

EVALUATION OF NURSES' ATTITUDES AND PRACTICES TOWARDS SAFE ABORTION CARE IN A TERTIARY CARE HOSPITAL OF LAHORE, PAKISTAN

Sana Rafiq¹, Samreen Tariq², Sehrish Jamil³

¹ Charge Nurse, Lady Aitchison Hospital, Lahore, Pakistan
^{2,3} Lahore General Hospital Lahore.

¹sanarafiq763@gmail.com

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Corresponding Author: *

Sana Rafiq

Abstract

Background: Unsafe abortion remains a major cause of maternal morbidity and mortality in Pakistan. Nurses play a critical role in post-abortion care (PAC), yet their attitudes and practices toward safe abortion services remain understudied. This study evaluated nurses' attitudes and practices regarding safe abortion care in a tertiary care hospital in Lahore.

Methods: A descriptive cross-sectional study was conducted among 300 female nurses working in obstetrics, gynaecology, emergency, and medical/surgical wards of Mayo Hospital, Lahore. Data were collected using a structured 30-item questionnaire assessing attitudes (15 items) and practices (15 items) on a 5-point Likert scale. Descriptive statistics were computed using SPSS version 25.

Results: Regarding attitudes, 40% of nurses agreed that safe abortion is necessary for women's healthcare, while 39.6% disagreed. Nearly half (45.3%) supported regular ethical training on abortion. Regarding practices, 45.7% had received formal training on safe abortion, but only 37% provided non-judgmental counselling. Resource inadequacy was reported by 43.7% of nurses. A significant attitude-practice gap was identified across multiple domains.

Conclusion: Nurses demonstrated polarized attitudes and suboptimal practices regarding safe abortion care. Targeted training, ethical guidance, and institutional support are urgently needed to improve reproductive health services.

INTRODUCTION

Safe abortion care and effective post-abortion care (PAC) are essential components of reproductive health services, particularly in countries with restrictive abortion laws. In Pakistan, a significant proportion of women resort to unsafe abortion methods due to limited access to safe services, social stigma, and a lack of trained healthcare providers (Arshad et al., 2023). The consequences of unsafe practices contribute substantially to maternal morbidity and mortality.

Nurses' attitudes, beliefs, and experiences are crucial determinants of the quality and accessibility of PAC. Positive attitudes and adequate training enhance nurses' willingness and capacity to deliver PAC effectively (Rizwan et al., 2021). Conversely, negative attitudes, often influenced by cultural and religious beliefs, create barriers to care. In Pakistan's tertiary care hospitals, nurses are often the first point of contact for patients experiencing abortion complications (Arshad et al., 2023).

Despite their importance, the attitudes and practices of nurses toward abortion care have

not been adequately studied in the local context. This knowledge gap limits the development of effective interventions aimed at enhancing PAC quality (Jadoon et al., 2022). This study aimed to evaluate nurses' attitudes and practices toward safe abortion care in a public tertiary care hospital in Lahore, Pakistan.

METHODOLOGY

Study Design and Setting

A descriptive cross-sectional study was conducted at Mayo Hospital, Lahore, a public tertiary care facility.

Study Population and Sampling

The target population comprised registered female staff nurses working in Obstetrics, Gynaecology, Emergency, and General Medical/Surgical wards. Using Slovin's formula (N=1200, margin of error 0.05), a sample of 300 nurses was calculated. Convenience sampling was employed.

Inclusion Criteria: Registered nurses with ≥6 months clinical experience, currently employed in relevant departments, willing to provide informed consent.

Exclusion Criteria: Student nurses, nursing interns, nurses in administrative roles, and those on leave during data collection.

Data Collection Tool

A structured 30-item questionnaire was adapted from validated instruments (Marshall et al., 2023), comprising:

- **Section A (15 items):** Attitudes toward safe abortion care (5-point Likert scale)
- **Section B (15 items):** Practices and experience with safe abortion care
- **Demographics:** Age, qualification, experience, training status

Ethical Considerations

Ethical approval was obtained from the Institutional Review Board of King Edward Medical University. Participation was voluntary with written informed consent. Confidentiality and anonymity were guaranteed.

Data Analysis

Data were coded and entered into SPSS version 25. Descriptive statistics (frequency, percentage, mean, standard deviation) were computed.

RESULTS

Demographic Characteristics

All 300 participants (100%) were female nurses. The most common qualification was Diploma in General Nursing and Midwifery (37.7%), followed by BSN Generic (35.7%) and BSN Post RN (26.7%). Working experience distribution was relatively even: 1-3 years (36.0%), 4-6 years (35.3%), and 7-10 years (28.7%).

Table 1: Demographic Characteristics of Participants (N=300)

Variable	Category	Frequency (n)	Percentage (%)
Gender	Female	300	100.0
Education	Diploma in Gen Nursing & Midwifery	113	37.7
	BSN Generic	107	35.7
	BSN Post RN	80	26.7
Experience	1-3 Years	108	36.0
	4-6 Years	106	35.3
	7-10 Years	86	28.7

Attitudes Toward Safe Abortion Care

Table 2: Nurses' Attitudes Toward Safe Abortion Care (N=300)

Item	Agree/Strongly Agree (%)	Disagree/Strongly Disagree (%)	Neutral (%)
Safe abortion is necessary for women's healthcare	40.0	39.6	20.3
Comfortable discussing abortion with patients	41.0	40.0	19.0
Women's right to abortion regardless of marital status	43.0	37.3	19.7
Abortion conflicts with personal/religious beliefs*	41.7	40.0	18.3

Support abortion in rape/incest cases	42.3	37.4	20.3
Abortion services reduce maternal mortality	40.0	36.0	24.0
Nurses should advocate for abortion access	41.3	39.7	19.0
Access to safe abortion is a human right	36.3	39.4	24.3
Regular ethical training needed	45.3	35.6	19.0

*Reverse-scored item

Key Attitudinal Findings:

- Nearly half (45.3%) of nurses supported regular ethical training on abortion
- Support for abortion in rape/incest cases reached 42.3% agreement

- Only 36.3% agreed that abortion access is a fundamental human right
- Combined disagreement with abortion as a healthcare necessity was 39.6%

Practices in Safe Abortion Care

Table 3: Nurses' Practices in Safe Abortion Care (N=300)

Item	Agree/Strongly Agree (%)	Disagree/Strongly Disagree (%)	Neutral (%)
Received formal training on safe abortion	45.7	37.6	16.7
Follow national/hospital guidelines	44.7	34.6	20.7
Provide non-judgmental counseling	37.0	44.3	18.7
Sufficient knowledge of PAC management	39.0	41.0	20.0
Confident managing abortion complications	40.7	38.0	21.3
Ensure patient confidentiality	38.3	41.3	20.3
Refer patients when services unavailable	36.7	43.6	19.7
Encourage family planning post-abortion	43.7	39.7	16.7
Adequate resources and supplies	33.4	43.7	23.0
Consult senior staff in complex cases	35.4	43.0	21.7
Provide emotional/psychological support	38.3	41.3	20.3

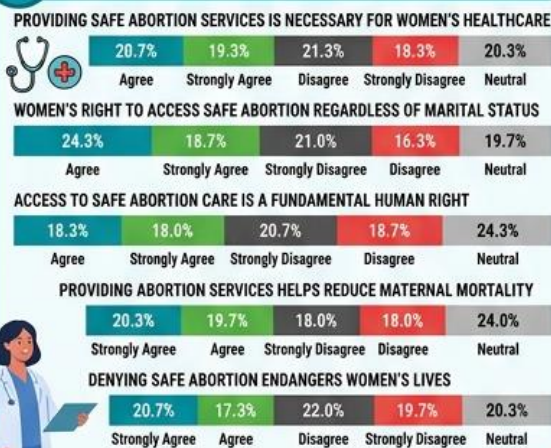
Key Practice Findings:

- Only 37% provided non-judgmental counselling to abortion-seeking patients
- Resource inadequacy was reported by 43.7% of nurses
- Patient confidentiality was ensured by only 38.3%

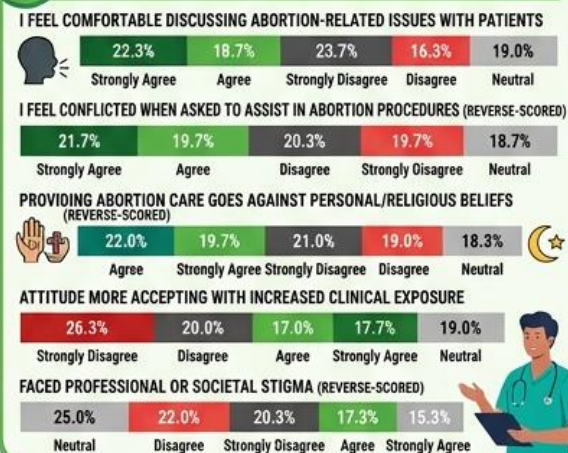
- Referral practices were poor (36.7% agreement)
- Family planning promotion post-abortion showed highest practice compliance (43.7%)

SURVEY RESULTS: ATTITUDES & EXPERIENCES REGARDING SAFE ABORTION SERVICES (N=300 RESPONDENTS)

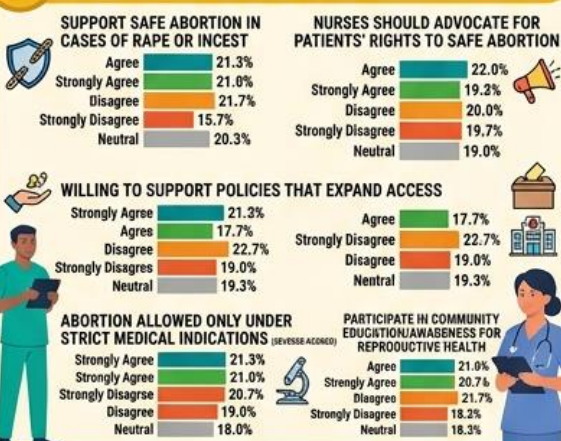
1 GLOBAL BELIEFS & PERCEPTIONS



2 PERSONAL & PROFESSIONAL COMFORT



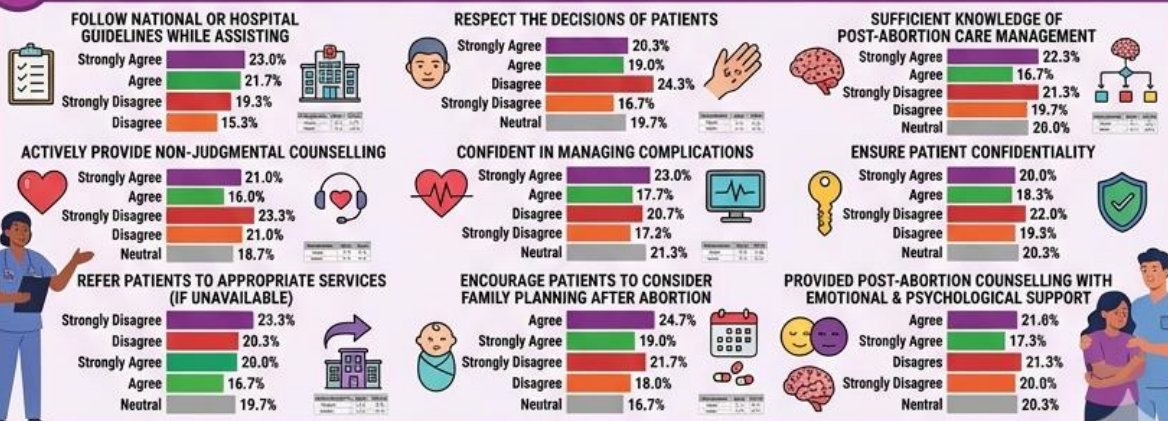
3 SUPPORT & ADVOCACY



4 TRAINING & RESOURCES



5 PRACTICE & CLINICAL MANAGEMENT



*Please note as note obtained is comparative toward results regarding attitude toward safe abortion service. 300 respondents (on responsiveness) of only attitudes toward consent toward abortion toward success in women's healthcare. Legend condition is the consultation for A4 paper size only.

Strongly Agree, Strongly Disagree, Disagree, Strongly Disagree, Neutral

DISCUSSION

This study provides important insights into the attitudes and practices of nurses regarding safe abortion care in a tertiary care hospital in Lahore, Pakistan. The findings reveal a deeply polarized professional landscape, with nearly equal proportions of nurses supporting and opposing abortion as a healthcare necessity. This polarization is consistent with studies from other Muslim-majority countries where religious and cultural frameworks heavily influence healthcare perspectives (Kawish et al., 2023).

The finding that 45.3% of nurses supported regular ethical training on abortion is encouraging and aligns with recommendations from the World Health Organization (2022) for integrating reproductive health ethics into nursing curricula. However, the counterintuitive finding that 42.7% disagreed that additional training would improve their ability to serve patients suggests about training effectiveness, possibly due to previous inadequate training experiences or institutional constraints.

The practice findings are particularly concerning. Only 37% of nurses reported providing non-judgmental counselling, and patient confidentiality was ensured by just 38.3%. These findings are worse than those reported in similar studies from Ethiopia and Kenya, where counselling practices ranged from 45-55% (Aleboko et al., 2023; Gobran et al., 2021). The poor performance in Pakistan may reflect the heightened stigma surrounding abortion in the country's socioreligious context. Resource inadequacy (43.7% disagreement with resource availability) represents a systemic barrier that cannot be addressed through individual-level training alone. Even when nurses possess supportive attitudes and knowledge, the absence of essential supplies, equipment, and referral pathways prevents safe service delivery. This finding aligns with Mir et al. (2024), who documented significant inequities in PAC service readiness across Pakistani healthcare facilities.

The attitude-practice gap identified in this study is a critical finding. Nurses may hold supportive beliefs about abortion access in principle but fail to translate these into practice due to institutional constraints, fear of stigma, or moral distress. Sharif et al. (2022) similarly

documented this phenomenon in Punjab's underdeveloped areas, where knowledge-attitude-practice discrepancies were attributed to sociocultural barriers.

Limitations

Single-site design limits generalizability. Self-report measures may be subject to social desirability bias. The exclusive female sample reflects the nursing workforce but excludes male perspectives.

CONCLUSION

Nurses in Lahore's tertiary care hospital demonstrated polarized attitudes and suboptimal practices regarding safe abortion care. While a considerable proportion acknowledged the importance of safe abortion services, many expressed ethical conflict, religious concerns, and discomfort in discussing abortion-related issues. Practice gaps were most pronounced in counseling, confidentiality, referral, and resource utilization. The attitude-practice gap highlights the need for multidimensional interventions addressing individual knowledge, institutional support, and sociocultural barriers.

RECOMMENDATIONS

- Training Reform:** Integrate comprehensive reproductive health ethics, value clarification, and stigma reduction into nursing curricula and in-service training programs.
- Institutional Support:** Ensure availability of clear clinical guidelines, adequate supplies, and structured referral pathways for PAC services.
- Policy Development:** Establish formal conscientious objection mechanisms that do not compromise patient access to care.
- Future Research:** Conduct multi-site mixed-methods studies to explore drivers of the attitude-practice gap and evaluate training effectiveness.

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