1989

Homophobia among nurses who care for AIDS patients

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HOMOPHOBIA AMONG NURSES
WHO CARE FOR AIDS 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
Todd Trexler
July 1989

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ABSTRACT

HOMOPHOBIA AMONG NURSES WHO
CARE FOR AIDS PATIENTS

by Todd Trexler

This descriptive study measured homophobia in 36 nurses who care for AIDS patients in a suburban community hospital, using an anonymous survey employing the "Index of Homophobia" by Hudson and Ricketts (1980) and a demographic questionnaire which asked the job category (registered nurse, vocational nurse, or nurse aide), age of the respondents, and if they had previous personal or professional relationships with homosexuals. Contrasting with previous studies, the subjects were found to be non-homophobic. Registered nurses and those with previous personal or professional exposure to homosexuals were the least homophobic. Age of the respondents had no statistical significance. All of the subjects had received special training regarding the psychosocial care of AIDS patients. Level of education, the opportunity to know or work with homosexuals, and special training were seen to be associated with non-homophobic scores. Recommendations included encouragement of a gay-integrated staff and specialized training.

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Chapter 1

INTRODUCTION

Background of the Problem

When Acquired Immune Deficiency Syndrome (AIDS) was first identified in 1979 and 1980, it was termed "gay-related immune deficiency" (Carr & Gee, 1986). Although much has been learned about this disease, and other populations are now known to be at high risk, AIDS still is often considered by the general population to be a "gay" disease. Today, gay and bisexual men make up about 69% of the cases reported in the United State (Centers for Disease Control, 1989). It seems evident that fear of AIDS in the general population and among gays themselves is both a fear of the dreaded disease and a fear of being stigmatized as a homosexual (Kayal, 1985).

Fear among health care workers is also twofold. Firstly, there is the very real fear of contagion. Secondly, there is homophobia, because much fear and little understanding of homosexuality exist in our society (Hacker, 1984).

Problem

Dr. Marcus Conant, Chairman of the California State Task Force on AIDS, opened his address to the National AIDS Conference (1987) saying that "the two biggest problems in attacking this epidemic have been denial and homophobia." The health care delivery system, made up of socialized

humans, has not been exempt from these problems. Denial is a behavior, whereas homophobia is a socialized attitude which affects behavior. Denial is diminished by education and support. Homophobia, however, is more difficult to assess and address.

Gay patients have been treated for years in the health care system while maintaining some level of anonymity regarding their sexual and affectional orientation. Though the feeling that one must maintain a facade of heterosexuality is potentially damaging to a gay man, it provides an operative coping mechanism (Irish, 1983, p. 1169). AIDS patients who are gay are usually stripped of this mechanism and are rendered vulnerable to the attitudes of the nurses caring for them. This vulnerability is exacerbated by the internalized homophobia inherent in the gay patient. Nurses are the team leaders in the San Francisco non-medical model of care (Clement, 1987). They facilitate case management and interact more frequently and intimately with patients than do other team members. This study proposed to explore the problem of assessing the level of homophobia among nurses working with people with AIDS.

Research Question

The research question for this study was: "What is the level of homophobia in nurses who care for AIDS patients?" All of the previous research studies dealing with this issue were conducted in large urban medical centers. This study

assessed the level of homophobia among nurses in a small California coastal community.

The research site was a suburban, affluent, educated, and predominantly white community. Most of the AIDS patients are gay or bisexual. Most of the nurses who work in the private local hospital live in the immediate community.

Purpose and Need

In their biopsychosocial design of a "Multidisciplinary AIDS Program" (MAP), Cohen and Weisman (1986) addressed the manner in which AIDS undermines coping capacities and increases the sense of alienation and expendability in patients. The MAP approach articulates with the conceptual framework of this study (see Chapter 2) to view each patient as deserving of organized care and treatment with dignity. The program strives to improve communication and diminish alienation and the sense of expendability. To deliver this kind of compassionate and ethical care, staff members need to deal effectively with patients' sexuality.

If nurses are to deal effectively with patients' sexuality, they need first to be comfortable with sexuality in general. Krozy (1978) lists the characteristics of a sexually comfortable person: "a personal resolution of sexual identity and overall sexual adjustment; the ability to speak openly, honestly, and confidently about any aspect of human sexuality; the ability to accept the sexual

preference and activities of others without feeling personally threatened and without moralizing or being judgmental" (p. 1036).

Nurses must confront their own possible homophobia before treating people with AIDS if they are to interact directly, professionally, and with understanding (Hausman, 1983; Morin & Batchelor, 1984). By assessing the level of homophobia in nurses, the first step is taken in a process directed toward improving nursing care (Coates, Temoshok, & Mandel, 1984). The second step comes when health-promoting and health-damaging behaviors are identified in nurses. The third step involves using a formal needs assessment, which in turn can be used to develop and evaluate interventions that will help nurses improve their ability to meet the psychosocial and emotional needs of gay patients.

Definition of Terms

Homophobia can be defined as negative attitudes toward gay men and lesbians 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 women. Hudson and Ricketts (1980), in their "Strategy for the Measurement of Homophobia," included the personal affective responses of disgust, anxiety, aversion, discomfort, fear and anger with respect to either proximal or distal involvement with homosexual individuals (pp. 365-366).

According to Morin, cited in a monthly bulletin, homophobia is a belief system that supports discrimination based on sexual orientation. It is present in language which is offensive to gay people and in the use of any belief system which does not value homosexual lifestyles equally with heterosexual lifestyles (Central Valley AIDS Team, 1985). Internalized homophobia refers to prejudicial attitudes held by society at large about homosexuality, which have been personalized and internalized by gay men and lesbians (Hirsch & Enlow, 1984, p. 273).

Nurses, in this study, refers to the three levels of nursing staff who care for AIDS patients: registered nurses, licensed vocational nurses, and nursing assistants. All of these members of the nursing staff care for AIDS patients on the AIDS designated unit, in the emergency room, or in the intensive care unit. AIDS patients, as defined in this study, refers to patients with HIV disease. This includes HIV seropositive patients, patients with AIDS Related Complex (ARC), and those diagnosed with AIDS.

Research Design

This descriptive pilot study used an anonymous questionnaire for data collection. It used a "convenience sample" of nurses who volunteered from a community hospital. Participants received written assurance of anonymity, and by their participation, gave consent as volunteers. To protect anonymity, a consent form was not used.

Questionnaire packets were made available to interested nurses on the three units who care for AIDS patients. A stamped, self-addressed envelope was included in the packet for the return of completed questionnaires in order to further protect the anonymity of participants. The three unit managers were made aware of the fact that staff participation was completely voluntary and anonymous.

This study used the "Index of Homophobia" (IHP) (Hudson & Ricketts, 1980). The IHP is a 25 item summated category partition scale with a score range of from 0 to 100. Items on the IHP are designed to specifically investigate the dimension of personal anxiety about homosexuals rather than cognitive attitudes and opinions about homosexuality. Scores between 50 and 75 are considered low grade homophobic; scores above 75 are considered more significantly homophobic. Reliability of the IHP was demonstrated by the authors to have a coefficient alpha equal to .90. This tool is reported by its authors to have been tested to demonstrate high construct and content validity.

Scope and Limitations

The scope of this study was to assess the level of homophobia in nurses who care for AIDS patients in a central California community. The findings were compared to the findings from studies done in other sociographic settings. Limitations involve the sampling method, which precluded

randomization, and bias which may have occurred due to self-selection of participants. The sample was also somewhat limited in number.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

Conceptual Framework

AIDS is an epidemic of the 1980's, and so it seems particularly appropriate to view the nursing approach to the care of AIDS patients from a conceptual paradigm designed in the 1980's. AIDS is a disease which presents complex problems to health care workers, and the approach to care must be holistic. What better theory, then, than Modeling and Role-modeling, a Theory and Paradigm for Nursing, developed by Erickson, Tomlin, and Swain (1983)?

The first major assumption of this theory refers to the ways in which people are alike. This centers in the holistic model made up of four overlapping and dynamically interacting subsystems (see Figure 1). These subsystems represent the biophysical, cognitive, social, and psychological areas of a person's life. They relate to basic theories of growth and development by Maslow, Erikson, and Piaget (as cited in Erickson, Tomlin, & Swain, 1983). The satisfaction of needs, attainment of staged psychosocial levels, and cognitive development all contribute to an individual's level of functioning. Erickson et al. (1983) state that individuals have an instinctual need for affiliated-individuation, a need to belong concurrent with a sense of individual self.

The second major assumption deals with the ways in

Figure 1

which people are different and incorporates the individual's inherent intellectual endowment with adaptive skill (see Figure 2). Maladaptive coping skills lead to impoverishment.

Figure 2

There has probably never been a disease that required a more holistic approach than AIDS. All areas of the patient's life must be addressed by the caregivers. A developmental perspective must be maintained due to the youthful nature of most of its victims. The goal in caring for these terminal patients is optimal coping.

The "case management" model for the care of AIDS patients developed at San Francisco General Hospital (Werdegar, 1987) views the patient from a multidisciplinary, holistic approach articulating with this conceptual framework. Physicians focus on the biophysical, social workers the cognitive and social, and counselors, the psychological. Nurses act as the case managers and coordinators. The care team models and role-models appropriate adaptation in a supportive atmosphere, and the patient is facilitated towards an adaptive equilibrium.

Related Literature

A literature search identified four published studies that investigated the attitudes of nurses who care for AIDS patients. One empirical study measured homophobia in physicians and nurses. Another study described medical students' attitudes towards AIDS patients. Two studies evaluated the perceptions of health care professionals who care for AIDS patients.

A nurse scientist, van Servellen, noted a significant level of negativity and homophobia in her study, "Nurses'

Attitudes, Knowledge and Fear of AIDS and AIDS Care" (cited in Tardiff, 1987). Reed, Wise, and Mann (1984) found that homophobia is an ever-present issue for health care delivery staff in their study, "Nurses' Attitudes Regarding AIDS." A "Survey of Attitudes of Nurses Working with AIDS Patients," done at Westchester County Medical Center, showed half of the responding nurses would request a transfer if asked to care for AIDS patients on a regular basis (Blumenfield, Smith, Milazzo, Seropian, & Wormser, 1987). Also, in this study, two thirds of the responding nurses reported that they had friends or family express concern about associating with hospital personnel who have contact with AIDS patients.

In a study entitled "Homophobia among Physicians and Nurses: An Empirical Study," low grade homophobia was identified (Douglas, Kalman, & Kalman, 1985). Respondents with experience working closely with one or more homosexual individuals, had slightly less homophobic scores than other respondents. In the study, "Lay People's and Health Care Personnel's Perceptions of Cancer, AIDS, Cardiac, and Diabetic Patients," people with AIDS were generally the most negatively evaluated and most rejected group in the study (Katz, Hass, Parisi, Astone, & McEvaddy, 1987). All four subsamples of this study rated AIDS patients lowest of any group in categories of competence and moral worth. Medical students were found to demonstrate highly negative, fearful and prejudicial attitudes towards both AIDS and homosexual

patients (Kelly, St. Lawrence, Smith, Hood, & Cook, 1987). The authors suggested that educators should promote greater sensitivity, knowledge, and understanding among medical students of those at risk for AIDS and AIDS patients. Searle's (1987) study, "Knowledge, Attitudes, and Behavior of Health Professionals in Relation to AIDS," done in London, showed misconception on the part of physicians regarding the disease and its victims.

In addition to the research already cited, many other descriptive articles in the literature spoke to the effects of public and/or professional attitudes on persons at risk for, or with, AIDS. Morin, Charles, and Malyon (1984) described "The Psychological Impact of AIDS on Gay Men." In their article, "The Effects of the Acquired Immune Deficiency Syndrome on Gay Lifestyle and the Gay Individual," Hirsch and Enlow (1984) 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. Batchelor (1984) published two articles for the American Psychological Association on AIDS as a psychological emergency. He described the multiple complex stressors and the concomitant removal of certain coping mechanisms for gay individuals by the epidemic.

Public fear of AIDS was addressed in medical journal articles published by Thompson (1987) and Deuchar (1984).

Ethical dilemmas were discussed by Steinbrook, Lo, Tirpack, Dilley, and Volberding (1985). The confounding effects of homophobia were described in "Caring for Acquired Immune Deficiency Syndrome Patients" by Viele, Dodd, and Morrison (1984). As in other such articles, homophobia among health care workers was identified as a major obstacle to the delivery of the best possible care to AIDS patients. The issues generated by the admission of AIDS patients to psychiatric units were investigated by Polan, Hellerstein, and Amchin (1985). The authors identified homophobia, as well as fear of disease transmission, to be an issue for mental health workers and other psychiatric patients on the unit.

The complex roles of health care workers and their special needs were probed in articles by Wiener (1986), Simmons-Alling (1984), and Pearson (1986). Gillon (1987) wrote about the question of refusal by doctors and nurses to treat HIV positive patients.

Summary

All of the related literature cited in this text demonstrated the presence of homophobia and other negative attitudes towards AIDS patients on the part of health care providers. Articles that related these negative attitudes to the delivery of effective care spoke of their providing less than optimal care and the need for a change in the attitudes of health care professionals toward this patient

population.

A few articles, such as van Servellen's (cited in Tardiff, 1987), made specific recommendations for changes in the formal education of health care professionals. Her recommendations deal with the cultural, moral, and ethical issues of nursing education. She advocates an intense educational program that appeals to humanistic values and would give nurses an opportunity to voice their fears and gain experience with AIDS patients. Students, she suggests, would be surrounded by peers with a more positive and affirmative attitude.

This review of literature leads to two major questions. If homophobia and the need for changes in education have been demonstrated in studies done in urban clinics and medical centers, what is the current state of affairs in smaller suburban hospitals? Does homophobia exist among nurses in a greater or lesser degree than in urban settings? Would the recommendations made by van Servellen be appropriate? This study proposed to answer these questions.

Chapter 3

METHOD

This chapter presents the methodology for this study of homophobia among nurses who care for AIDS patients. It describes both the questionnaire used and the manner in which it was prepared and administered.

Each of the 45 questionnaire packets contained three components (see Appendixes B and C). The first component was an anonymous consent letter which also included the directions for completing the questionnaire. The second component was a demographic questionnaire with three parts, asking the job category (registered nurse, licensed vocational nurse, or nursing assistant) of the respondent, the age of the respondent (in decade groups), and whether the respondent had ever had a close friendship or working relationship with one or more homosexuals. The third component was the Index of Homophobia (IHP) assessment tool.

The IHP is made up of 25 statements. Respondents choose one of the following responses to each statement: (a) strongly agree, (b) agree, (c) neither agree or disagree, (d) disagree, or (e) strongly disagree. Numerical scores are attached to these five responses, and items that are negatively worded are later reverse-scored. The statements are specifically designed to elicit emotional rather than intellectual responses by describing situations in which homosexuality would touch the respondent's life

personally. It is this quality of the IHP that has proved it to be such a valuable and reliable tool for the assessment of homophobia (Hudson & Ricketts, 1980).

The three-paged packets were placed in envelopes. Addressed, stamped envelopes for the return of the completed questionnaire were also included. The outside envelopes were labeled "Research Questionnaire."

The 45 questionnaire packets were then distributed at the clinical agency to the three units that provide care for AIDS patients: the AIDS-designated medical/surgical unit, the emergency room, and the intensive care unit. The charge nurses of the three units were made aware of the presence and nature of the packets. The investigator was available by telephone to address any questions or concerns that participating nurses might have.

Responses arrived by mail over a 2 week period. They were collected until an additional 2 weeks had passed without any more arriving. The survey process was then considered to be completed, and analysis of the returned questionnaires began. The findings and analysis are presented in Chapter 4.

Chapter 4

ANALYSIS AND INTERPRETATION OF THE DATA

Findings

Of the 45 questionnaire packets which were distributed, 36 (80%) were returned. The IHP was scored by first reverse-scoring the negatively worded items and then computing the total point score for each questionnaire. The total scores were then adjusted using the authors' formula to correct for any items left blank (Hudson & Ricketts, 1980). The 36 scores formed a normal distribution curve as visually demonstrated by a stem leaf plot (see Figure 3). The grand mean (M) score was calculated to be 41.33, with a standard deviation (SD) of 16.35. This score falls into the category described by the authors as "low-grade non-homophobic" (Hudson & Ricketts, 1980, p. 360).

Next, mean (M) scores and standard deviations (SD) were calculated according to the responses of the nurses to questions about job category, age, and previous close friendship or working relationship with one or more homosexuals (see Tables 1 and 2). Approximately 94.6% (34) of the respondents indicated having had a previous close friendship or working relationship with one or more homosexuals. Interestingly, the two respondents who had no such experience rendered the second and third highest (most homophobic) scores (circled on the stem leaf plot) (see Figure 3). Because this group was so small (2), t-test

0	2 7
1	8
2	6 0 6 8 6 8
3	1 8 7 7 5 9
4	3 8 9 2 6 1 3 2 5 5 9
5	5 5 3 3 6 1 8
6	⑤
7	9 ②
8	
9	

Figure 3

comparison of the mean scores of the two groups could not demonstrate statistical significance between the groups. However, the grand mean score of this study strongly suggests a relationship between previous experience with homosexuals and low IHP scores. To examine differences by job category, differences among means were calculated by analysis of variance (ANOVA). By calculating the variance ratio (F distribution) at a .05 level of significance, variation among M's was determined to be too great to be attributed to chance. Therefore, difference in job category was found to be statistically significant as a source of variance.

Difference in mean scores by job category was further analyzed by t-tests of the M's of registered nurse scores versus licensed vocational nurse scores, registered nurse

scores versus nursing assistant scores, and licensed vocational nurse scores versus nursing assistant scores. No statistical significance was demonstrated between licensed vocational nurse scores and nursing assistant scores. However, statistically significant differences were noted between registered nurses and both of the other job categories. Registered nurse scores were significantly lower (less homophobic) than those of licensed vocational nurses and nursing assistants.

Differences in scores by age of the respondents were also calculated by ANOVA. Variation among M's was not great enough by variance ratio not to be attributed to chance. Age difference of the respondents was not found, therefore, to be statistically significant as a source of variance.

Differences and similarities in scores of this study and another study using the same tool (IHP) in a large urban medical center (Douglas et al., 1985) were examined (see Table 3). The grand mean score of nurses from the large urban medical center was 55.60, falling into the low-grade homophobic range. The same score from this study (suburban) was 41.33, falling into the low-grade non-homophobic range. In both settings, respondents who indicated previous friendship or working relationship with homosexuals scored lower (less homophobic) scores than those without that experience.

<u>Job</u>				<u>Age Decades</u>					
<u>Category</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>20s</u>	<u>30s</u>	<u>40s</u>	<u>50s</u>	<u>E*</u>	<u>no E*</u>
R.N.	26	37.00	14.70	5	11	8	2	26	0
L.V.N.	3	60.00	18.08	2	1	0	0	3	0
N.A.	7	49.43	14.75	3	3	0	1	5	2
Total	36	41.33	16.35	10	15	8	3	34	2

*E = Previous close friendship/work relationship with one
or more homosexuals.

Table 1

<u>Age</u>	<u>n</u>	<u>M</u>	<u>SD</u>	<u>RN</u>	<u>LVN</u>	<u>NA</u>	<u>E*</u>	<u>no E*</u>
20-30	10	47.70	18.88	5	2	3	9	1
30-40	15	36.10	11.11	11	1	3	15	0
40-50	8	39.43	19.09	8	0	0	8	0
50-60	3	52.67	20.60	2	0	1	2	1

*E = Previous close friendship/work relationship with one
or more homosexuals.

Table 2

<u>Nurses</u>	<u>n</u>	<u>M</u>	<u>with E*</u>	<u>no E*</u>	<u>type of E*</u>
Suburban	36	41.33	39.73	68.50	Friend or Colleague
Urban	91	55.60	49.51	63.71	Friend/Relative
			51.49	60.38	Colleague

*E = Previous experience with one or more homosexuals.

Table 3

Discussion

All of the related literature reviewed for this study demonstrated the presence of homophobia among health care providers. The findings of this study about the level of homophobia among nurses who care for AIDS patients demonstrate a general absence of homophobia. One factor which seemed to be related to low scores on the questionnaire was previous experience knowing or working with one or more homosexuals. This was noted in both urban and suburban settings.

Difference in job category was also found to be significant, specifically registered nurses, the group that received the most education of the three groups. Also worth noting is that their educational focus includes a humanistic and public health emphasis, as compared to the very task oriented nature of the training received by licensed vocational nurses and nursing assistants. Registered nurses, in this study, indicated low levels of homophobia.

The age of the respondents in this study had no significant relationship to the scores. If previous experience with homosexuals and job category were the two factors noted in this study to correlate with low non-homophobic scores, what other factors might there be? Certainly, the self-selection of the staff (in the case of the medical/surgical unit) and the specific preparation and training that nurses received relative to the care of AIDS

patients should be examined. Socioeconomic differences in site locations might also be considered. These factors will be explored in Chapter 5 to render conclusions and recommendations which articulate with the conceptual framework of this study.

Chapter 5

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

In addition to the factors demonstrated in this study to be related to the low-homophobic scores, two other possible factors were noted. The first of these was possible significant differences in socioeconomic status of the nurses in urban versus suburban settings. Because nurses received fairly standardized educational preparation regardless of geographic location, it is highly unlikely that this preparation would differ much between the two groups in question. Nurses' pay scales are also a matter of general standardization and differ little between urban and suburban settings. Sociologic environmental factors do differ from urban to suburban setting.

Urban centers are generally considered less homophobic than suburban locations for several reasons. Urban settings often have larger gay populations, and that population is far more open about their sexual and affectional orientation. That population participates fairly openly in urban community affairs and is visible in the press and media. Gay populations in suburban settings tend to be more closeted, giving the general suburban population the impression that they are not around. This supports traditional homophobic ideas and behaviors, and for this very reason, many gay people move to urban centers.

In view of this phenomenon, it is highly unlikely that socioeconomic factors would skew the results of this study to show lower (less homophobic) scores for a suburban setting. If a factor at all, it should have the reverse effect. That leaves the self-selection of the staff of the medical/surgical unit and the special preparation that nurses who care for AIDS patients in this agency have received as possible contributing factors.

The preparation of the nurses who care for AIDS patients at the research site was essentially twofold and concomitant. It was, first of all, an educational approach. Second, it was a specialized approach to change. The educational approach of this hospital will first be examined.

The education of nurses who care for AIDS patients began with basic principles of infection control and universal precautions. Once this was in place and fear of contagion had been effectively diminished, education addressed the complex medical and psychosocial care needed by this patient population. Nurses, once familiar and comfortable with the treatments of multiple opportunistic infections, learned about psychosocial interventions.

Social workers taught about legal issues and discharge planning for AIDS patients. Peer counselors from community AIDS agencies taught about the psychological needs of AIDS patients. Much of this content was material addressing

issues of being gay and ill in a straight setting. Nurses were encouraged to be accepting of gay relationships and to view the patient's family support structure to include his gay "family." Nurses who were highly motivated and self educated in the care of AIDS patients (some of whom were gay men and lesbians themselves) role-modeled appropriate and compassionate care for the HIV-infected patients and their families.

At the same time, it was recognized that beginning to care for AIDS patients represented an emotionally charged change for nurses. A 10 step plan was identified to make such change easier to accept (Johnson, 1987):

1. Tell staff members about impending change as soon as possible.
2. Give staff time to adjust to the news.
3. Involve the staff in planning.
4. Let staff members talk about their concerns.
5. Watch for signs of anger.
6. Organize a task force.
7. Maintain standard routine as much as possible.
8. Listen to staff suggestions.
9. Time the change appropriately.
10. Be flexible.

These steps were followed, and a transitional period was offered to nurses who felt that they could not adapt to this change or who doubted their effectiveness with AIDS .

patients. These nurses were allowed to seek positions elsewhere in the hospital. At the same time, nurses who were motivated to care for AIDS patients gravitated to the appropriate units, further supporting the existing staff. All staff members were encouraged to express their concerns in a supportive atmosphere. Counseling support from community agencies was made available.

It seems highly likely that this biphasic self-selection and preparation of nurses could be a third and important factor in the results of this study. It could also have contributed to the fact that so many of the respondents indicated a previous friendship or close working relationship with one or more homosexuals.

Recommendations

More research in this area is needed, and it should include more detail (such as comparing registered nurses with baccalaureate versus associate degree preparation). The other recommendations focus on the one demonstrated factor and two speculated factors contributing to the findings of this survey. More specifically, they focus on the elements shared in these three factors. They are self-selection, education (particularly psychosocial), and the opportunity to know and work with homosexuals.

Psychosocial education with a humanistic approach invites self-acceptance, which is necessary to eventually be able to accept others. Fostering such a nonjudgmental

attitude in nurses has been a goal of public health training for nurses. AIDS has brought a public health consciousness into the acute care hospital setting. Hospitals need to extend and enhance this concept by offering divergent classes and workshops to nurses who care for AIDS patients. It seems likely that such public health training is related to the low scores of registered nurses in this study.

The opportunity to know and work with homosexuals is also encouraged. This is a natural occurrence and function of offering staff the choice of being involved in AIDS care. This might be viewed as unethical in that it could be perceived as giving support to homophobic nurses who want to refuse to care for AIDS patients. On the other hand, if it is viewed as the first step in providing compassionate and ethical care to AIDS patients, it may be more acceptable.

Humanistic education articulates with the holistic approach of Erickson, Tomlin, and Swain (1983). This approach specifically addresses the needs of the patient in each of the four subsystems of their model and leads to modeling of appropriate multidisciplinary interventions. Role-modeling appropriate care by gay and lesbian nurses, and the opportunity for non-gay staff to work with them, will likely lead to lower levels of homophobia among nurses and, therefore, better care for AIDS patients.

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APPENDIX A
Letters of Permission

November 14, 1988

TO: Todd Trexler

RE: Research Project Questionnaire

As per our discussion today, you have approval to implement your research project questionnaire at Community Hospital of the Monterey Peninsula.

As discussed, the participation of staff in this project is voluntary and will be limited to those individuals who have experience in caring for patients with AIDS (primarily Garden North staff).

Good luck on your project. I will be interested in reading your findings.

Cheryl R. Nester-Bowers, R.N.
Administrative Coordinator

CNB/tw

Todd Trexler, RN, MA
106 - 18th Street
Pacific Grove, CA 93950

Dear Mr. Trexler:

This letter grants permission to use the Index of Homophobia (IHP) designed by Hudson and Ricketts and published in the Journal of Homosexuality, Vol 5(4) Summer 1980.

We understand that the use of this tool to assess the level of homophobia in nurses caring for AIDS patients is designed to improve nursing education and the care of AIDS patients by nurses.

Sincerely,

Name M. De Groot
Title Editor, J. of Homosexuality
Date 22 Nov 1988

*Just look
with your
sky*

SAN JOSE STATE UNIVERSITY FOUNDATION

January 23, 1989

Mr. Todd Trexler
106 18th Street
Pacific Grove, CA 93950

Dear Mr. Trexler:

Your human subjects protocol number #7417 has received final approval from the Human Subjects Institutional Review Board. Attached is a copy of the final approval form with the signatures of the Chairman of the Human Subjects Institutional Review Board, Dr. Robert Hyde, and the Associate Academic Vice President for Graduate Studies and Research, Dr. Serena Stanford.

Congratulations and good luck with your research!

Sincerely,

Jerelyn Cockriel
Contracts and Grants Coordinator

Attachment

SAN JOSE STATE UNIVERSITY
GRADUATE STUDIES AND RESEARCH

**HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD
PROJECT PROPOSAL REVIEW**

I, the undersigned member of the San Jose State University Human Subjects Institutional Review Board, have reviewed the following proposal submitted to the Committee on 12/2/88 by:

PRINCIPAL INVESTIGATOR: Todd Trexler
 PROTOCOL #: 7417 DEPT.: Nursing
 PROJECT TITLE: What is the Level of Homophobia Among Nurses
Caring for AIDS Patients

I recommend the following action (indicate one):

1. Approved for clearance as involving minimal risk to Human Subjects. ☒
2. Approved for clearance with risk to Human Subjects. ☐
3. Approved for clearance when the following conditions are met: ☐

4. Not Approved (return to principal investigator for following reasons): ☐

5. Expedited Review (specify condition[s] that merit expedited review): ☐

Signature of IRB-HS member

Robert A. Hicks 12-2-88

Date

OFFICIAL SIGNING FOR INSTITUTION

Chair, Human Subjects Institutional Review Board

J. Hyle 1/5/89

Date

Serena Stanford
Serena Stanford, Ph.D.

1/20/89

Date

AAVP for Graduate Studies & Research

San Jose State University Foundation
One Washington Square
San Jose, CA 95192-0139 (408) 924-1435

APPENDIX B
Letter of Consent

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San Jose, 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 AIDS patients have toward homosexuals. The results of this study should contribute to positive changes in nursing education. If you have cared for an AIDS patient in the hospital, please take 15 minutes to complete the enclosed questionnaire.

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

As you may know, I participated in the design of Garden North's inpatient and outpatient AIDS case management program. I am currently writing my thesis at San Jose State University. I am also a member of the Board of Directors of the Monterey County AIDS Project.

If you have any questions about this study, I would be happy to talk with you. I can be reached at 625-4700. I hope that you can find the time to help in this study.

Sincerely,

Todd Trexler, RN, MA
Assistant Manager, Garden North
Community Hospital of the Monterey Peninsula

APPENDIX C
Data Collection Instrument

I am a: Registered Nurse

 Licensed Vocational Nurse

 Nursing Assistant

My age is: 20-29

 30-39

 40-49

 50-59

 60 or older

I have had a close friendship or working relationship with one or more homosexuals:

YES _____ NO _____

Now turn the page, read the directions, and complete the questionnaire.

THANK YOU FOR YOUR PARTICIPATION!

Questionnaire 1

INDEX OF HOMOPHOBIA (IHP)

This questionnaire is designed to measure the way you feel about working or associating with homosexuals. It is not a test, so there are no right or wrong answers. Answer each item as carefully and accurately as you can by placing a number beside each one as follows:

- 1 Strongly agree
- 2 Agree
- 3 Neither agree nor disagree
- 4 Disagree
- 5 Strongly disagree

Please begin.

1. I would feel comfortable working closely with a male homosexual. _____
2. I would enjoy attending social functions at which homosexuals were present. _____
3. I would feel uncomfortable if I learned that my neighbor was homosexual. _____
4. If a member of my sex made a sexual advance toward me I would feel angry. _____
5. I would feel comfortable knowing that I was attractive to members of my sex. _____
6. I would feel uncomfortable being seen in a gay bar. _____
7. I would feel comfortable if a member of my sex made an advance toward me. _____
8. I would be comfortable if I found myself attracted to a member of my sex. _____
9. I would feel disappointed if I learned that my child was homosexual. _____
10. I would feel nervous being in a group of homosexuals. _____
11. I would feel comfortable knowing that my clergyman was homosexual. _____
12. I would deny to members of my peer group that I had friends who were homosexual. _____
13. I would feel that I had failed as a parent if I learned that my child was gay. _____
14. If I saw two men holding hands in public I would feel disgusted. _____
15. If a member of my sex made an advance toward me I would be offended. _____
16. I would feel comfortable if I learned that my daughter's teacher was a lesbian. _____
17. I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex. _____
18. I would like to have my parents to know that I had gay friends. _____
19. I would feel uncomfortable kissing a close friend of my sex in public. _____
20. I would like to have friends of my sex who were homosexual. _____
21. If a member of my sex made an advance toward me I would wonder if I were homosexual. _____
22. I would feel comfortable if I learned that my best friend of my sex was homosexual. _____
23. If a member of my sex made an advance toward me I would feel flattered. _____
24. I would feel uncomfortable knowing that my son's male teacher was homosexual. _____
25. I would feel comfortable working closely with a female homosexual. _____

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