

REGISTERED NURSES' ATTITUDES TOWARD THE PROTECTION OF GAYS AND  
LESBIANS IN THE WORKPLACE: AN EXAMINATION OF HOMOPHOBIA AND  
DISCRIMINATORY BELIEFS

by

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## ABSTRACT

Discrimination and inequality encountered by gays and lesbians in the United States is profuse. A cornerstone of the gay rights movement, equality in the workplace has been a pivotal struggle for gays and lesbians. This study examined the attitudes and opinions of registered nurses (RNs) regarding homosexuals in general and the protection of homosexuals in the workplace through a nondiscrimination policy. The author measured overall homophobic and discriminatory beliefs of the sample using the Attitudes Toward Lesbian and Gay Men (ATLG) Scale; the demographic questionnaire was infused with questions regarding a protective workplace policy. Using *T*-tests, one-way analysis of variance (ANOVA) and structural equation modeling (SEM), correlations between independent variables (gender, age, religious association, belief in the "free choice" model of homosexuality, education level, exposure to homosexuals through friends and/or family associations, race/ethnicity, and support or non-support of a workplace nondiscrimination policy protective of gay men and lesbians) with the dependent variable of homophobia were explored.

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## CHAPTER ONE: INTRODUCTION

### *Gay Discrimination in Public Social Policy and Beginnings of a Gay Civil Rights Movement*

The widespread existence of discrimination, hate crimes and violence, oppression, and heterosexist hatred against homosexuals is widely supported in the research literature pertaining to homosexuals (Pierce, 2001; Wetzel, 2001; Conley, Devine, Rabow, & Evett, 2002; Ellis, Kitzinger & Wilkinson, 2002; Herek, 2002; Irwin, 2002). To support an engrained heterosexist discriminatory element in America's employment culture, a brief introduction of the history of the modern gay civil rights movement along with examples of common problems homosexuals experience in American society will be provided.

The modern gay civil rights movement has on its agenda the cessation of practices and cultural norms that inflict harm on homosexuals, either directly or indirectly. Direct forms of oppression include hate crimes aimed at inflicting violence on gays and lesbians, denying gays and lesbians equal employment or promotion opportunities in the workplace, or the labeling of gay civil rights as "special rights" to undermine advances. An example of indirect oppression is the lack of opportunity for taxation and healthcare benefits afforded to married heterosexual couples through illegalization of gay marriages (Pierce, 2001).

Many researchers and authors believe the modern gay civil rights movement began in 1969 with the Stonewall riots (Wetzell,

2001; Morrow, 2001; Poindexter, 1997; Weiss & Schiller, 1988). The Stonewall Inn was a gay bar in the Greenwich Village area of New York City. In the 1960's, police often raided gay bars and arrested the patrons; but on the night of June 27, 1969, when the police arrived to raid the Stonewall Inn, instead of acquiescing, the bar patrons retaliated and rioting ensued for the next three days (Morrow, 2001).

This event was perhaps most significant to gay and lesbian culture because it was the first time gays and lesbians were not submissive in the attacks against them; instead, they were actively resistant to institutionalized antigay violence (Morrow, 2001). Before this historic event, between 1920-1960, research has provided support for the belief that gays and lesbians felt a sense of isolation (Morrow, 2001).

Data and research utilizing the scientific method about homosexuality was not available at that time. Scientific inquiry regarding sexual orientation and the psychological wellbeing of lesbians and gay men was in its earliest stages of development; there was scarce opportunity for social support and for the meeting of other gays and lesbians (Morrow, 2001). While historic sources are discussed later, it is vital to explore current social policy discrimination issues.

Societal prejudices have equated to discriminatory practices within state and federal judiciary systems and public policy drafting. Although repealed through a Federal Supreme Court decision in November of 2003, private consensual sexual acts between members of the same-sex were criminalized in some

states through sodomy statutes. And the criminalization of these practices has had a negative impact on gay parenting issues in the nation's court system (Patterson & Redding, 1996). There has also been empirically-supported evidence of discrimination and inequalities in state and federal laws that relate to custody and parental rights (Cullum, 1993). Ambiguous and vaguely termed definitions of "family" in a legal-context has resulted in laws and regulations that fail to acknowledge gay parents and result in unfair and unequal treatment of homosexuals in-comparison to heterosexuals in a court of law.

Discrimination is also bountiful in the regulations of some states in-relation to adoption. For example, adoption of children by either single gay individuals or couples is illegal in the state of Florida (while there are no limitations to adoption by heterosexual individuals or couples who qualify); studies have shown the presence of discriminatory practices and beliefs by social workers and child welfare specialists working in states where adoption by gays and lesbians is not illegal (Crawford, et. al, 1999). Many etiologic and historic indicators of homophobia and heterosexist discrimination against gay, lesbian, bisexual, and transgender (GLBT) persons have been identified in the literature.

*Historic and Etiologic Sources and the Evolution of  
Discrimination Against Gays and Lesbians*

Pervasive and commonplace in American culture, the exact etiologic source for discrimination against gays and lesbians is multifaceted (Herek, 2002). Research has shown a strong correlation between a Christian religious identification, male gender, belief in the "free choice" model of homosexuality (the thinking that gays and lesbians choose their sexual orientation), and other variables such as lack of association with gays, lower educational levels, and high regard for traditional family ideologies and structures with homonegative attitudes and discriminatory practices (Crawford, McLeod, Zamboni, and Jordan 2000; Swigonski, 2001; Lim, 2002; Rivers, 2002). The individual most likely to hold negative attitudes towards homosexuals is a theistic male who highly supports a traditional belief in family structure, believes homosexuality is a life-style choice, knows few or no gay or lesbian people personally, and surrounds himself by other people who share his opinions regarding homosexuality (Crawford, McLeod, Zamboni, and Jordan 2000; Swigonski, 2001; Lim, 2002; Rivers, 2002).

Perhaps some of the etiology for hatred and homophobia towards gays is rooted in psychological science itself (Morrow, 2001). Freud's psychoanalytic theory, which dominated psychological literature well into the 1960s, claimed that homosexuals were in arrested development, representing a fixation in the Oedipal stage of psychosexual development, which led to the widely-viewed belief that homosexuality was

pathological and resulted from dysfunctional parent-child relationships (Morrow, 2001) Using this social construction of homosexuality as anomalous, many lesbians and gays living in the first half of the twentieth century were afraid to disclose their sexual orientation, known as "come out" (Human Rights Campaign, 2004) , out of a fear of being institutionalized as mentally ill (Morrow, 2001). Popular literature such as *Time*, *Look*, and *Life* depicted gay males (usually ignoring lesbians entirely) in a negative perspective. The House UnAmerican Activities Committee (in-conjunction with McCarthy) targeted lesbians and gays—labeling them as threats to the stability of the country (Morrow, 2001). And after World War II, the United States military began discharging gays and lesbians and prevented them from serving. Lesbians and gays involuntarily released from military services were branded with "undesirable" discharges which precluded their receiving of future military benefits and tarnished their reputations for seeking civilian employment. The military infused mandatory lectures on the pathology of homosexuality in the training of new military troops (Morrow, 2001).

While these practices are pre-Stonewall, some are still present today in some form or another. Although altered through the "Don't Ask, Don't Tell, Don't Pursue" Policy of the United States Military (the 1994 National Defense Authorization Act), homosexuals cannot openly serve in the Air Force, Army, Marine Corps, Navy, or Coast Guard (Belkin, 2003).

In 1999, Barry Winchell, a 21-year old Army Private First Class was beaten to death while asleep in his barracks by another member of his unit who perceived him as being homosexual. And Allan Schindler, a gay seaman fell to a similar fate when in 1992, he was beaten to death while stationed in Japan by fellow sailor Airmen after he came-out to his commanding officer (Service Members Legal Defense Network, 2002). Some gay rights organizations and those advocating for repeal of "Don't Ask, Don't Tell, Don't Pursue" claim that if these soldiers had been able to openly discuss concerns related to harassment based on sexual orientation, their murders may have been prevented (Service Members Legal Defense Network, 2002).

Spiritual violence, the validation of hatred and discriminatory practices against homosexuals secondary to a religious-associated belief of homosexuality as immoral, is also a prevalent issue in America today (Swigonski, 2001). Scriptures from the Hebrew and Christian faiths have been used to distinguish GLBT people as moral transgressors and have been used to justify violence and discrimination against them. In addition, the denial of protection of human rights for homosexuals is often associated with religious notions regarding homosexuality (Swigonski, 2001). Regardless of religious influences, historical psychological contributions, or other variables that have attributed to the evolution of discrimination against homosexuals, the existence of

discrimination and the treatment of gays and lesbians as second-class citizens in American society is evident.

### *Discrimination Against Gays and Lesbians in the Workplace*

An aspect of this study was exploration of registered nurses' homophobic and discriminatory beliefs in conjunction with examining attitudes towards the protection of gays and lesbians in the workplace through a nondiscrimination policy. Research suggests that discrimination against homosexuals is pervasive in America's workplaces; homosexuals experience discrimination in wages and earning, perpetual harassment and homophobic treatment, and lack many essential rights related to employment (Croteau, 1996; Klawitter and Flatt, 1998; Anastas, 2001; Morrow, 2001; Irwin, 2002). Identical to the overall discrimination of gays and lesbians in American society, the discrimination gays and lesbians experience in the workplace is both indirect and direct. Indirect forms include the additional disparity of lesbian couples secondary to overall lower pay for women (Quittner, 2003; Melymuka, 2001; Yared, 1997; Van Soest, 1996; Frum, 1992; Cohn, 1992). Examples of direct discrimination are often central features of qualitative studies of participants' experiences with discrimination at work (Croteau, 1996).

Croteau (1996) identified both formal (direct) and informal (indirect) discrimination. Formal discrimination are those institutionalized procedures that restrict officially conferred work rewards and informal discrimination is the loss of

credibility, acceptance, or respect by co-workers and supervisors based on a workers' sexual orientation. Formal discrimination was typically found to be in association with employer decisions to terminate or not hire an individual due to their sexual orientation (Croteau, 1996). The author also noted other findings of formal discrimination including the exclusion of homosexuals from promotions, pay raises, or increased responsibility at their jobs.

Fear of having one's sexual orientation discovered is predictive of how an individual chooses to present his or her sexual orientation identity in the work environment (Croteau, 1996). This finding may be of significance to this inquiry because supporters of nondiscrimination policies that protect gays and lesbians in the workplace often claim such guidelines create equity and fairness (Economist, 1995), which could help alleviate fears of possible discrimination and anti-gay retaliation for homosexuals who choose not to hide their sexual identity at work.

Anticipation of discrimination, especially if an individual's sexual orientation is disclosed or discovered, is of great concern to gay and lesbian workers (Croteau, 1996). Individuals have reported that they believed that discrimination would occur if their sexual orientation was discovered by management; research has indicated that this fear or anticipation of discrimination is the major factor in workers hiding lesbian, gay, or bisexual identities (Croteau, 1996).

Research regarding the socioeconomic status of gays and lesbians as a minority suggests that working gay, lesbian, and bisexual people are no better off and in some ways are disadvantaged economically in relation to comparable heterosexual people (Klawitter and Flatt, 1998; Badgett, 2000; Anastas, 2001; Cahill & Jones, 2002). Data suggests gay males appear to earn less than comparable heterosexual males; some research has found specific examples of such disparity in females as well (Klawitter and Flatt, 1998; Badgett, 2000). Because of overall wage discrimination females experience, lesbian couples have an overall decreased combined income than heterosexuals (Klawitter and Flatt's 1998; Anastas, 2001).

The Human Rights Campaign (HRC), the largest gay and lesbian lobbying group in the United States, has put forth extensive research and lobbying efforts to combat workplace discrimination for America's gays and lesbians. Two annual, comprehensive yearly publications by HRC, *The Corporate Equality Index and The State of the Workplace for Lesbian, Gay, and Transgender Americans* provide a careful inspection of the work environment of gays and lesbians.

The Index provides an overall rating score to the Fortune 500 companies in-relation to their overall work environment for homosexuals. Seven criteria comprise the index and are broad measures of corporate behavior toward the GLBT community. There was little change in the 2002 criteria compared to that of 2003. Some questions on the 2003 survey regarding practices that are not part of the criteria but are important indicators of how a

company treats its GLBT employees have been included. An example of this is whether companies voluntarily extend family and medical leave to GLBT workers and their families, and whether they make COBRA coverage available to employees' domestic partners on the same basis as such coverage is available to opposite-sex spouses (HRC, 2003a).

Companies were rated on a scale of 0 percent to 100 percent based on whether they: "1) have a written nondiscrimination policy covering sexual orientation in their employee handbook or manual; 2) have a written nondiscrimination policy covering gender identity and/or expression in their employee handbook or manual; 3) offer health insurance coverage to employees same-sex domestic partners; 4) officially recognize and support a gay, lesbian, bisexual, and transgender employee resource group; or would support employees' forming a GLBT employee resource group if some expressed interest by providing space and other resources; or have a firm-wide diversity council whose mission specifically includes GLBT diversity; 5) offer diversity training that includes sexual orientation and/or gender identity and expression in their workplace; 6) engage in respectful and appropriate marketing to gay, lesbian, bisexual, and transgender community and/or provide support through their corporate foundation or otherwise to GLBT or HIV/AIDS-related organizations or events; and 7) engage in corporate action that would undermine the goal of equal rights for lesbian, gay, bisexual, and transgender people" (HRC, 2003a, p.2).

*The State of the Workplace for Lesbian, Gay, Bisexual, and Transgender Americans* (2002) outlines the laws and legislation concerning sexual orientation and domestic partner benefits, gender identity and expression in the workplace, employer policies affecting gay, lesbian, and bisexual workers, and major events of 2002 (including shareholder advocacy gains and notable lawsuit cases).

While there are two medical insurance companies that earned a 100 percentile score from HRC (Aetna®, MetLife®), it is of importance to this study to note that none of the companies listed directly provide health services to patients; as will be highlighted in the literature review, this reemphasizes the paucity of data related to discrimination in settings where direct patient care is provided, more specifically, where patient care is provided by a large staff of registered nurses (RNs). Appendix A provides a table of companies earning a 100 percentile from HRC.

Of the entire HRC corporate score listing, one organization that provides direct patient care with a large staff of Registered nurses scored high. Earning a 71 percentile, University Hospitals of Cleveland demonstrated corporate behaviors inclusive of homosexuals and protections for gays and lesbians in the workplace.

Domestic partner benefits are offered to homosexual employees of University Hospitals of Cleveland (Human Rights Campaign, 2003a). In addition to domestic partnership benefits, University Hospitals of Cleveland also has a nondiscrimination

policy which protects gays and lesbians (Human Rights Campaign, 2003a).

### *Discrimination Against Gays and Lesbians in Healthcare*

While there are many sources of data supporting the existence of discrimination against gays and lesbians in the workplace, there is very little data examining the amount of homophobia and prevalence of discrimination in the healthcare setting; and when examining discrimination in the healthcare setting, there is also a lack of research studying the responsiveness to deal with homophobia within the workplace (Saunders, 2001).

Some studies do examine physician attitudes and discriminatory belief patterns. Examples of such studies include those conducted by Tellez, Ramos, Umland, Palley, and Skipper (1999); Lock (1998); O'Hanlan, Cabaj, Schatz, Lock, and Nemrow (1997); Olsen and Mann (1997); and Muller and White (1997). Of significance to this study, however, none of this research pertains to the homophobia of registered nurses. In addition, all of the researchers examined the negative impacts of homophobia on the gay and lesbian patient population; none examined the impacts of physician homophobia in the workplace or attitudes regarding a protective workplace policy for homosexuals.

Review of the current literature found very few studies examining the wellbeing of homosexual physicians as related to homophobia in the workplace. Those reviewed concentrated on the

overall feelings of gay and lesbian medical doctors about the amount of homophobia they perceived in their places of employment and within their profession. The scarcity of empirical research about homophobia in the workplaces of the nursing profession was even greater, as evidenced by the finding of only one study authored by Theresa Stephany (1992) for *Sexuality and Disability*.

Stephany's (1992) work, a qualitative essay, examined the author's own personal work experiences as a lesbian nurse. While the (1985) work of Douglas, Kalman and Kalman did investigate some homophobia in nursing and medicine, it had no emphasis on discrimination in the workplace and more specifically, made correlations with homophobia and AIDS patients. Burke and White (2001) conducted research examining the wellbeing of gay, lesbian, and bisexual medical doctors and discussed many correlations between wellbeing and workplace-related discrimination issues but again, never mentioned the topic of protective policies in the workplace.

### *Purpose of Study*

The paucity of data on registered nurses' homophobia and attitudes towards gays and lesbians in the workplace has led to a lack of contribution from nursing scholars on how to solve discriminatory dilemmas in the workplace. The purpose of this study is to examine registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the

workplace. The dependent variable of this study is the homophobia scores represented by the ATLG.

The independent variables are 1) gender; 2) age; 3) race/ethnicity; 4) education level; 5) religious association; 6) belief in the "free choice" model of homosexuality; 7) interpersonal contact with homosexuals as friends and/or family members; and 8) support or non-support of a workplace nondiscrimination policy that protects gay men and lesbians. The findings will help add to the literature pertaining to social justice and discrimination issues encountered by homosexuals. In addition, the areas in need of research augmentation will be identified along with implications for policy development and the educational preparation of nurses, public administrators, and students of psychology.

### *Research Hypotheses*

The research hypotheses of this study predicted the following:

1. There will be a difference in the level of homophobia related to gender, age, race/ethnicity, and education.
2. There will be a positive correlation between religious association and homophobia.
3. There will be a positive correlation between belief in the "free choice" model of homosexuality and homophobia.
4. There will be a negative correlation between interpersonal contact with gay men and/or lesbians as

friends and/or family members and homophobia.

5. There will be a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia.

In addition to the research hypotheses, additional correlations among variables will be explored and discussed.

### *Operational Definition of Terms*

Although not all are included in the purpose or hypotheses, the author defines the selected terms to help orient the reader to some of the terminology used for the execution of the analysis:

Bisexual: An individual who has a strong physical and psychological attraction to members of the same and opposite sexes.

Closet: A state of non-disclosure of one's true homosexual orientation.

Educational Level: Preparation and completed formal studies in nursing leading to the Diploma in Nursing, Associate Degree in Nursing, Bachelor of Science in Nursing (BSN), Master of Science in Nursing (MSN), or Doctorate Degree.

"Free Choice" Model of Homosexuality: The belief that gay and lesbian individuals consciously choose their homosexuality and practice a lifestyle conducive to that choice rather than the belief of biological and psychosocial influences in the development of sexual orientation.

Gay: A male of homosexual orientation.

Heterosexual: An individual who has a strong physical and psychological attraction to members of the opposite sex.

Homophobia: An irrational fear of, aversion to, or discrimination against homosexuality or homosexuals (Merriam-Webster, 2004). In this study, gauged through the Attitudes Toward Lesbians and Gay Men (ATLG) Scale.

Homosexual: An individual who has a strong physical and psychological attraction to members of the same sex.

Lesbian: A female of homosexual orientation.

Religious Association: The classification of one's religion, religious ideology and frequency of religious service attendance.

Transgender: A biological male identifying with the personal characteristics of a biological female; or biological female identifying with the personal characteristics of a biological male.

Workplace: The setting in which an individual works.

### *Assumptions*

The assumptions of this study include the following: 1) Study participants know and understand the terms homosexuality, gay, and lesbian; 2) Study participants acknowledge the existence of homosexuals in the workplace (although not necessarily within their particular area of practice); 3) Study participants will answer demographic and survey elements honestly.

## CHAPTER TWO: LITERATURE REVIEW

The purpose of this study was to examine Registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the workplace. The literature review for this study will explore the relevant literature related to the dependent variable of homophobia and independent variables of the hypotheses of this study, including 1) age; 2) gender; 3) race/ethnicity; 4) education; 5) religious association; 6) belief in the "free choice" model of homosexuality; and 7) interpersonal contact with homosexuals as friends and/or family members and how these variables correlated with overall homophobia and discriminatory beliefs of the sample populations.

Additional studies will be explored that empirically researched the use of the ATLG Scale, workplace nondiscrimination policies, gay/lesbian workplace discrimination, and gay civil rights initiatives. Research on homophobia in nursing is limited; thus, many of the studies in this literature review are from a variety of disciplines. The final section of this literature review examines the implications of the theoretical perspectives of John Rawls and Martha Nussbaum to the discrimination of gays and lesbians in the society and the workplace.

### *Independent Variables*

The independent variables of 1) age; 2) gender; 3) race/ethnicity; 4) education; 5) religious association; 6) belief in the "free choice" model of homosexuality; and 7)

interpersonal contact with homosexuals as friends and/or family members derived for this study were selected from an extensive literature review. One major body of literature is that of Dr. Gregory Herek, a noted psychologist who has extensively studied prejudice against lesbians and gay men (Altschiller, 1999).

### *Age*

Many researchers have studied the association between age and homophobia (Finlay & Walther, 2003; Lewis, 2003; Battle & Lewelle, 2002; Ellis, Kitzinger, & Wilkinson, 2002; Herek, 2002a; Landen & Innala, 2002; Hoffmann & Bakken, 2001; Wilson & Huff, 2001; Herek 2000a; Berkman & Zinberg, 1997; Herek & Capitanio, 1995; Herek & Glunt, 1993). While much research has shown a relationship among age and homophobia, little exists to explain this relationship. The majority of researchers have found a positive correlation among age and homophobia (Finlay & Walther, 2003; Lewis, 2003; Herek 2002a, Landen & Innala, 2002; Herek 2000b). One speculation is that older Americans tend to be less politically and socially tolerant than young Americans (Lewis, 2003).

The aging process itself may not be responsible for the correlation; it is likely that era of socialization plays a more salient role (Lewis, 2003). It is important to highlight that not all data supports this correlation. Younger respondents were

more likely to agree with a statement describing male homosexuals as disgusting and were in opposition to loosening state laws restricting consenting lesbian behavior (Ellis, et. al, 2002). Some data do not support a statistical relationship among age and overall homophobia at all (Herek & Capitano, 1995; Battle & Lemelle, 2002; Ellis, et. al, 2002).

Typically, individuals aged 18-29 have lower ATLG scores (lower homophobia) compared to those 40-49, and 50-59. However, statistical significance exists when looking at overall homophobia of individuals greater than the age of 30 (Hoffmann & Bakken, 2001) while individuals under the age of 44 hold lower levels of homophobia (Landen & Innala, 2002). In conclusion, while there appears to be a positive correlation between homophobia and age, the exact measurement of what age or age group begins to separate from younger ages or age groups in-relation to homophobia is more elusive to delineate. Heterosexism belief, a prescription to engrained heterosexual dominance of society, has also been positively correlated with age (Berkman & Zinberg, 1997).

### *Gender*

A large number of research studies examining overall homophobia of heterosexuals also examined the independent variable of gender. The studies reviewed in this literature

review indicate that males tend to have higher levels of homophobia comparatively to females (Finlay & Walther, 2003; Lewis, 2003; Battle & Lemelle, 2002; Ellis, et. al, 2002; Herek, 2002a, 2002b; Landen & Innala, 2002; Lim, 2002; Scalelli, 2002; Hoffmann & Bakken, 2001; Olivero & Murataya, 2001; Plugge-Foust & Strickland, 2001; Herek, 2000a, 2000b; Herek & Capitanio, 1999; LaMar & Kite, 1998; Smith & Gordon, 1998; Berkman & Zinberg, 1997; Herek & Capitanio, 1995; Herek & Glunt, 1993; Herek, 1988; Douglas, Kalman, & Kalman, 1985).

Research in which females are disproportionately represented in the sample tend to underestimate overall homophobia of the study group (Lewis, 2003). Contrasted with this is the research where males are overrepresented in the study sample; in these studies, overall homophobia of the sample tends to be much greater than those studies in which males are proportionately represented (Olivero & Murataya, 2001). In addition, men are much more insensitive to issues concerning GLB people than women (Walther and Finlay, 2003). ATLG Scale items "I think male homosexuals are disgusting;" "lesbians are sick;" "male homosexuality is a perversion;" and "homosexual behavior is wrong" were significantly more likely to be endorsed by males; males also disagree significantly more than females to the statement "male homosexuality is merely a different kind of lifestyle that should not be condemned" (Ellis, et. al, 2002).

There are differences in male and female attitudes towards gay men and male and female attitudes towards lesbians. Males tend to show higher levels of homophobia toward male homosexuals compared to female homosexuals (Ellis, et. al, 2002; Herek 2002a, 2002b; Lim, 2002). Males show much more homonegativity in their attitudes compared to females (Herek, 2002b). Female attitudes towards lesbians are divided in the literature. One of Herek's (2000b) studies didn't support a correlation between female gender and greater levels of homophobia toward lesbians. LaMar and Kite (1998) however, did find that female respondents were more likely to show more homophobia toward lesbians than gay men. Aggregate data of the studies reviewed also indicate higher overall homophobia scores toward gay men compared to lesbians.

There are several theoretical frameworks used to explain the reason that males harbor more homophobia and homonegativity than females. Attitudinal belief about personal sexuality is one such explanation (Herek, 2002b). There also appears to be a correlation between homophobia and irrationality among males (Plugge-Foust & Strickland, 2001). Women also tend to have significantly more interactions with homosexuals, which might explain the differences (Plugge-Foust & Strickland, 2001).

The theory of shared characteristics is another proposed explanation (Lim, 2002). This asserts that male homosexuals

share more similar characteristics with heterosexual women than men. Thus, women would feel more comfortable around homosexual males than men would. Similarly, the gender belief system theory which supports similarities between gay men and heterosexual women and between lesbians and heterosexual men also is used to explain the difference in homophobia and homonegativity of the genders (LaMar & Kite, 1998).

### *Race/Ethnicity*

An understudied independent variable (Herek, 2000b), race/ethnicity has also been supported as a predictor toward homophobia (Finlay & Walther, 2003; Lewis, 2003; Battle & Lemelle, 2002; Ellis, et. al, 2002; Herek, 2002a, 2002b; Lim, 2002; Hoffmann & Bakken, 2001; Olivero & Murataya, 2001; Plugge-Foust & Strickland, 2001; Herek, 2000a, 2000b; Herek & Capitanio, 1999; LaMar & Kite, 1998; Herek & Capitanio, 1995; Herek, 1988; Douglas, Kalman, & Kalman, 1985). The finding of more homophobia among African Americans and "other" ethnicities is predominant in the literature (Herek, 2002a). Although differences are found among attitudes towards gays and lesbians and overall homophobia of different ethnicities and races, research results can be conflicting. African Americans are much more likely to condemn homosexual relations as "always wrong" and are more likely to believe that AIDS is a punishment sent

from God as a result of living a sinful lifestyle (Lewis, 2003). African Americans are more likely to support the removal of a progay book from their public library and ban a gay public speaker from giving a speech in their community (Lewis, 2003). Other independent variables related to increased homophobia among African Americans have also been identified. African Americans are much more likely to be religious, be less educated, and be of male gender. These are all endogenous variables that have been correlated with increased levels of homophobia, regardless of race (Battle & Lemelle, 2002; Lewis, 2003).

The exact relationships between different ethnicities and different levels of homophobia are difficult to ascertain. Although research indicates African American as being more homophobic than Caucasians, they are much more likely to support laws and regulations that prohibit discrimination against gay men and lesbians in the workplace (Lewis, 2003). In addition, not all data supports the finding that African Americans have more homophobia than Caucasians (Herek & Capitano, 1995). Some data suggest that there isn't a strong racial difference in degrees of homophobia at all (Finlay & Walther, 2003). Samples of Asian individuals in China indicate levels of homophobia that are statistically similar to that of American and western heterosexuals (Lim, 2002). Also consistent in the literature is

that like Caucasians, lower levels of homophobia towards lesbians compared to gay men are found among Black samples (Herek & Capitano, 1999; Herek & Capitano, 1995). This reiterates another commonality between all ethnicities and their overall homophobia.

Non-White respondents are more likely to agree with the ATLG items "lesbians just can't fit into our society;" "male homosexuals are disgusting;" "lesbians are sick;" "male homosexuality is a perversion;" "female homosexuality is a sin;" and "homosexual behavior between two men is just plain wrong" (Ellis, et. al, 2002). Non-Caucasians are also more likely to disagree that "male homosexuality is a natural expression of sexuality among men," that "male homosexuality is merely a different kind of lifestyle which should not be condemned," and that "state laws regulating private, consenting lesbian behavior should be loosened" (Ellis, et. al, 2002)

As stated previously, very little inquiry is devoted to determining the reasoning behind differences in homophobia among different ethnicities (Herek, 2000b). One speculation is that white women have relatively favorable attitudes toward lesbians and gay men in-comparison to black women, thus causing the overall level of homophobia among African Americans to be increased (Herek, 2000b). Herek (2000b) also related other variables to this difference. "Interpersonal contact may be more

influential in shaping the attitudes of Caucasians than African Americans, for example, whereas the belief that homosexuality is a choice may be a more influential predictor of sexual prejudice" (p. 20-21).

### *Education*

Social science researchers have also studied the relationship between education level and homophobia (Lewis, 2003; Battle & Lemelle, 2002; Herek, 2002a; Hoffmann & Bakken, 2001; Herek 2000b; Berkman & Zinberg, 1997; Herek & Capitano, 1995). Research reviewed indicates a negative correlation between education and homophobia (Lewis, 2003; Battle & Lemelle, 2002; Herek, 2002a; Hoffmann & Bakken, 2001; Herek 2000b; Berkman & Zinberg, 1997; Herek & Capitano, 1995). Thus, the more education heterosexuals obtain, the less homophobic they are (Lewis, 2003; Battle & Lemelle, 2002; Ellis, et. al, 2002; Herek, 2002a; Hoffmann & Bakken, 2001; Herek 2000b; Berkman & Zinberg, 1997; Herek & Capitano, 1995). Like ethnicity, however, the exact role education plays in affecting a heterosexual's homophobia is unclear. For example, the year of study among undergraduate heterosexuals doesn't bare statistical significance on homophobia (Ellis, et. al, 2002).

Lower degrees of education have been claimed as an etiologic source for increased homophobia among the African

American community (Lewis, 2003). African Americans are two-thirds less likely than Caucasians to be college graduates. Education appears to positively correlate to a greater acceptance of differences in others, more liberal sexual outlooks, and an increase in the amount of interactions people have with gay men and lesbians; therefore, it is speculated that African Americans should tend to be less accepting of homosexuals (Lewis, 2003).

Scores on the ATLG Scale decrease as respondent educational level increases; thus, education is negatively correlated with homophobia as rated by the ATLG (Herek, 2002a). Attempting to define at exactly what level of education differences in homophobia begins, college education appears to serve as a division point as research indicates that heterosexuals with a college degree hold significantly more favorable attitudes and less prejudice about homosexuals than do those with less education (Herek & Capitano, 1995).

Perhaps education itself isn't significant without educational experiences rich in sexual orientation issues, which has been correlated with lower degrees of homophobia (Hoffmann & Bakken, 2001). However, research on social workers hasn't been able to support this correlation (Berkman & Zinberg, 1997). Clearly, there is much conflicting data that suggests the need

for further research on the correlation between educational experiences and homophobia.

### *Religious Association*

Religious association is another highly studied and sensitive independent variable related to homophobia (Finlay & Walther, 2003; Lewis, 2003; Dennis, 2002; Ellis, et. al, 2002; Herek, 2002a; Hoffmann & Bakken, 2001; Plugge-Foust & Strickland, 2001; Wilson & Huff, 2001; Herek, 2000b; Petersen & Donnerwerth, 1998; Berkman & Zinberg, 1997; Herek & Capitano, 1995; Herek & Glunt, 1993; Herek, 1988; Douglas, et. al, 1985). Most research positively correlates religious association with homophobia (Finlay & Walther, 2003; Lewis, 2003; Dennis, 2002; Ellis, et. al, 2002; Herek, 2002a; Plugge-Foust & Strickland, 2001; Wilson & Huff, 2001; Herek, 2000b; Petersen & Donnerwerth, 1998; Berkman & Zinberg, 1997; Herek & Capitano, 1995; Herek & Glunt, 1993; Herek, 1988). This exploration, however, is multifaceted because of varying denominations, religious sects, frequency of attendance at religious services, and other independent variables which help to determine overall religious association.

In comparing religious association and differences in overall homophobia among Caucasians and African Americans, African Americans are substantially more religious than Caucasians, which increases homophobia among this subset (Lewis,

2003). Religious conservatism and liberalism also plays a significant role; support for gay rights varies by religion, with Jews most accepting and born-again Protestants the most disapproving (Lewis, 2003). Heterosexuals self-identifying with a fundamentalist religious denomination typically manifest higher levels of sexual prejudice than do non-religious and members of liberal denominations (Herek & Glunt, 1993; Herek, 2000b).

This difference in homophobia between conservative and liberal denominations is reflected in the ATLG as well (Herek, 1998). Similarly, research utilizing other measurement scales of homophobia, such as the Homophobia-Scale (H-Scale), also correlates differences in homophobia among religious denominations (Finlay & Walther, 2003). Conservative Protestants have the highest H-scale score, next is moderate Protestants and Catholics. Catholics show scores similar to those of moderate Protestant groups. Liberal Protestants and individuals not-affiliated with a religion have significantly lower homophobia scores (Finlay & Walther, 2003). The least homophobic appears to be individuals who do not self-identify themselves as Christian (Finlay & Walther, 2003).

There is also a positive correlation between support of lesbian and gay human rights and conservative religious sects (Petersen & Donnerwerth, 1998; Ellis, et. al, 2002). Irrational

thought process, as measured by the Differential Loneliness Scale (DLS), also tends to be higher among individuals who are Catholic and Protestant, leading to a theoretical correlation with greater levels of homophobia as measured by the H-Scale in these traditionally-classified conservative denominations (Plugge-Foust & Strickland, 2001).

Intensity of religious feeling, frequency of religious service attendance, frequency of prayer, and importance of religion in participants' lives is also highly correlated with homophobia (Berkman & Zinberg, 1997; Herek, 2000b; Lewis, 2003). Heterosexuals who rate religion as "very important" are more homophobic than those who rate religion as "somewhat/ to not at all important" (Herek, 2002a). Homophobia tends to be greater among social workers who believe that religion is an extremely important aspect of their lives (Berkman & Zinberg, 1997).

Heterosexuals who attend religious services weekly or more often have higher levels of homophobia than those who attended religious services less frequently (Herek & Capitano, 1995; Herek, 2002a). Specific religious beliefs are also associated with homophobia. Individuals who believe in an active Satan have higher levels of homophobia and have significantly greater intolerance towards gay men and lesbians than those who don't believe in an active Satan (Pagel, 1995; Wilson & Huff, 2001)

Although there is a strong religious-associated correlation with homophobia, there does not appear to be a strong correlation between religiosity and gay/lesbian colonization (Dennis, 2002). Thus, regions of the country that have high populations of religious practitioners do not necessarily have smaller populations of gay and lesbian residents (Dennis, 2002). In addition it is important for the purposes of this study to indicate that, although there is a great paucity of data examining homophobia among physicians and nurses, what little data does exist does not support differences in homophobia scores with religious association (Douglas, et. al, 1985).

#### *Belief in the "Free-Choice" Model of Homosexuality*

Controllability of one's sexual orientation, belief in the "free choice" model of homosexuality, and support for psychological versus biological explanations of sexual orientation development have been supported as predictors of homophobia (Herek, 2002b; Landen & Innala, 2002; Sakalli, 2002; Herek, 2000b; Herek & Capitanio, 1995). Individuals who believe that a homosexual orientation results from social learning and/or a conscious choice that remains within one's control statistically have higher levels of homophobia than those who believe that a homosexual orientation results from biological and psychosocial influences (Herek, 2002b; Landen & Innala, 2002; Sakalli, 2002; Herek, 2000b; Herek & Capitanio, 1995).

There are also differences in heterosexual opinions regarding choice of homosexuality of either gay men or lesbians; males and females both considered lesbianism to be more of a choice than male homosexuality (Herek, 2002b). In addition, heterosexuals who believe that homosexuality is not a choice overwhelmingly endorse the idea that it is innate and not determined by environmental factors (Herek, 2002b). People who believe in a biological explanation as the etiology of homosexuality are much less restrictive towards homosexuals; i.e., these individuals are much more accepting and more willing to support protections and human rights for gays and lesbians than those who believe in a psychological explanation (Landen & Innala, 2002). Similarly, the belief that homosexuals can control their homosexuality has also been correlated to high levels of homophobia (Herek & Capitano, 1995).

Some of the data researching the belief in the free-choice model of homosexuality is connected to the body of social science that examines the belief that obese individuals choose their obesity (Crandall & Martinez, 1996; Sakalli, 2002). Comparable to the finding that individuals who believe that obesity is a controllable behavioral trait are more prejudiced towards overweight individuals, individuals who believe that homosexuality is a controllable behavioral trait have more prejudicial attitudes toward gay men and lesbians than those who

think homosexuality is uncontrollable (Herek & Capitano, 1995; Sakalli, 2002).

### *Interpersonal Contact with Gays and Lesbians*

Interpersonal contact with homosexuals through acquaintance, friendship, and familial ties also has been correlated with homophobia (Finlay & Walther, 2003; Lewis, 2003; Herek, 2002a; Landen & Innala, 2002; Hoffmann & Bakken, 2001; Plugge-Foust & Strickland, 2001; Herek 2000b; LaMar & Kite, 1998; Berkman & Zinberg, 1997; Herek & Capitano, 1995; Herek, 1988; Douglas, et. al, 1985). There appears to be a negative correlation between the amount of exposure heterosexuals have to homosexuals as acquaintances, friends, and/or family members and their overall homophobia (Finlay & Walther, 2003; Lewis, 2003; Herek, 2002a; Landen & Inalla, 2002; Hoffmann & Bakken, 2001; Plugge-Foust & Strickland, 2001; Herek 2000b; Berkman & Zinberg, 1997; Herek & Capitano, 1995; Herek & Glunt 1993; Herek, 1988; Douglas, et. al, 1985). Some studies even indicate this as the strongest predictor of a heterosexual's overall homophobia (Herek & Glunt, 1993). The lack of interpersonal contact with homosexuals among the African American community is partly due to lower educational levels, which tends to also be associated with lower amounts of interaction with gays and lesbians (Lewis, 2003). These compounding variables could explain a proposed

increase in homophobia among African Americans (Lewis, 2003). The greater degree of interpersonal contact individuals have with gays and lesbians through friendships or familial ties, the lesser degree of homophobia they possess (Finlay & Walther, 2003).

The number of gay and lesbian friends an individual has is also negatively correlated with homophobia; thus, as an individual has more friends or family members who are gay and/or lesbian, the lower homophobia he or she holds (Herek, 2002a). Heterosexuals who acknowledge having at least one homosexual friend or one homosexual family member have statistically significant lower scores on the Index of Homophobia, and thus, overall lower levels of homophobia (Douglas, et. al, 1985; Hoffmann & Bakken, 2001).

Again correlating rational thought with positive attitudes towards gays and lesbians, heterosexuals with higher rational thought processes rated on the DLS have a statistically greater number of interactions with homosexuals, and thus, have lower levels of homophobia (Plugge-Foust & Strickland, 2001). Level of comfort around gay and lesbian people is also correlated with the amount of positive interactions heterosexuals have previously had with gay and lesbian persons; thus, the more positive interactions one has had with gay men or lesbians, the more comfortable he or she is around gay men and lesbians

(Herek, 2000b). Conversely, heterosexuals who report previously negative interactions with gay men or lesbians are more likely to harbor homophobic beliefs (Herek, 1988).

Males are more likely to rate their prior interactions with gays and lesbians negatively compared to females (LaMar & Kite, 1998). There is also a hierarchical correlation between homophobia and the status of the gay or lesbian person one has interacted with previously (Berkman & Zinberg, 1997). Interactions with peers and superiors have more of a positive impact on homophobia and heterosexism than interactions with people of lower status (Berkman & Zinberg, 1997).

Negative (lower homophobic) scores on the ATLG Scale have also been correlated with the amount of interpersonal contact with gays and lesbians. Heterosexuals who report knowing someone who is gay have significantly lower ATLG scores than those heterosexuals without such contact (Herek & Capitano, 1995).

#### *The Attitudes Toward Lesbians and Gay Men (ATLG) Scale*

The ATLG Scale was developed in 1988 by psychologist Gregory Herek. This section will discuss the development of the scale along with several studies that have been used to establish validity and reliability of the instrument. The scale can be obtained from the *Handbook of Sexually-Related Measures* (Davis, Yarber, Davis, Bauserman, & Scheer, 1998).

The purpose of the scale is to gauge heterosexuals' affective responses to homosexuality, gay men, and lesbians (Davis, et. al, 1998). Items were developed for the ATLG through scrutiny of the public discourse surrounding sexual orientation (Davis, et. al, 1998). Herek (1984, 1987a, 1988, 1994) has completed factor analyses, item analyses, and construct validity studies. Consisting of two subscales (one gauging affective response to statements concerning lesbians and the other to gay men), a total of twenty questions are answered in likert-format, in which respondents rate the degree to which they agree to a given statement. Using paper-and-pencil, it is recommended that either a 4-point or 5-point scale be used with the following labels: 5 = "Strongly Agree;" 4 = "Disagree Somewhat;" 3 = "Neither Agree nor Disagree;" 2 = "Agree Somewhat;" 1 = "Strongly Agree" (Davis, et. al, 1998). The higher the overall score of a respondent, the more homophobia he or she possesses. The ATLG has been shown reliable with *alpha* levels greater than .80 (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1991, 1993). Shorter forms of the ATLG have also shown reliable with *alpha* scores of .70 (Herek, 1994; Herek & Capitanio, 1996).

Using alternate forms, test-retest reliability was demonstrated among a sample questioned and then re-questioned three weeks later (Herek, 1988; 1994). To examine validity, higher scores (indicating greater degrees of homophobia) were

correlated with high religiosity, lack of personal contact with gay men and lesbians, an adherence to traditional sex-role attitudes, belief in a traditional family ideology, and high levels of dogmatism (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1993; Greene & Herek, 1994; Herek & Capitano, 1995, 1996). These higher-scores were also correlated with AIDS-related stigma (Herek, 1995; Herek & Glunt, 1991).

Discriminant validity was supported through two studies completed by Herek in 1988 and 1994. Affiliates with a gay and lesbian organization and supporters of a local gay rights initiative scored significantly lower (at the extreme positive end) on the ATLG while community residents opposing the initiative scored much higher (at the extreme negative end).

### *Nondiscrimination Policies, Workplace Discrimination, and Gay Rights Initiatives*

Although research regarding the discrimination of gays and lesbians within certain professions has been conducted (Cullum, 1993; Crawford, 1999; Crawford, et. al, 1999; Irwin, 2002), there exists a paucity of data regarding affective responses of members within various professions to nondiscrimination policies. Thus, the main concentration of this section pertains to nondiscrimination and gay civil rights initiatives in general.

The passage of nondiscrimination policies in Connecticut occurred as a result of the development of strong interorganizational relationships among progressive allies—individuals who support civil rights issues for gay and lesbian persons (Bonelli & Simmons, 2004). This is one of the most significant factors in passing nondiscrimination policies at the state level. However, overall organizational voice has been found to be lessened as a result of gay and lesbian silence from fear of discrimination within an organization (Bowen & Blackmon, 2003).

Meta-analytical examinations of the literature indicate that a generalized fear or anticipation of discrimination is the major factor in workers hiding a lesbian, gay, or bisexual identity while at work (Croteau, 1996). Similar themes are found within the (1992) qualitative essay authored by lesbian nurse Theresa Stephany. In addition, to discrimination from coworkers, Stephany mentioned anticipatory discrimination from patients as a main determinant of her remaining closeted at work.

And while in some instances, state legislation has been passed to protect gays and lesbians in the workplace, barriers brought forth by aggressive religious organizations can serve to repeal progressive state efforts to protect gays and lesbians in the work setting (Weithoff, 2002). In addition, too few policy efforts protecting human rights are being undertaken politically

(MacDonald, 2001). This can also be concluded by reviewing what little data has qualitatively gauged homophobia and discrimination experiences of gay and lesbian physicians (MacDonald, 2001).

Perhaps surpassing federal and state efforts, nondiscrimination policies in individual places of work can have an effect on a worker's perception of their overall organization and the organization's commitment to individuality and diversity (Irwin, 2002; Sears, 2002). There is an inherent responsibility among employers and unions to protect employees against discrimination of any kind (Irwin, 2002). Employers should take whatever measures necessary to ensure that employees are protected against homophobic harassment and prejudicial treatment. To achieve this, it is supported that employers should create a safe, productive, and inclusive workplace where there are negative reinforcements for perpetrators of homophobic harassment and prejudice (Irwin, 2002). Those places of work without a system of challenging homophobic practices and behaviors among employees are deemed non-inclusive (Irwin, 2002).

Standards set-forth by the National Council for Accreditation of Teacher Education (NCATE) stipulates active institutional practices which reflect an appreciation, knowledge, and experience with populations who are culturally

diverse (Sears, 2002). In addition, NCATE requires institutions to recruit, admit, and retain a student and faculty body that is culturally diverse. Sexual orientation is mentioned in accrediting standards as meeting the "cultural diversity" and "multicultural perspectives" requirements (Sears, 2002).

### *Theoretical Perspectives*

Discrimination and inequality of gays and lesbians in the United States is profuse; and the social movement to end such discriminatory practices has been recognized by many modern theorists researching queer theory (Kirsch, 2000). Queer theory is a new branch of theoretical speculation; it has only been named as a social science area of study since about 1991 (Klages, 1997). Queer theory has a feminist foundation and rejects the notion that sexuality is an essentialist category, something determined by biology or judged by eternal standards of morality and truth (Klages, 1997). The importance of queer theory to this study is its emphasis on social justice and equality principles through the elimination of societal stigma on those individuals who are homosexual (Klages, 1997).

For the theoretical section of this study, the author concentrates on two social justice theories by two social justice theorists: John Rawls' (1971) *A Theory of Justice* and Martha Nussbaum's (2000) *Theory of Human Rights*. While these theories pertain largely to government function and the role of governments in meeting the needs and demands of its populace,

much of the theoretical perspective can be extrapolated in an examination of discrimination (Pendo, 2003).

Nussbaum's theories specifically include gays and lesbians which is of direct theoretical application in this study. Rawls' and Nussbaum's theories are used to help guide the discussion of the study's results and also serve to provide justification for the adoption of nondiscrimination policies inclusive of homosexuals in places of employment for registered nurses. Of particular salience to this study is the relevance of these theories to the social justice principles of equality and fairness.

#### *John Rawls: A Theory of Justice*

Deriving an exact definition for the social justice principles of equality and fairness can be a daunting task. However, for this study, these American social justice principles are defined utilizing the concepts and works of John Rawls, who many social scientists believe is the founder of modern liberalism. Rawls' principles form the foundation of the concepts of equality and fairness as they relate to American society and civil rights (Bleiker, 2002; Lovin, 2002; Miliband, 2003).

Terry L. Anderson (2002) has conducted extensive research on the theoretical perspectives of John Rawls. She believes that Rawls seeks a minimal ethical system sufficient for a well-ordered society. His theory of social justice "presupposes a well-ordered democratic society (ruled by justice) composed of

free and equal individuals" (Anderson, 2002, p. 1). Truly free societies will be pluralistic with a wide range of religious and philosophical views. This creates a paradoxical dilemma of how society can form a basis for justice given no common religious or moral starting point (Anderson, 2002). To accomplish this, Rawls argues that society must collectively negotiate a basis using a fair, rational method based on freedom and equality rather than deriving one from religious or moral postulates (Anderson, 2002).

Rawls' theoretical perspective builds on the concepts of the Social Contract from Kant, Rousseau and Locke (Anderson, 2002). Anderson (2002) argues the differences between Rawls' theory and the principles of utilitarianism and the similarities with universalism:

"While it has some similarities with Bentham's Utilitarianism, it differs in fundamental ways. Utilitarianism argues that one should choose the action that results in the most good to the most individuals. Rawls points out how this can often lead to inequalities in wealth and power and threatens individual liberties and thus violates both of his presuppositions. Rawls' system comes closer to Universalism. Universalism argues that any action is proper if one is prepared to allow anyone else to also take that action (a bit similar to a variation of the Golden Rule: Do unto others as you are willing for them to do to you). Universalism guarantees equality in the sense of equal right to act, but does not necessarily lead to

equality in the opportunity to act. Rather than the Utilitarian Rule, he instead argues instead for a Maximin Rule (also referred to as the Difference Principle): Admitting uncertainty, consider the worst possible outcome of each action and select the action whose worst outcome is better than the worst outcomes of all other actions. By focusing on the worst outcomes rather than the average or most likely outcome of each action, the Maximin Rule tends to reduce the effects of uncertainty, yielding better guarantees and minimizing the harm to the least advantaged" (p. 1-2).

A segment of Rawls' theory of social justice highly relevant to gay and lesbian oppression concerns the original position and the veil of ignorance. The original position is a state of mind an individual places him or herself in through use of the veil of ignorance. The veil of ignorance is applied when an individual removes all the societal labels he or she has received along with any personal traits that he or she may have which can lead to a societal label. "This supposes that each participant represents, not himself or herself, but some unknown segment of society" (Anderson, 2002, p.2). Under the veil of ignorance, individuals are not permitted to know their social positions or "particular comprehensive doctrines of the persons they represent" (Anderson, 2002, p. 2).

The veil implies an individual's ignorance to their race and ethnic group, gender, sexual orientation, social class, intelligence, disability, and other traits (Anderson, 2002).

Under the veil of ignorance, individuals would want all rights to be distributed fairly as they would not know what societal labels they would receive once the veil is removed and therefore, would not want to not be given social rights based on those labels (Anderson, 2002). Thus, if the veil of ignorance was removed and an individual was labeled as gay or lesbian, he or she would wish to have the same rights as those individuals who were not branded with such labels (Anderson, 2002). Rawls asserts that the likely outcome of this process is the creation of a set of principles incorporating justice as fairness (Anderson, 2002).

Many authors and researchers have correlated John Rawls' theories of social justice and distributive justice theory to the modern gay civil rights movement (Schauer & Sinnott-Armstrong, 2003). Perhaps Rawls' most important contribution to the field of social justice theory is his text *A Theory of Justice* (1971). In this publication, Rawls gives what he believes are the foundational characteristics of the social justice principles of fairness and equality. While Rawls never gives a formal definition of the two terms, he does write about the societal implications of justice and fairness and also discusses the obligation of society to ensure everyone possesses both of these principles (Rawls, 1971). Rawls (1971) also mentions governmental responsibility (referred to as institutions of practices) to ensure the meeting of these social justice principles. He asserts that the principles of fairness has two parts, the first states that the institutions of

practices in question must be just; the second characterizes the "requisite voluntary acts" (p. 112).

It is perhaps this first part, the need for just institutions of practices, to which discrimination against gays and lesbians in American society conflicts. Current federal law related to discrimination does not include homosexuals as a protected class; federal laws do not list "sexual orientation" in employment discrimination policy. Furthermore, litigants have been widely unsuccessful in attempting to use federal legislation in support of a claim of employment discrimination based on sexual orientation (Yared, 1997).

The human rights system is constructed with the underpinning that it is the obligation and responsibility of the government to create fair conditions through which human rights laws can be practiced and realized; this provides every individual freedom from human rights violations from the government itself, or by others (Wetzell, 2001). Because of the lack of federally-designed legislation protecting homosexuals in the workplace, some employers have begun instituting such policies in procedural manuals and corporate guidelines. This practice could create fair institutions of practices; although the responsibility of the government serving as the institutions of practices would shift to the company, corporation, or employer, and thus, help to ensure fairness as related to the institutions of practices.

One more aspect of Rawls' theory of social justice is pertinent: the principle of equality. Like fairness, equality

falls into the category of poorly-defined vocabulary in how it relates to the gay civil rights movement as many describe the impact and definition of equality differently. Rawls' *A Theory of Justice* defines equality as those features of human beings in virtue of which they are to be treated (Rawls, 1971). These features are to be treated in accordance with what Rawls believes are the principles of justice (Rawls, 1971).

While some discussion of governmental failure to protect gays and lesbians from harm is in-contrast to Rawls' theory as related to fairness, equality principles and definitional differences of Rawls' theory to current American societal employment practices are also found. Rawls explains three application principle levels of equality. The levels are from most basic to complex, with the third level considering the role of morality (Rawls, 1971). But Rawls (1971) doesn't define moral individuals as those who commit right and wrong, but rather those who have the potential to develop a "moral personality" and that it is these individuals who deserve the "equality of justice" (p. 506). Rawls clearly states "there is no race or recognized group of human beings that lacks this attribute" (Rawls. 1971, p. 506).

He later continues that "It is sometimes thought that basic rights and liberties should vary with capacity, but justice as fairness denies this: provided the minimum for moral personality is satisfied, a person is owed all the guarantees of justice" (p. 507). Thus, when applying Rawls' theory to practice, one can state that gays and lesbians belong to a recognized group of

human beings and no identified group lacks the attributes required to develop a moral personality. Therefore, gays and lesbians are entitled to the guarantees of justice; the equality rights afforded to heterosexuals must also be afforded to homosexuals.

Applying the justice principles of Rawls' theoretical perspective even further, one could presume that workplaces could only be considered "just" when the same rights guaranteed to heterosexual employees are also guaranteed to homosexual employees. Employing a nondiscrimination policy inclusive of gays and lesbians may help to level the opportunity of injustice by ensuring that sexual orientation cannot be a deciding factor in practices related to hiring, firing, or promotion within the organization. Rawls' theory is pertinent to this study because it provides justification and validity to affording rights to individuals who are traditionally oppressed in American society. Thus, his work helps to guide the rationalization for the use of nondiscrimination policies inclusive of gays and lesbians in the workplace in the study discussion.

### *Martha Nussbaum's Theory of Human Rights*

Like Rawls, Martha Nussbaum developed a theory of social justice and human rights. Nussbaum's theory, while certainly feminist in foundation, addresses the rights of gays, lesbians, and bisexuals. In her work, Nussbaum proposes 6 rights that should be afforded to lesbians and gays:

1. The right to be protected against violence;

2. The right to have consensual adult sexual relations without criminal penalty;
3. The right to be free from discrimination in housing, employment, and education, with an exception for religious organizations only;
4. The right to military service;
5. The right to marriage and/or the legal and social benefits of marriage;
6. The right to retain custody of children and/or to adopt (Talbot, 2003).

The third right Nussbaum proposes, the right to be free from discrimination in housing, employment, and education, with an exception for religious organizations only, directly reflects the main purpose of a nondiscrimination policy in the workplace. Nondiscrimination policies in the workplace serve several functions. Table 1 presents positive attributes of nondiscrimination policies cited by the Funders for Gay and Lesbian Issues (2000):

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Table 1: *Positive Attributes of Nondiscrimination Policies in the Workplace* (Fundurs for Gay and Lesbian Issues, 2000)

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- Inclusive policies enhance the employer's ability to attract talented, diverse staff. Benefits are a key component of employee compensation, often accounting for up to 40 percent of the compensation package. Employers offering domestic partner policies can attract talented applicants from less inclusive competitors.
  - These policies can increase morale of all current staff and enhance recruiting by sending an important message that your workplace is a supportive environment valuing all employees.
  - Such policies are good public relations - they demonstrate your workplace's commitment to equality and can enhance your public image.
  - Protection from discrimination may reduce staff turnover and increase productivity.
  - Legislation proscribing sexual orientation-based discrimination does not cover all Americans. To date, only 11 U.S. states and 147 cities and counties have laws on the books protecting lesbian, gay and bisexual people from discrimination in private employment.
- 

Like many feminist theorists, Nussbaum supports the concept of women as persons (Garrett, 2002). And like Rawls, her theory attempts to explain the concepts of equality and fairness as social desert for all. Her theory is similar to Rawls in that she believes namely, that all human beings, just by being human, are of equal dignity and worth. No matter what their place in society, the primary source of their value is a power of moral

choice within them, a power that consists of the ability of an individual to plan his or her life in accordance with his or her own evaluation of ends (Nussbaum, 1999). She believes that these are the essential components to liberal political thought (Nussbaum, 1999).

In her theory, Nussbaum discusses equality in a similar fashion to Rawls. She asserts that the moral equality of individuals gives them a fair claim to certain means of treatment by society and politics (Nussbaum, 1999). She claims that this treatment must accomplish two objectives: 1) respect and promote the liberty of choice, and 2) respect and promote the equal worth of persons as choosers (Nussbaum, 1999). At the core of Nussbaum's theory on human rights are what she terms the basic capabilities (Table 2), which are based on Amartya Sen's substantial freedoms (Garrett, 2002). These are basic human rights that Nussbaum believes everyone is entitled to.

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Table 2: *The Basic Capabilities from Martha Nussbaum's Theory of Human Rights* (Garrett, 2002):

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1. Life: Being able to live to the end of a human life of normal length;
2. Bodily health and integrity;
3. Bodily integrity: Being able to move freely from place to place; being able to be secure against violent

- assault, including sexual assault;
4. Senses, imagination, thought: Being able to use the senses; being able to imagine, to think, and to reason; being able to use one's mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech and freedom of religious exercise; being able to have pleasurable experiences and to avoid nonbeneficial pain;
  5. Emotions: Being able to have attachments to things and persons outside ourselves; being able to love those who love and care for us... not having one's emotional developing blighted by fear or anxiety;
  6. Practical reason: Being able to form a conception of the good and to engage in critical reflection about the planning of one's own life.
  7. Affiliation: Being able to live for and in relation to others, to recognize and show concern for other human beings, to engage in various forms of social interaction; being able to imagine the situation of another and to have compassion for that situation; having the capability for both justice and friendship.... Being able to be treated as a dignified being whose worth is equal to that of others.
  8. Other species: Being able to live with concern for and in relation to animals, plants, and the world of nature.
  9. Play: Being able to laugh, to play, to enjoy

recreational activities.

10. Control over one's environment: (A) Political: being able to participate effectively in political choices that govern one's life; having the rights of political participation, free speech and freedom of association... (B) Material: being able to hold property (both land and movable goods); having the right to seek employment on an equal basis with others (Garrett, 2002).

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Again, by examining Nussbaum's basic capabilities, it is apparent that employment rights are a major component of her social justice theory. Nussbaum claims, as her tenth capability, control over one's environment. This capability is divided into two sections (political and material). One of the material considerations of Nussbaum is the right of employment on an equal basis with others (Garrett, 2002). Nondiscrimination policies in the workplace help to ensure equality in hiring practices and help organizations maximize the pool of their potential employees (Funders for Gay and Lesbian Issues, 2000). By encompassing the rights of gays and lesbians into her theory of human rights, Nussbaum argues in support of homosexuals' civil liberties, rights, and equalities. Her capabilities provide a foundation for thought on the humanistic

characteristics basic human rights afford to all individuals,  
not just gays and lesbians.

### CHAPTER THREE: METHODOLOGY

The purpose of this study was to examine registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the workplace.

#### *Sample*

A randomized stratified sample of registered nurses licensed in the State of Florida was selected. Using the electronic database of registered nurses through the State of Florida Department of Health Board of Nursing, potential participants were selected by selecting every third name in the database under each letter of the alphabet until 20 names were selected per letter yielding a total of 520 potential subjects. Only individuals with mailing addresses within the United States were included. If an individual living outside the United States was selected, the very next name in the database was selected; every third name was then selected using the newly selected individual as a starting point. In alphabet letters where the sample of 20 couldn't be arrived at by selecting every third registered nurse, the deficient amount was made-up by sampling every third name from the end of the alphabet forward. Of the 520 study packets mailed to the sample, forty (40) were returned as undeliverable, lowering the potential sample to 480. One-hundred sixty-five (34%) of the 480 surveys were returned and included in the analyses.

### *Instruments*

One instrument was used in this study, the Attitudes Toward Lesbian and Gay Men (ATLG) Scale developed by Gregory Herek (1984, 1987a, 1987b, 1988, 1994). This 20-question survey instrument is designed as a 5-point likert scale on which respondents rate their attitude regarding a specific statement about homosexual men or women. The scale consists of two subscales: the Attitudes Toward Lesbian (ATL) Scale and the Attitudes Toward Gay Men (ATG) Scale. Combined as the ATLG, this tool measures heterosexuals' attitudes toward homosexuals.

Scoring is evaluated by summing numerical values (1 = *strongly disagree*, 5 = *strongly agree*) across items for each subscale. Reverse scoring is used for some items; reverse scoring is corrected in the statistical analyses. The possible range of scores varies depending on the response of study participants. With the 5-point response scale used in this inquiry, total scale scores can range from 20 (extremely positive attitudes) to 100 (extremely negative attitudes), with ATL and ATG subscale scores each ranging from 10 to 50.

In addition to the ATLG, a demographic data collection sheet to gather information about the participants' age, gender, race/ethnicity, education level, belief in the "free choice" model of homosexuality, exposure to homosexuals through friends and/or family associations, and attitudes towards workplace nondiscrimination policies protective of gays and lesbians was used. To gauge religious association, the participant selected

from the options of 1) conservative; 2) moderate; or 3) liberal in addition to selecting their religion as Christian, Jewish, Muslim, non-religious, and other along with frequency of church attendance as 1) weekly; 2) monthly; 3) every few months; 4) one to two times per year; or 5) never.

Belief in the "free choice" model of homosexuality was determined through a 5-point likert response to two opposing statements regarding the etiologic beliefs of homosexuality. Participants circled "yes" or "no" in response to the statement "I have at least one friend or relative who is a gay man or lesbian" to establish interpersonal contact with gays and lesbians through family and friends. Attitudes toward the protection of gays and lesbians in the workplace were determined by evaluating responses to two opposing statements about workplace nondiscrimination policies, which were scored employing the same 5-point likert scale used on the ATLG and data collection sheets (see Appendix C on page 144 for the actual survey instrument).

### *Data Collection*

Research proposals were submitted for approval to the Institutional Review Board (IRB) at the University of Central Florida (UCF). To collect data in a random fashion, a mathematical approach was used to obtain the sample. To stratify, every third listed Registered nurse under each letter of the alphabet was used until each letter had a total of 20 possible participants. Using 20 per letter, a total of 520 RNs

were mailed a study packet. Forty (40) were returned as undeliverable and 165 of the remaining 480 (34%) were included in the study.

The study packet included directions for completing the study, a 2 page questionnaire (including the demographic data collection sheet and the ATLG Scale), and a postage paid envelope for return of the survey. As explained in the directions included in the study packet, completion and return of the survey indicates informed consent for participation. The survey instrument was specifically designed to assess attitudes toward gays and lesbians among heterosexuals (Herek, 1984, 1987a, 1987b, 1988, 1994). Although disclosure of a homosexual or bisexual orientation was exclusionary for the study, the data analysis indicated this was a non-significant variable. This variable was eventually removed from the structural equation model used for this study.

The respondents' identities were kept anonymous; no identifiers were used during the data collection or analyses. Participants could choose to withdraw from the study at any time; returned surveys were indicative of informed consent. Individual raw data were read only by the researcher. Confidentiality was maintained by locking the questionnaires in a research office.

#### *Treatment of the Data*

Data were analyzed through the use of descriptive, correlational, and comparative statistics. Descriptive

statistics were used for an examination of aggregate sample data; measures of central tendency were utilized to report trends in the data while frequency distributions indicated the dispersion of responses.

To determine relationships among independent and dependent variables and to answer the research questions, *T*-tests, one-way analysis of variance (ANOVA) structural equation modeling, (SEM) and linear regression (also referred to as Ordinary Least Squares or OLS) were used. OLS allows for a comparison between variables and also controls for error terms in multiple regression analyses (O'Halloran, 2003). Confirmatory factor analysis was used to support the internal consistency of the ATLG Scale.

## CHAPTER FOUR: RESULTS

### *Introduction*

The purpose of this study was to examine registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the workplace. The dependent variable of this study is the homophobia scores as measured by the ATLG. The independent variables are 1) gender; 2) age; 3) race/ethnicity; 4) education level; 5) religious association; 6) belief in the "free choice" model of homosexuality; 7) interpersonal contact with homosexuals as friends and/or family members; and 8) support or non-support of a workplace nondiscrimination policy that protects gay men and lesbians. The findings will increase knowledge pertaining to social justice and discrimination issues encountered by homosexuals and will also serve to validate the use of antidiscrimination policies that protect gay men and lesbians in the workplace of RNs.

The organizing frameworks guiding the research are John Rawls' Theory of Social Justice and Martha Nussbaum's Theory of Human Rights. Measures of central tendency were used to describe the demographic composition and trends of the sample. Confirmatory factor analysis (CFA) was used to validate the ATLG scale in gauging overall homophobia of the sample. T-tests and one-way analysis of variance (ANOVA) was used to test the first hypothesis, and, structural equation modeling (SEM) and linear regression were used to assess the remaining hypotheses. All data analyses were performed with the use of the Statistical

Program for the Social Sciences® (SPSS®) version 13.0. CFA and SEM were conducted with the use of AMOS® version 5.

*Demographics*

Five hundred twenty registered nurses within Florida were selected using a stratified systematic sampling method and mailed a study packet. Forty of the 520 were returned as undeliverable bringing the potential sample to 480. One hundred sixty-five (34%) were returned and included in the analyses. Table 3 illustrates the demographic distribution of the sample. The typical respondent was a Caucasian heterosexual female, between the ages of 40-49 years, with an Associate Degree in Nursing. With regard to religiosity, the majority were moderate Christian who attend church weekly.

Seventy-three percent of participants have at least one friend or family member who is a gay man or lesbian and 62% indicated they would support a nondiscrimination policy in their workplace that protects gay men and lesbians.

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Table 3: *Frequencies of Demographic Responses (n=165\*)*

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<u>Gender</u>	<u>Variable</u>	<u>Sample Composite</u>
	<u>Male</u>	11 (7%)
	<u>Female</u>	152 (92%)

Age

<u>20-29</u>	13 (8%)
<u>30-39</u>	28 (17%)
<u>40-49</u>	55 (33%)
<u>50-59</u>	40 (24%)
<u>&gt;60</u>	26 (16%)

Race

<u>Caucasian</u>	131 (79%)
<u>African American</u>	8 (4.8%)
<u>Hispanic</u>	5 (3%)
<u>Asian</u>	16 (10%)
<u>Other</u>	3 (2%)

Education

<u>Diploma</u>	17 (10%)
<u>Associate</u>	64 (39%)
<u>BSN</u>	57 (35%)
<u>MSN</u>	21 (13%)
<u>Doctorate</u>	3 (2%)

Sexual Orientation

<u>Heterosexual</u>	156 (95%)
<u>Homosexual</u>	3 (2%)
<u>Bisexual</u>	3 (2%)

Religion

<u>Christian</u>	137 (83%)
<u>Jewish</u>	8 (5%)
<u>Muslim</u>	1 (.6%)
<u>Non-religious</u>	13 (8%)
<u>Other</u>	4 (2%)

Ideology

<u>Conservative</u>	37 (22%)
<u>Moderate</u>	76 (44%)
<u>Liberal</u>	44 (27%)

Church Frequency

<u>Weekly</u>	66 (40%)
<u>Monthly</u>	18 (11%)
<u>Every Few Months</u>	20 (12%)
<u>1-2/yr</u>	30 (18%)
<u>0</u>	27 (16%)

Interpersonal Contact

<u>Yes</u>	120 (73%)
<u>No</u>	41 (25%)

Choice

<u>1 (Strongly Disagree)</u>	57 (35%)
<u>2 (Disagree Somewhat)</u>	28 (17%)
<u>3 (Neither)</u>	24 (15%)
<u>4 (Agree Somewhat)</u>	26 (16%)
<u>5 (Strongly Agree)</u>	26 (16%)

Not Choice

<u>1 (Strongly Disagree)</u>	15 (9%)
<u>2 (Disagree Somewhat)</u>	13 (8%)
<u>3 (Neither)</u>	20 (12%)
<u>4 (Agree Somewhat)</u>	44 (27%)
<u>5 (Strongly Agree)</u>	71 (43%)

Support

<u>1 (Strongly Disagree)</u>	13 (8%)
<u>2 (Disagree Somewhat)</u>	6 (4%)
<u>3 (Neither)</u>	14 (9%)
<u>4 (Agree Somewhat)</u>	26 (16%)
<u>5 (Strongly Agree)</u>	103 (62%)

Not Support

<u>1 (Strongly Disagree)</u>	105 (64%)
<u>2 (Disagree Somewhat)</u>	16 (10%)
<u>3 (Neither)</u>	16 (10%)
<u>4 (Agree Somewhat)</u>	9 (6%)
<u>5 (Strongly Agree)</u>	14 (9%)

\*- Due to missing data, not all variable categories sum to 165.

---

*Validation of the ATLG Scale*

According to Herek (1984, 1987a, 1987b, 1988, 1994), scoring of the ATLG Scale is accomplished by adding together the response for each item on the ATLG Scale. In this study, a scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used, indicating a possible response of 20 (lowest level of

homophobia) to 100 (highest level of homophobia). The ATLG scores of the sample participating in this study ranged from 20 to 100. Seventy-eight percent of respondents had an overall ATLG score of 60 (mid-range) or less while the remainder (22%) had scores greater than 60.

Validation of the research instrument used in this study was completed with the use of confirmatory factor analysis (CFA—Figure 1). Specifically, the standardized regression weights of each of the 20 items of the ATLG were correlated with the overall construct of homophobia. Analysis of the regression of the indices indicated that 16 of the 20 items are statistically significant. All but four of the indices had a factor loading value  $\geq .71$  at  $p = .05$ .

Thus, the regression values indicate that the influence of these indices on the construct is relevant. The only ATLG items with a regression weight  $\leq .71$  were item numbers 1, 2, 4, 13, and 17. In addition to analysis of the regression weights, each item's critical ratio (CR) value was also analyzed to support validity. According to Garson (2005), in random sample variables with standard normal distributions, estimates with critical ratios more than 1.96 are significant at the .05 level. Each item on the ATLG was significant in the overall model, with critical ratio values  $>1.96$ . The Cronbach's alpha for the ATLG Scale was .77; validity for an instrument is supported with a Cronbach's alpha score  $\geq .7$  (Garson, 2005). Thus, the validity of the ATLG for this study was also supported by the Cronbach's alpha value.

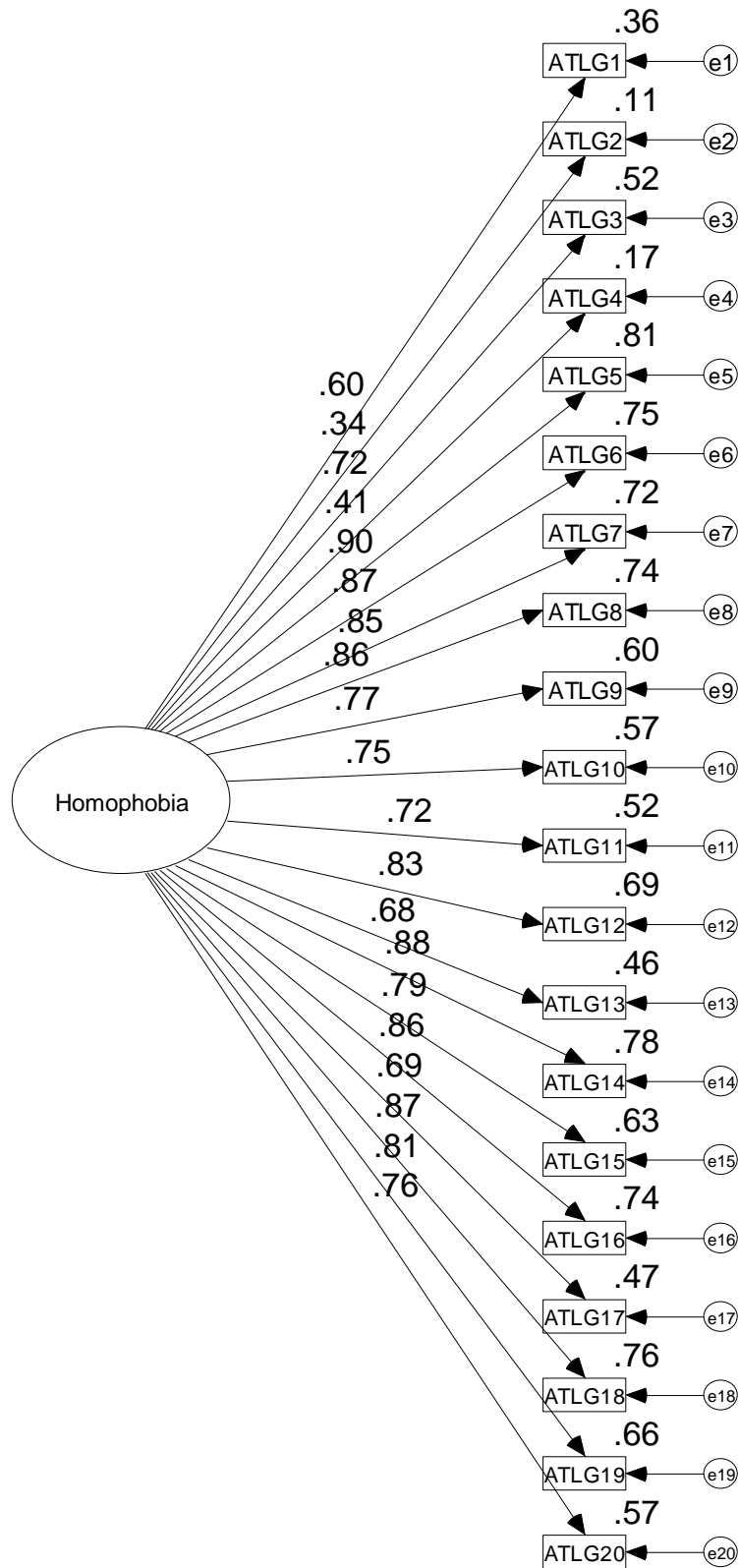


Figure 1: *ATLG Confirmatory Factor Analysis*

### *Research Questions and Hypotheses*

The research hypotheses of this study predicted the following:

1. There will be a difference in the level of homophobia related to gender, age, race/ethnicity, and education.
2. There will be a positive correlation between religious association and homophobia.
3. There will be a positive correlation between belief in the "free choice" model of homosexuality and homophobia.
4. There will be a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia.
5. There will be a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia.

### *Hypothesis 1*

Hypothesis 1 predicted that there would be a difference in the level of homophobia related to gender, age, race/ethnicity, and education (Table 4). *T*-tests were analyzed to examine the differences in mean ATLG scores between males ( $M = 11.9$ ,  $SD = .6.5$ ) and females ( $M = 11.9$ ,  $SD = 8.1$ ), which were not statistically significant ( $t(165) = 1.8$ ,  $p \geq .05$ ).

One-way ANOVA indicated a statistically significant difference ( $F(5, 157) = 5.3$ ,  $p \leq .05$ ) between mean ATLG scores between the various age groups of the sample. Individuals within the age range of 20-29 had the lowest mean ATLG score at 36;

individuals aged 30-39 had the highest mean ATLG score at 55; individuals aged 40-49 had a mean ATLG of 37; individuals aged 50-59 had a mean ATLG of 50; finally, individuals who reported their age as greater than 60 had a mean ATLG of 43. Tukey's post-hoc analysis indicated statistically significant ( $p \leq .05$ ) differences between the age groups 20-29 and 30-39 and 30-39 and 40-49.

Statistically significant differences ( $F(5, 158) = 3.4, p \leq .05$ ) were also found in the mean ATLG score of the sample's various ethnicities. Of individuals identifying their race/ethnicity, Caucasians scored lowest on the ATLG at 42; African Americans highest at 61. Hispanics and Asians had a mean ATLG score of 52 and 54 respectively. Finally, those individuals who indicated their race/ethnicity as "other" had a mean ATLG of 26. Tukey's post-hoc analysis indicated that individual differences in the mean ATLG scores between the ethnicities were not statistically significant ( $p \geq .05$ ).

Differences in mean ATLG scores between the different levels of education in the sample were not statistically significant ( $F(6, 156) = 1.7, p \geq .05$ ) Nurses who indicated an education at the diploma level had a mean ATLG score of 46 while nurses with an associate degree had a mean ATLG score of 42. Nurses who indicated the highest level of education as the Bachelor of Science in Nursing (BSN) had a mean ATLG of 48. Nurses with a Master of Science in Nursing (MSN) had a mean ATLG of 37 while the 3 nurses educated at the doctoral level had the highest mean ATLG score of 60.

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Table 4: Mean Differences in ATLG Scores (Hypothesis 1)

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<u>Variable</u>	<u>ATLG Scores</u>
<u>Gender</u>	
<u>Male</u>	55
<u>Female</u>	43
<u>Age*</u>	
<u>20-29</u>	36**
<u>30-39</u>	55**
<u>40-49</u>	37**
<u>50-59</u>	50
<u>&gt;60</u>	43
<u>Race*</u>	
<u>Caucasian</u>	42**
<u>African American</u>	61**
<u>Hispanic</u>	52**
<u>Asian</u>	54
<u>Other</u>	26
<u>Education</u>	
<u>Diploma</u>	46
<u>Associate</u>	42
<u>BSN</u>	48
<u>MSN</u>	37
<u>Doctorate</u>	60

\*- Statistically significant at  $p \leq .05$

\*\* - Tukey's post-hoc analysis significant at  $p \leq .05$

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### *Hypotheses 2, 3, 4, and 5*

To test hypotheses 2, 3, 4, and 5, structural equation modeling (SEM) was used. Findings for hypotheses 2, 3, 4, and 5 are presented in Table 5. The independent variables of the study (including gender, age, race/ethnicity, educational level, sexual orientation, religion, liberal, moderate, or conservative religious ideology, frequency of church attendance, personal acquaintance with a friend or family member who is a gay man or lesbian, belief in the "free-choice" model of homosexuality, and support or non-support of a nondiscrimination policy protective of gay men and lesbians in the workplace) were placed on the left side of the model and were correlated with the latent construct of homophobia, which was then correlated with the 20-item ATLG scale.

Next, using a critical ratio (CR) significance level of  $> 1.96$ , each independent variable was assessed for statistical significance. Figure 2 is the original model including all of the independent variables correlated to homophobia in this study. The overall goodness of fit for this original model was also assessed in order to obtain the lowest chi-square value and most effective measurement model. Analysis of the overall SEM is found in the conclusion of this chapter.



### *Hypothesis 2*

Hypothesis 2 predicted there would be a positive correlation between religious association and homophobia. To derive the overall influence of religious association on homophobia, the researcher analyzed three independent variables: religion, religious ideology, and frequency of church attendance. The critical ratio (CR) value of  $> 1.96$  was used to indicate a statistically significant correlation between the independent variables and homophobia. Religion did not correlate significantly with homophobia with a CR value of  $-.96$ . Religious ideology also did not correlate with homophobia with a CR value of  $-.68$ . Lastly, frequency of church attendance, did not have a statistically significant correlation with homophobia with a CR value of  $-1.14$ .

This negative value, although statistically insignificant, does suggest a positive relationship between increasing church attendance and higher levels of homophobia. Thus, the hypothesis that religion, religious ideology, and frequency of church attendance (religious association) would be positively correlated with homophobia is rejected and not supported.

### *Hypothesis 3*

Hypothesis 3 predicted a positive correlation between belief in the "free choice" model of homosexuality and homophobia. To measure this variable, respondents were asked to gauge the degree to which he or she agreed or disagreed with two statements: 1) "Gay men and lesbians consciously choose their

homosexuality and practice a lifestyle conducive to that choice;" and 2) "Gay men and lesbians do not choose homosexuality as a lifestyle; biological and psychosocial influences shape human sexuality."

To suggest overall correlation between this independent variable, the researcher analyzed the data using a critical ratio (CR) score of  $> 1.96$  to indicate statistical significance. The CR value for the first question, "Gay men and lesbians consciously choose their homosexuality and practice a lifestyle conducive to that choice" was 5.9, which was the highest CR score of all the variables in the structural equation model. The CR value of the second question, "Gay men and lesbians do not choose homosexuality as a lifestyle; biological and psychosocial influences shape human sexuality" equaled -1.2, which was statistically insignificant. As the strongest correlate of all the independent variables, belief in the free-choice model of homosexuality was strongly correlated with homophobia. Thus, hypothesis three is accepted.

#### *Hypothesis 4*

Hypothesis 4 postulated a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia. Respondents answered "yes" or "no" to the question "I have at least one friend or family member who is a gay man or lesbian." This variable was included in the structural equation model and analyzed the critical ratio (CR) value using  $> 1.96$  to support statistical significance. The

CR value for this independent variable was 3.6, indicating a strong correlation between lack of interpersonal contact with gay men and/or lesbians with homophobia. Thus, hypothesis four is supported in the SEM.

#### *Hypothesis 5*

Hypothesis 5 proposed a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia. To assess this hypothesis, respondents were asked to gauge the degree to which they agreed or disagreed with the statements "I would support a nondiscrimination policy in my workplace that protects gay men and lesbians" and "I would not support a nondiscrimination policy in my workplace that protects gay men and lesbians." Next, the researcher included the answers to both of these as independent variables in the SEM and analyzed the critical ratio (CR) value using  $> 1.96$  to indicate statistical significance.

Support of the nondiscrimination policy was negatively correlated with homophobia with a CR value of -4.1. Thus, it can be suggested that those who indicated they would support such a policy were less homophobic than those who indicated they would not support such a policy. In addition, the second question had a positive correlation CR value of 3.3, suggesting a positive correlation between non-support of a nondiscrimination policy and overall homophobia. Thus, the final hypothesis is accepted as the data analysis supported a negative correlation between support of the nondiscrimination policy and homophobia.

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Table 5: *Data Analyses for Hypotheses 2, 3, 4, and 5*

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<u>Hypothesis</u>	<u>Variables</u>	<u>CR Value</u>
2	Religion	.96
	Ideology	-.68
	Frequency	-1.32
3	Free-Choice	5.91
4	Interpersonal Contact	3.61
5	Support	-4.01
	Not-Support	3.23

---

The final analysis for this chapter is the overall goodness of fit for the structural equation model (SEM) used by the researcher to correlate the independent variables with homophobia and correlate the ATLG scale with overall homophobia (Table 6). Confirmatory factor analysis was used to demonstrate each item on the ATLG as a significant input variable, and thus validate the use of the ATLG Scale to gauge the overall homophobia of the sample. To assess the overall goodness of fit of the SEM, several values including the model's chi-square, probability, comparative fit index, Tucker-Lewis index, root mean squared error of approximation, CMIN/degrees of freedom, and squared multiple correlations ( $R^2$ ) were analyzed.

---

Table 6: *Goodness of Fit of Original Measurement Model*

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<u>Measurement</u>	<u>Value</u>
Chi-Square	1162
Probability	0.000
Comparative Fit Index	.80
Tucker-Lewis Index	.77
Root Mean Squared Error of Approximation	0.91
CMIN/(Degrees of Freedom)	2.35
Squared Multiple Correlations	.52

---

Analysis of the goodness of fit values yielded the following results. To indicate a statistically significant fit model, a value of  $>.90$  was used for the comparative fit index and Tucker-Lewis index analyses. Both of these values were below  $.90$ ; thus, the current model is deemed weak in fitness. The chi-square value of 1162 is considerably high; the CMIN/(degrees of freedom), also referred to as normal chi-square or relative chi-square, value of 2.35 is  $<3$ , which indicates a strong goodness of fit for the model (Garson, 2005). Using a goodness of fit reference of  $<.05-.06$ , the root mean squared error of approximation value for this model of  $.91$  is deemed high; therefore, goodness of fit is not supported.

For the next and final step in the analysis of the SEM, the structural equation model (Figure 3) was reconfigured by eliminating all independent variables deemed statistically insignificant (with a critical ratio value  $<1.96$ ). These

variables included gender, education, sexual orientation, religion, religious ideology, frequency of church attendance, disbelief in the "free choice" model of homosexuality, and race/ethnicity.

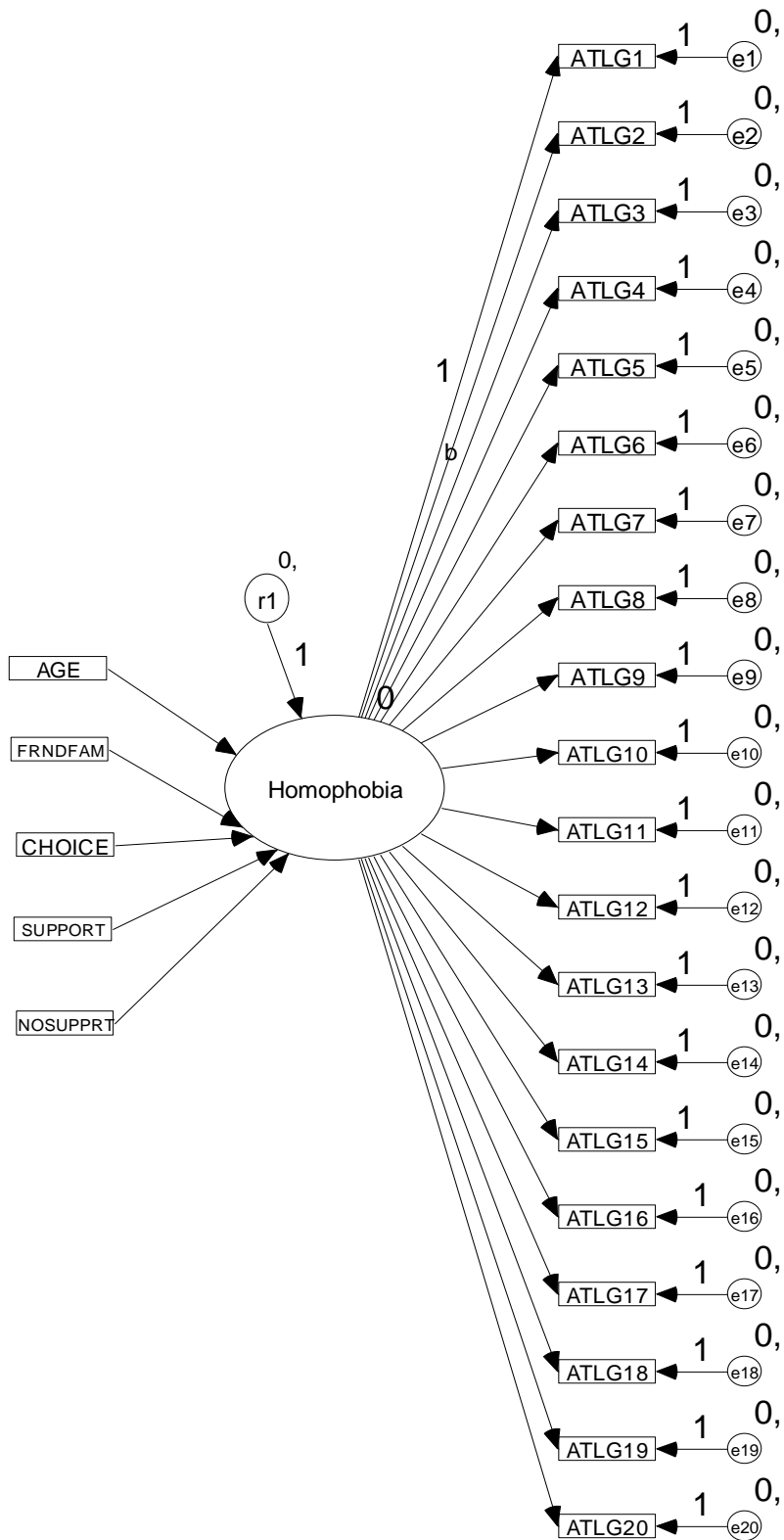


Figure 3: *Reconfigured Structural Equation Model*

Comparing the goodness of fit between the original and reconfigured model (Table 7), the same goodness of fit values analyzed in the original model including chi-square, probability, comparative fit index, Tucker-Lewis index, root mean squared error of approximation (RMSEA), CMIN/ (degrees of freedom), and squared multiple correlations ( $R^2$ ) were assessed.

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Table 7: *Comparison: Goodness of Fit of Original and Reconfigured SEM*

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<u>Measurement</u>	<u>Original Model</u>	<u>Reconfigured Model</u>
Chi-Square	1162	635
Probability	0.000	0.000
Comparative Fit Index	.80	.88
Tucker-Lewis Index	.77	.86
RMSEA	0.91	.89
CMIN/ (Degrees of Freedom)	2.35	2.30
Squared Multiple Correlations	.52	.55

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The overall chi-square for the model significantly decreased from 1162 to 635, indicating a strengthening of the goodness of fit. The comparative fit index increased significantly from .80 to .88 while the Tucker-Lewis Index also significantly increased from .77 to .86, both indicating an increase in the goodness of fit with the reconfigured model. The root mean squared error of approximation dropped .2 from .91 to .89. CMIN/ (degrees of

freedom) decreased from 2.35 to 2.30, indicating an overall better goodness of fit of the reconfigured model compared to the original model. The squared multiple correlations value also increased slightly from .52 to .55, indicating a strengthening of the model's measurement of the construct.

In summary, the goodness of fit measurements significantly improved after reconfiguration of the structural equation model to include only those variables which were statistically significant predictors of homophobia (age, interpersonal contact with gay men and lesbians as friends/family, belief in the "free choice" model of homosexuality, and support or non-support of a workplace nondiscrimination policy protective of gay men and lesbians). However, it must be stressed that models with many exogenous (independent) variables (such as the original model used in this study) are many times deemed unfit and elimination of insignificant variables reduces the overall number of variables in the SEM, thus, improving overall goodness of fit (Garson, 2005).

### *Serendipitous Findings*

The research design employed in this study was purely quantitative. However, some qualitative trends in the analyses were observed due to free responses provided by some of the nurses within the sample (although the survey instrument has no questions requesting a free response from the participants). Of the 165 surveys included in this study, 16 had personalized comments hand-written by the participant on the survey

instrument (one nurse wrote on the cover letter sent with the survey and another sent a detailed letter expressing her reflections). Six (6) of the responses could be interpreted as gay-affirming while 7 of the responses were homonegative; the researcher had difficulty classifying 3 of the responses as gay-affirming or homonegative. In this overview, free-response writings are reproduced exactly as they appeared (complete with grammatical and spelling errors) in the returned documents.

The responses deemed gay-affirming largely condemned discrimination based on sexual orientation. One participant wrote a 1-page letter describing the differences in attitudes towards homosexuals in her native United Kingdom with those of Florida and how she found the "culture here utterly sick!" One respondent wrote, "Florida is a very backwards state! I'm from the tri-state area + [sic] was extremely shocked of some things I have learned down here! [sic] (with regards to homosexuality, labor laws [sic] + rights) people are people! Another participant commented, "I currently work very closely with 2 lesbian nurses [sic] have supported their choice to have children. As a F.O.D. employee, I believe they are protected [sic] But [sic] DO NOT Have the same benefits. [sic] Which I believe is discriminatory."

The final gay-affirmative commentary related to discrimination in the workplace claimed, "Your private/personal feelings should not interfere with your work [sic] you can be a good care taker if it is in your heart! [sic] Not because of what you are [sic] usually Christians would tell you that [sic]

gay/lesbian is not correct, but I have no objections to this. If that is what you are or want to practice as long as it does not interfere with the ability [sic] + quality of [sic] pt care rendered [sic] If you are homosexual in your privacy I think it is OK, but when you express this in public, even though a person is entitled to their actions [sic] + feelings, I believe this somewhat confuses our youth/children [sic] + is not."

Adoption was also a somewhat gay-affirmative theme. One respondent commented, [sic] "Adoption issue so few babies → only reason again gay adoption—great if would consider non-infant adoptions;" another respondent wrote, "I know of 2 successful situations" next to ATLG item 11 ("Male homosexuals should be allowed to adopt children the same as heterosexuals"). Two (2) of the members of the sample also wrote commentary next to ATLG item 17 ("I would not be too upset if I learned my son were a homosexual"). These responses not declared by the researcher as gay-affirmative or homonegative included, "He is;" "I would worry about his self acceptance and his acceptance by society—it is not an easy lifestyle;" and "Unfortunately [sic] would have to contend with the greater issue of social acceptance not familial acceptance. This would trouble me somewhat."

Religious beliefs were overwhelmingly infused in the written comments deemed homonegative. One respondent wrote, [sic] "\* HOMOSEXUALS CAN CHANGE THRU GOD'S HEALING \* HOMOSEXUALITY IS A DEVIATION FROM GOD'S CREATION. HE CREATED A MAN AND A WOMAN...NO IN BETWEEN. HE MAINLY CREATED US FOR THE PURPOSE OF "PROCREATION." \* BUT THIS DOES NOT MEAN WE HAVE THE

RIGHT TO CONDEMN/JUDGE THEM. THEY ARE HUMAN BEINGS WITH FEELING AND EMOTIONS BUT WE ALL HAVE THE RESPONSIBILITY TO GUIDE/LEAD/SHOW THEM TO THE "TRUTH." ©" Another wrote "I am a bible student and my bible teaches that God condemns sin and we are to overcome sin. Homosexuality is condemned by God. The bible also teaches me to love my fellow man. Therefore, I can love the homosexual person though I don't approve of his/her lifestyle." Lastly, one member of the sample wrote, "I believe it is a sin as any other, [sic] forgiveable, and God created [sic] + loves all souls. It's the sin that separates us from Him. Why would a loving God create us with homosexual desires that keep us from Him? I have no problem with gay/lesbians in the workplace as long as they do not attempt to force "tolerance" upon those of us who believe it sinful. Teachers—OK, just don't teach my sons it's an acceptable lifestyle. Adoption—no, their "children" would learn from their modeling that it's "normal."

Those comments without religious basis included one participant who wrote "a waste" next to ATLG item 12 "I think male homosexuals are disgusting" and also wrote "Keep it discrete" at the bottom of the questionnaire. Another commented, "While I believe homosexuality is wrong—I believe the individual needs to be encouraged [sic] + counseled for overcoming this problem." Related to workplace discrimination, one nurse commented, "I think homosexuality is a choice influenced by emotional [sic] + sexual abuse [sic] + psychosocial issues in the person's life. My work place has a nondiscrimination policy

that covers humans [sic] I do not think a separate one is necessary." Finally, a nurse wrote, "As long as their sexual orientation is not flaunted in the workplace, I think they should be treated like anyone else. I do not [sic] expects a heterosexual or a homosexual to bring their sexual lifestyle to work. I am not sure how I would feel about a gay male nurse working in pediatrics [sic] for ex. cathing a little boy."

## CHAPTER FIVE: DISCUSSION

### *Introduction*

The purpose of this study was to examine registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the workplace. The theoretical frameworks of John Rawls and Martha Nussbaum served as the organizational foundation for the study. An extensive literature review of the independent variables, the ATLG Scale, nondiscrimination policies, workplace discrimination, and gay rights initiatives was synthesized. The dependent variable of this study is the homophobia scores represented by the ATLG Scale. The independent variables are 1) gender; 2) age; 3) race/ethnicity; 4) education level; 5) religious association; 6) belief in the "free choice" model of homosexuality; 7) interpersonal contact with homosexuals as friends and/or family members; and 8) support or non-support of a workplace nondiscrimination policy that protects gay men and lesbians. The findings will add to the literature pertaining to social justice and discrimination issues encountered by homosexuals and will also serve to validate the use of antidiscrimination policies that protect gay men and lesbians in the workplace of RNs. The research hypotheses of this study predicted the following:

1. There would be a difference in the level of homophobia related to gender, age, race/ethnicity, and education.
2. There would be a positive correlation between religious

association and homophobia.

3. There would be a positive correlation between belief in the "free choice" model of homosexuality and homophobia.
4. There would be a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia.
5. There would be a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia.

A stratified randomized sample of 520 registered nurses licensed in the State of Florida was compiled using the state Board of Nursing database. Forty were returned as undeliverable, resulting in a sample size of 480. One hundred sixty-five (34%) were returned and included in the analyses.

### *Demographics*

Religion, religious ideology, frequency of church attendance, sexual orientation, and interpersonal contact with a gay man and/or lesbian through friend and/or family cannot be derived from Department of Health and Human Services data; gender, age, ethnicity, and educational level are accessible. According to the United States (US) Department of Health and Human Services (2000), 85% of Florida's RNs are female while 15% are male. In 1996, 10% of Florida's RNs were below the age of 30; 27% were between the ages of 30-39; 32% were between the ages of 40-49; 18% were between the ages of 50-59; and 12% were greater than age 60.

The US Department of Health and Human Services (2000) 1996 data also indicated that 87% of Florida's RNs were white/non-Hispanic; 7% African American; 1.4% Hispanic; 2.7% Asian/Pacific Islander; and .2% Native American. 42% of Florida's RNs are educated at the associate degree level; 26% are educated at the baccalaureate level; 25% have a Diploma degree in Nursing and 7% are trained at the masters/doctoral level (US Department of Health and Human Services, 2000). Table 8 provides a comparison between DHHS (2000) demographic data and the demographic data for the nurses in this sample:

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Table 8: *Demographic Comparisons Between DHHS (2000) and Sample Data*

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<u>Variable</u>	<u>DHHS (2000)</u>	<u>Sample (n = 165)</u>
<u>Gender</u>		
<u>Male</u>	15%	7%
<u>Female</u>	85%	92%
<u>Age</u>		
<u>&lt;30</u>	10%	8%
<u>30-39</u>	27%	17%
<u>40-49</u>	32%	33%
<u>50-59</u>	18%	24%
<u>&gt;60</u>	12%	16%
<u>Race</u>		
<u>White</u>	87	79%
<u>Black</u>	7%	5%

<u>Hispanic</u>	1.4%	3%
<u>Asian/PI</u>	3%	10%
<u>Native American</u>	.2%	*

Education

<u>Diploma</u>	25%	10%
<u>Associate</u>	42%	39%
<u>BSN</u>	26%	35%
<u>MSN/Doctoral</u>	7%	15%

\*- Data not obtained.

Males were greatly underrepresented in the sample used in this study. Only 7% of respondents were males while 15% of the registered nursing population is male (DHHS, 2000). The dominant age group was not different between the sample and Florida RN population as RNs aged 40-49 made-up the majority of the sample and also account for the largest percentage of the registered nursing population in Florida (DHHS, 2000). Caucasians were somewhat underrepresented at 79% of the sample versus 87% of the Florida RN workforce (DHHS, 2000).

Asians were overrepresented in the sample at 10% versus 3% in the Florida nursing population (DHHS, 2000). Variations in the reporting of race/ethnicity could have been affected by the race classifications offered on the questionnaire. For example, Native American wasn't a category on the survey instrument while it is a category for the DHHS (2000) survey. Therefore, the

"other" category offered in this study's demographic data collection instrument may have accounted for ethnicities otherwise represented by the DHHS (2000).

### *Hypothesis 1*

Hypothesis 1 predicted there would be a difference in the level of homophobia related to gender, age, race/ethnicity, and education. This hypothesis was supported as the one-way analysis of variance (ANOVA) provided statistically significant differences in the overall homophobia between the ages and races/ethnicities of the sample. However, differences between males and females and educational preparation levels were statistically insignificant.

Males were found to be more homophobic than females. However, *t*-tests revealed this difference to be statistically insignificant. The mean ATLG score for males within the sample was 55 ( $M = 11.9$ ,  $SD = .6.5$ ) and females 43 ( $M = 11.9$ ,  $SD = 8.1$ ), which were not statistically significant ( $t(165) = 1.8$ ,  $p \geq .05$ ). This finding is inconsistent with the literature reviewed for this study, which indicated a greater level of homophobia among men compared to women (Finlay & Walther, 2003; Lewis, 2003; Battle & Lemelle, 2002; Ellis, et. al, 2002; Herek, 2002a, 2002b; Landen & Innala, 2002; Lim, 2002; Scalelli, 2002; Hoffmann & Bakken, 2001; Olivero & Murataya, 2001; Plugge-Foust & Strickland, 2001; Herek, 2000a, 2000b; Herek & Capitanio, 1999; LaMar & Kite, 1998; Smith & Gordon, 1998; Berkman &

Zinberg, 1997; Herek & Capitanio, 1995; Herek & Glunt, 1993; Herek, 1988; Douglas, Kalman, & Kalman, 1985).

The dominant gender of the sample was female--more so than in the general population of the registered nurse workforce in the State of Florida. Only 11 of 165 respondents were male, which could help to explain why differences between the genders of the sample were non-significant. This is also significant when examining overall ATLG scores of the sample as research in which females were disproportionately represented in the sample tend to underestimate overall homophobia of the study group (Lewis, 2003; Olivero & Murataya, 2001). Although gender differences were found to be statistically insignificant, it is possible that underestimation of homophobia within nursing samples is somewhat less than studies of the general heterosexual population simply because males are a distinct minority in nursing and statewide, account for only 15% of the nursing workforce (DHHS, 2000).

Males may tend to be more homophobic than females due to differences in attitudinal beliefs about sexuality (Herek, 2002b), greater irrational thought process among males (Plugge-Foust & Strickland, 2001), greater amount of interaction with homosexuals among females compared to males (Plugge-Foust & Strickland, 2001), and the theory of shared characteristics (Lim, 2002). This shared characteristics theory asserts that women have more commonalities with gay men compared to heterosexual men and therefore, react more positively to homosexual males. This theory mirrors gender belief system

theory, which also suggests greater similarity among women and gay men as a causative factor for overall reduced homophobia (LaMar & Kite, 1998).

Perhaps of importance to the discussion of gender differences in homophobia is the societal misperception that nursing is a feminine career choice or that nursing is a profession that is gender-specific (Clifford, 2005). One might hypothesize that male nurses overstate their homophobia due to societal stigma of being a male nurse working in a female-dominated industry. Or, this stigma may lead to irrational thought process among male nurses. Perhaps knowing the existence of a social stigma placed on male nurses alters their rationality of male gender roles. Male nurses may irrationally believe that because society may associate nursing as feminine, effeminate behaviors often associated with homosexuality further perpetuate the social stigma. Irrational thought process has been positively correlated with male gender and homophobia (Plugge-Foust & Strickland, 2001).

Statistically significant differences in homophobia were also supported among the various age classifications of the sample. Explaining the variances in the overall homophobia scores is somewhat difficult. Research suggests that as age level increases, overall homophobia also increases (Finlay & Walther, 2003; Lewis, 2003; Herek 2002a, Landen & Innala, 2002; Herek 2000b). However, in this sample, overall homophobia and age wasn't linear (as evidenced by scatter plots, not shown).

The sample tended to be more sporadic in overall homophobia among the various age groups.

Some data have suggested that there is no statistical correlation between age and homophobia (Herek & Capitanio, 1995; Battle & Lemelle, 2002; Ellis, et. al, 2002). Age was found to be a statistically significant independent variable correlated with homophobia in this study. Although age 30 is often used to delineate differences in homophobia (Hoffman & Bakken, 2001), nurses aged 40-49 in this sample had an overall homophobia level that was very close to those nurses under the age of 30. In conclusion, perhaps using the age of 30 as a distinction point is inappropriate, especially in the nursing population.

Statistically significant differences were also found between the various ethnicities of the nurses in this study. Herek (2000b) indicated that race is a vastly understudied independent variable in examining homophobia. Lewis (2003) found African Americans to have higher levels of homophobia compared to Caucasians. However, the exact reason for this was only speculated to be related to decreased education, increased religious association, and male gender; however, this study underrepresented males and religious association was not a statistically significant predictor of homophobia. In addition, these variables tend to be predictive of homophobia regardless of race (Lewis, 2003; Battle & Lemelle, 2002). It is also suggested that African American women have less favorable attitudes toward homosexuals than white women.

With a higher proportion of Caucasian women participating in this study compared to African American women, it is possible that lower ATLG scores among African Americans stand out and are more obvious. Lim (2002) found similar homophobia levels between Asian and Caucasian samples. In this study, Asians did not have a statistically significant higher level of homophobia compared to Caucasians; a possible explanation for the lack of statistical significance despite stark differences in ATLG scores is that the subset of Asians in the sample (16 respondents) is significantly smaller than the Caucasian subset (131 respondents), which excludes acceptable statistical comparison. Along with race and ethnicity difference is difference in overall culture. Perhaps variation in cultural upbringing could provide more insight as to why differences in races exist. African American culture might tend to be more supportive of opposite-sex (heterosexual) relationships than same-sex (homosexual) relationships, thus fostering attitudes of heterosexism among African Americans.

The final component of hypothesis 1 predicted there would be significant differences between the various educational levels of the nurses and their overall homophobia scores, based on published data which supports a negative correlation between homophobia and education level (Lewis, 2003; Battle & Lemelle, 2002; Herek, 2002a; Hoffmann & Bakken, 2001; Herek 2000b; Berkman & Zinberg, 1997; Herek & Capitano, 1995). The educational levels of this sample were not statistically

significant. Perhaps a reason for this is rooted in nurses' educations.

It is possible that participants were unable to strongly identify with one of the options (Diploma, Associate, BSN, MSN, and Doctoral) presented in the survey instrument. For example, a nurse who has been trained with an associate degree education might pursue a bachelors or masters degree outside of nursing. This presents ambiguity among the survey options; although the nurse was trained at the associate level, he or she went on to earn a baccalaureate degree outside of nursing, which was not an option on the survey instrument.

The same is applicable for a nurse trained at the diploma level that eventually went to graduate school and received, for example, a masters degree in health administration or public health. Participants may have been forced-into an answer option which didn't represent their highest level of education. Thus, the differences in homophobia scores in the sample based on education were insignificant as was education as a predictor of homophobia in the nurses.

### *Hypothesis 2*

Hypothesis 2 suggested that there would be a positive correlation between religious association and homophobia. To derive an overall picture of a participant's religious association, the critical ratio (CR) value of 3 items on the survey instrument: religion, religious ideology, and frequency of church attendance were analyzed. The literature indicated all

three of these indices as positive predictors of homophobia (Finlay & Walther, 2003; Lewis, 2003; Dennis, 2002; Ellis, et. al, 2002; Herek, 2002a; Plugge-Foust & Strickland, 2001; Wilson & Huff, 2001; Herek, 2000b; Petersen & Donnerwerth, 1998; Berkman & Zinberg, 1997; Herek & Capitanio, 1995; Herek & Glunt, 1993; Herek, 1988).

However, in this study, none of the three indices used to gauge religious association were statistically significant correlates with overall homophobia. In fact, the indices were such weak determinants of homophobia, each was removed from the original structural equation model (SEM) in the reconfigured SEM. Although Lewis (2003) was able to positively correlate religious ideology with homophobia, it is possible that there are more inputs to this latent construct than religion, religious ideology, and frequency of church attendance. Variations in religious denomination, religious sect, and other independent variables could also be overall determinants of religious association (Finlay & Walther, 2003; Herek, 2000b; Herek & Glunt, 1993). Extending the survey instrument to include religious dimensions such as religious feeling, frequency of prayer, and importance of religion in participants' lives could've provided a better measure of religious association as all have been positively correlated with homophobia (Lewis, 2003; Herek, 2000b; Berkman & Zinberg, 1997).

Although outside the focus of this study, perhaps an alternative statistical measure which could be utilized is one-way analysis of variance (ANOVA), to assess homophobia

differences between various religions (Christian, Jewish, Muslim, non-religious, and other), religious ideologies (conservative, moderate, and liberal), and frequencies of church attendance (weekly, monthly, every few months, 1-2 times per year, and never). Another possible explanation for the lack of correlation between religious association and homophobia pertains to the differences in the importance of religion to healthcare workers compared to non-healthcare workers. Many nurses incorporate spirituality into the care provided to clients; but spirituality extends beyond religion (Cavendish, et. al, 2004). Nurses perceive spirituality as strength, guidance, connectedness, a belief system, as promoting health, and supporting practice (Cavendish, et. al, 2004). Perhaps a survey instrument examining religion outside of the context of spirituality is insufficient for nurses. In addition, it has been suggested that use of prayer among various religions and denominations is essential to nurses in clinical practice (Wall & Nelson, 2003). Thus, personal religious identity may not be as influential to a nurses' overall religious association as it is to the general heterosexual population.

### *Hypothesis 3*

Hypothesis 3 supported a positive correlation between belief in the "free choice" model of homosexuality and homophobia. This finding echoes that of the literature which suggests that individuals who believe gay men and lesbians consciously choose to be homosexual are more homophobic than

those individuals who believe biological and psychosocial influences are responsible for the development of a person's sexual orientation (Herek, 2002b; Landen & Innala, 2002; Sakalli, 2002; Herek, 2000b; Herek & Capitano, 1995). Although outside of the scope of this study, research has also demonstrated differences in heterosexual attitudes regarding choice; lesbians are more often thought as choosing their homosexuality rather than gay men (Herek, 2000b).

Similarly, Herek and Capitano (1995) positively correlated belief in controllability with homophobia. Study participants who believed homosexuals had control over their homosexuality were more homophobic than those individuals who believed sexual orientation was outside of one's control. Some of the data researching the belief in the free-choice model of homosexuality is connected to the body of social science that examines the belief that obese individuals choose their obesity (Crandall & Martinez, 1996; Sakalli, 2002).

Comparable to the finding that individuals who believe that obesity is a controllable behavioral trait are more prejudiced towards overweight individuals, individuals who believe that homosexuality is a controllable behavioral trait have more prejudicial attitudes toward gay men and lesbians than those who think homosexuality is uncontrollable (Herek & Capitano, 1995; Sakalli, 2002).

#### *Hypothesis 4*

Hypothesis 4 claimed there would be a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia. Support for this hypothesis also echoes the findings within the literature. There appears to be a negative correlation between the amount of exposure heterosexuals have to homosexuals as acquaintances, friends, and/or family members and their overall homophobia (Finlay & Walther, 2003; Lewis, 2003; Herek, 2002a; Landen & Inalla, 2002; Hoffmann & Bakken, 2001; Plugge-Foust & Strickland, 2001; Herek 2000b; Berkman & Zinberg, 1997; Herek & Capitano, 1995; Herek & Glunt 1993; Herek, 1988; Douglas, et. al, 1985). It is also important to note than Herek and Glunt (1993) found this to be the strongest predictor of homophobia among heterosexuals. Decreased interpersonal contact with gay men and lesbians has also been proposed as one etiologic source of homophobia in the African American population, which tends to have less interaction with gay men and lesbians than Caucasians (Lewis, 2003).

The greater degree of interpersonal contact individuals have with gays and lesbians through friendships or familial ties, the lesser degree of homophobia they possess (Finlay & Walther, 2003). Perhaps increased interaction with homosexuals lowers homophobia because heterosexuals begin to erode their misconceptions about homosexuality by clarifying beliefs regarding sexual behavior, gay culture, and stereotype.

Although not assessed in this study, the number of gay and lesbian friends an individual has is also negatively correlated with homophobia; thus, as an individual has more friends or family members who are gay and/or lesbian, the lower homophobia he or she holds (Herek, 2002a). Heterosexuals who acknowledge having at least one homosexual friend or one homosexual family member have statistically significant lower scores on the Index of Homophobia, and thus, overall lower levels of homophobia (Hoffmann & Bakken, 2001; Douglas, et. al, 1985). This finding might be because the more interactions heterosexuals have with homosexuals, the more integrated such interactions become in heterosexual life. Thus, heterosexuals deem homosexuality as an expected component of human existence.

Again correlating rational thought with positive attitudes towards gays and lesbians, heterosexuals with higher rational thought processes rated on the DLS have a statistically greater number of interactions with homosexuals, and thus, have lower levels of homophobia. Perhaps irrational thought process regarding homosexuality is stymied as interactions with homosexuals increase and previous irrational thoughts are replaced with rational truths regarding gays and lesbians.

Level of comfort around gay and lesbian people is also correlated with the amount of positive interactions heterosexuals have previously had with gay and lesbian persons; thus, the more positive interactions one has had with gay men or lesbians, the more comfortable he or she is around gay men and lesbians (Herek, 2000b). Conversely, heterosexuals who report

previously negative interactions with gay men or lesbians are more likely to harbor homophobic beliefs (Herek, 1988). Males are more likely to rate their prior interactions with gays and lesbians negatively compared to females (LaMar & Kite, 1998). Just as negative experiences in life tend to lead to negative reactions, perhaps negative and decreased interaction with gays and lesbians increases homophobia through negative personal association with gays and lesbians.

There is also a hierarchical correlation between homophobia and the status of the gay or lesbian person one has interacted with previously (Berkman & Zinberg, 1997). Interactions with peers and superiors have more of a lowering impact on homophobia and heterosexism than interactions with people of lower status (Berkman & Zinberg, 1997). This could be a reason that gay rights organizations promote the "coming out" process among homosexuals in elite societal positions. As recognized gays and lesbians drop false facades about their sexuality, perhaps society will become more accepting of gays and lesbians as the respect and dignity they have for the recognized individual is transferred to the homosexual population as a whole. Homophobic scores on the ATLG Scale have also been correlated with the amount of interpersonal contact with gays and lesbians. Heterosexuals who report knowing someone who is gay have significantly lower ATLG scores than those heterosexuals without such contact (Herek & Capitano, 1995). In conclusion, the quantity and quality of interactions members of the sample had with gay men and lesbians could've provided more data

correlating interpersonal contact with homosexuals and homophobia.

#### *Hypothesis 5*

An area of inquiry in this research study was registered nurses' attitudes toward a nondiscrimination policy protective of gay men and lesbians in the workplace. The majority of nurses participating in this study were in support for a nondiscrimination policy in the workplace protective of gay men and lesbians. Treated as an independent variable in the structural equation model, support for the nondiscrimination policy was significantly reverse-correlated with homophobia. Thus, those nurses who supported the workplace policy were significantly less homophobic than those who did not support the policy.

Nurses are taught a holistic approach to healthcare (Potter & Perry, 2005). Holism emphasizes respect for the person as a whole physical and spiritual being. Because of the emphasis of this in nursing, perhaps nurses believe workplace protection policies help provide respect for homosexual persons by maintaining their integrity and individuality. However, the study of the precise relationship between workplace policies and overall homophobia is non-existent. Perhaps the relationship between homophobic attitudes and workplace policies is explained by attitude itself. In other words, heterosexuals who believe that homosexuals constitute a disadvantaged population in general society might also extrapolate this idea into workplace

discrimination issues. The reverse might also be true. If heterosexuals believe homosexuals do not comprise an oppressed group in American society, then workplace policies could be deemed unnecessary and counterproductive. Perhaps homophobic thought can lead to the belief that gays and lesbians are not oppressed in American life, and thus, lead to lack of support for a nondiscrimination policy in the workplace.

### *Limitations*

Perhaps the greatest limitation of this study is generalizability. Study participants were selected from a randomized sample of registered nurses licensed in the State of Florida. Thus, the results of this study are generalizable only to registered nurses licensed in the State of Florida. In addition, some demographic data of the sample varied somewhat from the demographic data of registered nurses in Florida. The research findings are constrained by the overall assumptions of the study. In this study, the three assumptions included that study participants would 1) understand the terms homosexuality, gay, and lesbian; 2) acknowledged the existence of homosexuals in the workplace (although not necessarily within their clinical area of practice; and 3) would answer demographic and survey elements honestly.

Another threat to the study which must be considered is whether or not respondents honestly reported their sexual orientation. Although the researcher ensured the anonymity of all members of the sample, the existence of social stigma and

fear of repercussions from disclosing a homosexual orientation (Schoenewolf, 2004) might have resulted in some homosexual or bisexual nurses selecting heterosexual as their orientation on the demographic survey instrument. Finally, the overall size of the sample ( $n = 165$ ) is small. The smaller sample size threatens generalizability of the study and also poses a threat to the integrity of the structural equation model. With an increased sample size, the construct validity could be strengthened by splitting the total sample into two groups and performing multiple group analysis with equality constraints of the measurement model.

#### *Implications for Future Research*

This critical inquiry could possibly serve as a basic infrastructure for future research related to registered nurses attitudes towards homosexuals in the workplace. During the course of this study, no specific studies which explored the attitudinal differences among registered nurses towards workplace discrimination of gay men and lesbians were found. In addition, a research method of reverse correlating support of a nondiscrimination policy in the workplace protective of gay men and lesbians with higher levels of homophobia and positively correlating support of such a policy with decreased levels of homophobia in a sample of registered nurses has never been completed before.

A more national (and even possibly global) study could explore the overall homophobia and attitudes of nurses towards a

nondiscrimination policy in the workplace that protects gay men and lesbians from a much grander scope. This type of research design might also highlight important geographical differences in homophobia among nurses. Gay marriage was recently legalized in Massachusetts while Vermont has civil union laws granting many of the essential rights of marriage to gay couples; California has some extensive equality laws protective of gay men and lesbians in such areas as domestic partnership, mandatory benefits for same-sex couples at work, and nondiscrimination in employment (Segal Group, 2004). Florida, on the other hand, has no legislation which protects gay men and lesbians from workplace discrimination, lacks criminal enhancement penalties for homosexual victims of hate crimes, and outlaws any form of adoption by gay men or lesbians (Equality Florida, 2004).

Differences in these policies from state to state may cause speculation that overall homophobia levels and attitudes towards gays and lesbians at work vary by location of the country; research with a larger aggregate of nurses from various geographic boundaries could highlight diverse sociopolitical climates for gays and lesbians throughout the United States. In addition to national studies, future research could also cross international borders and explore differences in homophobia and attitudes towards a nondiscrimination policy in the workplace of various countries and contrast these beliefs with those of western populations similar to Lim's (2002) research.

Future research studies should shift focus from finding differences in populations to explanation of the differences and the evolution of homophobic thought processes in a profession and in society as a whole. Perhaps the application of a qualitative research design would yield richer data. Perhaps future research based in qualitative designs could begin to more closely explain causality in homophobia, compare and contrast differences in attitudes and beliefs in the nursing population, and bridge the current gap between phenomenon and explanation.

#### *Implications for Policy Development*

The theoretical foundations of John Rawls and Martha Nussbaum serve as the organizing frameworks for this study. John Rawls' Theory of Social Justice was illustrated in Chapter 3. John Rawls is believed to be the founder of modern liberalism by many social scientists; his principles form the foundation of the concepts of equality and fairness as they relate to American society and civil rights (Bleiker, 2002; Lovin, 2002; Miliband, 2003).

Terry L. Anderson (2002) reiterated the significance of Rawls' work in the discussion of equality. She believes that Rawls seeks a minimal ethical system sufficient for a well-ordered society. His theory of social justice "presupposes a well-ordered democratic society (ruled by justice) composed of free and equal individuals" (Anderson, 2002, p. 1).

To truly accomplish full equality in a society, Rawls argues

that society must collectively negotiate a basis using a fair, rational method based on freedom and equality rather than deriving one from religious or moral postulates (Anderson, 2002). A focal segment of Rawls' theory of social justice concerns the original position and the veil of ignorance. The original position is a state of mind an individual places him or herself in through use of the veil of ignorance.

The veil of ignorance is applied when an individual removes all the societal labels he or she has received along with any personal traits that he or she may have which can lead to a societal label. "This supposes that each participant represents, not himself or herself, but some unknown segment of society" (Anderson, 2002, p.2). Under the veil of ignorance, individuals are not permitted to know their social positions or "particular comprehensive doctrines of the persons they represent" (Anderson, 2002, p. 2). The veil implies an individual's ignorance to their race and ethnic group, gender, sexual orientation, social class, intelligence, disability, and other traits (Anderson, 2002).

Under the veil of ignorance, individuals would want all rights to be distributed fairly as they would not know what societal labels they would receive once the veil is removed and therefore, wouldn't want to not be given social rights based on those labels (Anderson, 2002). Thus, if the veil of ignorance was removed and an individual was labeled as gay or lesbian, he or she would wish to have the same rights as those individuals who were not branded with such labels (Anderson, 2002). Rawls

asserts that the likely outcome of this process is the creation of a set of principles incorporating justice as fairness (Anderson, 2002).

Extrapolating these concepts into the results of this inquiry, Rawls' veil of ignorance is only a hypothetical veil and true members of society cannot fully ignore societal perceptions, stereotypes, negative descriptors, and labels of gay men and lesbians. And because gay men and lesbians represent a segment of society that has traditionally been oppressed, policies that extend workplace protection from discrimination to gay men and lesbians become mandatory protection clauses which create equality within the work environment.

The analysis conducted revealed that the vast majority of the sample (78%) supported a nondiscrimination policy in the workplace that would protect gay men and lesbians. Yet review of the employment data from the Human Rights Campaign (2003) highlighted only one healthcare organization that specifically protected gay and lesbian employees. The social justice principles of John Rawls might declare such lack of protection discriminatory and unjust.

In addition, federal and Florida State laws do not mandate employers to legally protect gay men and lesbians from discrimination in the workplace. Thus, without a protective veil to remove the negative societal perceptions and labels associated with homosexuality, workplaces become environments where gay and lesbian workers can legally be fired, refused promotion regardless of service, or be paid less compared to

similarly qualified employees. As Rawls might explain, only when employers are within the original position can a gay or lesbian nurse be truly treated as an equal with a heterosexual nurse.

Many authors and researchers have correlated John Rawls' theories of social justice and distributive justice theory to the modern gay civil rights movement (Schauer & Sinnott-Armstrong, 2003). Much of the work Rawls puts forth in *A Theory of Justice* (1971) delineates why discrimination outside of the original position is inevitable; he also dictates why the government must provide for protections for oppressed groups. He asserts that the principles of fairness has two parts, the first states that the institutions of practices in question must be just; the second characterizes the "requisite voluntary acts" (p. 112).

It is perhaps this first part, the need for just institutions of practices to which discrimination against gays and lesbians in American society conflicts. Currently, federal law related to discrimination does not include homosexuals as a protected class; federal laws do not list "sexual orientation" in federal employment nondiscrimination policy. Furthermore, litigants have been widely unsuccessful in attempting to use federal legislation in support of a claim of employment discrimination based on sexual orientation (Yared, 1997).

The human rights system is constructed with the underpinning that it is the obligation and responsibility of the government to create fair conditions through which human rights laws can be practiced and realized; this provides every individual freedom

from human rights violations from the government itself, or by others (Wetzell, 2001). Although a lack of federally-designed legislation protecting homosexuals in the workplace has served as the impetus for employers to begin such policies in procedural manuals and corporate guidelines, perhaps the most salient point Rawls makes in his writings is that ultimately, the government is responsible for such protections. This helps to drive public policy drafting and supports a national policy that ensures gay and lesbian nurses are protected from discrimination in their places of employment.

The model in which a corporate entity creates such policy defines the corporation as the institutions of practices, which may not represent the true meaning of Rawls' Theory of Social Justice as it pertains to fairness. One more aspect of Rawls' theory of social justice is pertinent: the principle of equality. Like fairness, equality falls into the category of poorly-defined vocabulary in how it relates to the gay civil rights movement as many describe the impact and definition of equality differently. Rawls' *A Theory of Justice* (1971) defines equality as those features of human beings in virtue of which they are to be treated (Rawls, 1971). These features are to be treated in accordance with what Rawls believes are the principles of justice (Rawls, 1971).

In addition to discussion of governmental failure to protect gays and lesbians from harm as contrast to Rawls' theory as related to fairness, equality principles and definitional differences of Rawls' theory to current American societal

employment practices are also found. Rawls explains three application principle levels of equality. The levels are from most basic to complex, with the third level considering the role of morality (Rawls, 1971). But Rawls (1971) doesn't define moral individuals as those who commit right and wrong, but rather those who have the potential to develop a "moral personality" and that it is these individuals who deserve the "equality of justice" (p. 506).

Rawls clearly states "there is no race or recognized group of human beings that lacks this attribute" (Rawls. 1971, p. 506). He later continues that "It is sometimes thought that basic rights and liberties should vary with capacity, but justice as fairness denies this: provided the minimum for moral personality is satisfied, a person is owed all the guarantees of justice" (p. 507). Thus, when applying Rawls' theory to practice, one can make the assumption that gays and lesbians belong to a recognized group of human beings. Because no identified group lacks the attributes required to develop a moral personality, gays and lesbians are entitled to the same equality rights afforded to heterosexuals.

Applying the justice principles of Rawls' theoretical perspective even further, one could presume that workplaces could only be considered "just" when the same rights guaranteed to heterosexual employees are also guaranteed to homosexual employees. A nondiscrimination policy inclusive of gays and lesbians may help to level the opportunity of injustice by ensuring that sexual orientation cannot be a deciding factor in

practices related to hiring, firing, or promotion within the organization. Rawls' theory is pertinent to this study because it provides an explanation of why discrimination in society exists (outside of the original position). The theory also serves as justification to affording rights to individuals who are traditionally oppressed in American society. Thus, Rawls' work helps to guide the rationalization for the use of nondiscrimination policies inclusive of gays and lesbians in the workplace.

The other organizing theoretical framework utilized in this study is Martha Nussbaum's theory of human rights. Like Rawls, Martha Nussbaum has developed a theory of social justice and human rights. Nussbaum's theory, while certainly feminist in foundation, addresses the rights of gays, lesbians, and bisexuals. As discussed in Chapter 3, Nussbaum proposes 6 specific rights in her theory that should be afforded to lesbians and gays: 1) the right to be protected against violence; 2) the right to have consensual adult sexual relations without criminal penalty; 3) the right to be free from discrimination in housing, employment, and education, with an exception for religious organizations only; 4) the right to military service; 5) the right to marriage and/or the legal and social benefits of marriage; and 6) the right to retain custody of children and/or to adopt (Talbot, 2003).

The third right Nussbaum proposes, the right to be free from discrimination in housing, employment, and education, with an exception for religious organizations only, directly reflects

the main purpose of a nondiscrimination policy in the workplace. Like many feminist theorists, Nussbaum agrees in the concept of women as persons (Garrett, 2002). And like Rawls, her theory attempts to explain the concepts of equality and fairness as social desert for all. Her theory is similar to Rawls in that she believes namely, that all human beings, just by being human, are of equal dignity and worth, no matter what their place in society, and that the primary source of their value is a power of moral choice within them, a power that consists of the ability of an individual to plan his or her life in accordance with his or her own evaluation of ends (Nussbaum, 1999). She believes that these are the essential components to liberal political thought (Nussbaum, 1999). In her theory, Nussbaum discusses equality in a similar fashion to Rawls. She asserts that the moral equality of individuals gives them a fair claim to certain means of treatment by society and politics (Nussbaum, 1999). She claims that this treatment must accomplish two objectives: 1) respect and promote the liberty of choice, and 2) respect and promote the equal worth of persons as choosers (Nussbaum, 1999). At the core of Nussbaum's theory on human rights are what she terms the basic capabilities (Garrett, 2002). The seventh and eighth capabilities contain components salient to workplace discrimination. A section of Nussbaum's seventh capability is being able to be treated as a dignified being whose worth is equal to that of others (Garrett, 2002). Without nondiscrimination policies in the workplace that serve

to equalize heterosexuals with homosexuals, a basic human right Nussbaum suggests everyone is entitled to is lacking.

Nussbaum's tenth capability pertains specifically to equality issues in the workplace. Section B of capability ten claims employment rights are material and that everyone should have the right to seek employment on an equal basis with others (Garrett, 2002). Without a nondiscrimination policy guaranteeing equality for homosexuals at work, the material right Nussbaum suggests is an essential human property becomes a privilege for those who are not traditionally oppressed.

By encompassing the rights of gays and lesbians into her theory of human rights, Nussbaum creates argument in support of homosexuals in-relation to many of the major civil liberties, rights, and equalities gays and lesbians strive towards. And her capabilities provide a foundation for thought on the humanistic characteristics basic human rights afford to all individuals, not just gays and lesbians. The data from this study suggests that the majority of registered nurses would support some type of workplace nondiscrimination policy that protects gay men and lesbians. Nussbaum might argue this as a vital component to the work setting rather than a governmental obligation as proposed by Rawls. In conclusion, not only does the data from this study support policies at work that protect gay men and lesbians. The theoretical foundations of the social justice theories of John Rawls and Martha Nussbaum also validate their importance, maybe even beyond the realm of employers but into government social policy as well.

### *Implications for Education*

This study has yielded a vast amount of educational implications for nursing, public administration, and the general field of gay and lesbian psychology. Because the sample of this study was comprised of registered nurses licensed in the State of Florida, perhaps the educational implications for nursing are most condign. Registered nurses are taught to treat the client as an entire being, encompassing not only physical health but mental, spiritual, and psychosocial health as well (Potter & Perry, 2005). Whether or not a registered nurse can fully commit to this vital component of care is an important consideration based on the analysis of the data that reflects the presence of homophobia within the profession.

Although the vast majority (78%) of respondents in this study had an overall ATLG score <60 (mid-range), 22% had scores that were greater than 60. Education did not hold statistical significance as a variable; however, age did show a statistically significant variance in ATLG score among the sample. The lowest mean ATLG score (36) was that of nurses aged 20-29 while the highest mean ATLG score (55) was that of nurses aged 30-39. Based on this analysis, one might postulate that nurses aged 20-29 were taught the concepts of acceptance, diversity, and holism on a greater scale than the older groups of the sample, especially those aged 30-39. It is important to emphasize, however, that increasing age has been positively correlated with homophobia in previous studies outside of

nursing (Finlay & Walther, 2003; Lewis, 2003; Herek 2002a, Landen & Innala, 2002; Herek 2000b). Therefore, the independent variable of age itself may have more of a relationship with homophobia than the educational experiences of various age groups. With a critical ratio value of 5.91, the most significant correlate with homophobia in this study was belief in the "free choice" model of homosexuality.

As outlined in the literature review of this exposition, many psychologically-driven theories of the 1950s, including Psychoanalysis, held highly-homophobic views of homosexuality. Coupled with this pathologizing of homosexuality comes the belief that gay men and lesbians consciously choose their homosexuality and practice a lifestyle conducive to that choice. A highly debated issue in the sociopolitical arena, the question of homosexuality as a choice is converged with religious belief of homosexuality as a sin, labeling of civil rights for gays and lesbians as "special rights" designed to protect sexually-deviant individuals, and nature versus nurture theories of sexual orientation development (Van Wormer, Wells, & Boes, 2000).

While the contest between nature versus nurture as the etiology of a homosexual orientation continues, it is essential to examine the relevant biological and psychosocial research that is scrutinizing this subject. Recent research has suggested a strong biological component to the development of sexual orientation; differences in postmortem brain morphology between heterosexual and homosexual males, genetic predisposition and

genotyping of heterosexual versus homosexual samples, and early considerable differences in associative gender development have all been supported in the literature as at-least partial causative agents (Comperio-Ciani, A., Corna, F., Capiluppi, C., 2004; Zastrow & Kirst-Ashmon, 1997; Bailey, Pillard, Neale, & Agyei, 1993; Bailey & Pillard, 1991; LeVay, 1991; Bell, Weinberg, & Hammersmith, 1981).

Research supporting an element of socialization in the development of sexual orientation focuses on the scarce data derived from prison samples (Van Wormer, et. al, 2000). This data suggests that some homosexual sexual behaviors first learned in the prison environment perpetuate into life outside of prison; males who received anal sex during incarceration were much more likely to continue this sexual activity once returned to the general population than those males who actually penetrated other males (Van Wormer, et. al, 2000). The current dominant theory of causality in the social science literature is termed interaction theory, which proposes that a homosexual orientation results from both biological and psychosocial input variables (Van Wormer, et. al, 2000).

To overcome the infusion of homophobia in nursing education, topics and lectures regarding sexual orientation development might include information about interaction theory and could also stress the wider scientific belief that homosexuality is at least partly determined through biological factors beyond one's control. If a nursing student holds strong to the belief that homosexuality is a personal lifestyle

decision, instructors might reiterate the principle of autonomy, which mandates registered nurses respect the decisions made by clients regardless of the personal attitudinal beliefs of the nurse (Potter & Perry, 2005).

With a critical ratio value of 3.61, a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia was suggested in the analysis. This has a great implication for nursing education in that nursing students should be exposed to a diverse client base in the completion of their clinical courses. This exposure can be incorporated beyond the acute care setting. Community outreach programs designed to provide services to gay men, lesbians, bisexuals, and transgender persons is one contact source for students. In addition, community-based nursing education (CBNE) programs may opt to create community nursing centers (CNCs) in geographical areas with a dominant GLBT population. CNCs in such areas could introduce students to GLBT clients who could directly benefit from outreach services CNCs help to provide (Wink, 2001; Kiehl & Wink, 2000) while enriching the clinical diversity of the clinical interactions of student nurses.

This study also put forth numerous implications for the field of public administration and the preparation of public servants. Two social justice theoretical frameworks were provided to help guide the study. John Rawls' Theory of Social Justice was used to illustrate the importance of workplace protections for gays and lesbians and was also used to help

explain the phenomenon of discrimination towards gays and lesbians by heterosexuals outside of the original position. A vast majority of respondents in this study (78%) agreed with the statement, "I would support a nondiscrimination policy in my workplace that protects gay men and lesbians." In addition, support or non-support of such a policy was, respectively, negatively and positively correlated with homophobia.

Ethical policy development is a very salient feature of public administration education and practice (Garofalo & Gueras, 1999). From an ethical standpoint, public administrators have had difficulty creating their own ethical principles and have largely borrowed from the psychological and sociological fields of theory (Garofalo & Gueras, 1999). This study shows a direct correlation between policy and discriminatory beliefs towards a particular minority group.

By applying the findings of this study to the ethical component of the public administration curriculum, scholars can more strongly show objective evidence between public policy, social attitude, and discrimination to future public administrators. Public policy design and implementation is far too often manipulated by lobbyists and interest groups serving the good of only the few (Garofalo & Gueras, 1999). Public administrators must strive to serve the greater good and meet the needs of the larger population as a whole (Garofalo & Gueras, 1999). Creating workplace policies that prohibit discrimination based on sexual orientation could serve as a

great enhancement for social equality on a much greater scale than simply the workplace itself.

Finally, this study implies a great deal of application to gay and lesbian psychology education. As discussed in the literature review, the earliest psychological theories explaining homosexuality often used a pathological perspective to describe gay and lesbian behavior. While the current belief among the American Psychological Association is far different than the original beliefs of homosexuality as a mental illness, many of the negative effects of these beliefs are still present. Psychology students need to be highly trained in the ethics of conducting research on vulnerable populations. As discussed, research with gay and lesbian samples is difficult because of social stigma, fear of being exposed as homosexual, and dread from a possible lack of anonymity (Schoenewolf, 2004).

Registered nurses are trained in basic psychology; this knowledge serves as a foundation for future psychiatric education and clinical experience. Introducing general psychology students (not all of whom may in fact be psychology majors) with the current psychological perspectives regarding homosexuality could increase tolerance and acceptance. In addition, educators should emphasize the negative psychological distress placed on individuals who are subject to harassment and discrimination in the workplace based on sexual orientation along with the increase in the prevalence of psychiatric disorders such as depression and suicide among GLBT persons (Van Wormer, et. al, 2000).

## *Conclusion*

The purpose of this study was to examine Registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the workplace. The theoretical frameworks of John Rawls and Martha Nussbaum served as the organizational foundation for the study. An extensive literature review of the independent variables, the ATLG scale, nondiscrimination policies, workplace discrimination, and gay rights initiatives was synthesized. The dependent variable of this study is the homophobia scores represented by the ATLG. The independent variables are 1) gender; 2) age; 3) race/ethnicity; 4) education level; 5) religious association; 6) belief in the "free choice" model of homosexuality; 7) interpersonal contact with homosexuals as friends and/or family members; and 8) support or non-support of a workplace nondiscrimination policy that protects gay men and lesbians.

The research hypotheses of this study predicted the following: 1) differences in the level of homophobia related to gender, age, race/ethnicity, and education; 2) a positive correlation between religious association and homophobia; 3) a positive correlation between belief in the "free choice" model of homosexuality and homophobia; 4) a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia; and 5) a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia.

A potential sample of 520 registered nurses licensed in the

State of Florida was randomly selected from the state Board of Nursing licensee database. One-hundred sixty-five (165) surveys were eventually used in the analysis of the data. Using t-tests and one-way analysis of variance (ANOVA) statistical differences were found between age and race/ethnicity. Although males were more homophobic than females, this difference was statistically insignificant; the youngest nurses of the sample were the least homophobic; and Caucasians were the least homophobic among reported ethnicities while African Americans were most homophobic. Differences in ATLG scores based on education were deemed non-statistically significant. The researcher proposed possible confusion based on the categories available for selection on the demographic survey instrument as a potential etiologic source for the lack of statistical significance, while the sample, over-representing females (with only 11 males participating in the study), might have explained the insignificance of the differences between males and females.

To test hypotheses 2, 3, 4, and 5, the researcher applied structural equation modeling (SEM). Confirmatory factor analysis was used to validate the use of the ATLG scale to measure the latent construct of homophobia; all 20 ATLG items were statistically significant indicators to the overall construct with critical ratio values  $>1.96$  while the Cronbach's alpha was .77. Religious association was a non-significant independent variable in the final analysis of the data. A possible reason for this was failure to capture the significance of religious association based on the three indicators (religion, religious

ideology, and frequency of church attendance) used. Belief in the "free choice" model of homosexuality was the strongest predictor of homophobia in the sample with a critical ratio value of 5.91, thus validating hypothesis 3.

Hypothesis 4 was also validated; with a critical ratio of 3.61, a negative correlation between interpersonal contact with gay men and/or lesbians as friends and/or family members and homophobia was statistically significant. Hypothesis 5 was also valid. Support of a nondiscrimination policy protective of gay men and lesbians in the workplace was negatively correlated with homophobia with a critical ratio value of -4.01. Lastly, non-support of a nondiscrimination policy protective of gay men and lesbians in the workplace was positively correlated with homophobia with a critical ratio value of 3.23.

The researcher also assessed the overall goodness of fit for the original model using all of the endogenous variables collected on the demographic survey instrument. After reconstructing a revised measurement model (removing all statistically insignificant endogenous variables), the chi-square, probability, comparative fit index (CFI), Tucker-Lewis index (TLI), root mean squared error of approximation (RMSEA), CMIN/degrees of freedom values and squared multiple correlations were compared. The overall goodness of fit for the revised model was improved, indicating a much stronger measurement model to assess the overall homophobia of the sample.

Following the statistical analysis, the researcher provided a discussion based on the results of the data. Comparing the

results of this study with the major findings in the research literature, implications for future research, policy development and education were discussed. Throughout the work, the theoretical frameworks of John Rawls and Martha Nussbaum served to organize the inquiry.

APPENDIX A: THE 21 COMPANIES EARNING A 100 PERCENTILE SCORE FROM  
THE HUMAN RIGHTS CAMPAIGN 2003 CORPORATE EQUALITY INDEX

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The 21 Companies Earning a 100 Percentile Score from the Human Rights Campaign: *2003 Corporate Equality Index* (Alphabetical listing)

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1. Aetna®, Inc.
  2. American Airlines® (AMR Corp)
  3. Apple® Computer
  4. Avaya® Inc.
  5. Bank One® Corp.
  6. Capital One Financial® Corp.
  7. Eastman Kodak® Co.
  8. Hewlett-Packard® Co.
  9. IBM® Corp.
  10. Intel® Corp.
  11. J.P. Morgan Chase® & Co.
  12. Lehmen Brothers Holdings®, Inc.
  13. Levi Strauss® & Co.
  14. Lucent Technoligies® Inc.
  15. MetLife® Inc.
  16. NCR® Corp.
  17. Nike® Inc.
  18. PG&E® Corp.
  19. Prudential Financial®
  20. S.C. Johnson & Son® Inc.
  21. Xerox® Corp.
-

**APPENDIX B: WORKPLACE POLICIES OF UNIVERSITY HOSPITALS OF  
CLEVELAND RELATED TO GAY AND LESBIAN EMPLOYEES**

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Workplace Policies of University Hospitals of Cleveland related  
to Gay and Lesbian Employees

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<u>HRC Criteria</u>	<u>HOC Compliance</u>
Has a written nondiscrimination policy covering sexual orientation in its employee handbook or manual.	Y
Has a written nondiscrimination policy covering gender identity and/or expression in its employee handbook or manual	N
Offers health insurance coverage to employees' domestic partners	Y
Type of couples eligible for domestic partner health benefits	Same-Sex Couples Only
Year benefits became available	2002
GLBT Employee Group Contacts:	No official GLBT group
HRC Corporate Index Score	71

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APPENDIX C: SUMMARY POINTS FROM BURKE AND WHITE (2001) "THE  
WELLBEING OF GAY, LESBIAN, AND BISEXUAL DOCTORS," *British  
Medical Journal*; 422-425

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Summary Points from Burke and White (2001) "The wellbeing of gay, lesbian, and bisexual doctors" *British Medical Journal*; 422-425.

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1. While research has investigated doctors' attitudes towards homosexual and bisexual patients, relatively little attention has been paid to gay, lesbian, and bisexual doctors.
  2. The factors most likely to affect the wellbeing of such doctors are homophobia, discrimination, the challenges of medical school and residency, and lack of support systems.
  3. Gay, lesbian, and bisexual doctors experience verbal harassment or insults from medical colleagues, and many believe that they risk losing their job if colleagues discover their sexual orientation.
  4. Although the situation has improved, more needs to be done to enhance the wellbeing of gay, lesbian, and bisexual doctors.
-

**APPENDIX D: THE ATTITUDES TOWARD LESBIANS AND GAY MEN (ATLG)  
SCALE**

### Attitudes Toward Lesbians and Gay Men (ATLG) Scale

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Directions: The following is a questionnaire regarding your attitudes towards lesbians and gay men. Please circle the number that most closely describes your attitude.

<b>Please rate the following statements:</b>	Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
1. Lesbians just can't fit into our society	5	4	3	2	1
2. A woman's homosexuality should not be a case for job discrimination in any situation.	5	4	3	2	1
3. Female homosexuality is bad for society because it breaks down the natural divisions between the	5	4	3	2	1
4. State laws against private sexual behavior between consenting adult women should be abolished.	5	4	3	2	1
5. Female homosexuality is a	5	4	3	2	1
6. The growing number of lesbians indicates a decline in American morals	5	4	3	2	1
7. Female homosexuality in itself is no problem unless society makes it a problem	5	4	3	2	1
8. Female homosexuality is a threat to our basic social institutions.	5	4	3	2	1
9. Female homosexuality is an inferior form of sexuality	5	4	3	2	1
10. Lesbians are sick	5	4	3	2	1
11. Male homosexual couples should be allowed to adopt children the same as heterosexuals.	5	4	3	2	1
12. I think male homosexuals are disgusting	5	4	3	2	1
13. Male homosexuals should not be allowed to teach school.	5	4	3	2	1
14. Male homosexuality is a perversion	5	4	3	2	1
15. Male homosexuality is a natural expression of sexuality in men.	5	4	3	2	1
16. If a man has homosexual feelings, he should do everything he can to overcome them	5	4	3	2	1
17. I would not be too upset if I learned that my son were a homosexual	5	4	3	2	1
18. Sex between two men is just plain wrong	5	4	3	2	1
19. The idea of male homosexual marriages seems ridiculous to me.	5	4	3	2	1
20. Male homosexuality is merely a different kind of lifestyle that should not be condemned	5	4	3	2	1

**APPENDIX E: DEMOGRAPHIC DATA COLLECTION SHEET**

**Demographic Questionnaire**

**The following are demographic questions about your life. Please check the answer that most closely describes you.**

1. I am a  Male  Female  Transgender
2. I am in the age range of  20-29  30-39  40-49  50-59  60 or older
3. My race/ethnicity is  Caucasian  African American  Hispanic  Asian  Other
4. My educational level is  Diploma  Associate  BSN  MSN  Doctorate Degree
5. My sexual orientation is  Heterosexual  Homosexual  Bisexual
6. My religion is  Christian  Jewish  Muslim  Other  Non-Religious
7. Regarding my religion, I consider myself  Conservative  Moderate  Liberal
8. I attend church services  Weekly  Monthly  Every few months  1-2 two times/year  Never
9. I have at least one friend or family member who is a gay man or lesbian  Yes  No
10. My clinical practice is  Inpatient  Outpatient Specialty: \_\_\_\_\_

**The following are your personal beliefs regarding homosexuality. Please circle the number that most closely describes your belief**

	Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
1. Gay men and lesbians consciously choose their homosexuality and practice a lifestyle conducive to that choice.	5	4	3	2	1
2. Gay men and lesbians do not chose homosexuality as a lifestyle; biological and psychosocial influences shape human sexuality.	5	4	3	2	1
3. I would support a nondiscrimination policy in my workplace that protects gay men and lesbians.	5	4	3	2	1
4. I would not support a nondiscrimination policy in my workplace that protects gay men and lesbians.	5	4	3	2	1

**APPENDIX F: UNIVERSITY OF CENTRAL FLORIDA INSTITUTIONAL REVIEW  
BOARD (IRB) RELEASE FORMS**



Office of Research & Commercialization

February 15, 2005

Christopher W. Blackwell, Ph.D.  
University of Central Florida School of Nursing  
College of Health & Public Affairs  
Orlando, FL 32816-5072

Dear Dr. Blackwell:

With reference to your protocol entitled, "Registered Nurses' Attitudes toward the Protection of Gays and Lesbians in the Workplace: An Examination of Homophobia and Discriminatory Beliefs". I am enclosing for your records the approved, full board approved document of the UCFIRB Form you had submitted to our office.

Please be advised that this approval is given for one year. Should there be any addendums or administrative changes to the already approved protocol, they must also be submitted to the Board. Changes should not be initiated until written IRB approval is received. Adverse events should be reported to the IRB as they occur. Further, should there be a need to extend this protocol, a renewal form must be submitted for approval at least one month prior to the anniversary date of the most recent approval and is the responsibility of the investigator (UCF).

Should you have any questions, please do not hesitate to call me at 407-823-2901.

Please accept our best wishes for the success of your endeavors.

Cordially,

*Barbara Ward*

Barbara Ward, CIM  
IRB Coordinator

Copies: IRB File

THE UNIVERSITY OF CENTRAL FLORIDA  
INSTITUTIONAL REVIEW BOARD (IRB)

*IRB Committee Approval Form*

PRINCIPAL INVESTIGATOR(S): Christopher Blackwell, R.N. IRB #: 05-2331

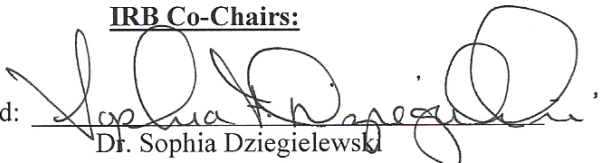
PROJECT TITLE: Registered Nurses' Attitudes toward the Protection of Gays and Lesbians in the Workplace: An Examination of Homophobia and Discriminatory Beliefs

- New project submission
- Continuing review of lapsed project # \_\_\_\_\_
- Study expired \_\_\_\_\_
- Initial submission was approved by full board review but continuing review can be expedited
- Suspension of enrollment email sent to PI, entered on spreadsheet, administration notified \_\_\_\_\_
- Resubmission of lapsed project # \_\_\_\_\_
- Continuing review of # \_\_\_\_\_
- Initial submission was approved by expedited review

**Chair**

- Expedited Approval  
Dated: 28 Jan 2005  
Cite how qualifies for expedited review: minimal risk and # 7

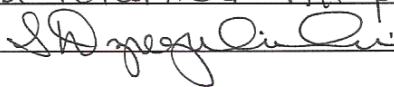
**IRB Co-Chairs:**

Signed:   
Dr. Sophia Dziegielewska

- Exempt  
Dated: \_\_\_\_\_  
Cite how qualifies for exempt status: minimal risk and \_\_\_\_\_

Signed: \_\_\_\_\_  
Dr. Jacqueline Byers

- Expiration  
Date: 27 Jan 2006
- Waiver of documentation of consent approved
- Waiver of consent approved

NOTES FROM IRB CHAIR (IF APPLICABLE): EXPEDITED APPROVED. SENSITIVE INFORMATION FROM Public DATA base sample. Anonymized Survey will be returned. All participants are over age of 18. 

PI notified prior to sending approval letter that this was approved and he could start.

**APPENDIX G: COVER LETTER SENT TO SAMPLE**



School of Nursing

January 31, 2005

Dear Registered Nurse:

I am a doctoral candidate at the University of Central Florida. As part of my dissertation study, I am conducting a survey to learn about nurses' attitudes towards homosexual individuals in the workplace. The survey should take no longer than 5-10 minutes to complete and is enclosed with this letter. You will not have to answer any question you do not wish to answer. Your responses are 100% anonymous (your name is not placed on the questionnaire) and you cannot be identified at any time during the study.

There are no anticipated risks, compensation or other direct benefits to you as a participant in this survey. Returning a completed survey using the included self-addressed and postage-paid envelope implies informed consent to participate. You are free to withdraw your consent to participate and may discontinue your participation in the study at any time without consequence.

I greatly appreciate your time and efforts in helping me with my education. If you have any questions about this research project, please contact me at (407) 823-2517. My faculty supervisor is Dr. Ermalynn Kiehl. Questions or concerns about research participants' rights may be directed to the UCFIRB office, University of Central Florida Office of Research, Orlando Tech Center, 12443 Research Parkway, Suite 207, Orlando, FL 32826. The phone number is (407) 823-2901.

Sincerely,

A handwritten signature in cursive script that reads 'Christopher W. Blackwell, MSN, PhD(c), ARNP'.

Christopher W. Blackwell, MSN, PhD(c), ARNP

College of Health and Public Affairs  
P.O. Box 162210 • Orlando, FL 32816-2210 • 407-823-2744 • FAX 407-823-5675

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