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Homophobia among nurses who care for HIV infected patients

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Homophobia among nurses who care for HIV infected patients

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San Jose State University, 1993

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**HOMOPHOBIA AMONG NURSES WHO CARE
FOR HIV INFECTED PATIENTS**

A Thesis

Presented to

The Faculty of the Department of Nursing

San Jose State University

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

by

Kathleen Maison

May, 1993

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ABSTRACT

HOMOPHOBIA AMONG NURSES WHO CARE FOR HIV INFECTED PATIENTS

by Kathleen Maison

This study sought to reexamine the level of homophobia among nurses providing care for Human Immunodeficiency Virus (HIV) clients in a community hospital. The study was a replication of a study by Trexler (1989) at the same facility to determine if any change had occurred among the nurses 2 years later.

The study was descriptive and exploratory, and the analysis of the data from the Index of Attitudes toward Homosexuals (IAH) questionnaire included frequencies, means, and standard deviations. The demographic data were analyzed using descriptive statistics.

The results indicated a similarity to the original study. The overall mean score for the Trexler study was 41.33, with a standard deviation of 16.35, and for this study, the overall mean was 44.27, with a standard deviation of 17.42. The findings in both studies ranged in the "low-grade non-homophobic" for the IAH questionnaire (Hudson & Ricketts, 1980).

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To my family and colleagues whose support and assistance is unbelievable.

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Chapter 1

INTRODUCTION

Acquired Immune Deficiency Syndrome (AIDS) was identified in 1979-1980 as a "gay related immune deficiency" (Carr & Gee, 1986). Much has been learned about the disease, and other populations have been shown to be at risk. However, in the general public, AIDS is still considered a "gay" disease.

The purpose of this study was to replicate the research that examined the level of homophobia among nurses who were providing care for Human Immunodeficiency Virus (HIV) infected patients in a community hospital setting (Trexler, 1989). The replication explored whether or not there has been a change in the level of homophobia among nurses 2 years later. The sample was expanded to include nurses from nursing units not sampled in the Trexler study.

Background of the Problem

In comparing the first 100,000 AIDS cases to the second 100,000 cases, homosexual/bisexual men without intravenous drug use comprise more than one half of the cases (Center for Disease Control, 1991). The first 100,000 AIDS cases had 61% male homosexual/bisexual men without intravenous drug use, and the second 100,000 cases of AIDS had 55% male homosexual/bisexual men without intravenous drug use.

The AIDS epidemic has created a second epidemic. This second epidemic is more subtle and much more difficult to combat than the first. The second epidemic is

one of fear (Fettner & Check, 1984). This fear has led to discrimination in all arenas of homosexuals' lives, including housing, employment, insurability, and health care delivery. A national poll has reported that public support for the legalization of homosexual relationships has fallen to its lowest level since 1977 (Gallup Report, 1986).

The anxieties that AIDS has prompted in the general public also has crossed over into the health care professions. AIDS was originally called the "gay plague," because many of the early victims of HIV infection were male homosexuals. The understanding of the modes of transmission of the HIV virus should theoretically combat the notion that HIV disease is directly related to homosexuality. The literature clearly demonstrates that homophobia is present among health care providers (D'Augelli, 1989). There is evidence that strongly suggests that the more homophobic health care providers are, the less empathetic they are toward homosexual HIV infected patients.

The attitude of health care providers concerning a person's relative worth as an individual influences how they interact with that individual. A study at a major New York teaching hospital used a questionnaire that contained 79 items that was designed to assess AIDS anxiety, fear of contagion, and personal attitudes about homosexuality (Wallack, 1989). Wallack's study indicated 48% of the respondents reported feeling angry at the homosexual population and blamed homosexual promiscuity for causing the epidemic that now threatens the heterosexual population.

Eighteen percent of physicians and 33% of nurses agreed that homosexual men afflicted with AIDS had only themselves to blame.

Homophobia makes it difficult for an individual to reveal his or her sexual orientation. Homophobia is a prejudice similar to anti-semitism, racism, and sexism. Continual exposure to the prejudice results in a stigmatism of homosexuals (Martin, 1982). If the level of homophobia can be reduced in health care professionals, then the care for the gay AIDS patient can be improved.

This study assessed the current level of homophobia in a sample of nurses at a 200-bed community hospital. Two years ago, Trexler (1989) found very little homophobia among the nurses in this suburban community hospital.

Research Questions and Objectives

There were two research questions for this study. The first question was, "What is the level of homophobia among nurses who care for HIV infected patients?" The second question was, "Is there a difference between the findings of the Trexler (1989) study and this study?"

The first objective of this study was to quantify the existence of homophobia among this population of nurses. The second objective was to compare the results with the previous study. The third objective of this study was to determine the need for a plan to reduce the level of homophobia.

Definitions

For this study, the following definitions were used:

1. AIDS (Acquired Immunodeficiency Syndrome) is caused by a retrovirus called Human Immunodeficiency Virus (HIV), which interferes with cell mediated immune response. This interference results in the individual becoming severely immunocompromised and susceptible to opportunistic infections and unusual malignancies (Bryant-Armstrong, 1988).

2. HIV infection begins with the HIV retrovirus entering the body and infecting certain cells of the immune system, the T helper lymphocytes and macrophages. There are three stages to the infection--early or acute phase, a middle or chronic phase, and a final or crisis phase. In the later stages, the signs and symptoms exhibited by HIV infected patients depend on the nature of the underlying opportunistic infection or neoplasm and the organ systems directly or indirectly affected (Nily, 1988). There is during the earliest stage a period of asymptomatic infection in which the patients show no signs or symptoms of HIV infection (Gee & Moran, 1988). For this study, HIV infected patients include the full spectrum from seropositive asymptomatic HIV infected individuals to the terminally ill AIDS patient.

3. Homophobia is the negative attitudes toward gay men and lesbian women based on prejudice or on experience influenced by prejudice (Hirsch & Enlow, 1984). Weinberg (1972) defined homophobia as the dread of being in close quarters with homosexual men and/or women. Hudson and Ricketts (1980) included the personal affective responses of disgust, anxiety, aversion, discomfort, fear, and anger with respect to either proximal or distal involvement with homosexual individuals.

For this study, the Hudson and Ricketts definition was used. Cabaj (1988) adds fear of homosexual desires to this definition.

4. Internalized homophobia refers to prejudiced attitudes held by society at large about homosexuality, which have been personalized and internalized by gays and lesbians (Hirsch & Enlow, 1984). It is manifested often as self-doubt, a belief in inferiority, acceptance of the popular myths, a self-imposed limit on aspirations, or belief that others will be rejecting on the basis of homosexuality (Cabaj, 1988).

5. Nurses refer to the three levels of nursing personnel providing care to HIV infected patients--registered nurses, licensed vocational nurses, and nursing assistants.

6. Seropositive refers to any person infected with the HIV.

The Trexler study showed very little homophobia in one suburban hospital. The factors of education, self-selection, and socialization with one or more homosexual individuals were indicated as the unique factors in this setting that contributed to the results of low homophobia. Because Trexler's results were contrary to other research reports, a replication of the study may indicate whether these factors of uniqueness were accurate or not.

As the AIDS crisis grows, the level of homophobia, both externalized and internalized, is increasing, and the negative effects are mounting. The level of homophobia must be reduced to assure compassionate care for gay HIV infected patients. This study will add to the knowledge base that will benefit the practice of

nursing care involving gay AIDS patients. Ultimately, this will improve nursing care provided to all patients.

Research Design

This study sought to explore homophobia. An anonymous questionnaire was used for data collection. A convenience sample of nurses who volunteered and had taken care of HIV infected patients in a community hospital was surveyed.

Participants were given written assurance of anonymity. Consent was implied by their voluntary participation. No formal written consent was used to protect anonymity.

Questionnaire packets were made available to the interested nurses on the three units which frequently provide care for HIV infected patients. The packet included a stamped, self-addressed envelope for return of completed questionnaires in order to further secure the anonymity of the participants. The managers of the three nursing units were made aware of the fact that staff participation was completely anonymous and voluntary.

The survey tool used was the "Index of Homophobia" (IHP) (Hudson & Ricketts, 1980), with the suggested change in title on the respondents' copies to "Index of Attitudes Towards Homosexuals" (IAH) in order to reduce the potential for "socially desirable" responding. The IHP is a 25-item summated category partition scale with a score from 0 to 100. Items on this questionnaire were designed to specifically investigate the dimension of personal anxiety about homosexuals rather than cognitive attitudes and opinions about homosexuality. Scores between 0 and 25

are regarded as "high grade non-homophobic," between 25 and 50 is "low grade non-homophobic." Scores between 50 and 75 are regarded as "low grade homophobic." "High grade homophobics" score above 75 on the IHP. Reliability of the tool was demonstrated to have a computed coefficient alpha of .901. The IHP was reported by the authors to have been tested to demonstrate high content and construct validity.

Scope and Limitations

The scope of this study was to assess the level of homophobia in nurses who care for the HIV infected patients in one hospital in a central California community. The findings can be compared to findings in similar settings. Limitations include the possible bias that may have occurred due to the self-selection of participants and the sampling method that precluded randomization. The sample size was also small.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF LITERATURE

Conceptual Framework

HIV infection is an epidemic which began in the 1980s. It, therefore, seems appropriate to view the nursing approach to HIV infected patients through a conceptual paradigm developed in the 1980s. HIV infection is a disease that presents complex problems to the nurses caring for its victims, and the approach to care must be holistic. The theory, Modeling and Role-modeling: A Theory and Paradigm for Nursing, proposed by Erickson, Tomlin, and Swain (1983) is an appropriate, useful theory to use as the basis for this research.

The major assumption of this conceptual model is that the "nurse-client relationship is an interactive, interpersonal process that aids the individual to identify, mobilize and develop his or her own strengths" (Erickson et al., 1983), which is elementary to caring for AIDS patients. The nurse's attitudes and personal beliefs influence clients' abilities to succeed in utilizing their strengths. Another major assumption of this theory describes the ways that all people are similar. This assumption centers on the holistic model of four overlapping and actively interacting subsystems (see Figure 1). These subsystems are representations of the social, psychological, biophysical, and cognitive areas of a person's life. They relate to the basic growth and development theories of Maslow, Erickson, and Piaget (Erickson et al., 1983). The perceived satisfaction of needs, attainment of psychosocial stages and

cognitive development contribute to an individual's level of functioning. Erickson et al. (1983) state that individuals have an innate need for affiliated-individuation, a need to be simultaneously close and separate from a significant other.

Figure 1. Holistic model of ways that people are alike.

As every individual shares these universal attributes, each individual is also unique. The Adaptive Potential Assessment Model (APAM), described by Erickson et al. (1983), incorporates the inherent intellectual endowment with the adaptive skill.

The three categories in the APAM are arousal, equilibrium, and impoverishment. Each of these major states represents a different potential to mobilize self-care resources. Arousal and impoverishment are both stress states; however, the person in impoverishment has diminished resources available for mobilization. Therefore, these individuals are at more risk when they are confronted with ongoing or new biological or psychosocial stressors. Persons in equilibrium are there because they have a good potential for mobilizing coping resources. Impoverishment is the product of maladaptive coping skills by the individual (see Figure 2).

Figure 2. Stressors lead to equilibrium or impoverishment.

HIV infection is a disease that requires a holistic approach. The caregiver must address all areas of the patient's life. The young age of many of the patients dictates a need to incorporate a developmental approach. The primary goal in caring for these patients is optimal coping.

A literature search revealed published studies that investigated the attitudes of nurses who care for AIDS patients. Three studies (Douglas, Kalman & Kalman, 1985; Kalman, Kalman, Connelly & Perry, 1987; Wallack, 1989) were conducted with

physicians and nurses. One study (Royse & Birge, 1987) sampled medical students and nurses. Three studies (D'Augelli, 1989; Blumenfield, Smith, Millazzo, Seropian & Wormser, 1987; Trexler, 1989) had nursing staff as respondents; one group was from a large university hospital, one group of rural Pennsylvania nursing personnel, and one group from a suburban community hospital in California.

Tardiff (1987) reported that Dr. Gwen van Servellen, a nurse scientist, noted a surprising number of nurses who had very fixed negative ideas about AIDS patients. Twenty-five percent of the nurse respondents in van Servellen's (1987) study, "Nurses' Attitudes, Knowledge and Fear of AIDS and AIDS Care," said they would not take care of AIDS patients under any conditions (Tardiff, 1987).

Wallack (1989) found that 48% of the respondents reported feeling angry at the homosexual population and blamed homosexual promiscuity for causing the epidemic. Eighteen percent of physicians and 33% of the nurses in this study agreed homosexual men with AIDS had only themselves to blame. Nine percent of the respondents in his study felt that AIDS was God's punishment to homosexuals. Douglas et al. (1985) found that nearly 10% of their respondents felt that homosexuals who contracted AIDS were getting what they deserved.

A "Survey of Attitudes of Nurses Working with AIDS Patients," done at Westchester County Medical Center, showed that 50% of the responding nurses would request a transfer if asked to care for AIDS patients on a regular basis (Blumenfield et al., 1987). This study also reported that two-thirds of the responding nurses reported

that they had friends or family members who had expressed concern about associating with hospital staff who had contact with AIDS patients.

In the article, "AIDS Anxiety Among Health Care Professionals," Wallack (1985) reaffirmed the thinking that involvement with AIDS patients may trigger underlying prejudices and stereotypes about homosexuality and interfere with the doctor-patient relationship. Intensified homophobia may cause clinicians to take steps to detach themselves from, or even abandon, the patient and then rationalize the actions as the result of concern for personal safety (Douglas et al., 1985).

In addition to the cited research, there are many other descriptive articles that addressed the effect of public and professional attitudes toward persons at risk for AIDS or who are AIDS victims. A study by Dupras, Levy, and Samson (1989) showed homophobia was a key indicator associated with negative attitudes towards AIDS victims. In Hirsch and Enlow's (1984) article, they noted "that within the gay community the homophobic response to AIDS is amplified, incorporated into the perception of the self and internalized into the individual's negative self image" (p. 276).

In a study cited in the Sanford (1989) article, Stevens and Hall found that lesbians were fearful of identification as homosexuals and were concerned that such identification would affect the quality of their health care. Sanford also stated that because of homophobia in our society, a young person often hides his or her gay or

lesbian identity, and health care workers often tend to deny the existence of homophobia (Sanford, 1989).

The confusing effects of homophobia were also described by Viele, Dodd, and Morrison (1984). Homophobia among health care workers was identified as a serious obstacle to delivery of the best possible care to HIV infected patients.

Summary

The literature reviewed demonstrated the presence of homophobia towards HIV infected patients in health care workers. These articles spoke of the potential danger of providing less than optimal care to these patients. The articles also addressed the need for a change in the attitudes of nurses caring for the client population.

As reported by Tardiff (1987), van Servellen made specific recommendations for changes in the formal education of nurses. Her recommendations dealt with cultural, moral, and ethical issues that would enable nurses to make decisions based on a heightened sense of the value of their client's life. She recommends an intense education program appealing to these humanistic values and to encourage nurses to voice fears about caring for HIV infected patients. She suggests that nursing students should gain experience with HIV infected patients while surrounded by peers with more positive attitudes.

This review of literature leads to two questions. Does the finding of homophobia in suburban settings, medical clinics, and teaching hospitals reflect the presence of homophobia in smaller suburban settings? Has the level of homophobia

changed in the suburban hospital that was sampled by Trexler in 1989? This study proposed to answer these questions.

Chapter 3

METHODOLOGY

This chapter covers the methodology for this study of homophobia among nurses caring for HIV infected patients. The questionnaire, participants, data collection and analysis procedures are also described.

Request was made to the Human Subjects-Institutional Review Board (HS-IRB) at San Jose State University for exemption from the requirement for informed consent of the respondents. The research project was evaluated by the HS-IRB and, after questions were satisfactorily answered by the researcher, exempt status was granted for the project.

Each packet contained four components: (a) the introductory letter, (b) demographic questionnaire, (c) research questionnaire, and (d) stamped envelope for return of the research and demographic questionnaires. One hundred packets were distributed.

The introductory letter described the research project and gave assurance of anonymity for the respondent (see Appendix B). It stated that consent to participate was implied with the return of the completed surveys. Directions for completion of the survey and an estimate of the time involved were also included.

The demographic questionnaire requested information about the nurses' job category which consisted of registered nurse, licensed vocational nurse, or nursing assistant. It also asked for the educational level of the registered nurses: associate

degree, diploma, bachelor's degree, or master's degree. The age of each respondent was queried by decades: 20-29, 30-39, 40-49, 50-59, and 60 or older. The final question asked if the respondent had or has had a close friendship or working relationship with a homosexual (see Appendix C).

The research tool was the Index of Attitudes toward Homosexuals (IAH), consisting of a 25-item survey (see Appendix D). The IAH came printed with a space that asked for the name of the respondent. This space was eliminated by typing in "Do not put your name here," to increase anonymity. The scale used a fixed response Likert scale format (LoBiondo-Wood & Haber, 1990). Respondents had a choice of selecting a response that was closest to the one with which they most agreed. The instrument choices were (1) strongly agree, (2) agree, (3) neither agree or disagree, (4) disagree, or (5) strongly disagree. The numerical scores were totaled after the negatively worded items were reversed scored. Any item that was not answered appropriately or was left blank was scored as zero. In accordance with the formula for scoring the IAH, respondents who completed all items properly had the total score computed as the sum equals total numerical score minus 25 (Hudson & Ricketts, 1980).

The individual items in the IAH were specifically chosen to evoke an emotional response towards homosexual individuals rather than an intellectual response towards homosexuality. The construct validity (the extent that a test measures a theoretical construct or trait) was determined using the Psychological Screening

Package (PSSP) and Sexual Attitude Scale (SAS) tests. The reliability (how well an instrument yields the same results on repeated measures) was high at alpha coefficient of .901 with a low standard error of measurement (SEM), which is a strong indicator that the IAH is a good scale (LoBiondo-Wood & Haber, 1990). These tests substantiated that the IAH was a reliable tool for the measure of an individual's level of homophobia (Hudson & Ricketts, 1980).

The survey packets were distributed to unit managers along with an explanation of the research project for distribution to their respective staff members. The researcher was available by telephone to answer any questions and address any concerns. The three units were chosen because the nurses on those units frequently care for HIV infected patients. The units were the designated AIDS medical/surgical unit, the intensive care unit, and the oncology unit. Responses were collected by mail for a 2 week period. The survey was considered completed 2 weeks after the designated return date. All questionnaires were initially hand scored. All reversed scored questions were changed prior to totaling the scores. Raw data was statistically analyzed using Minitab Data Analysis. The findings and analysis of the returned questionnaires are presented in Chapter 4.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

Findings

One hundred questionnaire packets were distributed, and 37 (37%) were returned within the prescribed time. The researcher did receive four survey packets after the prescribed time plus 2 weeks had passed; therefore, they were not included in the study. The Trexler study had an 80% return.

The data for each respondent were scored according to the formula devised by Hudson and Ricketts (1980). The IAH results were first scored by reverse scoring of the negatively worded items, subtracting 25, and then computing the total numerical score for each questionnaire. There were no surveys that had blank items; therefore, no adjustments were necessary (Hudson & Ricketts, 1980).

The majority of mean scores clustered between 34 and 46. The overall mean calculated to be 44.27, with a standard deviation of 17.42 overall for the 37 nurses. This falls within the range described by the authors as "low-grade non-homophobics" (Hudson & Ricketts, 1980). The Trexler study had an overall mean of 41.33, with a standard deviation of 16.35, also in the "low-grade non-homophobic range." There was no significant difference between these two studies. The mean scores of the current study and the Trexler study are shown in Table 1. A close friendship or working relationship was indicated by 29 of the 37 respondents (78.4%).

Table 1

Comparison of Mean Scores and Standard Deviations on the IAH and close relationship responses between the current study and the replicated study

Nurses	n	<u>M</u>	SD	*No./c	**No./s
Current study*	37	44.27	17.42	41.45	55.71
Trexler, 1989*	36	41.33	16.35	39.73	68.50
Difference*		2.94***			

Note. * No./c = mean scores of nurses who had or do have a close relationship with a homosexual individual.

** No./s = mean scores of nurses who do not or have never had a close relationship with a homosexual individual.

*** $t(69) = 0.74, p = .46$

The mean scores and standard deviations on IAH were then calculated according to the nurses' demographics for job category, education level, and age (see Tables 2, 3, and 4). A majority of respondents were RNs in their 30-40s, who had an Associate, Diploma, or Bachelor's degree. In Table 2, the majority of respondents were RNs who had an IAH $\underline{M}$ =44.13 and SD=17.41. In Table 3, means and standard deviations varied from Associate degree ($\underline{M}$ =49.50 and SD=12.07), Diploma ($\underline{M}$ =46.54 and SD=14.37), and Bachelor's degree ($\underline{M}$ =37.75 and SD=22.08) nurses. In Table 4,

the IAH means and standard deviations between the 30-39 year olds ($\underline{M}$ =41.11 and SD=11.29) and 40-49 year olds ($\underline{M}$ =41.70 and SD=17.26) were similar.

Table 2

Frequencies, Mean Scores, and Standard Deviations on IAH by Job Categories

(n = 37)

Job Categories	RN	LVN	NA	Total
n	31	2	4	37
$\underline{M}$	44.13	54.50	40.25	
SD	17.41	38.89	3.70	

Table 3

Frequencies, Mean Scores, and Standard Deviations on IAH by Level of Education for RNs (n = 31)

Level of Education	n	<u>M</u>	SD
Associate Degree	14	49.50	12.07
Diploma	7	46.57	14.37
Bachelor of Science Degree	8	37.75	22.08
Master of Science Degree	2	23.50	30.41

Table 4

Frequencies, Means, and Standard Deviations of Respondents on IAH by Age Groups (n = 37)

Age	20-29 yrs.	30-39 yrs.	40-49 yrs.	50-59 yrs.
n	6	18	10	3
<u>M</u>	56.00	41.11	41.70	36.33
SD	26.38	11.29	17.26	27.30

Discussion

Literature reviewed for this study repeatedly showed the presence of homophobia among health care providers that care for HIV infected patients. The nurses in this study demonstrated "low-grade non-homophobic" scores, essentially an absence of homophobia. The variance of previous experience of knowing or working with a homosexual person related positively to lower scores. This finding was noted both in the Trexler study and the current study.

Both the Trexler and the current study demonstrated an absence of homophobia in this particular suburban setting (see Table 4). Conclusions and recommendations will be discussed in Chapter 5.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

There was a close similarity between the findings of the current study and the replicated study by Trexler (1989). The particular group of nurses who chose to respond to the survey did not exhibit homophobic attitudes. The 37% return in the current study was less than desired. It is interesting to note that the number of returned surveys was virtually equal in the two studies, Trexler-36 and current-37. The turnover in staff and the attempt to expand the sample size did not suggest that the same nurses chose to participate. One nursing unit did have a new manager at the time the surveys were distributed, and that may have impacted the number of returns. The questionnaires, however, were not coded to allow for identification of unit of origin.

The suburban community hospital surveyed has a formal annual educational program for teaching staff about the special concerns and needs of patients with HIV infection. The program begins with basic infection control principles and universal precautions. After the issue of contagion is addressed, the program moves on to the complex medical, nursing, and psychosocial care of this client population. After the nurses are comfortable with the nursing procedures and treatments for the multiple opportunistic infections, the complex psychosocial interventions are introduced and discussed in depth.

A social worker shares information specific to discharge planning and legal issues for clients with HIV infection. Speakers from a community based AIDS agency talk about the psychological needs of these clients. Much of this information deals with being homosexual and ill in a setting which may not accept homosexuality. Nurses are encouraged to be non-judgmental and accepting of homosexual relationships and to view the client's family support system as including all significant others. Many times it is the nurse, who is highly motivated and self-educated, that role-models appropriate and compassionate care for HIV infected clients and their families. Some of these nurses are gay men or lesbians.

This suburban community hospital had also decided not to have a dedicated AIDS unit. There is a designated AIDS medical/surgical unit where many of the HIV infected clients are admitted. The nurses on this unit provide care for a variety of clients with a mixture of medical and surgical diagnoses. If an HIV infected individual needs to be admitted, and there are no vacancies on this medical/surgical unit, the client could be admitted elsewhere in the hospital. Support for the nurses on other units is provided by the specially trained staff. Thus, the client mix, the education program, and the role modeling of the trained and supportive staff likely contributed to the lower homophobia scores.

Recommendations

More research is needed in this area and should be with a larger population of nurses, perhaps including the nurses from another suburban hospital within 25 miles to

compare results. Research should also include a larger sample of nurses with advanced degrees. The respondents to this study that were master's prepared had the lowest scores on the IAH; however, the sample was extremely small (2). Another interesting question to ask on the demographic questionnaire is, "Are you a homosexual?" This could give data relating sexual orientation to homophobia.

The education of all nurses with a humanistic approach invites self-acceptance which is necessary to be able to accept others. Psychosocial education needs to be continually reinforced, because it encourages and validates non-judgmental attitudes among nursing staff.

Research has shown that knowing and/or working with a homosexual made a positive difference in the attitudes of individuals. Therefore, it is recommended that homosexuals be involved in the education of nurses caring for HIV infected clients. Also, a general consciousness raising program is recommended that includes homosexuals and other minority groups as a regular part of nursing curricula and hospital orientation programs.

It would be useful to replicate this study in a geographic area that does not have an open and active homosexual community. The similarity of the results between the current study and the Trexler study suggests that this particular setting may be unique in its absence of homophobia. The sample, however, is too small to be generalizable to other areas.

The most intriguing question that was suggested by the results is the following: "Do homosexual clients with HIV infection feel they are discriminated against in any way by this population of low-grade non-homophobic nurses?" This question could be the basis for a comparison study.

The holistic approach to client care of Erickson, Tomlin, and Swain (1983) unites with the needs of clients in any health care system and particularly well with the HIV infected clients. "Being accepted as a unique, worthwhile, important individual--with no strings attached--is imperative if the individual is to be facilitated in developing his or her own potential" (Erickson, Tomlin & Swain, 1983, p. 49). With the HIV crisis still growing and the victims continuing to be more than 50% homosexual/bisexual males, absence of homophobia is an essential part of their nursing care.

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APPENDIX A

Human Subjects-Institutional Review Board Approval

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Kathleen Maison, Nursing
394 Mesa Road
Salinas, CA 93908

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: February 17, 1992

The Human Subjects-Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Homophobia among Nurses Caring for HIV Infected Patients"

You may proceed with this study without further review by the Human Subjects-Institutional Review Board.

I do caution you, however, that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

CC: Virgil Parsons, Nursing

APPENDIX B
Letter of Consent

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130

Dear Nursing Staff Member;

I need your help in conducting a study of the attitudes that nurses who care for HIV infected patients have toward homosexuals. The results of this study should contribute to positive changes in nursing education. If you have cared for an HIV infected patient in the hospital, please take 5 minutes to complete the enclosed questionnaire.

It should be clear that your participation is both anonymous and voluntary. Do not mark this questionnaire in any way that could identify you personally. Use the enclosed, stamped envelope to return the questionnaire.

As you know, I participate in the AIDS case management at the Outpatient Immunology Services Clinic. I am currently doing research for my thesis at San Jose State University.

If you have any questions about this study, I would be happy to talk with you. I can be reached at 625-4972. If you have questions or complaints about research subjects rights, or in the event of a research related injury, please contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408) 924-2480. I hope that you will take the time to help with this study. Please return the demographic questionnaire and the research questionnaire by March 13, 1992.

Sincerely,

Kathleen Waison, R.N.
Outpatient Immunology Services
Community Hospital of the Monterey Peninsula

APPENDIX C
Demographic Information
Questionnaire

APPENDIX D
Index of Attitudes
Toward Homosexuals (IAH)

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