# STATED ATTITUDES AND BEHAVIORS OF REGISTERED NURSES REGARDING HOMOSEXUALITY

by

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## ABSTRACT

A descriptive study was conducted to determine the stated attitudes of registered nurses regarding homosexuality and to ascertain whether these attitudes affected their behavior toward the homosexual patient. The sample for this study consisted of 50 registered nurses (47 women, 3 men) enrolled at the University of Arizona College of Nursing in the Family Nurse Practitioner and Continuing Education programs.

The instrument used was a researcher-developed questionnaire designed to elicit demographic data, a score for the stated attitudes and a score for the stated behaviors.

Pearson Correlation Coefficient was utilized to determine the interrelationships between the scores on attitudes and the scores on behaviors. The results indicated a strong correlation between these scores, significant at the .001 level. The attitudes and behaviors, as elicited by the questionnaire, were more positive than negative.

Some of the intervening variables of the group revealed statistically significant correlations to the scores. These were age, race, religion, educational attainment, years of practice, contact with homosexual patients, and understanding of homosexuality.

The data also showed that a vast majority of the nurses, eighty-six percent, felt their nursing education had not prepared them to deal with the homosexual patient adequately. Approximately half of the nurses also indicated they did not have an adequate understanding of homosexuality.

# CHAPTER 1

## INTRODUCTION

"Homosexual practices are among the most ancient manifestations of human sexuality" (Hooker 1972: 11). Despite such history, the prevailing attitude toward homosexuals in the United States and many other countries is that of revulsion and hostility (Weinberg, 1972). There is, however, evidence that we are currently undergoing a revolution in sexual mores and behaviors. The number of sexual messages reaching our society is great, and the attitudes toward homosexuality seem to reflect this new wave of permissiveness along with all other former taboo topics such as birth control, abortion, sexual perversion, and many others. Conley and O'Rourke (1973) state that the prevailing current toward more openness makes for a climate where those whose opinions, attitudes and behaviors were opposite to those held by society, now feel more able to openly voice their views. This freedom allows for an open system of influence and forces the traditionalists to defend their positions, thus giving opportunity for discussions, critical analysis, and shifts in attitudes.

There is no reliable evidence that this freedom has increased the incidence of homosexuality. However, it does make some forms of it more socially visible. This increases the chances for nurses as well as other health professionals to come in contact with homosexual patients making it mandatory that they analyze their attitudes toward homosexuality and determine how those attitudes affect their nursing care.

"Nursing has been a leader among the helping professions in stating belief in a holistic approach to man in health and in illness" (Krizinofski 1973:674). Nurses, however, have not been completely successful in dealing with the patients' sexuality conflicts and problems. Nurses, in general, do not feel comfortable in dealing with the patient who manifests homosexual behavior, and their most common responses seem to be ridiculing the patient or avoiding him as much as possible. According to Woods (1966), these responses represent the usual behavior when persons are trying to minimize anxiety and insecurity provoking situations.

The sexuality of the patient, whatever form it may take, cannot be avoided if nurses are to give total nursing care. This does not mean that the nurse needs always to know the patient's sexual inclination, but it does mean that if the sexuality of the patient is manifested, the nurse needs to be prepared to cope with sexual

behavior outside the usual norms. The first task of the nurse, then, is to assess her own values and attitudes regarding homosexuality. According to Krech, Crutchfield and Ballachey (1962), only by knowing the attitudes of people is it possible to do something about the prediction and control of their behavior.

## Statement of the Problem

This study sought to answer the following questions: 1) What are the stated attitudes of registered nurses in regard to homosexuality? And, 2) How do the stated attitudes compare to their stated behavior?

## Purpose of the Study

This study was designed to determine the stated attitudes of registered nurses in regard to homosexuality and to ascertain whether these attitudes are reflected in their stated behavior as measured by a structured questionnaire. This information would make nurses aware of their attitudes and behavior toward the homosexual patient, thus being the first step in promoting better nursing care for these individuals. The information could also be used by educators in evaluating the adequacy of nursing education in preparing nurses capable of coping with patients who manifest homosexual behavior.

## Significance of the Problem

Beliefs and related attitudes and values are a product of culture and experiences. "Sex roles in American society can be viewed as constricting ones, which provide the individual with few alternative modes of behavior" (Francher and Henkin 1973:672). For this reason, according to Braverman (1973:652), "society creates special health problems for homosexuals who, like other minority groups, suffer from the dehumanizing effects of discrimination, stereotyping, scapegoating, and lack of understanding." When considering the size of the homosexual group, it becomes apparent that no official figures are available. Most studies seem to estimate the incidence of homosexuality to be between three and four percent of the general population. However, some studies estimate the incidence to be as high as 15 percent. The incidence is much higher in large metropolitan centers because homosexuals tend to congregate in such areas (Goldberg, 1972).

Nurses can expect, then, that approximately the same percentage of their patients will be homosexuals. Nurses are people and as such are products of their culture (Krizinofski, 1973), yet nurses, as well as other health professionals, are expected to do more than just react as feeling individuals toward the homosexual patient; they are expected to exercise control over their

emotions and provide assistance or care to their patients. Sometimes, however, it is impossible to be of help to patients for reasons which originate within the professional. Nurses may have negative or confused feelings about caring for the homosexual patient, but because of a sense of duty, they continue to care for that patient never fully understanding the reasons for their own behavior. Too frequently their attitudes are transmitted into behavior which is not conducive to the patient's well-being.

Eliciting attitudes should assist nurses in understanding these attitudes on a conscious level and in gaining insight into how these attitudes are reflected in the patient care which they provide to the homosexual patient.

## Theoretical Framework

The theoretical framework for this study was based on the attitude formation theory taken from Krech et al. (1962). According to these authors, "attitudes develop in the process of want satisfaction" (p. 181), and "many of the attitudes of the individual have their source and their support in the group to which the individual gives his allegiance. His attitudes tend to reflect the beliefs, values, and norms of his groups" (p. 191). A society is a system of many interconnected groups, and "as a member of a society, the individual shares in the total culture... . The typical actions of

the members of a group make up the explicit culture of the group. These typical ways of acting reflect the determining influence of implicit regulatory patterns -- beliefs, values, and social norms" (p. 191).

Krech et al. (1962:192) make the influence of society on attitudes clear when they state, "within a society and within groups in a society many values are shared. These group values play an important role in the development and organization of the attitudes of the individual."

According to Krech et al., "an attitude can be defined as an enduring system of three components centering about a single object: the beliefs about the object--the cognitive component; the affect connected with the object--the feeling component; and the disposition to take action with respect to the object--the action tendency component" (p. 146). In summary, then, the way a person responds to an object about which he has an attitude is determined by his beliefs about that object, his feelings about it, and his disposition to respond to it.

"Man's social actions--whether the actions involve religious behavior, ways of earning a living, political activity, or buying and selling goods--are directed by his attitudes" (Krech et al. 1962: 139).

"However, the number of any individual's attitudes is finite. He can have attitudes only with respect to those objects which exist in his psychological world. In so far as his psychological world is limited, the kinds of attitudes he has will be limited" (Krech et al. 1962:140). Therefore, nurses can be expected to have negative or positive attitudes toward the homosexual patient only if he exists in their psychological world.

Krech et al. also claim that the attitudes of the individual are shaped by the information to which he is exposed and that these attitudes often lack validity because he is not sufficiently well informed. The information that he does possess is inadequate to represent the essential facts. "Even if the few facts that a person possesses are substantially correct, a lack of knowledge or related facts can distort the significance of his correct facts" (p. 188).

Attitudes, then, have a tremendous impact on our behavior. Coombs, Avila, and Purkey (1971) assert the importance of awareness of beliefs, values, and attitudes as inevitable determinants of how one deals with people. Tanner et al. (1971:1289) also proclaim the importance of attitudes when they state, "attitudes are predispositions to act. Whenever a service is provided to people, such as that by nurses and social workers, attitudes become tremendously important because they influence both overt and subtle behavior."

Krech et al. (1962) also discuss the difficulties in measuring attitudes and state that "attitudes can be measured only on the basis of inferences drawn from the responses of the individual toward the object--his overt actions and his verbal statements of beliefs, feelings, and disposition to act with respect to the object" (p. 147).

These theories suggest that attitudes are tremendously important in determining behavior and that these attitudes reflect the beliefs and values of society. It is important to understand that an individual's attitudes are shaped by the information to which he is exposed since this concept has great implications for education.

## Definitions

For the purpose of this study, the following definitions were selected.

Attitude: A predisposition to act (Tanner et al., 1971). An enduring system of three components centering about a single object: the beliefs about the object; the affect connected with the object; and the disposition to take action with respect to the object (Krech et al., 1962).

Behavior: The action or reaction of any person under given circumstances.

Homosexuality: "A persistent preference for a sexual relationship with a member of the same sex. This excludes

homosexual behavior in adolescents, which is usually transient, and in those who are denied access to members of the opposite sex, such as imprisoned convicts" (Goldberg 1972:166).

## Limitations

The limitations of this study included:

1. The small size of the sample.
2. The voluntary rather than random nature of the sample.
3. Only nurses enrolled in course work at the University of Arizona.
4. The type of questionnaire statement used requiring that the participant admit or reject inadequacies in her attitudes and behavior.

## Assumptions

1. The nurse's life attitudes are reflected in the patient care she gives.
2. An individual's behavior is influenced by a multitude of social and cultural factors.

# CHAPTER 2

## REVIEW OF THE LITERATURE

The literature regarding homosexuality has become abundant in recent years. Literature regarding the attitudes and behaviors of the health professionals toward homosexuality is much less extensive. The attitudes of physicians regarding homosexuality have been explored by a few researchers (Pauly and Goldstein, 1970; Morris, 1973; Woods and Natterson, 1967). However, the attitudes of nurses on matters relating to homosexuality do not appear to have been investigated.

For the purposes of this study, the literature was searched for studies on the current climate toward homosexuality, and medical and nursing research regarding homosexuality.

### Current Climate Toward Homosexuality

Increased research on homosexuality in some of the Western countries since World War II has been followed by more open discussion of the subject. In part, this may be accounted for by the publicity given to scientific investigations of homosexuality and to discussions of the controversial social, legal, moral, and mental health issues related to it. All these factors have made homosexuality

much more socially visible, and they also reflect radical changes in the attitudes of the public and of homosexuals.

The literature review of studies on homosexuality shows that acceptance of the homosexual is increasing, but that this acceptance is not nearly complete. Wolfgang and Wolfgang (1971) conducted a study with students in an introduction to psychology class to explore attitudes via social distance toward groups with varying degrees of acceptance. The results of this study were compiled "... indicating that Ss positioned themselves closer to normals and heart disease patients than to marijuana users and homosexuals. The latter, who were differentiated spatially even from the marijuana users ($p < .001$), were copiously damned by the Ss who found them repulsive and disgusting" (p. 511).

Janus and Bess (1973) conducted a study to investigate drug abuse and sexual attitudes as well as political radicalization and religious practices among a group of public school teachers as compared with college students. The results indicated that while once homosexuality was viewed with repugnance by both educated and non-educated people, presently homosexual behavior is gaining acceptance and respectability among the "thinking Community", but that the more traditional views of homosexual behavior are still held by lower socioeconomic groups. Of the college students,

48 percent approved of permitting homosexual behaviors between consenting adults, while the teachers, combining all groups and ages, approved by 62 percent.

Another study was conducted by Conley and O'Rourke (1973) with the intention of examining changes in attitude that have or are occurring among upperclassmen on the campus of the University of Illinois at Champaign-Urbana. The method chosen to judge these changes was to assess the attitudes of both sexes toward selected current sexual topics. On attitudes toward homosexuality, the authors found "... a slightly liberal overall view concerning homosexuals by the students as a whole" (p. 287). They explain that "the liberal bent can then be interpreted 'as expected,' while the slightness of the trend indicates the strong influence of traditional societal norms on the topic" (p. 288).

## Medical and Nursing Research

The views of the health professional on matters relating to homosexuality have not been investigated until recently, and even presently there are very few studies. Of the research that has been done, the majority involves the medical profession. However, some of the studies include only a single question on homosexuality.

Woods and Natterson (1967), using 75 randomly selected senior medical students, attempted to assess the student's knowledge, the extent to which he had worked through his own sexual conflicts, and the degree to which he had achieved an understanding of how his own attitudes and beliefs might affect his clinical behavior. The results indicated that although homosexuality was the subject about which the students felt they had received the most instruction and had most increased their intellectual understanding as compared to the pre-medical school period, 45 percent felt they could not work adequately with homosexual conflicts and anxiety.

Members of the Oregon Medical Association were asked about their comfort in treating male homosexuals and if their attitudes toward male homosexuals adversely affected their treatment of such persons. Most of the responding group as a whole admitted to some discomfort in treating the male homosexuals. However, 100 percent of the psychiatrists reported "often" or "always" feeling comfortable in such situations. Ninety-eight percent of the psychiatrists reported that their attitudes toward the male homosexual "seldom" or "never" adversely affected their treatment of such patients. The authors pointed out that it may be difficult for some physicians to admit negative attitudes toward patients. They appear to accept the positive results for psychiatrists on the grounds that they have had greater experience in the treatment of

homosexuals and, therefore, have become desensitized to whatever aversions they may have had toward such persons (Pauly and Goldstein, 1970).

Fort, Steiner and Conrad (1971) surveyed the attitudes regarding homosexuality of 163 psychiatric professional therapists and found that 98 percent of the respondents felt it was possible for homosexuals to function effectively. Likewise, 99 percent opposed laws treating private homosexual acts between consenting adults as criminal. With regard to employment, 27 percent believed that homosexuality should disqualify an individual from security-sensitive federal employment.

The attitudes of doctors toward homosexuality were surveyed by Morris (1973). The author reports, "the most striking feature is the small number of doctors who regard homosexuality as a disease. The most popular concept is to regard the condition as an aberrant behavior pattern, though over one third consider that some cases are a normal variant" (p. 435). The author also found that most doctors are willing to fall in with the patient's wishes and that offers of help and treatment are available on request.

One study which indicated the attitudes of nursing students toward homosexuality was conducted by Smith (1971). His research was conducted to investigate individuals whose negative attitudes

toward homosexuals may contribute to the problems of homosexuals. The sample consisted of college students enrolled in a psychology class, but when comparison of the groups by major was carried out, significantly more nursing students were shown to be in the homophobic group. This group is described as one having negative or fearful responses to homosexuality.

In summary, the literature review indicates that although the amount of material written on homosexuality has become abundant in recent years, studies regarding attitudes and behaviors of the health professionals toward homosexuality and the homosexual patient are quite limited. Most of the studies do show a trend toward acceptance of the homosexual behavior, but they point out that the slightness of the trend is indicative of the strong influence of traditional societal norms.

# CHAPTER 3

# METHODOLOGY

This study was designed to determine the stated attitudes of registered nurses in regard to homosexuality and to ascertain whether these attitudes are reflected in their stated behavior. The research was descriptive in nature, utilizing a structured questionnaire for data collection. Permission to conduct this investigation was obtained from the University of Arizona Human Subjects Committee (see Appendix A), from the University of Arizona College of Nursing Research Committee and from the University of Arizona College of Nursing faculty.

This chapter describes the selection of the sample, the development of the tool used to determine the stated attitudes and behavior concerning homosexuality, the collection of data, and the analysis of data.

## The Sample

The population for this study consisted of registered nurses with a variety of education and experience backgrounds attending continuing education courses and the Family Nurse Practitioner

Program at the University of Arizona College of Nursing. The sample of 50 consisted of those registered nurses who voluntarily consented to participate after the purpose of the study had been explained to them.

The researcher felt that such a sample would give a cross-sectional example of nurses' stated attitudes and stated behaviors regarding homosexuality, thus eliminating the effects which may be associated with a sample from one particular institution or from a certain area of nursing.

## Research Tool

This study was descriptive in nature and data were collected by means of a researcher-developed questionnaire administered to registered nurses on a voluntary basis.

The questionnaire consisted of three parts. The first part was designed to obtain demographic data to be used as intervening variables in the analysis of data. The second part of the questionnaire consisted of nine questions designed to elicit negative or positive responses to homosexuality. These questions were taken from ones used by Smith (1971) in his study on Homophobia. Part three of the questionnaire, questions 10-17, were designed to elicit the nurses' stated behaviors toward the homosexual patient.

The questions were designed to elicit negative or positive attitudes regarding homosexuality and negative or positive behaviors toward the homosexual patient. The questionnaire (see Appendix B) was pretested several times and revised before the actual study began. Face validity was obtained by asking several faculty members to review the questionnaire to assure that it was measuring the required attitudes and behaviors.

## Data Collection

The researcher arranged with the faculty involved to approach the nurses at the end of a class period to explain her status as a graduate student at the University of Arizona College of Nursing and the purpose of the study. Verbal and written (see Appendix C) explanations were given including: (1) the voluntary basis of their participation; (2) the anonymity and confidentiality of their replies; (3) the availability of the results for those wishing such information; and, (4) the time commitment necessary to complete the questionnaire of approximately 10-15 minutes.

Those nurses consenting to participate were given the questionnaire and asked to complete it and return it to the researcher before leaving. Since the researcher felt anonymity was important in this study, and since participation was on a voluntary basis, no consent form was signed by the participants.

It was assumed that consent was given by completion of the questionnaire.

## Analysis of the Data

Each completed questionnaire was reviewed and the results compiled on a raw data sheet describing the number of participants reporting with positive or negative responses to each of the items on attitudes and behaviors as related to homosexuality and the homosexual patient. For scoring purposes, on the attitude section, a 2 was assigned to a positive response and a 4 to a negative response. (Appendix B shows the breakdown of responses.) This scoring gave a possible range of 18 to 36. The behavior section had a possible score of 8 to 40, since a 1, 2, 3, 4, or 5 was assigned to "never", "seldom", "sometimes", "frequently" and "always" responses respectively. A low score in each section, therefore, indicated positive responses as opposed to a high score.

Data were then analyzed for correlations between the scores on attitudes and the scores on behavior. Correlations between the scores and the intervening variables as elicited by part one of the questionnaire were also analyzed.

The Pearson Correlation Coefficient and the analysis of variance were selected as the statistical tools employed in interpreting the significance of the findings. The level of significance specified for this study was .05.

# CHAPTER 4

## PRESENTATION AND ANALYSIS OF DATA

The data from this study are presented in four sections. The first section deals with the demographic data as elicited by part one of the questionnaire. The next two sections present the results of parts two and three of the questionnaire dealing with attitudes and behavior. The final section is the analysis of the data.

### Demographic Data

#### Age of Participants

The age range for the total group of participants was 22-61 years. The mean age for the group was 33.84 years with sixty percent of the total group being under 34 years of age.

#### Sex of Participants

Fifty registered nurses participated in the study. Forty-seven were women and three were men.

#### Marital Status of Participants

Sixty-four percent of the participants were married and twenty-six percent single. The remaining ten percent being made up by those who were divorced, widowed or separated.

Race of Participants

Eighty-six percent of the participants classified themselves as Caucasian. Of the remaining seven participants, two were Mexican-American, one was Black, one was Oriental, and one was American-Indian. Two participants indicated they belonged to the "other" category.

Reiigion of Participants

Forty percent of the participants indicated they are Protestant. The Catholic religion was the preference of thirty-four percent of the participants and Judaism was indicated by two percent. Six percent of the participants indicated they have other religious preferences, and eighteen percent indicated they have no religion.

Table 1. Religion of Participants

| Religion | Number | Percent |
|---|---|---|
| Protestant | 20 | 40 |
| Catholic | 17 | 34 |
| Jewish | 1 | 2 |
| Other | 3 | 6 |
| None | 9 | 18 |
| Total | 50 | 100 |

Basic Nursing Education of the Participants

Fifty-four percent of the participants received their basic education in a diploma program, twenty-eight percent in a baccalaureate program, and eighteen percent in an associate degree program.

Highest Level of Education Attainment by Participants

Table 2 shows that thirty-six percent of the participants indicated their highest level of education obtained was a baccalaureate degree while thirty percent indicated it to be a diploma degree. Ten percent of the participants had a masters degree and two percent had a doctoral degree. Eight percent of the nurses had some credits beyond their basic education but had not yet obtained the next degree.

Table 2. Highest Level of Educational Attainment by Participants

| Educational Attainment | Number | Percent |
|---|---|---|
| Diploma Degree | 15 | 30 |
| Diploma + Credits | 3 | 6 |
| Associate Degree | 7 | 14 |
| Baccalaureate Degree | 18 | 36 |
| Baccalaureate + Credits | 1 | 2 |
| Masters Degree | 5 | 10 |
| Doctoral Degree | 1 | 2 |
| Total | 50 | 100 |

Number of Years in Nursing Practice

As seen in Table 3, the range of years of nursing practice was from 1-40 years. The mode for the number of years of practice for the total group was two years, with 18.4 percent falling into this category. The mean for the group was 10.4 years. One person did not respond to this question.

Table 3. Number of Years in Nursing Practice

| Years | Number | Percent |
|---|---|---|
| 1 | 4 | 8 |
| 2 | 9 | 18 |
| 3 | 1 | 2 |
| 4 | 3 | 6 |
| 5 | 3 | 6 |
| 6 | 2 | 4 |
| 7 | 3 | 6 |
| 8 | 3 | 6 |
| 10 | 5 | 10 |
| 14 | 3 | 6 |
| 15 | 1 | 2 |
| 16 | 1 | 2 |
| 18 | 2 | 4 |
| 20 | 3 | 6 |
| 22 | 1 | 2 |
| 25 | 1 | 2 |
| 29 | 1 | 2 |
| 30 | 1 | 2 |
| 35 | 1 | 2 |
| 40 | 1 | 2 |
| No Response | 1 | 2 |
| Total | 50 | 100 |

Areas of Nursing and Agencies in which Participants are Involved

Tables 4 and 5 show the variety of areas of involvement by the participants, and the type of agencies in which they are employed. They show that the great majority of the participants are involved in hospital care in the medical-surgical area.

Table 4. Area in Nursing in which Participants Are Involved

| Area of Nursing | Number | Percent |
|---|---|---|
| Medical-Surgical | 19 | 38 |
| Critical Care | 13 | 26 |
| Community Health | 5 | 10 |
| Operating Room | 3 | 6 |
| Recovery Room | 3 | 6 |
| Emergency Room | 2 | 4 |
| Family Practice | 2 | 4 |
| Psychiatry | 1 | 2 |
| Radiation | 1 | 2 |
| No Response | 1 | 2 |
| Total | 50 | 100 |

Table 5. Type of Agency in which Participants Are Employed

| Agency | Number | Percent |
|---|---|---|
| Community Hospital | 35 | 70 |
| Clinic | 3 | 6 |
| Nursing College | 3 | 6 |
| Public Health | 3 | 6 |
| United States' Service | 2 | 4 |
| Doctor's Office | 1 | 2 |
| Student Health Service | 1 | 2 |
| No Response | 2 | 4 |
| Total | 50 | 100 |

Participants' Contact with Homosexual Patients

Table 6 indicates that sixty percent of the participants felt they had had contact with homosexual patients at sometime, and thirty percent did not know if they had had contact with such patients.

Table 7 shows the frequency of these contacts as indicated by participants who had previous contact with homosexual patients. Forty-seven percent felt the contact came seldom, fifty percent indicated it came sometimes, and only three percent felt it cam frequently.

Table 6. Contact with Homosexual Patients in Work Experience

| Response | Number | Percent |
|---|---|---|
| Yes | 30 | 60 |
| No | 5 | 10 |
| I don't know | 15 | 30 |
| Total | 50 | 100 |

Table 7. Frequency of Contact with Homosexual Patients

| Response | Number | Percent |
|---|---|---|
| Seldom | 14 | 47 |
| Sometimes | 15 | 50 |
| Frequently | 1 | 3 |
| Total | 30 | 100 |

Nursing Education's Adequacy

The vast majority of the participants, eight-six percent, felt their nursing education had not been adequate in preparing them to deal with the homosexual patient, as reported in Table 8.

Table 8. Response of Participants to Question: Did your nursing education prepare you to deal with the homosexual patient?

| Response | Number | Percent |
|---|---|---|
| Yes | 7 | 14 |
| No | 43 | 86 |
| Total | 50 | 100 |

Participants' Understanding of Homosexuality

As shown in Table 9, fifty-two percent of the participants felt their understanding of homosexuality was adequate, while forty-eight percent felt it was not.

Table 9. Response of Participants to Question: Is your understanding of homosexuality adequate?

| Response | Number | Percent |
|---|---|---|
| Yes | 26 | 52 |
| No | 24 | 48 |
| Total | 50 | 100 |

## Nurses' Attitudes Regarding Homosexuality

There were nine statements designed to determine the attitudes of the participants regarding homosexuality. The total score had a possible range from 18 to 36, with a score of 18 indicating completely positive attitudes regarding homosexuality as opposed to a score of 36, indicating completely negative attitudes regarding homosexuality. The 50 participants treated as a group had a mean score of 22.76 when all nine statements were combined. The results are shown in Table 10.

Table 10. Total Scores for Nurses' Attitudes Regarding Homosexuality

| Total Score | Number | Percent |
|---|---|---|
| 18 | 13 | 26 |
| 20 | 6 | 12 |
| 22 | 4 | 8 |
| 24 | 13 | 26 |
| 26 | 7 | 14 |
| 28 | 4 | 8 |
| 30 | 3 | 6 |
| 32 | 0 | 0 |
| Total | 50 | 100 |

Table 11 indicates the participants' responses to statements regarding homosexuality. The data show that three statements elicited strong negative responses. Fifty-six percent of the nurses found homosexual acts disgusting; sixty percent of the participants felt that a homosexual would not make a good president; and, forty-eight percent of the nurses indicated they would be afraid for their children to have a teacher who was a homosexual. However, other statements show very positive responses. One hundred percent of the participants felt that homosexuals should not be locked up; ninety-two percent of the participants indicated they would not mind belonging to an organization which had homosexuals in its membership; ninety-two percent of the participants felt they would not be afraid to sit next to a homosexual on a bus; and, ninety percent indicated they would not be upset to find themselves alone with a homosexual.

Table 11. Registered Nurses' Responses, Categorized as Positive or Negative, * to Statements Concerning Their Attitudes Regarding Homosexuality (N=50)

| Statement | Positive Category | | Negative Category | |
|---|---|---|---|---|
| | Number | Percent | Number | Percent |
| 1. Homosexuals should be locked up to protect society. | 50 | 100 | 0 | 0 |
| 2. It would be upsetting to find out I was alone with a homosexual. | 45 | 90 | 5 | 10 |
| 3. Homosexuals should be allowed to hold government positions. | 37 | 74 | 13 | 26 |
| 4. I would not want to be a member of an organization which had homosexuals in its membership. | 46 | 92 | 4 | 8 |
| 5. I find the thought of homosexual acts disgusting. | 22 | 44 | 28 | 56 |
| 6. If laws against homosexuality were eliminated, the proportion of homosexuals in the population would probably remain the same. | 39 | 78 | 11 | 22 |
| 7. A homosexual could be a good president of the United States. | 20 | 40 | 30 | 60 |
| 8. I would be afraid for a child of mine to have a teacher who was a homosexual. | 26 | 52 | 24 | 48 |
| 9. If a homosexual sat next to me on a bus, I would get nervous. | 46 | 92 | 4 | 8 |

*The positive category refers to responses which indicate acceptance of homosexuality. The negative category refers to responses which indicate rejection of homosexuality. See Appendix B for clarification of positive and negative responses.

## Nurses' Behavior Toward the Homosexual Patient

Part three of the questionnaire consisted of eight statements designed to determine the behavior of the participants toward the homosexual patient. The total score possible had a range from 8 to 40, with a lower score indicating more positive behavior as opposed to a higher score indicating more negative behavior. When all eight statements were combined, the total group had a mean score of 14. These results can be seen in Table 12.

The results of the group for each of the statements are shown in Table 13. Most of the responses were positive but there were a few exceptions. Twenty percent of the nurses indicated they would "sometimes" feel uncomfortable talking to the patient. This percentage went up to thirty-eight for bathing the patient. To the statement of wanting the door of the room to remain open when friends of the same sex came to visit, sixteen percent of the nurses chose the category "sometimes" and ten percent chose the category "frequently". Twenty-eight percent of the nurses indicated they would "sometimes" withdraw if the patient tried to touch them, while ten percent said they would "frequently" withdraw, and fourteen percent said they would "always" withdraw.

Table 12. Total Scores for Nurses' Behavior Regarding the Homosexual Patient

| Total Score | Number | Percent |
|---|---|---|
| 8 | 7 | 14 |
| 9 | 5 | 10 |
| 10 | 4 | 8 |
| 11 | 3 | 6 |
| 12 | 3 | 6 |
| 13 | 4 | 8 |
| 14 | 3 | 6 |
| 15 | 2 | 4 |
| 16 | 3 | 6 |
| 17 | 6 | 12 |
| 18 | 3 | 6 |
| 19 | 2 | 4 |
| 20 | 1 | 2 |
| 21 | 1 | 2 |
| 24 | 1 | 2 |
| 27 | 1 | 2 |
| 32 | 1 | 2 |
| 33 | 0 | 0 |
| Total | 50 | 100 |

Table 13. Registered Nurses' Responses to Statements Concerning Their Behavior Toward the Homosexual Patient (N=50)

| Statement | Never | | Seldom | | Sometimes | | Frequently | | Never | |
|---|---|---|---|---|---|---|---|---|---|---|
| | No. | % | No. | % | No. | % | No. | % | No. | % |
| 10. I would be more likely to send someone else to answer the call light than answering it myself. | 40 | 80 | 7 | 14 | 2 | 4 | 1 | 2 | 0 | 0 |
| 11. I would tend to be slower in answering the call light as compared to that of other patients. | 44 | 88 | 4 | 8 | 1 | 2 | 1 | 2 | 0 | 0 |
| 12. I would feel uncomfortable when talking with the patient. | 27 | 54 | 12 | 24 | 10 | 20 | 1 | 2 | 0 | 0 |
| 13. I would feel uncomfortable bathing the patient. | 24 | 48 | 2 | 4 | 19 | 38 | 2 | 4 | 3 | 6 |
| 14. I would feel uncomfortable when doing treatments such as dressing changes for the patient. | 35 | 70 | 10 | 20 | 4 | 8 | 1 | 2 | 0 | 0 |
| 15. I would want the door of the room to remain open when friends of the same sex came to visit. | 28 | 56 | 7 | 14 | 8 | 16 | 5 | 10 | 2 | 4 |
| 16. I would withdraw from the patient if the patient tried to touch me. | 16 | 32 | 8 | 16 | 14 | 28 | 5 | 10 | 7 | 14 |
| 17. I would participate in conversation with other nurses in which derogatory comments about the patient were made. | 26 | 52 | 17 | 34 | 2 | 4 | 4 | 8 | 1 | 2 |

## Analysis of the Data

A researcher-designed questionnaire was utilized to determine the stated attitudes and behaviors of registered nurses regarding homosexuality and the homosexual patient. Three scores were given--one for attitudes, one for behavior, and a total score for both sections.

The Pearson Correlation Coefficient was utilized to explain the interrelationships between these scores. This is presented in Table 14. As was expected, the data indicate that there was a high degree of correlation between the three scores, significant at the .001 level. The data indicates that there is a significant relationship between the attitudes and behavior, as the attitudes become more negative so does the behavior.

Table 14. Pearson Correlation Coefficients of Attitude, Behavior and Total Scores (N=50)

| | Attitude and Behavior | Attitude and Total | Behavior and Total |
|---|---|---|---|
| Correlation Coefficient | .5526 | .8381 | .9178 |
| Probability | .001 | .001 | .001 |

The Pearson Correlation Coefficient was also utilized in determining interrelationships between the scores and the background factors of age, sex, marital status, race, basic education, level of educational attainment, years of practice, amount of contact with the homosexual patients, adequacy of nursing preparation, and understanding of homosexuality.

Table 19 presents those variables whose coefficients indicated at least a .05 level of significance. The data showed that as the variable of age increased, the score for behavior decreased, indicating that older nurses had more positive behavior toward the homosexual patient. Non-Caucasians tended to have more positive behavior scores. Educational attainment level increases were significantly correlated with the more positive attitudes and behaviors. The score for behavior became more positive as the number of years in nursing practice increased and as the amount of contact with the homosexual patient increased. Finally, as the understanding of homosexuality increased, all three scores became more positive.

Table 15. Significant Pearson Correlation Coefficients of the Background Variables and the Test Areas (N=50)

| Variable | Test Area | Correlation Coefficient | Level of Probability |
|---|---|---|---|
| Age | Behavior | -.2760 | .05 |
| Race | Behavior | -.3132 | .05 |
| | Total | -.2293 | .05 |
| Educational Level | Attitudes | -.2833 | .05 |
| | Behavior | -.2390 | .05 |
| | Total | -.2914 | .05 |
| Years of Practice | Behavior | -.2398 | .05 |
| Contact with Homosexual Patients | Behavior | -.2430 | .05 |
| Understanding of Homosexuality | Attitude | -.4458 | .001 |
| | Behavior | -.3495 | .01 |
| | Total | -.4412 | .001 |

There were strong interrelationships between most of the individual statements in parts two and three of the questionnaire and the scores. These results are shown in Appendix D.

An analysis of variance was run on the three background factors of religion, area of nursing, and agency of employment. Even though no statistically significant data were obtained, some trends do appear and should be mentioned. Understanding of homosexuality was highest among the group who indicated "no religion"; this group was followed by the Catholic, the Protestant, and "other religion" groups respectively. The same trend was true for the scores on attitudes and behavior; the "no religion" group obtained the most positive scores followed by the other groups in the same order. Nurses indicating the hospital as their agency of employment tended to have more negative attitudes and behavior.

In summary, the Pearson Correlation Coefficient shows a significant interrelationship between the score on attitudes and the score on behavior, indicating that as the stated attitudes become more negative so does the stated behavior. A number of the background variables were also significantly correlated with some of the scores.

# CHAPTER 5

# DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

This chapter presents the interpretation of the findings, followed by conclusions and recommendations for further study.

## Discussion of Findings

The data from this study indicated that the stated attitudes of registered nurses regarding homosexuality affect the stated behavior which they present toward the homosexual patient. The correlations obtained between the attitudes and behavior scores were statistically significant at the .001 level. The overall attitudes and behavior of the registered nurses, as elicited by the questionnaire, were positive. One explanation for this finding is that the statements were straight forward, making it easy for the respondent to know which were the expected positive or correct responses. Some studies have shown that there is a tendency for respondents to minimize or deny their own individual inadequacies (Mudd and Siegel, 1969; Pauly and Goldstein, 1970). The author hoped to avoid or minimize this possibility by keeping the questionnaire anonymous, but it is possible that the responses were more positive than they may be in reality because of this effect.

Another possible explanation for this positive viewpoint toward homosexuality and the homosexual patient is that our society has been well-saturated with sexual messages concerning every aspect of human sexuality. This prevailing current toward more openness and permissiveness makes for a more positive climate for the homosexual patient.

One last possible explanation is that the sample, perhaps, was more educated than a random sample from the nursing population. One finding of this study showed that as education increased, the attitudes and behaviors became more positive. This finding is supported by Janus and Bess's (1973) study which indicated that homosexual behavior is presently gaining more acceptance by the educated people as opposed to the non-educated.

The data also showed substantial significant correlations between the behavior score and the background variables of age, educational attainment, years of practice, and contact with homosexual patients. As each of these variables increased, the behavior became more positive. One explanation for these findings is that exposure to the homosexual patient tends to desensitize the nurses to any aversions they may have had toward such patients. The findings are comparable to those made by Pauly and Goldstein (1970). They found that doctors with increased experience in the treatment of homosexuals had most positive results.

The level of educational attainment was significantly correlated with both the attitude and behavior scores, again indicating that as education level increased, the attitudes and behaviors became more positive. From the data one can only speculate that education affects attitudes. This theory is supported by Janus and Bess's (1973) study.

As might be expected, an increase in the understanding of homosexuality was significantly correlated with lower scores, indicating more positive attitudes and behaviors. The finding that forty-eight percent of the nurses did not feel they understood homosexuality is, therefore, of importance. There were no statistically significant correlations between the question asking whether nursing education prepared them to deal with the homosexual patient adequately and the scores. This may have been influenced by the fact that only seven of fifty participants, fourteen percent, indicated that their nursing education had prepared them. These findings have great implications for nursing education because they indicate that professional nurses are not being prepared to cope with any sexual behavior outside of the usual norms.

Another finding of the study indicated that those who had no religious preference tended to have more positive attitudes and

behaviors. A possible explanation is that religious training influences acceptance of homosexual patients.

Those who worked in hospitals tended to have more negative attitudes and behaviors. This last trend may be a result of the fact that the hospital group had a lower mean for years of nursing practice.

In summary, the results of this research support the theoretical framework which basically stated that attitudes determine behavior. The results are also similar to other studies in that they show a trend toward acceptance of the homosexual behavior and a persistence of some traditional views regarding homosexuality (Wolfgang and Wolfgang, 1971; Janus and Bess, 1973; Conley and O'Rourke, 1973).

## Conclusions

On the basis of the findings of this study, it can be concluded that the stated attitudes of nurses regarding homosexuality do affect their stated behavior toward the homosexual patient. However, great caution is required in drawing conclusions about the attitudes and behaviors of nurses regarding homosexuality from this limited sample and selection of items. The author can only say that as elicited by the questionnaire, the attitudes and behaviors of the nurses were positive. Due to the human tendency to minimize or

deny inadequacies, it can be speculated that the scores might have been more negative if true responses could be elicited.

Positive scores were significantly correlated with the older, non-Caucasian, and "no religion" groups. Increases in the level of educational attainment, years of nursing practice, contact with homosexual patient, and understanding of homosexuality were also significantly correlated with positive scores.

The study also showed that the nurses feel their nursing education did not prepare them to deal adequately with the homosexual patient. Approximately half of the nurses indicated they still did not have an adequate understanding of homosexuality.

Competent and total patient care by a graduate professional nurse is expected by all. It should not make any difference if the patient happens to be a homosexual. Curriculum content must, therefore, be planned to facilitate the development of complete nursing care for the homosexual patient.

As stated previously, great caution is required in drawing conclusions from this limited sample and selection of items. The study is not definitive but rather exploratory and heuristic. Obviously, broader sampling and more items in each section of the questionnaire are required. The results suggest probable areas of significance for further research.

## Recommendations

The recommendations based on this study are the following:

1. A larger study using a random sample from the nursing population should be carried out to verify the findings.
2. A similar study should be carried out using two types of questions. One dealing with the nurse's attitudes and behavior and the other dealing with the nurse's perception of attitudes and behavior of "most nurses". This would explore the tendency of the respondents to minimize or deny their own inadequacies and to project them onto "most nurses".
3. A similar study using observation as the method for data collection should be carried out to verify the findings.
4. Specific curriculum content concerning both knowledge and attitudes regarding homosexuality should be implemented to prepare professional nurses capable of providing total patient care to the homosexual patient.
5. Specific content concerning both knowledge and attitudes regarding homosexuality should be included in inservice and continuing education programs.

# CHAPTER 6

## SUMMARY

The purpose of this study was to determine the attitudes of registered nurses regarding homosexuality and to ascertain whether these attitudes affected their behavior toward the homosexual patient. The problem of the study is significant since an increased wave of permissiveness toward many formerly taboo topics has made homosexuality more socially visible. This increases the chances for nurses to work with homosexual patients making it necessary that they analyze their attitudes and determine how these attitudes affect their nursing care to these patients.

The framework for the study was based on attitude theories. Attitudes have a tremendous impact on our behavior and determine how one deals with people. Attitudes, then, become tremendously important whenever a service such as nursing is provided to people.

Although the literature regarding homosexuality has become abundant in recent years, literature regarding attitudes and behaviors of the health professionals toward homosexuality is quite limited. Several studies which looked at the current climate toward

homosexual behavior and at the medical and nursing research on the topic were reviewed.

The sample consisted of 50 registered nurses (47 women, 3 men) enrolled at the University of Arizona College of Nursing in the Family Nurse Practitioner and Continuing Education programs. Their ages ranged from 21 to 61 years, with a mean age of 33.84 years of age.

The instrument used was a researcher-developed questionnaire consisting of three parts. Part one was designed to obtain demographic data to be used as intervening variables in the analysis of data. Part two consisted of nine statements eliciting positive or negative responses to homosexuality; and, part three consisted of eight statements designed to elicit the nurses' stated behaviors toward the homosexual patient.

Pearson Correlation Coefficient was utilized to determine the interrelationships between the scores on attitudes and the scores on behavior. The results indicated a strong correlation between these scores, significant at the .001 level. The attitudes and behaviors, as elicited by the questionnaire, were more positive than negative.

Some of the intervening variables of the group revealed statistically significant correlations to the scores. These were:

age, race, religion, educational attainment, years of practice, contact with homosexual patients, and understanding of homosexuality.

The data also showed that a vast majority of the nurses, eighty-six percent, felt their nursing education had not prepared them to deal with the homosexual patient. Approximately half of the nurses also indicated that they did not have an adequate understanding of homosexuality.

Findings from this study should prove helpful to nurses who work with homosexual patients and to nursing educators who are responsible for the education of professional nurses capable of coping with sexuality of patients that may lie outside of the usual norms. Specific content concerning both knowledge and attitudes regarding homosexuality should be implemented in nursing education, inservice, and continuing education programs.

The researcher recommends additional studies using a larger representative sample and a revised questionnaire.

## APPENDIX A

## LETTER OF PERMISSION FROM THE UNIVERSITY OF ARIZONA HUMAN SUBJECTS COMMITTEE

January 21, 1975

Ms. Elia Pineda
College of Nursing
Campus

Dear Ms. Pineda,

Thank you for submitting a revised consent form and a questionnaire for your project entitled "Stated Attitudes and Behaviors of Registered Nurses Regarding Homosexuality." The Human Subjects Committee approves this project effective January 20, 1975.

The Human Subjects Committee is available to consider any problems which might arise with regard to the use of human subjects, and further you are advised that any changes from the procedures proposed in your project as approved require review by the Committee. You must also report to the Committee any physical or psychological injury to the subjects which results from their participation in the project.

If we can be of further assistance in this or other matters, please feel free to call or write. (For future reference, your proposal has been assigned file number 223.)

/s/ Thomas Weaver, Ph.D.
Chairman
Human Subjects Committee

APPENDIX B

QUESTIONNAIRE ON STATED ATTITUDES AND BEHAVIORS REGARDING HOMOSEXUALITY

PART I:

Age:_____

Sex: F_____ M_____

Marital Status: Single____ Married____ Divorced____ Widowed____

Separated____ Other_____

Race: Caucasian____ Black____ Mexican-American____ Oriental____

American Indian____ Other_____

Religion: Catholic____ Protestant____ Jewish____

Other (Please specify)_____ None____

In what type of program did you receive your basic nursing education?

Diploma_____ Associate Degree_____ B.S._____

What was the highest level of education or degree obtained?_____

_____

Number of years in nursing practice:_____

Area of nursing in which you are involved:_____

Type of agency in which you work:_____

In your work experience do you have contact with homosexual patients?

Yes_____ No_____ I don't know_____

If yes, how often? Seldom____ Sometimes____ Frequently____

Did your nursing education prepare you to deal with the homosexual patients

Adequately? Yes_____ No_____

Is your understanding of homosexuality adequate? Yes____ No____

PART II:

Please indicate if you agree or disagree with the following statements by marking the proper column.

| | | Agree | Disagree |
|---|---|---|---|
| 1. | Homosexuals should be locked up to protect society. | N* | P** |
| 2. | It would be upsetting for me to find out I was alone with a homosexual. | N | P |
| 3. | Homosexuals should be allowed to hold government positions. | P | N |
| 4. | I would not want to be a member of an organization which had any homosexuals in its membership. | N | P |
| 5. | I find the thought of homosexual acts disgusting. | N | P |
| 6. | If laws against homosexuality were eliminated, the proportion of homosexuals in the population would probably remain about the same. | P | N |

| | | Agree | Disagree |
|---|---|---|---|
| 7. | A homosexual could be a good president of the United States. | P | N |
| 8. | I would be afraid for a child of mine to have a teacher who was a homosexual. | N | P |
| 9. | If a homosexual sat next to me on a bus, I would get nervous. | N | P |

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* - Negative Response toward homosexual person.
** - Positive Response toward homosexual person.

PART III:

Please indicate your response to the following statements by marking the proper column. These statements should be answered using the following stem:
If I were caring for a homosexual patient:

| | Never | Seldom | Sometimes | Frequently | Always |
|---|---|---|---|---|---|
| 10. I would be more likely to send someone else to answer the call light than answering it myself. | | | | | |
| 11. I would tend to be slower in answering the call light as compared to that of other patients. | | | | | |
| 12. I would feel uncomfortable when talking with the patient. | | | | | |
| 13. I would feel uncomfortable bathing the patient. | | | | | |
| 14. I would feel uncomfortable when doing treatments such as dressing changes for the patient. | | | | | |
| 15. I would want the door of the room to remain open when friends of the same sex came to visit. | | | | | |
| 16. I would withdraw from the patient if the patient tried to touch me. | | | | | |
| 17. I would participate in conversation with other nurses in which derogatory comments about the patient were made. | | | | | |

## APPENDIX C

## LETTER OF EXPLANATION FOR PARTICIPATION IN A STUDY MEASURING REGISTERED NURSES' ATTITUDES AND BEHAVIORS REGARDING HOMOSEXUALITY

Dear Participant:

I, Elia Pineda, R.N., am conducting a study of the attitudes and behaviors of registered nurses regarding homosexuality. The main purpose of this study is to collect data to determine what the attitudes of nurses are and how these attitudes affect their behavior. Hopefully, this information will help nurses gain some insight regarding their attitudes and behaviors toward the homosexual patient and thus help improve the care that they are able to provide for these people.

Participation is on a voluntary basis and it involves completing a questionnaire containing some biographical data concerning yourself, and a number of short statements concerning your attitudes and behaviors toward homosexuals. Approximately 10 to 15 minutes of your time will be required to complete the questionnaire.

All confidentiality will be insured, and your name is not required. All data will be coded and the computer analysis will be carried out on grouped data, not on individual responses.

You are free not to answer particular questions, and you may withdraw from the study at any time. The investigator will be available to answer any questions you may have.

If you consent to participate in this study as outlined above, please complete the attached questionnaire.

Thank you,

Elia Pineda

APPENDIX D

## SIGNIFICANT PEARSON CORRELATION COEFFICIENTS BETWEEN INDIVIDUAL STATEMENTS AND THE SCORES

| Statement | Attitude | | Behavior | | Total | |
|---|---|---|---|---|---|---|
| | C* | P** | C* | P** | C* | P** |
| 1 | NS*** | | NS | | NS | |
| 2 | .5369 | .001 | .5950 | .001 | .6453 | .001 |
| 3 | .4149 | .001 | NS | | NS | |
| 4 | .3727 | .004 | .2289 | .050 | .3274 | .010 |
| 5 | .8028 | .001 | .4847 | .001 | .6997 | .001 |
| 6 | .4331 | .001 | NS | | .3473 | .007 |
| 7 | .7534 | .001 | NS | | .4988 | .001 |
| 8 | .7234 | .001 | .5204 | .001 | .6852 | .001 |
| 9 | .4514 | .001 | .4864 | .001 | .5334 | .001 |
| 10 | .4154 | .001 | .6307 | .001 | .6108 | .001 |
| 11 | .2927 | .020 | .6084 | .001 | .5377 | .001 |
| 12 | .5081 | .001 | .7722 | .001 | .7475 | .001 |
| 13 | .4130 | .001 | .7488 | .001 | .6869 | .001 |
| 14 | .2804 | .024 | .6489 | .001 | .5583 | .001 |
| 15 | .3912 | .002 | .7161 | .001 | .6551 | .001 |
| 16 | .4382 | .001 | .7555 | .001 | .7033 | .001 |
| 17 | NS | | .3779 | .003 | .3236 | .011 |

*Correlation (N=50)
**Probability
***Not Significant

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