (15.13 percent) opposed, eight (3.90 percent) and ten (4.88 percent)
undecided. Further, the respondents generally indicated that family decisions to continue treatment of the patient should be determinative. One hundred thirty of the 205 respondents (63.41 percent) indicated that treatment should be continued upon demand of the family, with 19, or 9.27 percent, undecided, and 40 (19.51 percent) disapproving. Again, 16 gave no response.

**Behavioral actions of the nurse relating to terminal patient treatment.** Two hypothetical cases were presented to the respondents to measure their predisposition to act in a given situation.

In the first case, the doctor would place three pills at the bedside of the patient and inform him that if taken separately the pills would remove pain, but if taken together they would cause death. A substantial proportion of the respondents disagreed with the physician who left the decision whether to live or die with the patient. One hundred nineteen respondents (61.98 percent) indicated they would remove the pills from the bedside, and 67 (32.68 percent) said they would leave the pills as placed by the physician. The remaining 5 percent did not respond to the question.

In the second case, the physician had informed the nurse that he would not initiate treatment for a young
former athlete who was injured two years previously in an auto accident. The patient had been in a comatose state since the accident and maintained in an iron lung. He had apparently developed pneumonia and appeared critical. Most respondents (151, or 73.66 percent) stated they would agree with the action of the physician. Twenty nurses (9.76 percent) stated they would attempt to get the physician to initiate treatment, and eight (3.90 percent) said they would call another physician they knew would initiate treatment for the patient.

Responding nurses indicated that there were certain conditions necessary before they would cooperate in withholding major resuscitative treatment while maintaining patient comfort.

As illustrated in Table V, generally the more persons and sanctions involved in the treatment decision-making process, the more the nurse would cooperate with a decision to withhold major resuscitative treatment. They also indicated that if the decision to discontinue such treatment is contrary to the known will of the patient or his kin they would be less likely to cooperate with the discontinuance of such treatment.

The majority of nurses appear to indicate that treatment for the young adult should be continued under any circumstances. Also, the decision to withhold major
<table>
<thead>
<tr>
<th>Table V</th>
</tr>
</thead>
<tbody>
<tr>
<td>NUMBER AND PERCENT OF NURSE RESPONSES TOWARD EXTENT OF COOPERATION WITH THE PHYSICIAN IN MAINTAINING PATIENT COMFORT WHILE WITHHOLDING MAJOR RESUSCITATIVE TREATMENT FOR TERMINAL PATIENTS OF DIFFERING STATUSES</td>
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<tr>
<td>----------------------------------</td>
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<table>
<thead>
<tr>
<th>Patient Description</th>
<th>With Signed Decision</th>
<th>Unsup- Physician Approval of Patient &amp; Of Kin</th>
<th>With Verbal Approval</th>
<th>With Signed Decision</th>
<th>Verbal Approval</th>
<th>Unsup- Physician Approval of Patient &amp; Of Kin</th>
<th>With Verbal Approval</th>
<th>With Signed Decision</th>
<th>Verbal Approval</th>
<th>Unsup- Physician Approval of Patient &amp; Of Kin</th>
<th>With Verbal Approval</th>
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<td>3.41</td>
<td>10</td>
<td>4.88</td>
<td>60</td>
<td>29.27</td>
<td>33</td>
<td>16.10</td>
<td>50</td>
<td>24.39</td>
<td>11</td>
<td>5.37</td>
<td>15</td>
<td>7.32</td>
<td>14</td>
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<tr>
<td>My mother, age 65</td>
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<td>3.41</td>
<td>19</td>
<td>9.27</td>
<td>51</td>
<td>24.88</td>
<td>28</td>
<td>13.66</td>
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<td>24.88</td>
<td>26</td>
<td>12.68</td>
<td>8</td>
<td>3.90</td>
<td>10</td>
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<tr>
<td>My close neighbor, age 44</td>
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<td>24</td>
<td>11.71</td>
<td>50</td>
<td>24.88</td>
<td>44</td>
<td>21.46</td>
<td>47</td>
<td>22.93</td>
<td>14</td>
<td>6.83</td>
<td>5</td>
<td>2.44</td>
<td>9</td>
</tr>
<tr>
<td>18 year old patient</td>
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<td>3.41</td>
<td>34</td>
<td>16.59</td>
<td>60</td>
<td>29.27</td>
<td>39</td>
<td>19.02</td>
<td>40</td>
<td>19.51</td>
<td>5</td>
<td>2.44</td>
<td>6</td>
<td>2.93</td>
<td>10</td>
</tr>
<tr>
<td>A cousin of my age</td>
<td>7</td>
<td>3.41</td>
<td>28</td>
<td>13.66</td>
<td>59</td>
<td>28.79</td>
<td>36</td>
<td>17.56</td>
<td>47</td>
<td>22.93</td>
<td>12</td>
<td>5.85</td>
<td>4</td>
<td>1.95</td>
<td>8</td>
</tr>
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</table>
resuscitative treatment is apparently best when not left to the young adult alone or to his kin alone. The respondents indicated that justification for discontinuance of such treatment for this patient demands the involvement of signed waivers, the approval of kin, and the sanction of a medical board.

The respondents indicated they would cooperate with the discontinuance of such treatment more so with the elderly patient than with the other patients listed. Also, the unsupported decision of the physician would serve as a source of cooperation. It was also indicated that the patient's decision alone in this case is not as important in determining the patient's plan of care as is the approval of his kin or kin and the patient.

Nurses indicated that next to the elderly, they would be most likely to withhold major resuscitative treatment and maintain patient comfort for their mother. However, though hesitant to do so with the elderly patient, nurses would cooperate in the withholding of such treatment with their mother's verbal approval alone. Indeed, they were more likely to do this with their mothers than with any of the other types of patients listed. They also indicated the signed waiver and kin approval were not as important with their mothers as with other patients. (See Table V for number and percentages of nurse responses.)
Behavioral actions with signed waiver. Another aspect of special interest related to euthanasia is the influence of a signed patient or kin waiver regarding the care of the terminal patient. One hundred ten (53.66 percent) of the 205 respondents indicated treatment should not be discontinued unless a signed waiver was present. Seventy-two (35.47 percent) respondents disagreed and 20 (9.76 percent) were undecided. However, Table VI reveals that regardless of the respondents' attitudes regarding the signed patient waiver, 145 (70.71 percent) of the 205 respondents felt that nurses should carry out physicians' orders to discontinue treatment when waivers were available. Thirty (14.63 percent) respondents felt nurses should not carry out a physician's orders even with an approval waiver, and 25 (12.20 percent) were undecided.

Summary of attitudes toward selected aspects. The previous analysis suggests that the responding nurses feel it is wrong to prolong the life of a terminal patient, because of anticipated possible cure, yet are uncertain whether or not renal hemodialysis should be used for all patients as a means of prolonging life for the terminal patient. Their responses also indicate that it is correct to administer pain-removing drugs to a terminal patient, even though the effective dosage may hasten death. This trend was especially true if the patient had requested
TABLE VI

NUMBER AND PERCENT OF NURSE RESPONSE REGARDING PATIENT OR KIN SIGNED WAIVER AS INFLUENCING TREATMENT PLAN

<table>
<thead>
<tr>
<th>Strongly Agree</th>
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<th>Disagree</th>
<th>Strongly Disagree</th>
<th>No Response</th>
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<tr>
<td>F %</td>
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<td>F %</td>
<td>F %</td>
<td>F %</td>
<td>F %</td>
<td></td>
</tr>
<tr>
<td>54 26.34</td>
<td>56 27.32</td>
<td>20 9.76</td>
<td>47 22.93</td>
<td>25 12.20</td>
<td>3 1.46</td>
<td>205</td>
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</tbody>
</table>

When patient's death seems inevitable in the next few days, major life-sustaining measures should not be discontinued unless a waiver signed by patient or kin authorizes such discontinuance.

Mean 2.67

Nurses should carry out the physician's order to discontinue life-sustaining measures when signed patient kin waivers are available.

Mean 2.13
the drug. The nurses indicated that the patient should have a role in deciding when treatment should be discontinued, but that the physician may discontinue treatment if the terminal patient is unable to communicate his desires. The respondents felt that treatment should be discontinued upon patient request without fear of medically initiated legal action, and that the physician should abide by the request of the patient to discontinue treatment. The family was also indicated as having a determinative role in the decisions affecting the treatment of the terminal patient.

The nurses also indicated that their behavior in the treatment of the terminal patient depends upon the condition, diagnosis, presence of signed patient waivers, and age of the patient. Also, treatment of a patient may vary according to the status relationship role the patient has with the nurse.

III. Attitudes Toward Passive and Active Euthanasia

The attitude of responding nurses toward selected aspects of passive and active euthanasia was determined by ascertaining the extent of agreement or disagreement with statements pertaining to the care of the terminal patient. This section of Chapter V summarizes the attitudes of the respondents as a whole to both active and passive euthanasia.
Attitudes toward passive euthanasia. When the replies of the responding nurses were examined for attitudes toward passive euthanasia, Table VII revealed the following information:

1. The majority, 173, or 84.39 percent, of the nurses indicated that terminal patients should be free to request and receive discontinuance of life-sustaining treatment without fear of medically initiated legal action.

2. One hundred thirty-six (66.34 percent) felt physicians should abide by the request of the terminal patient to discontinue life-sustaining treatment, and 124 (60.49 percent) thought that the physician is entitled to discontinue such treatment if the patient is unable to communicate his desire.

3. One hundred forty-five (70.73 percent) of the nurses felt that nurses should carry out the physician's orders to discontinue treatment to the terminal patient when signed patient or kin waivers are available. Thirty, or 14.64 percent, opposed this practice.

4. Regarding behavioral dispositions in relation to passive euthanasia legislation, 139 (67.81 percent) of the sampled nurses would support attempts to obtain legislation authorizing the physician to discontinue life-sustaining treatment to the patients diagnosed as terminal; 139 (65.37 percent) felt the American Nurses' Association should support
### TABLE VII

NUMBER AND PERCENT OF NURSE RESPONSES CONCERNING PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>Strongly Agree</th>
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</tr>
<tr>
<td>Terminal patients should be free to request and receive discontinuance of life-sustaining treatment without fear of medical initiated legal action.</td>
<td>139 67.80</td>
<td>34 16.59</td>
<td>12 5.85</td>
<td>2 .98</td>
<td>2 .98</td>
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<tr>
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<tr>
<td>Physicians should not abide by the request of terminal patients that life-sustaining treatment be discontinued.</td>
<td>4 1.95</td>
<td>10 4.88</td>
<td>8 3.90</td>
<td>47 22.93</td>
<td>121 59.02</td>
<td>15 7.32</td>
</tr>
<tr>
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<td>4.42</td>
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</tr>
<tr>
<td>Physicians should discontinue treatment to comatose terminal patients even though the patient is unable to communicate his desires.</td>
<td>61 29.76</td>
<td>63 30.73</td>
<td>34 16.59</td>
<td>25 12.20</td>
<td>6 2.93</td>
<td>16 7.80</td>
</tr>
<tr>
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<td>2.22</td>
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<td></td>
</tr>
<tr>
<td>Nurses should carry out the physician's orders to discontinue treatment when signed patient or kin waivers are available.</td>
<td>86 41.95</td>
<td>59 28.78</td>
<td>25 12.20</td>
<td>5 2.44</td>
<td>25 12.20</td>
<td>4 1.95</td>
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<tr>
<td>Mean</td>
<td>2.13</td>
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</table>
Nurses should vote to support a bill authorizing the physician to discontinue treatment if the patient requests treatment to be discontinued if he has been diagnosed as terminal. Mean 2.26

<table>
<thead>
<tr>
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<th>Undecided</th>
<th>Disagree</th>
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<tbody>
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<td>F</td>
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<td>F</td>
<td>%</td>
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<tr>
<td>70</td>
<td>34.15</td>
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<td>12.68</td>
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<tr>
<td>22</td>
<td>10.73</td>
<td>3</td>
<td>1.46</td>
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The A.N.A. should support and attempt to get legislation that would authorize a physician to discontinue life-sustaining treatment to patients upon their request. Mean 2.25

<table>
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<th>Agree</th>
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<td>%</td>
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<td>18</td>
<td>8.78</td>
<td>6</td>
<td>2.93</td>
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Monetary support given to organizations in an attempt to secure passive euthanasia legislation. Mean 1.83

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<td>187</td>
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<td>1.95</td>
<td>4</td>
<td>1.95</td>
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<td>3.90</td>
<td>205</td>
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</table>
such efforts; and only 10 (4.89 percent) indicated they would give monthly contributions to secure legislation permitting some degree of passive euthanasia.

A complete response distribution regarding the above questions is given in Table VII.

**Attitudes toward active euthanasia.** When the replies of the responding nurses were examined for attitudes toward those questionnaire items related to active euthanasia, Table VIII revealed the following information:

1. Nurses appear to be opposed to legislation that would enable a physician to initiate treatment that would shorten the life of the terminal patient. One hundred forty of the respondents, or 68.80 percent, opposed giving the physician the right, without legal censure, to initiate treatment that would shorten the life of the patient.

2. Respondents were also strongly opposed to changes in social attitudes—as reflected in customs, religious beliefs and laws—that would permit physicians to hasten death for certain carefully selected patients. One hundred thirty-three (64.88 percent) opposed such changes in social attitudes, whereas 42, or 20.49 percent, were in favor of such changes.

3. The nurses appeared to oppose active legislation measures since such action might lead to abuses not intended
### TABLE VIII (continued)

<table>
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<th>12.00-15.99</th>
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<td>4</td>
<td>1.95</td>
<td>4</td>
<td>1.95</td>
<td>8</td>
</tr>
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<td>organizations supporting legislation which gives authorization to physician to initiate treatment which would hasten death in selected cases of terminal patients.</td>
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<tr>
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### TABLE VIII

**NUMBER AND PERCENT OF NURSE RESPONSES CONCERNING ACTIVE EUTHANASIA**

<table>
<thead>
<tr>
<th>Response</th>
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<th>Strongly Disagree</th>
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<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>The physician should be free to initiate treatment which may shorten life of patient without legal censure. Mean 3.89</td>
<td>15</td>
<td>7.32</td>
<td>25</td>
<td>12.20</td>
<td>21</td>
<td>10.24</td>
<td>43</td>
</tr>
<tr>
<td>There should be changes in social attitudes as reflected in customs, religious beliefs and laws that would permit physician to initiate measures to hasten death in certain carefully selected patients. Mean 3.88</td>
<td>14</td>
<td>6.83</td>
<td>28</td>
<td>13.66</td>
<td>27</td>
<td>13.17</td>
<td>31</td>
</tr>
<tr>
<td>Legislation should not occur which would permit physician to initiate measures which would hasten death in patients as it would lead to abuse of the permit; infanticide and killing of the aged would be the next step. Mean 2.12</td>
<td>96</td>
<td>46.83</td>
<td>46</td>
<td>22.44</td>
<td>16</td>
<td>7.80</td>
<td>26</td>
</tr>
</tbody>
</table>
in the legislation. One hundred forty-two nurses (69.27 percent) expressed this opposition.

4. Nearly half of the nurses (90, or 43.90 percent) agreed that if such legislation were to occur, it should not require them to carry out physicians' orders pertaining to active euthanasia.

5. Most respondents (145, or 70.79 percent) indicated that nurses should not vote to support legislation permitting active euthanasia, and that the American Nurses' Association should not support such a bill (148, or 72.19 percent). Twenty-seven, or 13.17 percent, of the nurses thought nurses should support such legislative efforts, whereas 19, or 9.26 percent, thought the American Nurses' Association should support such efforts.

6. Not only were nurses in opposition to legislation, but they would refrain from any monetary support to any organization attempting to get such legislative measures passed. One hundred eighty-seven, or 91.22 percent, of the nurses indicated they would provide no money for support of such legislative measures.

A complete response distribution regarding the above items is given in Table VIII.

Summary of attitudes toward passive and active euthanasia. The previous analysis suggests that the responding nurses are in favor of passive euthanasia
practices, especially if the patient has a role in the decision about his treatment. They indicated that the physician does have a right to discontinue treatment if the patient is unable to communicate his desires, and that nurses should carry out a physician's orders for passive euthanasia when signed patient waivers are available. This favorable attitude toward passive euthanasia is reversed for any initiated medical measures which may hasten the death of the patient. Nurses are opposed to legislation that would enable a physician to initiate treatment that would shorten the life of the terminal patient. They also indicated strong opposition to active euthanasia legislation for fear it may lead to abuses not intended in the legislation. Nearly half of the nurses agreed that if such legislation did occur, it should not require them to carry out the physician's orders involving active euthanasia measures.

Nurses supported efforts to secure legislation favorable to passive euthanasia and they opposed legislation favorable to active euthanasia. They indicated that the American Nurses' Association should support efforts leading to passive euthanasia legislation, whereas they opposed the organization's support for active euthanasia legislation. Monetary support for efforts leading to legislative enactment of passive or active euthanasia legislation would be
minimal in both cases, but more opposition was apparent in the case of active euthanasia legislation.

IV. Cognitive Knowledge Regarding Euthanasia

Since cognitive attitudinal components appear associated with affective and behavioral components, the euthanasia knowledge quotient of the sampled nurses was examined.

Cognitive knowledge was measured by using the respondents' definition of the term "euthanasia" as selected from among various definitions, and by checking their knowledge of euthanasia concepts.

**Definition of "euthanasia."** Definitions of the term "euthanasia" are varied, as illustrated in Table IX. Ninety-four (45.86 percent) of the responding nurses agreed with the definition as given in the medical dictionary.¹ This definition defines euthanasia as (1) the painless killing of people who are suffering from an incurable or painful disease, and (2) an easy or calm death. Seventy-four (36.10 percent) agreed with the "right to die with dignity" definition used by the Euthanasia Society of America. Twenty-nine (14.15 percent) felt that euthanasia was against the Biblical sixth commandment.²

---


²Holy Bible, Deuteronomy 5:17.
### TABLE IX

NUMBER AND PERCENT OF NURSE RESPONSES INDICATING CHOSEN DEFINITION OF EUTHANASIA

<table>
<thead>
<tr>
<th>Definition</th>
<th>F</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>An easy or calm death</td>
<td>24</td>
<td>11.70</td>
</tr>
<tr>
<td>The painless killing of people who are suffering from an incurable or painful disease</td>
<td>70</td>
<td>34.15</td>
</tr>
<tr>
<td>The committing of the &quot;thou shalt not kill&quot; sin.</td>
<td>29</td>
<td>14.15</td>
</tr>
<tr>
<td>The right to die with dignity</td>
<td>74</td>
<td>36.10</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
<td>3.90</td>
</tr>
</tbody>
</table>

\[ N = 205 \]
\[ \text{Mean: } 2.77 \]
Cognitive knowledge of euthanasia concepts. Cognitive knowledge of the Euthanasia Society of America, The Living Will, and the "death with dignity" bill was minute, with a mean of 93.01 percent of the respondents indicating no knowledge of these concepts. The frequencies and percentages are reported in Table X, page 71. Table X also shows that 156 (76.10 percent) of the respondents were unaware of workshops and seminars given in South Dakota pertaining to the "Right to Die" topic.

Summary of cognitive knowledge relating to euthanasia. Previous analysis suggests that nurses do equate the term with the right to die with dignity or the dictionary definition as "the painless killing of people who are suffering from an incurable or painful disease." Analysis also suggested that cognitive knowledge pertaining to the Euthanasia Society of America, The Living Will, and the "death with dignity" legislative proposed bill was very minute.

General Summary of Objective One as it Pertains to the Study

The previous analysis suggests that the responding nurses generally believe: it is wrong to prolong the life of a terminal patient due to anticipated potential cure; it is correct to administer pain-removing drugs to a terminal patient even though the effective dosage may hasten death; the patient should have a role in deciding when treatment
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th></th>
<th>No</th>
<th></th>
<th>No Response</th>
<th></th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you aware of the organization called the Euthanasia Society of America?</td>
<td>14</td>
<td>6.83</td>
<td>187</td>
<td>91.22</td>
<td>4</td>
<td>1.95</td>
<td>205</td>
<td>100.00</td>
</tr>
<tr>
<td>Are you aware of &quot;The Living Will&quot; as put forth by the Euthanasia Educational Fund?</td>
<td>7</td>
<td>3.41</td>
<td>193</td>
<td>94.15</td>
<td>5</td>
<td>2.44</td>
<td>205</td>
<td>100.00</td>
</tr>
<tr>
<td>Are you aware of the &quot;death with dignity&quot; bill as introduced into the 1969 Florida Legislature by a Florida physician?</td>
<td>10</td>
<td>4.88</td>
<td>192</td>
<td>93.66</td>
<td>3</td>
<td>1.46</td>
<td>205</td>
<td>100.00</td>
</tr>
<tr>
<td>Do you know of any workshops/seminars that have been held in South Dakota which dealt with the &quot;Right to Die&quot; topic?</td>
<td>41</td>
<td>20.00</td>
<td>156</td>
<td>76.10</td>
<td>8</td>
<td>3.90</td>
<td>205</td>
<td>100.00</td>
</tr>
</tbody>
</table>
should be discontinued; the physician may discontinue treat-
ment to a terminal patient if the patient is unable to com-
municate his desires; that treatment should be discontinued
to a terminal patient upon his request without fear of
medically initiated legal action; the family should have a
determinative role in decisions affecting the treatment of
the terminal patient; and in certain conditions nurses will
cooperate with the physician in the discontinuing of care
to a terminal patient.

This analysis also indicates that nurses would sup-
port legislative efforts favorable to passive euthanasia,
but that there would be no nurse support of legislative
efforts favorable to active euthanasia. The analysis also
suggests that the respondents were unaware of euthanasia
concepts.
CHAPTER VI

CHI-SQUARE ANALYSIS

Testing of the Hypotheses

This chapter fulfills Objective Two of the study, and will report the findings of the selected nominal variables as they relate to selected dependent variables. The statistical test used for this analysis was Chi-square, and the significance level was .05.

The dependent variables selected for this analysis were aspects of the degree of support of the respondents toward efforts leading to the enactment of legislation favorable to the practice of passive euthanasia. The degree of support was measured by the extent of agreement of responses to the following items, identified for analysis purposes as $Y_1$, $Y_2$ and $Y_3$.

1. Nurses should vote to support a bill authorizing the physician to discontinue treatment, if the patient requests that all life-sustaining treatment be discontinued, and if he has been diagnosed as a terminal patient ($Y_1$).

2. The American Nurses' Association should support and attempt to obtain legislation that would authorize the physician to discontinue life-sustaining treatment to the terminal patient if the patient requested that such treatment be discontinued ($Y_2$).
3. The extent to which nurses would personally donate money to an organization attempting to get a bill through legislature that would authorize the physician to discontinue treatment on the request of the terminal patient ($y_3$).

The selected independent variables were:

- $x_{20}$ = The church membership of the nurse.
- $x_{21}$ = The type of institution where basic nursing education was obtained.
- $x_{22}$ = The area of hospital specialty.

The procedure for reporting the findings is as follows:

1. The hypothesis will be stated in null form for the purpose of testing.
2. The contingency table, with Chi-square values below the table, will be presented.
3. The results will be discussed.

**Church Membership and Nurse Support**

**Null Hypothesis 1.** No significant difference will be found to exist between church membership and the willingness to support a bill authorizing the physician to discontinue treatment, if the patient requests that all life-sustaining treatment be discontinued, and if he has been diagnosed as a terminal patient.

To test this hypothesis, the church membership of nurses was compared with responses indicating the degree of agreement with nurses' support of legislation favorable to
passive euthanasia. Table XI summarizes the results.

Table XI indicates that Methodist nurses had the largest proportion of nurses (45.5 percent) who agreed that nurses should support legislative efforts favorable to passive euthanasia. The Roman Catholic nurses had the largest proportion (19.4 percent) in disagreement. However, no significant difference was found to exist between church membership of nurses and the willingness to support legislative efforts favorable to passive euthanasia. The null hypothesis, therefore, could not be rejected.

**Church Membership and A.N.A. Support**

Null Hypothesis 2. No significant difference will be found to exist between the church membership of nurses and the willingness to have A.N.A. support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the church membership of nurses was compared with responses indicating the degree of agreement with A.N.A. support of legislation favorable to passive euthanasia. Table XII summarizes the results.

Table XII indicates that, as in the previous table, Methodist nurses had the largest proportion (59.1 percent) of respondents agreeing that the A.N.A. should support legislative efforts to passive euthanasia. Again, the Catholic nurses (10.6 percent) were the largest proportion
TABLE XI

CHURCH ATTENDED AND WILLINGNESS OF NURSES TO SUPPORT LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>1</td>
<td>5.0</td>
<td>10</td>
<td>45.5</td>
<td>21</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>9</td>
<td>45.0</td>
<td>7</td>
<td>31.8</td>
<td>16</td>
</tr>
<tr>
<td>Undecided</td>
<td>6</td>
<td>30.0</td>
<td>1</td>
<td>4.5</td>
<td>12</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>2</td>
<td>10.0</td>
<td>1</td>
<td>4.5</td>
<td>15</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>10.0</td>
<td>3</td>
<td>13.7</td>
<td>13</td>
</tr>
</tbody>
</table>

Total  20 100.0  22 100.0  77 100.0  66 100.0  11 100.0

$X^2 = 21.356$

d.f. = 16

$p > .05$
TABLE XII

CHURCH ATTENDED AND WILLINGNESS OF NURSES TO HAVE A.N.A. SUPPORT LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>A.N.A. Support</th>
<th>Pres./Cong.</th>
<th>Methodist</th>
<th>R. Cath.</th>
<th>Lutheran</th>
<th>Baptist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>8</td>
<td>42.1</td>
<td>13</td>
<td>59.1</td>
<td>20</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>7</td>
<td>36.8</td>
<td>4</td>
<td>18.2</td>
<td>18</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>5.3</td>
<td>2</td>
<td>9.1</td>
<td>15</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>1</td>
<td>5.3</td>
<td>1</td>
<td>4.5</td>
<td>6</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>2</td>
<td>10.5</td>
<td>2</td>
<td>9.1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>100.0</td>
<td>22</td>
<td>100.0</td>
<td>66</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 17.5574 \]

d.f. = 16

p > .05
of nurses in disagreement. However, as in the previous case, the range of proportion between church membership and willingness to have A.N.A. support legislative efforts favorable to passive euthanasia is quite narrow. No significant difference was found to exist between church membership of nurses and the willingness to have A.N.A. support legislative efforts favorable to passive euthanasia. The null hypothesis, therefore, could not be rejected.

**Church Membership and Money Support**

**Null Hypothesis 3:** No significant difference will be found to exist between the church membership of the nurses and their willingness to provide monetary support for a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the church membership of nurses was compared with responses indicating the amount of monetary support nurses would provide to support legislative efforts favorable to passive euthanasia.

Table XIII indicates that Presbyterian/Congregational nurses (73.6 percent) were the group with the largest proportion of nurses who would provide no monetary support for legislative efforts favorable to passive euthanasia. The table also indicates that any money given to support such legislative efforts would be minimal. No significant difference was found to exist between the church membership of
TABLE XIII
CHURCH ATTENDED AND WILLINGNESS OF THE NURSES TO DONATE MONEY FOR SUPPORT OF LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>No money</td>
<td>14</td>
<td>73.6</td>
<td>9</td>
<td>45.0</td>
<td>29</td>
</tr>
<tr>
<td>$.01 - 3.99</td>
<td>4</td>
<td>21.1</td>
<td>6</td>
<td>30.0</td>
<td>18</td>
</tr>
<tr>
<td>$4.00 - 7.99</td>
<td>1</td>
<td>5.3</td>
<td>4</td>
<td>20.0</td>
<td>11</td>
</tr>
<tr>
<td>$8.00 - 11.99</td>
<td>-</td>
<td>--</td>
<td>1</td>
<td>5.0</td>
<td>2</td>
</tr>
<tr>
<td>$12.00 - 15.99</td>
<td>-</td>
<td>--</td>
<td>-</td>
<td>--</td>
<td>4</td>
</tr>
<tr>
<td>Total</td>
<td>19</td>
<td>100.0</td>
<td>20</td>
<td>100.0</td>
<td>64</td>
</tr>
</tbody>
</table>

\( x^2 = 16.2918 \)

d.f. = 16

p > .05
nurses and their willingness to provide monetary support for legislative efforts favorable to passive euthanasia. The null hypothesis, therefore, could not be rejected.

Type of Education Institution and Nurse Support

Null Hypothesis 4. No significant difference will be found to exist between type of institution where basic nursing education was obtained and the willingness to support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the type of institution where nurses obtained their basic nursing education was compared with responses indicating the extent to which nurses agreed to support legislation favorable to passive euthanasia. The result of this analysis is given in Table XIV.

Table XIV indicates that graduates of Methodist nursing institutions had the largest proportion (49.9 percent) of nurses agreeing that they should support legislative efforts favorable to passive euthanasia. Although the results were statistically nonsignificant (Tables XI, XII), it should be noted that nurses of Methodist Church membership also represented the largest proportion of nurses agreeing that nurses and the A.N.A. should support such legislative efforts. Graduates of Lutheran nursing institutions (26.7 percent) comprised the largest proportion of nurses disagreeing. Still, as before, no significant
TABLE XIV

TYPE OF INSTITUTION WHERE BASIC NURSING EDUCATION WAS OBTAINED AND WILLINGNESS OF NURSES TO SUPPORT LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>Nurse Support</th>
<th>State</th>
<th>Private</th>
<th>Religious, Lutheran</th>
<th>Religious, Catholic</th>
<th>Religious, Methodist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>11</td>
<td>40.7</td>
<td>19</td>
<td>36.5</td>
<td>4</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>11</td>
<td>40.7</td>
<td>17</td>
<td>32.7</td>
<td>5</td>
</tr>
<tr>
<td>Undecided</td>
<td>1</td>
<td>3.7</td>
<td>9</td>
<td>17.3</td>
<td>3</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>3</td>
<td>11.2</td>
<td>3</td>
<td>5.8</td>
<td>-</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1</td>
<td>3.7</td>
<td>4</td>
<td>7.7</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>27</td>
<td>100.0</td>
<td>52</td>
<td>100.0</td>
<td>15</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 12.1254 \]

d.f. = 16

p > .05
difference was found to exist between the church membership of the nurses and their willingness to support legislative efforts favorable to passive euthanasia. The null hypothesis, therefore, could not be rejected.

Type of Education Institution and A.N.A. Support

Null Hypothesis 5. No significant difference will be found to exist between type of institution where basic nursing education was obtained and the willingness to have A.N.A. support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the type of institution where basic nursing education was obtained was compared with responses indicating the extent of agreement that the A.N.A. should support legislation favorable to passive euthanasia. The results of this analysis are given in Table XV.

Table XV indicates that graduates of Methodist nursing institutions had the largest proportion (66.6 percent) of nurses agreeing that the A.N.A. should support legislative efforts favorable to passive euthanasia. Graduates of Lutheran nursing institutions (21.4 percent) represented the largest proportion of nurses who disagree. No significant difference was found to exist between the type of institution where basic nursing education was obtained and the willingness to have A.N.A. support
### TABLE XV

TYPE OF INSTITUTION WHERE BASIC NURSING EDUCATION WAS OBTAINED AND WILLINGNESS OF NURSES TO HAVE A.N.A. SUPPORT LEGISLATIVE Efforts FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>A.N.A. Support</th>
<th>State</th>
<th></th>
<th>Religious, Lutheran</th>
<th>Religious, Catholic</th>
<th>Religious, Methodist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F  %</td>
<td>F  %</td>
<td>F  %</td>
<td>F  %</td>
<td>F  %</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>11  39.3</td>
<td>14  28.6</td>
<td>4  28.6</td>
<td>27  30.0</td>
<td>4  66.6</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>9  32.1</td>
<td>15  30.6</td>
<td>4  28.6</td>
<td>35  39.0</td>
<td>1  16.7</td>
</tr>
<tr>
<td>Undecided</td>
<td>4  14.3</td>
<td>10  20.4</td>
<td>2  14.3</td>
<td>13  14.4</td>
<td>-</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>3  10.7</td>
<td>5  10.2</td>
<td>1  7.1</td>
<td>6  6.6</td>
<td>1  16.7</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>1  3.6</td>
<td>5  10.2</td>
<td>3  21.4</td>
<td>9  10.0</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>28  100.0</td>
<td>49  100.0</td>
<td>15  100.0</td>
<td>90  100.0</td>
<td>6  100.0</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 11.1915 \]

d.f. = 16

p > .05
legislative efforts favorable to passive euthanasia. The null hypothesis, therefore, could not be rejected.

**Type of Education Institution and Money Support**

Null Hypothesis 6. No significant difference will be found to exist between the type of institution where basic nursing education was obtained and the willingness to provide monetary support for a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the type of institution where basic nursing education was obtained was compared with responses indicating the amount of monetary support nurses would give to support legislative efforts favorable to passive euthanasia.

Table XVI indicates that more graduates of Methodist nursing institutions (16.7 percent) would provide money for legislative efforts favorable to passive euthanasia than graduates of other nursing schools. Graduates of Lutheran nursing institutions had the largest proportion (78.7 percent) of nurses who would provide no monetary support for legislative efforts favorable to passive euthanasia. The table also indicates that any monetary support for such legislative efforts would be minimal. A significant difference was found to exist between the type of institution where basic nursing education was obtained and the
TABLE XVI

TYPE OF INSTITUTION WHERE BASIC NURSING EDUCATION WAS OBTAINED
AND WILLINGNESS OF NURSE TO DONATE MONEY TO SUPPORT
LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>Money Support</th>
<th>State</th>
<th></th>
<th>Religous, Lutheran</th>
<th></th>
<th>Religious, Catholic</th>
<th></th>
<th>Religious, Methodist</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>None</td>
<td>5</td>
<td>17.8</td>
<td>28</td>
<td>60.9</td>
<td>11</td>
<td>78.7</td>
<td>46</td>
</tr>
<tr>
<td>$.01 - 3.99</td>
<td>14</td>
<td>50.0</td>
<td>12</td>
<td>26.1</td>
<td>1</td>
<td>7.1</td>
<td>20</td>
</tr>
<tr>
<td>$4.00 - 7.99</td>
<td>7</td>
<td>25.0</td>
<td>4</td>
<td>8.7</td>
<td>1</td>
<td>7.1</td>
<td>16</td>
</tr>
<tr>
<td>$8.00 - 11.99</td>
<td>1</td>
<td>3.6</td>
<td>2</td>
<td>4.3</td>
<td>1</td>
<td>7.1</td>
<td>2</td>
</tr>
<tr>
<td>$12.00 - 15.99</td>
<td>1</td>
<td>3.6</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>28</td>
<td>100.0</td>
<td>46</td>
<td>100.0</td>
<td>14</td>
<td>100.0</td>
<td>87</td>
</tr>
</tbody>
</table>

\( \chi^2 = 34.9500 \)

d.f. = 16

p < .01
willingness to provide monetary support for legislative efforts favorable to passive euthanasia. The null hypothesis was rejected.

**Area of Hospital Specialty and Nurse Support**

**Null Hypothesis 7.** No significant difference will be found to exist between area of hospital specialty and the willingness to support a bill authorizing the physician to discontinue treatment if the patient requests that all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the area of hospital specialty was compared with responses indicating the willingness of nurses to support legislative efforts favorable to passive euthanasia.

Table XVII indicates that surgical nurses were the group with the largest proportion (38.1 percent) indicating agreement that nurses should support legislative efforts favorable to passive euthanasia. Nurses working in obstetrics/pediatrics represented the largest proportion (17.9 percent) of nurses in disagreement. The range of proportion was narrow for this variable. No significant difference was found to exist between the area of hospital specialty and the willingness of nurses to support legislative efforts favorable to passive euthanasia. The null hypothesis, therefore, could not be rejected.
### TABLE XVII

AREA OF HOSPITAL SPECIALTY AND WILLINGNESS OF NURSES TO SUPPORT LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>Nurse Support</th>
<th>Medical</th>
<th>Surgical</th>
<th>Obstetrics/Pediatrics</th>
<th>Emergency Unit</th>
<th>Intensive Care Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>14</td>
<td>31.1</td>
<td>16</td>
<td>38.1</td>
<td>13</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>16</td>
<td>35.6</td>
<td>16</td>
<td>38.1</td>
<td>10</td>
</tr>
<tr>
<td>Undecided</td>
<td>6</td>
<td>13.3</td>
<td>6</td>
<td>14.2</td>
<td>6</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>4</td>
<td>8.9</td>
<td>2</td>
<td>4.8</td>
<td>3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>5</td>
<td>11.1</td>
<td>2</td>
<td>4.8</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>45</td>
<td>100.0</td>
<td>42</td>
<td>100.0</td>
<td>39</td>
</tr>
</tbody>
</table>

χ² = 12.7610

d.f. = 16

p > .05
Area of Hospital Specialty and A.N.A. Support

Null Hypothesis 8. No significant difference will be found to exist between area of hospital specialty of nurses and willingness to support a bill authorizing the physician to discontinue treatment if the patient requests all life-sustaining treatment be discontinued if he has been diagnosed as a terminal patient.

To test this hypothesis, the area of hospital specialty was compared with responses indicating the degree to which respondents felt nurses should support legislation favorable to passive euthanasia. The results are given in Table XVIII.

Table XVIII indicates that nurses in emergency rooms showed the largest proportion (81.8 percent) of nurses who mildly agree that the A.N.A. should support such legislative efforts, although none of them strongly agreed on this issue. The other service areas were quite evenly distributed, as shown in the table. No significant difference was found to exist between the area of hospital specialty and the willingness of nurses to have the A.N.A. support legislative efforts favorable to passive euthanasia. The research hypothesis, therefore, could not be rejected.

Area of Hospital Specialty and Money Support

Null Hypothesis 9. No significant difference will be found to exist between area of hospital specialty and the willingness to provide monetary support for a bill authorizing the physician to discontinue treatment if
TABLE XVIII

AREA OF HOSPITAL SPECIALTY AND WILLINGNESS OF NURSES TO HAVE A.N.A. SUPPORT LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>A.N.A. Support</th>
<th>Medical</th>
<th>Surgery</th>
<th>Obstetrics/Pediatrics</th>
<th>Emergency Unit</th>
<th>Intensive Care Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>F</td>
<td>%</td>
<td>F</td>
<td>%</td>
<td>F</td>
</tr>
<tr>
<td>Strongly Agree</td>
<td>13</td>
<td>28.9</td>
<td>14</td>
<td>35.0</td>
<td>15</td>
</tr>
<tr>
<td>Mildly Agree</td>
<td>15</td>
<td>33.3</td>
<td>12</td>
<td>30.0</td>
<td>7</td>
</tr>
<tr>
<td>Undecided</td>
<td>7</td>
<td>15.6</td>
<td>9</td>
<td>22.5</td>
<td>6</td>
</tr>
<tr>
<td>Mildly Disagree</td>
<td>6</td>
<td>13.3</td>
<td>2</td>
<td>5.0</td>
<td>3</td>
</tr>
<tr>
<td>Strongly Disagree</td>
<td>4</td>
<td>8.9</td>
<td>3</td>
<td>7.5</td>
<td>8</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>45</td>
<td>100.0</td>
<td>40</td>
<td>100.0</td>
<td>39</td>
</tr>
</tbody>
</table>

\[ \chi^2 = 25.8194 \]

\[ d.f. = 16 \]

\[ p > .05 \]
the patient requests all life-sustaining treatment be discontinued and if he has been diagnosed as a terminal patient.

To test this hypothesis, the area of hospital specialty was compared with responses indicating the amount of monetary support nurses would provide to support legislative efforts favorable to passive euthanasia.

Table XIX indicates that large proportions of nurses from all the specialty areas would give no or little money for legislative efforts favorable to passive euthanasia. No significant difference was found to exist between area of hospital specialty and the willingness to provide monetary support for legislative efforts favorable to passive euthanasia. The research hypothesis, therefore, could not be rejected.

Summary of Findings

Objective Two of this study was to determine whether certain selected nominal characteristics of the respondents, such as church membership, type of institution where basic education was obtained, and area of hospital specialty were associated with the willingness of nurses to support legislative efforts favorable to passive euthanasia.

The Chi-square test was used for analysis and significance was specified at .05.

The findings were:
TABLE XIX

AREA OF HOSPITAL SPECIALTY AND WILLINGNESS OF NURSES TO DONATE MONEY FOR SUPPORT OF LEGISLATIVE EFFORTS FAVORABLE TO PASSIVE EUTHANASIA

<table>
<thead>
<tr>
<th>Money Support</th>
<th>Medical F</th>
<th>Medical %</th>
<th>Surgical F</th>
<th>Surgical %</th>
<th>Obstetrics/Pediatrics F</th>
<th>Obstetrics/Pediatrics %</th>
<th>Emergency Unit F</th>
<th>Emergency Unit %</th>
<th>Intensive Care Areas F</th>
<th>Intensive Care Areas %</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>19</td>
<td>45.2</td>
<td>20</td>
<td>51.3</td>
<td>18</td>
<td>46.1</td>
<td>5</td>
<td>45.4</td>
<td>23</td>
<td>62.2</td>
</tr>
<tr>
<td>$.01 - 3.99</td>
<td>14</td>
<td>33.3</td>
<td>11</td>
<td>28.2</td>
<td>12</td>
<td>30.8</td>
<td>4</td>
<td>36.4</td>
<td>7</td>
<td>18.9</td>
</tr>
<tr>
<td>$4.00 - 7.99</td>
<td>6</td>
<td>14.3</td>
<td>7</td>
<td>17.9</td>
<td>6</td>
<td>15.4</td>
<td>1</td>
<td>9.1</td>
<td>5</td>
<td>13.5</td>
</tr>
<tr>
<td>$8.00 - 11.99</td>
<td>2</td>
<td>4.8</td>
<td>1</td>
<td>2.6</td>
<td>1</td>
<td>2.6</td>
<td>1</td>
<td>9.1</td>
<td>2</td>
<td>5.4</td>
</tr>
<tr>
<td>$12.00 - 15.99</td>
<td>1</td>
<td>2.4</td>
<td>--</td>
<td>--</td>
<td>2</td>
<td>5.1</td>
<td>--</td>
<td>--</td>
<td>--</td>
<td>--</td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>100.0</td>
<td>39</td>
<td>100.0</td>
<td>39</td>
<td>100.0</td>
<td>11</td>
<td>100.0</td>
<td>37</td>
<td>100.0</td>
</tr>
</tbody>
</table>

χ² = 9.1997

d.f. = 16

p > .05
1. The willingness of nurses to support legislative efforts favorable to passive euthanasia does not appear to be associated with church membership, type of institution where basic nursing education was obtained, and area of hospital specialty.

2. The willingness of nurses to have the American Nurses' Association support legislative efforts favorable to passive euthanasia does not appear to be associated with church membership, type of institution where basic nursing education was obtained, and area of hospital specialty.

3. The willingness of nurses to provide monetary support for legislative efforts favorable to passive euthanasia does not appear to be associated with church membership and area of hospital specialty.

4. The willingness of nurses to provide monetary support for legislative efforts favorable to passive euthanasia does appear to be associated with the type of institution where basic nursing education was obtained.
This chapter is intended to fulfill Objective Three as stated in Chapter I. It will report on the attempt to determine the extent to which observed variations in selected social, demographic and attitudinal factors contribute to the explanation of the variations in the willingness of the nurse to support legislation favoring the practice of passive euthanasia.

**Statistical Test**

The step-wise least squares multiple regression analysis was used for the purpose of testing the association between a set of independent variables and the dependent variable. Utilization of this technique yielded in rank order fashion the independent variables and their association with the dependent variable. The association between the variables was tested at the .05 level of significance. The final step-wise equation with the appropriate intercept and regression coefficients for the significant variable was:

\[ Y = 10.54156 + (-.96119)X_{16} + (.81356)X_{15} + (.25814)X_{7} + (.58118)X_{2} \]

The variables \( X_1 \) through \( X_{19} \) were defined in Chapter IV as the selected socio-economic factors and attitudinal
predispositions influencing the willingness of the nurse to support legislation favoring the practice of passive euthanasia.

The independent dependent variable relationship is functionally diagrammed as follows:

\[ Y = f(X_1, X_2, X_3 \ldots X_{19}) \]

The dependent variable \( Y_{\text{reg.}} \) was the sum of the responses to questions 44 + 45 + 48, which indicated the extent to which respondents would support efforts to secure legislation favoring the practice of passive euthanasia. It was measured by summing the responses of the nurses to the above items (44 + 45 + 48) on the questionnaire. Responses to item 48 were converted to correct for a negative statement.

The independent variables were:

- \( X_1 = \) Age of nurse at time of last birthday.
- \( X_2 = \) Present marital status of nurse.
- \( X_3 = \) Occupation of nurse's spouse.
- \( X_4 = \) Number of live births born to nurse.
- \( X_5 = \) Mortality status of nurse's parents.
- \( X_6 = \) Amount of support money contributed to parents.
- \( X_7 = \) Frequency of church attendance.
- \( X_8 = \) Education level of nurse.
- \( X_9 = \) Number of courses taken concerning care of terminal patient.
- \( X_{10} = \) Number of years spent in nursing practice.
\( X_{11} \) = Average number of days worked each month in nursing practice.

\( X_{12} \) = Number of workshops attended regarding the topic of the dying patient.

\( X_{13} \) = Number of media contacts on issues of dying patients.

\( X_{14} \) = Right of the physician to order pain-removing drugs for the terminal patient even though the effective dosage may hasten death.

\( X_{15} \) = Right of the terminal patient to request and receive discontinuance of treatment without fear of medically initiated legal action.

\( X_{16} \) = Physicians should not abide by the request of a terminal patient that life-sustaining treatment be discontinued.

\( X_{17} \) = Discontinuance of treatment, upon decision of physician, to terminal patient when patient is unable to communicate desires.

\( X_{18} \) = Nurses should carry out the physician's orders to discontinue life-sustaining treatment when signed patient or next of kin waivers are available.

\( X_{19} \) = Location of hospital.

**Null Hypothesis**

Assuming a "multivariate normal" population, and that the least squares equation represents the best estimate of the linear regression equation, and defining the multiple variables \( X_1, X_2, X_3 \ldots X_{19} \) as a set, a null hypothesis was formulated for the purpose of testing the significance of the association hypothesized between the independent variables and the dependent variable. The following null hypothesis was formulated:
The set of independent variables will not contribute significantly to the explanation of the variation observed in the dependent variable.

The Statistical Findings

The statistical findings are given in Table XX.

At the .05 level of significance, the variations observed in variables $X_{16}$, $X_{15}$, $X_7$ and $X_2$ were found to contribute significantly to the explanation of variations in the willingness of the nurse to support legislative efforts favorable to passive euthanasia ($Y_{reg}$). The statement of no association between independent variables, $X_{16}$, $X_{15}$, $X_7$ and $X_2$ and the dependent variable was rejected. The statement of no association between the remaining independent variables and the dependent variable was accepted.

Stated descriptively in terms of research hypotheses, the findings were that within the context of the set of independent variables:

1. The greater the belief that the physician should abide by the request of the terminal patient to discontinue life-sustaining treatment ($X_{16}$), the greater the willingness of the nurses to support legislation favorable to passive euthanasia ($X_{reg}$).

2. The greater the belief in the right of the terminal patient to request and receive discontinuance of treatment without fear of legal action initiated by the
**TABLE XX**

**SUMS OF SQUARES AND PROPORTION OF VARIANCE ACCOUNTED FOR BY THE INDEPENDENT VARIABLES IN ORDER OF IMPORTANCE AS ENTERED INTO THE EQUATION**

<table>
<thead>
<tr>
<th>Variable Number</th>
<th>Sum of Squares Accounted For</th>
<th>Percent of Proportion Reduced</th>
<th>Cumulative Proportion Reduced</th>
<th>Regression Coefficient Through Step-wise</th>
</tr>
</thead>
<tbody>
<tr>
<td>$X_{16}$</td>
<td>187.500</td>
<td>20.0</td>
<td>20.0</td>
<td>-.96119</td>
</tr>
<tr>
<td>$X_{15}$</td>
<td>52.752</td>
<td>5.6</td>
<td>25.6</td>
<td>.81356</td>
</tr>
<tr>
<td>$X_7$</td>
<td>22.835</td>
<td>2.4</td>
<td>28.1</td>
<td>.25814</td>
</tr>
<tr>
<td>$X_2$</td>
<td>19.321</td>
<td>2.1</td>
<td>30.1</td>
<td>.58118</td>
</tr>
<tr>
<td>$X_{18}$</td>
<td>11.137</td>
<td>1.2</td>
<td>31.3</td>
<td>--</td>
</tr>
<tr>
<td>$X_{19}$</td>
<td>5.681</td>
<td>0.6</td>
<td>31.9</td>
<td>--</td>
</tr>
<tr>
<td>$X_{12}$</td>
<td>4.507</td>
<td>0.5</td>
<td>32.4</td>
<td>--</td>
</tr>
<tr>
<td>$X_{14}$</td>
<td>2.293</td>
<td>0.2</td>
<td>32.7</td>
<td>--</td>
</tr>
<tr>
<td>$X_{11}$</td>
<td>2.442</td>
<td>0.3</td>
<td>32.9</td>
<td>--</td>
</tr>
<tr>
<td>$X_6$</td>
<td>2.912</td>
<td>0.3</td>
<td>33.2</td>
<td>--</td>
</tr>
<tr>
<td>$X_{13}$</td>
<td>0.932</td>
<td>0.1</td>
<td>33.3</td>
<td>--</td>
</tr>
<tr>
<td>$X_9$</td>
<td>0.462</td>
<td>0.0</td>
<td>33.4</td>
<td>--</td>
</tr>
<tr>
<td>$X_4$</td>
<td>0.617</td>
<td>0.1</td>
<td>33.4</td>
<td>--</td>
</tr>
<tr>
<td>$X_5$</td>
<td>0.204</td>
<td>0.0</td>
<td>33.5</td>
<td>--</td>
</tr>
<tr>
<td>$X_3$</td>
<td>0.104</td>
<td>0.0</td>
<td>33.5</td>
<td>--</td>
</tr>
<tr>
<td>$X_8$</td>
<td>0.104</td>
<td>0.0</td>
<td>33.5</td>
<td>--</td>
</tr>
<tr>
<td>$X_{17}$</td>
<td>0.066</td>
<td>0.0</td>
<td>33.5</td>
<td>--</td>
</tr>
<tr>
<td>$X_{10}$</td>
<td>0.066</td>
<td>0.0</td>
<td>33.5</td>
<td>--</td>
</tr>
<tr>
<td>$X_1$</td>
<td>0.165</td>
<td>0.0</td>
<td>33.5</td>
<td>--</td>
</tr>
</tbody>
</table>
medical profession ($X_{15}$), the greater the willingness of the nurses to support legislation favorable to passive euthanasia ($Y_{reg.}$).

3. The greater the church attendance ($X_7$), the greater the willingness to support legislation favorable to passive euthanasia ($Y_{reg.}$).

4. Marital status ($X_2$) is associated with the willingness of the nurses to support legislation favorable to passive euthanasia ($Y_{reg.}$).

The following independent variables were unable to indicate significant relationship with the willingness of the nurses to support legislation favorable to passive euthanasia: $X_{18}, X_{19}, X_{12}, X_{14}, X_{11}, X_6, X_{13}, X_9, X_4, X_5, X_3, X_8, X_{17}, X_{10},$ and $X_1$. 
CHAPTER VIII

SUMMARY, CONCLUSIONS, IMPLICATIONS AND RECOMMENDATIONS

The purpose of this chapter is to present:

1. A summary of the research problem, objectives and design.

2. A summary of major findings and conclusions as related to the three objectives of the study.

3. A statement of implications derived from the research findings and conclusions.

4. A statement of limitations to the study and recommendations for further research.

I. SUMMARY OF THE RESEARCH PROBLEM, OBJECTIVES AND DESIGN

Due to scientific advances and technology, the medical profession appears to be able to maintain life in some cases where a patient might otherwise die. As the member of the health team who spends the most time with the patient, the nurse may experience high degrees of role-strain if the physician continues or discontinues maintenance of life for the terminal patient. Increasingly, the nurse is being placed in situations which demand decisions affecting the terminal patient's life or death. The problem of role-strain
has generated many questions regarding the attitudes of licensed registered professional nurses in South Dakota toward passive and active euthanasia.

Consequently, the objectives of this study were to determine:

1. The attitudes of professional nurses in designated hospitals in South Dakota toward various aspects of terminal patient care and passive and active euthanasia.

2. The variations observed in attitudes of professional nurses toward the support of passive euthanasia legislation when controlling for selected nominally defined social factors.

3. The extent to which observed variations in selected social, demographic and attitudinal factors contribute to the explanation of the variations in the respondents' willingness to support legislation favoring the practice of passive euthanasia.

Chapter II contained a review of literature related to the problem under study. Major generalizations from this review indicated the following:

1. Nurses received more requests from patients for euthanasia than did physicians.

2. Nurses favored practicing passive euthanasia when a signed approval waiver from the patient was completed.
3. Nurses more than physicians favored the use of long-term hemodialysis for patients with chronic uremia.

4. Nursing students and medical students favored changes permitting active euthanasia more than did licensed professional nurses and physicians.

Chapter III contained the theoretical orientation and conceptual framework, suggesting that attitudes are a function of multi-dimensional factors. The theoretical orientation and conceptual model generated hypotheses with three independent nominal variables: church affiliation, type of institution where basic nursing education was received, and area of hospital specialty.

The hypotheses derived from the theoretical framework also attempted to predict that variations in marital status, age, occupation of spouse, mortality status of nurses' parents, church attendance, education level, years of nursing practice, cognitive knowledge pertaining to euthanasia and other attitudinal factors would help explain variations in the nurses' willingness to support legislation favorable to passive euthanasia.

An interview schedule was designed and administered to 256 registered nurses employed at three designated hospitals in South Dakota. Questionnaires were returned by 205 nurses who served as a non-random work sample for the study.
A descriptive analysis of the general characteristics of the nurses, and their attitudes toward aspects of passive and active euthanasia was provided to fulfill Objective One of the study.

To fulfill Objective Two of the study, computer cross tabulations reported the frequencies and percentages of the selected nominal variables and Chi-square analysis was used to test the association of church membership, type of institution where basic nursing education was obtained and area of hospital specialty to selected items related to the respondents' willingness to support legislation favorable to euthanasia.

A step-wise least squares multi-variate linear regression statistical analysis was used to fulfill Objective Three of the study. This attempted to account for variations in the factors that would help explain the observed variation in the respondents' willingness to support legislation favorable to passive euthanasia.

II. MAJOR FINDINGS AND CONCLUSIONS

The major findings and conclusions as related to the three objectives of the study were:

Objective One: Major Findings and Conclusions

Objective One of this study was to determine the
attitudes of professional nurses selected from three hospitals in South Dakota toward aspects of terminal patient care and passive and active euthanasia.

Major Findings: Objective One. The general findings related to Objective One, summarized in Chapter V, were:

1. The majority of the nurses indicated that it was wrong to prolong the life of a terminal patient in anticipation of potential cure.

2. There was no consensus of agreement that renal hemodialysis should be continued for all patients. Almost as many nurses favored the use of dialysis as life-sustaining treatment as were opposed.

3. The nurses believed a patient should be given analgesic drugs, even though the effective dosage may hasten death. This was especially true if the patient had requested the drug.

4. The nurses indicated they believed the terminal patient should have a role in the decision of his treatment plan, and that the family should also have a determinative role.

5. The nurses believed that terminal patients should be free to request and receive discontinuance of treatment without fear of medically initiated legal action.
6. The respondents felt that the physician should abide by the request of the terminal patient to discontinue life-sustaining treatment.

7. Nurses indicated that they would cooperate in the discontinuing of major resuscitative treatment if certain conditions were met. The more positive sanctions given for the discontinuance of care, the more the nurses would cooperate. They would cooperate with verbal consent if the patients were their mothers. They would also cooperate in the discontinuance of care for an elderly patient if the decision had been the decision of the physician alone. The least amount of cooperation would be obtained if the patient were a young adult.

8. The nurses felt that nurses and the A.N.A. should support legislative efforts favorable to passive euthanasia, although very little monetary support would be given by the respondents for such efforts. They also indicated that nurses should carry out the physician's orders involving passive euthanasia.

9. The nurses were against any type of support for active euthanasia legislative efforts and felt the nurse should not carry out the physician's order involving active euthanasia procedures.

10. Cognitive knowledge of the respondents regarding euthanasia concepts was minimal.
Conclusions: Objective One. Traditionally, it has been assumed that nurses have carried out physicians' orders regarding patient care without reference to the patient's wishes. The findings suggest that nurses apparently are beginning to believe that patients have a role in determining their care, and that the medical profession should abide by their decision. This would suggest that physicians should consider the patient's desire when determining the plan of treatment.

Objective Two: Major Findings and Conclusions

Objective Two of this study was to determine the variations in responses of the sampled nurses when controlling for selected nominal variables, such as church membership of the nurse, type of institution where nurses obtained their basic nursing education and area of hospital specialty, as they were associated with the willingness of the nurses to support legislative efforts favorable to passive euthanasia.

Major Findings: Objective Two. The findings related to Objective Two, summarized in Chapter VI, were:

1. The willingness of nurses to support legislative efforts favorable to passive euthanasia was not associated with: (a) the church membership of nurses; (b) the type of institution where basic nursing education was obtained; and (c) the area of hospital specialty.
2. Willingness of nurses to have the American Nurses' Association support legislative efforts favorable to passive euthanasia was not associated with: (a) the church membership of nurses; (b) the type of institution where basic nursing education was obtained; and (c) the area of hospital specialty.

3. Willingness of nurses to provide monetary support toward legislative efforts favorable to passive euthanasia was associated with the type of institution where basic nursing education was obtained, but not associated with the church membership of the nurses or the area of hospital specialty.

Conclusions: Objective Two. Variations in responses of selected nominal variables as they were associated with the willingness of nurses to support legislative efforts favorable to passive euthanasia suggest the following conclusion: generally, socio-economic variables are not significantly associated with the willingness of the nurses to support legislative efforts favorable to passive euthanasia. It would appear that variant attitudes about euthanasia do not prevail among nurses either because of the extensive specialized socialization they received as professionals, eradicating such variation, or because the values and norms related to the preservation of life are communal and not associational in any magnitude.
Objective Three: Major
Findings and Conclusions

Objective Three of this study was to determine the extent to which observed variations in selected social, demographic and attitudinal factors contributed to the explanation of the variations in the willingness of the nurses to support legislative efforts favorable to the practice of passive euthanasia.

Major Findings: Objective Three. Four of the independent variables, as reported in Chapter VII, were found to contribute significantly to the explanation of the variations observed in the willingness of nurses to support legislative efforts favorable to passive euthanasia.

Stated in order of importance, they were:

1. The belief that the physician should abide by the request of the terminal patient to discontinue life-sustaining treatment:

2. The belief that the terminal patient has the right to request and receive discontinuance of treatment without fear of legal action initiated by the medical profession.

3. The church attendance of the nurse.

4. The marital status of the nurse.

Conclusions: Objective Three. Variations in the responses to selected social demographic and attitudinal
factors as they related to the explanation of the willingness of the nurses to support legislative efforts favorable to passive euthanasia suggest that nurses would support a bill authorizing the physician to discontinue care to a terminal patient, if it were the decision of the patient to have treatment discontinued, because such legislation may serve to guarantee the patient the right to have a determining role in his plan of treatment. This type of legislation may also serve as a safeguard in preventing family members of terminal patients from initiating legal action against the physician, nurse or hospital, based on acts of negligence.

III. IMPLICATIONS OF RESEARCH

A review of findings and conclusions generates certain implications related to this study. Some major implications may be stated as follows:

1. The fact that nurses believe the patient should have a vital role in determining his care may occasion role-strain for members of the nursing profession in a magnitude not experienced in the past. Traditionally, nurses have evaluated the appropriateness of their actions by measuring their actions against the expectations of physicians. Now, the frequency of contact with the terminal patients and the increased decision-making responsibility of the nurse may
provide an additional status position in her role set, particularly if the patient is requesting the termination of treatment.

2. It can be implied, then, that inter-group tension among nurses regarding life-sustaining treatment for terminal patients is not likely to emerge in a way which would be disruptive to the formal or informal nursing group. When dealing with the care of terminal patients, this reduction of potential inter-group conflict is probably desirable.

3. Also, nurses would welcome legislation authorizing the physician to discontinue treatment to the terminal patient under certain selected conditions, not only because they feel the patient has the right to request this, but because it might provide some legal protection for those engaged in the medical profession.

4. Finally, the low willingness of nurses to give financial support to efforts attempting to secure legislation favorable to passive euthanasia suggests that such advocates should seek resources other than from the nursing profession.

IV. LIMITATIONS AND RECOMMENDATIONS

Limitations of the Study

This study had the following limitations:

1. The study utilized a non-random sample of
nurses; therefore, the generality of the findings and conclusions is restricted to the sample.

2. The variations generated by cognitive knowledge measures of euthanasia were so minute as to make difficult statements regarding the effects of such knowledge upon the attitudes of the sampled nurses toward variant euthanasia practices.

3. Additional conceptual precision, especially in the area of hospital specialties, may have provided greater explanatory power, especially within the multi-variate regression set.

4. A 7-point Likert scale would have provided greater response range than a 5-point scale and may have reduced possible item response centrality.

Recommendations for Further Study

The author recommends the following for further study:

1. This study should be replicated using a random sample.

2. A study of the attitudes of nurses in large industrialized states toward euthanasia may provide interesting contrasts when compared with the nurses in small rural states.

3. More refined studies should compare the association of the effect of cognitive knowledge regarding
euthanasia as it affects the affective and behavioral attitudes of the nurses toward variant euthanasia practices.
SELECTED REFERENCES


SELECTED REFERENCES


Florence Nightingale Pledge, The.


Holy Bible. "Deuteronomy."


"When Do We Have the Right to Die?" Life, January 14, 1972.

APPENDIX I
R.N. - Patient Study

The issues and decisions involved in the preservation of human life are presently changing rapidly and consequently are being discussed by many groups, both medical and nonmedical. This study has been prepared with the aim of gathering information about the attitudes of professional nurses toward their terminal patients.

You are a nurse in one of three hospitals in South Dakota selected to participate in this study. Therefore, your response to this questionnaire is imperative if we are to have the results represent the entire nursing staff. All responses are confidential. Please do not collaborate with other nurses in answering the questionnaire.

Administrative approval for this survey of the nursing staff has been obtained. Please return your questionnaire to the Nursing Service Office by October 9, so that your responses can be on the computer by the 12th of October.

We thank you for your interest and cooperation in this survey, and a summary of the findings will be sent to each hospital as soon as they are completed.

For purpose of this study, the terms used in this questionnaire are defined as follows:

*Terminal patient is defined as one in whom death seems inevitable in days or weeks.

*Life sustaining treatment is defined as procedure or medications which will probably extend life.

*Signed waiver is defined as a statement, signed by the patient and/or most responsible relative stating that life sustaining treatments are not to be used.
SOUTH DAKOTA TERMINAL PATIENT STUDY

Schedule No. 70065

Date

Please circle or complete as appropriate.

(4) Are you: (1) Male
(2) Female

(5-6) What is your age? ___.

(7) Are you: (1) Single
(2) Married
(3) Widowed
(4) Divorced
(5) Separated

(8) If married, what is your spouse's occupation?

(9) If you have been pregnant, how many live births have you given birth to:
(Circle # if you have never been pregnant)

(1) 0 live births (5) 4 live births
(2) 1 live birth (6) 5 live births
(3) 2 live births (7) 6 live births
(4) 3 live births (8) 7 or more live births

(10) How many of those live born children are still living:

(1) 0 children living (5) 4 children living
(2) 1 child living (6) 5 children living
(3) 2 children living (7) 6 children living
(4) 3 children living (8) 7 or more children living

(11) Are your parents living:

(1) Yes, both parents living
(2) No, both parents deceased
(3) Mother living, Father deceased
(4) Father living, Mother deceased

(12) How much do you contribute per year to your parents support?

(1) None
(2) 0 - $299.00
(3) $300 - $599.00
(4) $600 - $899.00
(5) $900 or more
### What Church do you attend?

- **(1)** Presbyterian/Congregational
- **(2)** Methodist
- **(3)** Roman Catholic
- **(4)** Lutheran
- **(5)** Baptist
- **(6)** Other, specify ________________________

### On the average, how many worship services do you attend per month?

- **(1)** Less than one
- **(2)** One per month
- **(3)** Two per month
- **(4)** Three per month
- **(5)** Four per month

### If you don't attend church, what is your church preference?

- **(1)** Presbyterian/Congregational
- **(2)** Methodist
- **(3)** Roman Catholic
- **(4)** Lutheran
- **(5)** Baptist
- **(6)** Other, specify ________________________

### What is your highest educational level?

- **(1)** 2 years (Associate Degree)
- **(2)** 3 year Professional Nurses Training Program
- **(3)** B.S. in nursing
- **(4)** M.S. in nursing
- **(5)** A.D. or diploma R.N. and B.S. in nursing
- **(6)** A.D. or diploma R.N. and non-nursing B.S. or B.A. degree
- **(7)** M.S. or M.A. in non-nursing area

### At what type of institution was your basic Nursing Program obtained?

- **(1)** State
- **(2)** Private
- **(3)** Religious, Lutheran
- **(4)** Religious, Catholic
- **(5)** Religious, Methodist
- **(6)** Other Religious, specify ________________________

### In what geographic area of U.S. did you obtain your basic Nursing Program?

- **(1)** North Central
- **(2)** South
- **(3)** North East
- **(4)** West
(19) Did any of your nursing education include seminars/lecture on complexity of moral decisions to be made regarding care of the terminal patient?

(1)_____ yes  
(2)_____ no

(20) Have you had any specialized education or training since graduating?

(1)_____ No  
(2)_____ Yes, in Coronary Care  
(3)_____ Yes, in Intensive Care  
(4)_____ Yes, in Renal Hemodialysis  
(5)_____ Yes, Coronary and Hemodialysis  
(6)_____ Yes, in Renal, Hemodialysis and Intensive Care  
(7)_____ Yes, in Coronary and Intensive Care  
(8)_____ Yes, in Coronary, Hemodialysis, and Intensive Care

(21-22) How many years have you spent in active practice since graduating?

________

(23-24) How many days a month do you work? ____________________________

(23-27) Put a "1" next to unit area where you practice most of the time during the month; a "2" next to unit area that receives second largest amount of your time, and a "3" opposite the third area.

(1)_____ medical  
(2)_____ surgical  
(3)_____ obstetrics/Peds.  
(4)_____ Emergency Room  
(5)_____ Coronary Care  
(6)_____ Intensive Care  
(7)_____ Renal Hemodialysis  
(8)_____ Recovery room  
(9)_____ Specify

(28) How many seminars or workshops have you attended where problems and decisions were discussed concerning the dying patient.

(1)_____ none  
(2)_____ one  
(3)_____ 2-3  
(4)_____ 4-5  
(5)_____ 6-7  
(6)_____ 8-9

(29) Have you read any books, magazines, newspapers or viewed any T.V. programs in the past 2 years that have dealt with the problems and decisions concerning the dying patient and/or the "right to live"?

(1)_____ No  
(2)_____ Yes, one  
(3)_____ Yes, 2-3  
(4)_____ Yes, 4-5  
(5)_____ Yes, 6-7  
(6)_____ Yes, 8-9  
(7)_____ Yes, 10 or more
We would like you to indicate the extent of your agreement or disagreement with each of the following statements.

<table>
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<th></th>
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<th>Mildly Agree</th>
<th>Undecided</th>
<th>Mildly Disagree</th>
<th>Strongly Disagree</th>
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The life of a dying patient should be prolonged, because a cure for his illness may be just around the corner.

It is right for a physician to order pain and consciousness removing drugs for a terminal* patient, even though the drug may shorten life.

Patients should have the right to request and receive pain reducing drugs, even though the effective dosage may hasten death.

Knowing that renal hemodialysis (kidney machine) would prolong life, it should always be continued as treatment for those patients with adequate funds to pay for the treatment.

Terminal* patients should be free to request and to receive from their physicians the discontinuance of life sustaining treatment* without fear of legal action initiated by the medical profession.

Physicians should not abide by the request of a terminal patient that life sustaining treatment* be discontinued.

Physicians should discontinue treatment to a suffering comatose patient whose death is inevitable, even though the patient is unable to communicate his desires.

Life sustaining treatment* to the suffering terminal* patient should be maintained if the family demands treatment be continued regardless of cost.
The physician should be free to initiate treatment which may shorten the life of the terminal patient without legal censure.

Changes should be made in social attitudes as reflected in customs, religious beliefs and laws that would permit the physician to initiate measures to hasten death in certain carefully selected patients.

Legislation should not occur which would permit a physician to initiate measures which would hasten death in certain carefully selected patients because it would lead to abuse of the permit, infanticide and the killing of the aged would be the next step.

When a patient's death seems inevitable in the next few days major life sustaining measures should not be discontinued unless a signed waiver by the patient or most responsible relative authorizes such discontinuance.

Nurses should carry out the physicians order to discontinue life sustaining measures when signed patient or next of kin waivers are available.

With legislative approval, nurses should carry out the physicians orders which would probably hasten death of the terminal patient.

Nurses should vote to support a bill authorizing the physician to discontinue treatment if the patient requests all life sustaining treatment be discontinued if he has been diagnosed as a terminal patient.
The A.N.A. should support and attempt to get legislation that should authorize a physician to discontinue life sustaining treatment to the terminal patient if the patient requested treatment be discontinued.

Nurses should vote to support a bill that would authorize the physician to initiate treatment that would hasten death in carefully selected cases of terminal patients.

The A.N.A. should support efforts to get legislation that would authorize a physician to initiate treatment that would hasten death in carefully selected cases of terminal patients.

How much money would you personally give to an organization that was attempting to get a bill through legislature which would authorize the physician to discontinue treatment on the request of the terminal patient?

(1)_____ none  
(2)_____ .01 - 3.99  
(3)_____ 4.00 - 7.99

How much money would you personally give to an organization that was attempting to put a bill through legislature which would authorize the physician to initiate treatment that would hasten death in carefully selected cases of terminal patients.

(1)_____ none
(2)_____ .01 - 3.99
(3)_____ 4.00 - 7.99
(4)_____ 8.00 - 11.99
(5)_____ 12.00 - 15.99

Jerome Nathanson, in the New York Times, tells of a physician he knows who, if a patient is suffering from a terminal illness, leaves 3 pills on the bedside table and tells the patient, "Take one every four hours. If you take them all at once they will kill you." If you overheard this physician state this remark, which of the following actions would you be inclined to do?

(1)_____ Leave the pills and say nothing.
(2)_____ Leave the pills but discuss the problem with the doctor.
(3)_____ Leave the pills, tell the doctor he is wrong and notify chief of staff.
(4)_____ Remove the pills from the room and tell the doctor he is wrong.
(5)_____ Remove the pills and notify chief of staff.
The patients listed below all have advanced cancer and death appears inevitable in a few weeks. I would cooperate with the physician in maintaining the patient on pain-reducing drugs while withholding major resuscitative life sustaining treatment under the following conditions. Circle appropriate number. (Circle only one choice for each "patient" listed)

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<table>
<thead>
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<table>
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<th>(53) My close neighbor, age 44</th>
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<th>(54) 18 year old patient</th>
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<table>
<thead>
<tr>
<th>(55) A cousin of my age</th>
</tr>
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<tbody>
<tr>
<td>Under no circumstances</td>
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<tr>
<td>------------------------</td>
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A 21-year-old male former athlete has been comatose and maintained on the iron lung for the past 2 years since an auto accident. He has apparently developed pneumonia elevated temperature and his condition appears to be worsening. You have notified his physician, but he has stated that he is not going to initiate medical treatment. Which of the following would you be more inclined to do?

(1) Agree with the physician.
(2) Inform the physician that he is wrong, but do nothing else.
(3) Inform the physician he is wrong and that you will report him to chief of staff if he does not initiate treatment.
(4) Call another physician whom you know will initiate treatment.

Please check which definition best expresses your definition of "euthanasia".

(1) An easy or calm death.
(2) The painless killing of people who are suffering from an incurable or painful death.
(3) The committing of the "Thou shalt not kill" sin.
(4) The right to die with dignity.

Do you know an organization called the Euthanasia Society of America? Yes No If yes, what is the purpose of the will?

Are you aware of "The Living Will" as put forth by the Euthanasia Educational Fund? Yes No If yes, what is the purpose of the will?

Are you aware of the "death with dignity" bill as introduced into the 1969 Florida legislature by a Florida physician? Yes No If yes, give some identifying information.

Do you know of any workshop/seminar that has been held in South Dakota which dealt with the "Right to Die" topic? Yes No If yes, give some identifying information.

In reference to the dying patient the following remarks have been made by one of the choices listed below. "Prolonging life in the terminal stage of incurable disease could be 'useless torture'..." "The removal of pain and consciousness by means of drugs when medical reasons suggest it, is permitted by religion and morality to both doctor and patient even if the use of drugs will shorten life."

In your opinion, which of the following choices would be the least likely to have made these remarks.

(1) Moderator of Presbyterian Synod
(2) Elizabeth Kubler-Ross
(3) President of A.M.A.
(4) Pope Paul VI/Pope Pius XII of Catholic church
MEANS AND STANDARD DEVIATIONS FOR VARIABLES

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