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HOMOPHOBIA IN REGISTERED NURSES

by

MATTHEW BERRY

A thesis submitted in partial fulfillment of the requirements
for the Honors in the Major Program in Nursing
in the College of Nursing
and in The Burnett Honors College
at the University of Central Florida
Orlando, Florida

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Thesis Chair: Dr. Christopher Blackwell, PhD, ARNP, ANP-BC, AGACNP-BC, CNE, FAANP

ABSTRACT

Homophobia plays a significant role in the treatment of individuals who identify as lesbian, gay, bisexual, or transgender (LGBT). The purpose of this study is to explore the presence of these types of negative attitudes as they present themselves in the nursing workforce. 520 registered nurses were contacted via email to partake in a survey assessing homophobic attitudes and perceptions regarding nursing care of LGBT persons. A total of 27 registered nurses responded and the resulting data were analyzed using descriptive statistics. A majority of registered nurses were female (89.3%), greater than 40 years of age (75%), white (75%), heterosexual (96.4%), and Christian (67.9%) with a Bachelor's degree or less (57.1%). Homophobia scores averaged 27 on a scale from 12-60, higher scores translating to greater homophobia levels. This value is on the lower end of the scale, which interprets to lower levels of homophobia among the participants. While some of these scores did show the existence of negative attitudes toward LGBT individuals among participants, further investigation is needed with a larger, more representative sample. As a result, it is difficult to determine whether LGBT relations are improving with registered nurses.

DEDICATIONS

For my mom and dad, who have supported me throughout college, nursing school, and life. Thank you for raising me to be who I am today and I hope you will stick with me through whatever is left to come. I love you both.

For my partner, who has been there for me through every joy and hardship. You have always accepted me for who I am and I feel like I can accomplish anything with you in my life. You have taught me so much and I have become a better person because of you. I love you and I look forward to spending my life with you.

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INTRODUCTION

Statement of the Problem

Negative attitudes toward lesbian, gay, bisexual, and transgender (LGBT) individuals can affect their inclusion and acceptance, both as nurses in the workplace and as patients. These attitudes can negatively impact patient care by disrupting the healing environment (Eliason, DeJoseph, Dibble, Deevey, & Chinn, 2011; Røndahl, 2009). They could also be responsible for hindering the implementation of fully inclusive anti-discrimination policies in the workplace (Blackwell, 2007, 2008). Lack of sufficient knowledge and awareness of LGBT related problems, such as health concerns, has led to increased apprehension and misunderstanding of LGBT individuals (Carabez, Pellegrini, Mankovitz, Eliason, & Dariotis, 2015; Cornelius & Carrick, 2015; Sirota, 2013; Strong & Folse, 2015). While homophobia and discrimination have been pervasive issues in the LGBT community, increased societal emphasis on the significance of inclusion, diversity, and acceptance has resulted in improved relations between LGBT- and non-LGBT persons (Human Rights Campaign, 2017).

Homophobia serves as the root of issues concerning the treatment of LGBT individuals. Throughout history, people have developed reasons to fear and discriminate against homosexuals. The resulting impacts these views have on the lives of queer individuals are the factors that emphasize why advocacy movements supporting equal rights are vital. From marriage equality to fair treatment at healthcare facilities, the LGBT community seeks access to the same rights any other individual would receive without discrimination based on sexual orientation or gender identity.

On June 26, 2015, in the case of *Obergefell v. Hodges*, the Supreme Court of the United States officially ruled same-sex marriage bans unconstitutional, allowing same-sex marriage to become legal throughout the United States. The Human Rights Campaign (HRC) has been a forerunner of change for gay, lesbian, bisexual, transgender, and queer rights. By creating the Healthcare Equality Index, the HRC (2017) has worked to ensure healthcare facilities are given the information they need to promote truly patient-centered care and safe environments for LGBT individuals. In addition, organizations, such as the American Psychological Association, are condemning conversion therapies designed to change individuals' sexual orientations due to their unethical nature (Anton, 2010; Blackwell, 2008). Great strides have been made toward equal rights for LGBT individuals; however, these advancements do not erase the views of individuals who do not approve of LGBT people.

Culture plays a large role in shaping an individual's beliefs. Srivastava (2007) states that culture applies to groups of people who share similar beliefs and values to each other, while those who are not part of their group share different values. Just as LGBT individuals share similar beliefs and form a culture that promotes freedom of gender and sexual expression, there are cultures that do not support these values. The values and beliefs of these individuals do play a role in allowing certain practices while prohibiting those that do not conform to their beliefs (Potter & Perry, 2013). In addition, Blackwell (2007) theorizes in a workplace study that homophobia can lead to lack of support for workplace nondiscrimination policies due to beliefs that LGBT individuals are not oppressed. Thus, individuals who express more homophobic attitudes can serve as barriers to open LGBT expression and acceptance. According to Williamson (2010), LGBT individuals have decreased healthcare access and many do not seek

preventative care. This can be attributed to the fear of the resulting reactions or treatment they would receive if it were to be discovered that the individual is homosexual (Röndahl, 2009).

These issues have been seen throughout interactions with LGBT individuals; however, it is still uncertain to what extent these issues play in the nursing workforce or patient care.

Societal attitudes and treatment of LGBT individuals form a structure built by its components: individuals expressing homophobic attitudes or individuals expressing more progressive attitudes. Thus, the flow of change would begin by addressing and changing which attitudes predominantly influence the progression of LGBT rights. Focusing on healthcare specifically, greater access to quality care is an important step in this process. Nurses play an integral role in providing this care, so their attitudes toward the LGBT community, workplace interactions with LGBT individuals, and LGBT patient care would need to be addressed in order to establish a point of progression toward improved LGBT rights.

PURPOSE OF THE STUDY

Prior research indicates older individuals have traditionally held higher levels of homophobia (Rosentiel, 2011). Lower levels of homophobia have been associated with higher levels of completed education (Yen et al., 2007). In addition, individuals who believe sexual orientation, especially homosexuality and bisexuality, is a lifestyle choice rather than a biological characteristic, have higher levels of homophobia (Blackwell, 2007). As time progresses, homophobia may be decreasing in the general public; however, more needs to be known about whether this trend is true for members of the nursing profession. The purpose of this study is to explore homophobia levels in a sample of Florida-based registered nurses. In addition, demographic information, such as age, level of education, and belief in the “Free Choice” Model of Homosexuality, will be analyzed.

Research Questions

1. What is the overall level of homophobia in a sample of Florida nurses?
2. What are the demographic values for the sample’s age, level of education, and belief in the “Free Choice” Model of Homosexuality?
3. How do registered nurses score on a LGBT patient care comfortability questionnaire?

Summary

This section introduced the issues pertaining to the attitudes and treatment of LGBT individuals. The following review of the literature will illustrate the gaps in LGBT related research. After establishing the need for further research to expand the literature, the method of this study will be described. The findings will then be listed followed by a discussion of the resulting implications.

REVIEW OF THE LITERATURE

Introduction

This literature review focuses on studies measuring the attitudes of nurses and nursing students toward LGBT individuals and establishes a status of the progression in attitudes regarding care of LGBT individuals. It also looks at studies related to the resulting impacts these views have on LGBT individuals.

Overall, literature addressing issues between the LGBT community and nursing is scarce but it has been growing in recent years. A majority of the reviewed literature focused on nursing student attitudes toward LGBT individuals. Few studies were performed assessing registered nurses' attitudes, while even fewer have been conducted addressing the response of LGBT individuals toward negative attitudes.

Education, Knowledge, and Attitudes

An important part of creating a progressive environment that advances the rights of LGBT individuals lies in ensuring proper knowledge of LGBT related subjects and promoting positive attitudes toward the LGBT community. It is important to further investigate the causes of homophobic attitudes, starting with establishing the influence of LGBT related education.

In a study conducted by Carabez et al. (2015), 112 nursing students answered a pre-interview survey assessing their knowledge of LGBT issues. Each interviewed two registered nurses about LGBT discrimination based on the *Healthcare Equality Index*, and then answered a post-interview survey reassessing their knowledge of LGBT issues. This assignment helped students understand the importance of education on LGBT topics in the nursing curriculum and the effects this has on patient care. Almost 40% of the students did not feel prepared to provide

care to LGBT individuals, and, as a result of the interview assignment, 74% of the students believed they had become more aware of LGBT issues (Carabez et al., 2015).

In a sample of 88 undergraduate nursing students, Strong & Folsie (2015) further assessed the role of LGBT knowledge and the attitudes of nursing students toward LGBT individuals. The Attitudes Toward Lesbian and Gay Men (ATLG) Scale was used to assess the opinions of nursing students toward LGBT individuals, while an LGBT Knowledge Questionnaire was utilized to assess knowledge regarding LGBT issues. This study showed that, after a 45-minute educational intervention, LGBT knowledge as well as student attitudes toward LGBT individuals significantly improved (Strong & Folsie, 2015). In a study by Dinkel, Patzel, McGuire, Rolfs, and Purcell (2007), homophobia in nursing students was low; however, it was theorized that these views might represent ambivalence and thus affect the future care provided by these students to LGBT individuals.

Overall, education has been seen to be an important influence on attitudes toward the LGBT community. With more nursing students with less homophobic attitudes, this could show potential for growth toward more accepting registered nurses and perhaps the progression of LGBT rights.

Attitudes in the Nursing Field

While nursing students represent the future of the nursing profession, it is still important to address the attitudes of actively practicing nurses as they are currently playing a role in patient care. These nurse may or may not have had interactions with LGBT nurses or patients, having experiences which could affect how they view the LGBT community.

One study involved interviews with 12 nurses about the care provided to LGBT individuals and discovered that most believed sexual orientation and gender identity do not matter in the sense that all individuals should be treated the same (Beagan, Fredericks, & Goldberg, 2012). As a result of this treatment, however, nurses might overlook the potential social impacts LGBT individuals might face (Beagan et al., 2012). In addition, this might also result in generalized care that fails to consider the unique psychosocial and cultural characteristics of LGBT patients (Beagan et al., 2012). Overall, the nurses had good intentions and did not intentionally display negative or marginalized views, if any, toward the LGBT community (Beagan et al., 2012).

While many nurses do show acceptance of LGBT individuals, certain levels of homophobia were pervasive in the mid 2000's (Blackwell, 2007, 2008). Blackwell surveyed 165 Florida nurses using the ATLG Scale and found that there was a significant negative correlation between support for a nondiscriminatory policy in the workplace and homophobia (Blackwell, 2007). He also discovered a positive correlation between homophobia and belief in the "Free Choice" Model of Homosexuality (Blackwell, 2008). The "Free Choice" Model of Homosexuality postulates individuals personally select their sexual orientations as a lifestyle choice rather than it being a biologically driven trait. Yen et al. (2007), in a study of 1,540 Taiwanese nurses, found a negative relationship between homophobia and level of education. The data also showed there was a positive correlation between length of time employed and greater levels of homophobia (Yen et al., 2007). In a later study by Klotzbaugh and Spencer (2014) measuring the attitudes of magnet nurse administrators toward LGBT individuals, more positive attitudes were associated with higher self-efficacy regarding patient care and support.

While knowledge and attitudes can be improved through education, experience also plays an important role (Cornelius & Carrick, 2015; Sirota, 2013). Cornelius and Carrick (2015) surveyed 190 undergraduate, graduate, and RN-BSN nursing students regarding their knowledge and attitudes toward LGBT healthcare. RN-BSN nursing students showed greater knowledge and more positive attitudes than other students, which was attributed to their previous experience in healthcare and possible greater exposure to LGBT issues (Cornelius & Carrick, 2015). Sirota (2013) surveyed nurse educators using the ATLG Scale and discovered there was a positive correlation between attitudes toward homosexuality, age, and length of employment, which is different from a previous study suggesting higher levels of homophobia exist in nurses who have been working longer (Yen et al., 2007).

Impacts of Homophobia

While homophobic attitudes can be expressed and investigated in different ways, it is important to gain an understanding of how these views affect those in the LGBT community itself. The impacts of these views can help gain insight toward what the issues are and what can be done to improve them, from the perspective of the individuals affected.

Röndahl (2009) interviewed 27 LGBT individuals from Sweden who were once either patients or partners of patients about their experiences in healthcare. Some individuals reported feelings of insecurity while others felt like the nurses viewed their sexuality as a trait marking them as “mentally ill” (Röndahl, 2009, p. 149). Greater understanding was felt from younger nurses, while older nurses aired a more conservative aura (Röndahl, 2009). The partners, on the other hand, felt alone and not included which they attributed to negative opinions toward homosexual couples (Röndahl, 2009).

In relation to the workplace, a study of 227 LGBT nurses from the Gay and Lesbian Medical Association (GLMA) showed that although many nurses were comfortable, some didn't believe the workplace was necessarily a "friendly" environment for LGBT nurses (Eliason et al., 2011, p. 241). Many observed the mistreatment of LGBT patients and experienced discrimination after "coming out" to their coworkers as gay (Eliason et al., 2011). A lot of the support for LGBT patients and nurses depended on the region they were from, such as New York City, while specific facilities, such as faith-based hospitals, were said to express less support (Eliason et al., 2011). With a large sample of LGBT nurses, each having unique experiences with LGBT discrimination and mistreatment, stories were reported ranging from negative comments by coworkers to employment termination (Eliason et al., 2011).

In the end, homophobic attitudes do affect the LGBT community, whether or not they are openly expressed. Thus, it is important to begin by establishing to what extent homophobic attitudes exist. While studies have been performed addressing this issue, attitudes and beliefs are constantly changing and updates need to be performed. This study aims to update the literature using a sample of registered nurses from the state of Florida.

METHODS AND PROCEDURES

Design

This study employed a systematically stratified survey design using a sample of registered nurses randomly selected from the Florida State Board of Nursing database. Every third current/active licensee was selected from each letter of the alphabet until 20 potential participants were contacted from each letter, resulting in the selection of 520 potential participants. Individuals selected for this study held a current and active registered nursing license in Florida. As such, they were registered with the Florida State Board of Nursing. Any registered nurse with a current and active license and who was selected through the randomization process was eligible for participation. These individuals were contacted through the email address they had on file with the State Board of Nursing and listed in the database. That email included an informed consent document along with a link to the study's survey URL. Completion of the survey (administered through Qualtrics®) implied consent. There was no advertising or public outreach of any kind employed to recruit participants.

Following approval by the IRB, participants were initially contacted beginning December 1st, 2017. A reminder email was delivered to all selected participants on January 2nd, 2018. Data were collected through January 13th, 2018, after which, analyses occurred through February 15th, 2018. A total of 9 emails sent out were bounced back as undeliverable. Due to a fewer number of last names beginning with the letter "X" available in the database, all individuals whose last name began with an "X" and had an active registered nursing license were contacted. A total of 502 emails were delivered. De-identified data were collected and locked in a secured research office. In addition, data were saved on a password-protected computer. The participants were

randomly selected and were not requested to complete the study outside of whatever environment they chose; the study survey could be completed in any location they wished to complete it in with Internet access. The entire completion of this study's survey elements should have taken participants no longer than fifteen minutes. There was no direct compensation to any participants. There were no identified risks to participants because all data were de-identified; and there was no way of matching participants' survey answers to their identity. Approval to implement this study design was provided through IRB (See Appendix A).

Instruments

Authors of all instruments used in this study provided permission for their use (See Appendix B). A demographic questionnaire was utilized to determine participants' gender, age, race/ethnicity, level of education, sexual orientation, religion, ideology, interpersonal contact with LGBT individuals, belief in the "Free Choice" Model of Homosexuality, and support for nondiscrimination policies protective of LGBT individuals (See Appendix C). Items regarding the belief in the "Free Choice" Model of Homosexuality and support for nondiscrimination policies were designed using a 5-point Likert type scale.

The second survey tool this survey utilized was Dr. Gregory Herek's Attitudes Toward Lesbians and Gay Men (ATLG) Scale (1988, 1994, 1998; Herek & McLemore, 2011). A modified version of this scale was used to incorporate attitudes toward bisexuals and transgender individuals (Strong & Folse, 2015). This 12-item survey was designed as a 5-point Likert-Type scale that measures attitudes toward lesbians, gay men, bisexuals, and transgender individuals (See Appendix D). Previous research utilizing this scale referred to its high internal consistency and reliability, with Cronbach's alpha scores = 0.95 (Strong & Folse, 2015).

An additional modified survey, the Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Patients (ATLGBTP) Scale, was incorporated into this study (Strong & Folse, 2015). This 5-item survey was designed as a 5-point Likert-Type scale that would measure registered nurses' attitudes toward LGBT patients (See Appendix E). This scale could provide valuable data that could contribute to the growth of LGBT related literature and research.

Data Analysis

Descriptive statistics were gathered from the resulting data to measure central tendency and variation. Overall homophobia scores were calculated for the respondents using only the responses from the modified ATLG Scale. All questions using a 5-point Likert-type format were scored separately using a scale where Strongly Disagree = 1, Somewhat Disagree = 2, Neither Agree nor Disagree = 3, Somewhat Agree = 4, and Strongly Agree = 5. Two separate, reversely-scored questions were asked addressing the belief that homosexuality is a choice while the same method was used to address support for policies protecting LGBT individuals. This method was performed to help validate the results and their relation to the issues at hand. Items 11 and 12 in the demographic section, items 3, 6, 9, and 12 in the ATLG Scale, and items 3 and 5 in the ATLGBTP Scale were reverse scored. As a result, each item would score from 1-5 with higher scores indicating more negative attitudes toward the subject. Total ATLG scores could range from 12-60, higher scores translating to greater homophobia levels and lower scores translating to lower homophobia levels. Each of its subscales was analyzed individually with scores from 3-15. The data received from the demographic questionnaire were summarized using frequencies and descriptive statistics. Data were analyzed using Microsoft® Excel and the most recent

edition of the Statistical Program for the Social Sciences (SPSS) or any other statistical analysis program used by statistical consultants.

RESULTS

Demographic Data

The survey acquired a total of 27 respondents that were used in the analysis of the data ($N = 27$). Table 1 illustrates the demographic distribution of the sample. A majority of participants were female (88.9%, $n = 24$), with the rest being male (11.1%, $n = 3$). Ages of the participants ranged from under 30 (3.7%, $n = 1$), 30-39 (22.2%, $n = 6$), the most being from 40-49 (29.6%, $n = 8$), 50-59 (22.2%, $n = 6$), and older than 60 (22.2%, $n = 6$). Most of the participants were white or Caucasian (74.1%, $n = 20$), with a few identifying as black or African American (3.7%, $n = 1$), Hispanic or Latino or Spanish in origin (18.5%, $n = 5$), or other (3.7%, $n = 1$).

Data regarding participants' highest level of education showed that 29.6% of participants earned either a Diploma ($n = 1$) or an Associate's Degree in nursing ($n = 7$), 29.6% earned either a Bachelor's of Science in Nursing ($n = 6$) or other Bachelor's Degree ($n = 2$), 37% either a Master's Degree in Nursing ($n = 7$) or other Master's Degree ($n = 3$), and 3.7% earned some type of Doctoral Degree ($n = 1$). None of the participants had a Doctorate of Nursing Practice or a Doctorate of Philosophy in Nursing.

Most of the participants identified as heterosexual (96.3%, $n = 26$), while one identified as bisexual (3.7%). A majority of the participants identified as Christian (66.7%, $n = 18$), while the rest were Jewish (3.7%, $n = 1$), non-religious (25.9%, $n = 7$), or other (3.7%, $n = 1$). Many of the participants indicated they do not attend church (29.6%, $n = 8$) or attend only once or twice a year (29.6%, $n = 8$). Others either attend church every few months (11.1%, $n = 3$), monthly (11.1%, $n = 3$), or weekly (18.5%, $n = 5$). When asked about their political ideology, most of the

participants identified as being moderate (48.1%, n = 13), with a few conservative individuals (25.9%, n = 7) and a few liberal individuals (25.9%, n = 7).

Most of the participants stated they have at least one friend or relative who is a gay man, lesbian, bisexual, or transgender individual (96.3%, n = 26), while only one participant does not (3.7%). When asked about their belief in the “Free Choice” Model of Homosexuality, responses leaned more toward somewhat disagreeing that homosexuality is a choice ($M = 2.19$, $SD = 1.39$) while at the same time more agreed that homosexuality is not a choice ($M = 1.62$, $SD = 1.04$). When asked about supporting non-discriminatory policies toward LGBT individuals in the workplace, most participants would agree to support one ($M = 1.37$, $SD = 0.84$) and most disagreed to not supporting one ($M = 1.48$, $SD = 1.05$).

Table 1: Frequencies of Demographic Data (n = 27)*

	<u>VARIABLE</u>	<u>FREQUENCY</u>
<u>GENDER</u>	Male	3 (11.1%)
	Female	24 (88.9%)
<u>AGE</u>	<30	1 (3.7%)
	30-39	6 (22.2%)
	40-49	8 (29.6%)
	50-59	6 (22.2%)
	>60	6 (22.2%)

	<u>VARIABLE</u>	<u>FREQUENCY</u>
<u>RACE/ETHNICITY</u>	White	20 (74.1%)
	Black or African American	1 (3.7%)
	Hispanic or Latino or Spanish Origin	5 (18.5%)
	Other	1 (3.7%)
<u>EDUCATION</u>	Diploma	1 (3.7%)
	Associate	7 (25.9%)
	BSN	6 (22.2%)
	Other Bachelor's	2 (7.4%)
	MSN	7 (25.9%)
	Other Master's	3 (11.1%)
	Other Doctoral	1 (3.7%)
<u>SEXUAL ORIENTATION</u>	Heterosexual	26 (96.3%)
	Bisexual	1 (3.7%)
<u>RELIGION</u>	Christian	18 (66.7%)
	Jewish	1 (3.7%)
	Non-Religious	7 (25.9%)
	Other	1 (3.7%)

	<u>VARIABLE</u>	<u>FREQUENCY</u>
<u>IDEOLOGY</u>	Conservative	7 (25.9%)
	Moderate	13 (48.1%)
	Liberal	7 (25.9%)
<u>CHURCH FREQUENCY</u>	Weekly	5 (18.5%)
	Monthly	3 (11.1%)
	Every Few Months	3 (11.1%)
	1-2/Year	8 (29.6%)
	0	8 (29.6%)
<u>INTERPERSONAL CONTACT</u>	Yes	26 (96.3%)
	No	1 (3.7%)
<u>CHOICE</u>	Strongly Disagree	12 (46.2%)
	Somewhat Disagree	5 (19.2%)
	Neither	3 (11.5%)
	Somewhat Agree	4 (15.4%)
	Strongly Agree	2 (7.7%)

	<u>VARIABLE</u>	<u>FREQUENCY</u>
<u>NOT CHOICE</u>	Strongly Disagree	1 (3.7%)
	Somewhat Disagree	1 (3.7%)
	Neither	2 (7.4%)
	Somewhat Agree	6 (22.2%)
	Strongly Agree	17 (63%)
	<u>SUPPORT POLICY</u>	
	Somewhat Disagree	1 (3.7%)
	Neither	3 (11.1%)
	Somewhat Agree	1 (3.7%)
	Strongly Agree	22 (81.5%)
<u>NOT SUPPORT POLICY</u>		
	Strongly Disagree	21 (77.8%)
	Somewhat Disagree	2 (7.4%)
	Neither	2 (7.4%)
	Somewhat Agree	1 (3.7%)
	Strongly Agree	1 (3.7%)

*Due to missing data, not all categories sum to 27

Attitudes Toward Lesbians and Gay Men Scale

Due to the nature of the ATLG Scale assessing only heterosexuals' attitudes toward LGBT individuals, the one bisexual respondent was not included in the analysis of the scores (n

= 36), but instead those scores were reported separately (Herek, 1988, 1994, 1998; Herek & McLemore, 2011). ATLG scores ranged from a high of 46 to the minimum of 12 with an average of 27 ($SD = 10.63$). Table 2 illustrates the frequencies of each answered question in the ATLG Scale.

The results from the subcategory focusing on attitudes toward gay men showed an average score of 6.58 ($SD = 2.72$). Responses were close to somewhat disagreeing when asked if sex between two men is just plain wrong ($M = 2.42, SD = 1.24$). It was strongly disagreed that male homosexuals are disgusting ($M = 1.31, SD = 0.68$). Participants averaged between neither agreeing nor disagreeing to somewhat agreeing that homosexuality is a natural expression of sexuality in men ($M = 2.85, SD = 1.24$).

The subcategory focusing on attitudes toward lesbians showed an average score of 6.54 ($SD = 2.82$). Respondents' attitudes were close to somewhat disagreeing that sex between two women is just plain wrong ($M = 2.38, SD = 1.24$). More participants strongly disagreed that female homosexuals are disgusting ($M = 1.46, SD = 0.81$). Participants averaged between neither agreeing nor disagreeing to somewhat agreeing that homosexuality is a natural expression of sexuality in women ($M = 2.69, SD = 1.32$).

The subcategory focusing on attitudes toward bisexuals showed an average score of 7 ($SD = 3.21$). Views fell between neither agreeing nor disagreeing to somewhat disagreeing that having sex with both males and females is just plain wrong ($M = 2.53, SD = 1.21$). Participants leaned more toward disagreeing that bisexuals are disgusting ($M = 1.73, SD = 1.08$). When asked if bisexuality is a natural expression of sexuality in men and women, average responses were between neither agree nor disagree to somewhat agree ($M = 2.73, SD = 1.46$).

The subcategory focusing on attitudes toward transgender individuals showed an average score of 6.85 ($SD = 2.74$). Participants tended to somewhat disagree that a person whose sex does not match their gender identity is just plain wrong ($M = 2.04$, $SD = 1.22$). It was more disagreed that transgender individuals are disgusting ($M = 1.69$, $SD = 0.93$). On average, participants neither agreed nor disagreed that being transgender is a natural expression of gender identity ($M = 3.12$, $SD = 1.18$).

Table 2: ATLG Frequencies ($n = 26$)

	<u>VARIABLE</u>	<u>FREQUENCIES</u>			
		<i>Gay Men Subscale</i>	<i>Lesbian Subscale</i>	<i>Bisexual Subscale</i>	<i>Transgender Subscale</i>
	<u>PLAIN WRONG</u>				
	Strongly Disagree	9 (34.6%)	9 (34.6%)	8 (30.8%)	13 (50%)
	Somewhat Disagree	2 (7.7%)	3 (11.5%)	2 (7.7%)	3 (11.5%)
	Neither	12 (46.2%)	11 (42.3%)	11 (42.3%)	7 (26.9%)
	Somewhat Agree	1 (3.8%)	1 (3.8%)	4 (15.4%)	2 (7.7%)
	Strongly Agree	2 (7.7%)	2 (7.7%)	1 (3.8%)	1 (3.8%)

	<u>VARIABLE</u>	<u>FREQUENCIES</u>			
		<i>Gay Men</i>	<i>Lesbian</i>	<i>Bisexual</i>	<i>Transgender</i>
		<i>Subscale</i>	<i>Subscale</i>	<i>Subscale</i>	<i>Subscale</i>
	<u>DISGUSTING</u>				
	Strongly Disagree	21 (80.8%)	19 (73.1%)	17 (65.4%)	16 (61.5%)
	Somewhat Disagree	2 (7.7%)	2 (7.7%)	1 (3.8%)	2 (7.7%)
	Neither	3 (11.5%)	5 (19.2%)	6 (23.1%)	8 (30.8%)
	Somewhat Agree	0	0	2 (7.7%)	0
	<u>NATURAL</u>				
	Strongly Disagree	5 (19.2%)	3 (11.5%)	5 (19.2%)	4 (15.4%)
	Somewhat Disagree	2 (7.7%)	3 (11.5%)	1 (3.8%)	4 (15.4%)
	Neither	10 (38.5%)	10 (38.5%)	10 (38.5%)	12 (46.2%)
	Somewhat Agree	2 (7.7%)	3 (11.5%)	2 (7.7%)	3 (11.5%)
	Strongly Agree	7 (26.9%)	7 (26.9%)	8 (30.8%)	3 (11.5%)

Serendipitous Findings

The one bisexual individual surveyed portrayed an ATLG Score of 26. This individual neither agreed nor disagreed to sex between two men or two women being just plain wrong as well as gay men and lesbians being disgusting. This participant somewhat agreed that homosexuality in men and women as well as bisexuality are natural expressions of sexuality. This participant strongly disagreed that sex with both men and women is just plain wrong and that bisexuals are disgusting. Finally, this participant strongly disagreed that someone's sex not matching their gender identity is just plain wrong, somewhat disagreed that transgender individuals are disgusting, and neither agreed nor disagreed that being transgender is natural.

Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Patients Scale

Table 3 illustrates the frequencies of each answered question in the ATLGBTP Scale. The results of this section of the survey showed that all the participants disagreed to not wanting to provide care for LGBT patients ($M = 1.04$, $SD = 0.19$) and to refusing care to an LGBT patient ($M = 1.04$, $SD = 0.19$). All the participants felt competent to provide nursing care to LGBT patients ($M = 1.22$, $SD = 0.42$). When asked if LGBT patients do not have any specific health needs, more participants tended to disagree ($M = 1.85$, $SD = 1.10$). Most of the participants felt they would be able to talk to an LGBT patient in a sensitive and appropriate manner ($M = 1.26$, $SD = 0.66$).

Table 3: ATLGTP Frequencies (n = 27)

	<u>VARIABLE</u>	<u>FREQUENCY</u>
<u>PREFER NOT TO PROVIDE CARE</u>	Strongly Disagree	26 (96.3%)
	Somewhat Disagree	1 (3.7%)
<u>REFUSE TO CARE</u>	Strongly Disagree	26 (96.3%)
	Somewhat Disagree	1 (3.7%)
<u>FEELS COMPETENT</u>	Somewhat Agree	6 (22.2%)
	Strongly Agree	21 (77.8%)
<u>NO SPECIFIC HEALTH NEEDS</u>	Strongly Disagree	14 (51.9%)
	Somewhat Disagree	6 (22.2%)
	Neither	5 (18.5%)
	Somewhat Agree	1 (3.7%)
	Strongly Agree	1 (3.7%)

	<u>VARIABLE</u>	<u>FREQUENCY</u>
<u>SENSITIVE/APPROPRIATE</u> <u>COMMUNICATION</u>	Somewhat Disagree	1 (3.7%)
	Somewhat Agree	4 (14.8%)
	Strongly Agree	22 (81.5%)

DISCUSSION

Introduction

The purpose of this study was to explore homophobia levels among a sample of registered nurses in the State of Florida. A literature review was performed reporting on previous nursing related studies focusing on attitudes toward LGBT persons, education on LGBT topics, and the impact these factors may have on the treatment of LGBT individuals. The research questions proposed in this study were shaped around knowledge expansion and capability of an undergraduate research project:

1. What is the overall level of homophobia in a sample of Florida nurses?
2. What are the demographic values for the sample's age, level of education, and belief in the "Free Choice" Model of Homosexuality?
3. How do registered nurses score on a LGBT patient care comfortability questionnaire?

Demographics

Due to the small sample size acquired for this study, it cannot be assumed that these findings accurately represent the demographics or views of the registered nurse population in Florida. Data describing the gender, age, race/ethnicity, and highest level of education of the current Florida nursing workforce were compared to this study's sample; however, current data on sexual orientation, religion, political ideology, church frequency were not obtainable. According to the Florida Center for Nursing (FCN) (2016), 88.9% of registered nurses are female while 11.1% are male. When looking at the age ranges in the study, the FCN found that 10.7% of nurses are 21-30 years of age; 20.6% are 31-40 years of age; 24.8% are 41-50 years of age; 27.3% are 51-60 years of age; and 16.5% are 60 or older (2016). The average age is 47.5. In

addition, the FCN showed that 64.7% of nurses are white; 13.6% are black; 11.5% are Hispanic; 7.2% are Asian; 0.2% are Native American; and 2.8% identify as other (2016). Further results from the FCN show that 45.7% of nurses have a Diploma or an Associate's Degree; 46.4% have some sort of Bachelor's Degree; 7.1% have some sort of Master's Degree; and 0.9% have some sort of Doctorate Degree (2016). Table 4 illustrates a comparison between this sample's findings and those from the Florida Center for Nursing (2016).

Both males and females were represented similarly to the data retrieved from the FCN. While the predominant age of nurses in Florida is the 50-59 age group (27.3%) (2016), this sample received more responses from the 40-49 age group (29.6%). More white nurses responded to the survey than any other race or ethnicity, which reflects appropriately in the FCN data. The Black or African American population was underrepresented in this study, consisting of only 3.7% of the responses. There was an overrepresentation of Master's Degree nurses in the sample at 37% versus 13.9% in the FCN data of Florida nurses (2016). This could be due to any number of reasons from the subject matter to the willingness to answer a survey.

Table 4: Demographic Comparisons Between FCN (2016) and Sample Data

<u>GENDER</u>	<u>VARIABLE</u>	<u>FCN</u>	<u>SAMPLE</u>
	Male	11.1%	11.1%
	Female	88.9%	88.9%
<u>AGE</u>			
	<30	10.7%	3.7%
	30-39	20.6%	22.2%
	40-49	24.8%	29.6%
	50-59	27.3%	22.2%
	>60	16.5%	22.2%
<u>RACE/ETHNICITY</u>			
	White	64.7%	74.1%
	Black or African American	13.6%	3.7%
	Hispanic or Latino or Spanish Origin	11.5%	18.5%
	Asian	7.2%	0%
	Native American	0.2%	0%
	Other	2.8%	3.7%

<u>EDUCATION</u>	<u>VARIABLE</u>	<u>FCN</u>	<u>SAMPLE</u>
	Diploma/Associate	45.7%	33.3%
	BSN	37.7%	22.2%
	Other Bachelor's	8.7%	7.4%
	MSN	8.7%	25.9%
	Other Master's	5.2%	11.1%
	Nursing Doctorate	0.3%	0%
	Other Doctoral	0.6%	3.7%

Additions to the demographic portion of the survey assessed participants' belief in the "Free-Choice" Model of Homosexuality and the nurses' willingness to support LGBT related non-discriminatory policies (Blackwell, 2007, 2008). The resulting scores showed positive views on these subjects, indicating that more participants believe that homosexuality is more of a biologically driven trait rather than a lifestyle choice. The scores also show that more participants would support workplace policies that protect LGBT individuals. When Blackwell (2007, 2008) studied the correlations between these two subjects and the level of homophobia they expressed, his findings showed that higher homophobia scores were associated with believing that homosexuality is a lifestyle choice as well as not supporting these types of nondiscriminatory policies. Correlations were not assessed in this study but if the trend is true, relations with LGBT individuals may be improving.

Attitudes Toward Lesbians and Gay Men

The average ATLG score of 27 falls within the lower range of possible scores, indicating overall positive attitudes toward LGBT persons. This finding is consistent with one of the most recent studies conducted using this scale (Sirota, 2013). Prior to that study, ATLG scores fell into more moderate levels of homophobia (Blackwell, 2008). Other scales measuring homophobia in heterosexual samples resulted in moderate levels as well (Klotzbaugh & Spencer, 2014; Yen et al., 2007).

In the study performed by Strong and Folsie (2015), the mean scores from each ATLG subscale were gathered before and after an educational intervention, with more positive scores after the intervention. Overall, the average results of each individual subscale in this sample were more similar to those of the pre-test scores than the post-test scores. This sample also showed greater negativity toward bisexuals ($M = 7.00$, $SD = 3.21$), similar to the pre-test attitudes toward bisexuals shown in the study by Strong and Folsie ($M = 10.81$, $SD = 2.67$) (2015). While both of these studies implemented similar survey tools, a limitation can be found in that the sample of this study was registered nurses while Strong and Folsie surveyed nursing students (2015).

The responses received from one participant who identifies as bisexual were slightly below the average and can be classified as a lower homophobia score. This participant showed ambivalence toward gay men and lesbians while having more positive views of other bisexual individuals. This finding may be surprising due to the community established by those who identify as LGBT; however, the ATLG scale was intended to measure the attitudes of heterosexuals and thus it is unknown what effect these questions are supposed to have when asking those who identify as LGBT (Herek, 1988, 1994, 1998; Herek & McLemore, 2011).

The average scores in this study can be interpreted as being on the border between low and moderate homophobia scores. As this study's sample intention was focused around registered nurses of any kind all throughout Florida, attitudes can differ greatly from those of student nurses (Strong and Folse, 2015), nurse administrators (Klotzbaugh & Spencer, 2014), or nurse educators (Sirota, 2013). The lower homophobia scores of this sample can be compared more closely to other studies using samples of registered nurses, which have shown more moderate levels of homophobia (Blackwell, 2007, 2008). While these scores seem to display decreasing homophobic attitudes, a larger sample size would be needed to solidify this claim.

Attitudes Toward LGBT Patients

Overall, responses to the ATLGBTP survey showed positive views on the care these nurses would be able to provide to their LGBT patients. The results show that these nursing care providers would not allow the knowledge of a person's sexual orientation or gender identity to interfere with their role as a nurse and the care they provide. One of the questions in the ATLGBTP Scale received responses that were not as undivided as the other questions in the survey. This question assessed whether the participants believed if LGBT patients possessed unique health care needs or not. This establishes a level of contrast in how competent the participants feel in providing care to LGBT patients and the potential lack of recognition of potential health care needs that may be unique to this population.

According to Leninger's theory of transcultural care, nurses should provide care to patients with regard to their traditions and beliefs, creating a type of individualized care that is determined by the patient's history (Potter & Perry, 2013). While these participants may be willing to provide care no matter their patient's sexual orientation, a belief that would be

beneficial to providing culturally competent care, it is not certain whether these nurses would still consider a patient's sexual orientation or gender identity in the care they provide. The outlook of treating everyone equally is crucial to the acceptance of LGBT individuals; however, this should not override the recognition of potential social stigma and psychosocial effects on these individuals (Beagan et al., 2012). Discrimination and prejudice against LGBT individuals might have left psychological impacts that non-LGBT individuals would not have necessarily experienced. These conditions can come from any culture. Thus, while treating everyone equally can include giving quality care to every patient as a person, it also needs to include recognizing the potential differences that all individuals, not just those who are LGBT, might face as a result of their culture or background.

Limitations

Although the potential sample for this study was large, only 27 nurses participated. This may reflect on the mode of distribution of the survey or the lack of incentive to participate. E-mails may be considered as spam by some computers or participants may easily delete or disregard the survey. A reward could also encourage more individuals to respond to the survey. The survey was sent out around the holiday season with a little over a month to respond. Distribution at a different time of year or within a larger time frame may yield more results.

Attitudes toward LGBT individuals may also be different depending on the region assessed in the survey. This study focused specifically on registered nurses from the state of Florida, while some other studies that were addressed took place in different countries (Yen et al., 2007; Røndahl, 2009). Cultural differences could play a role on the beliefs expressed by those of the culture and may affect nursing patient care as well.

Recommendations on Practice and Education

As society improves its relationship with the LGBT community, the same progression should be reflected in the nursing workforce. As shown in Strong and Folsie (2015), education on LGBT health and health care needs can be beneficial in improving the attitudes of registered nurses toward the LGBT community. Education of LGBT related matters contributes to the awareness of the issues this population faces and may help impact the practice of nurses, whether or not they are currently in school or working in the field. It is important to recognize that LGBT individuals exist and that any patient could identify as having a non-traditional sexual orientation and/or gender identity. Recognition and awareness of such factors can play an important role in improving the care between the nurse and the patient.

Recommendation on Future Research

LGBT research is becoming more prominent in the social and biological sciences; but it is still scarce in nursing. Further original research studies should be performed with the aim to update the literature on the current status of LGBT relations in nursing. In addition to acquiring a more adequate sample size, attitudes should be assessed among nurses in every state or throughout the nation. Different regions, countries, and cultures may express different views toward the LGBT community, so it may be important to establish what these views are. More research should also be performed using an updated scale that will accurately measure attitudes toward patient care of LGBT individuals. Attitudes in general can always be assessed; but little research has been conducted to illustrate the impact these attitudes may have.

Since research related to the LGBT community is limited in the nursing field, more research should be performed utilizing different populations of registered nurses. Attitudes

among student nurses and nurse practitioners toward LGBT individuals could also be studied to gain further insight into those populations' beliefs. As shown in the study by Strong and Folse, attitudes and beliefs may be effected by the participant's education regarding the subject (2015). Interventional studies that include educational components may help expand on discovering the root of homophobia. Along with education, there is room for more research that addresses nurses' knowledge of LGBT related health care needs or concerns. The relationship between length of time spent in the nursing field and attitudes toward LGBT individuals should also be investigated as there is some contrast in the current findings (Yen et al., 2007; Sirota, 2013).

Additionally, this study analyzed gay men, lesbian, bisexual, and transgender individuals as a whole without further investigating the different prejudices placed on each group. Further research would need to be performed with a deeper analysis of the background behind current and previous attitudes toward each of these groups. Gender identity is very different from sexual orientation and any changes in gender identity may be looked down upon for different reasons (and vice versa when assessing sexual orientation).

This study was performed with the hopes of recognizing a divide between LGBT and non-LGBT individuals, not with the intention of creating one. While the presence of such a gap does already exist and further analysis of it may temporarily contribute to it, it is hoped that continued research on LGBT related subject matter will help gain a better understanding of what the divide is so that society can improve upon it. Whether or not this divide will continue is dependent on the actions both LGBT and non-LGBT individuals take as a result of stating the problem.

CONCLUSION

Homophobia has been a persistent factor in the treatment of LGBT individuals. Recognition of this factor in all circumstances can lead to the improvement of the relationship between LGBT and non-LGBT individuals. This relationship is especially important among nurses who are responsible for providing life-sustaining or health promoting care to the LGBT community. This study conducted research in the hopes of expanding the knowledge and awareness of the presence of different factors that may influence views toward LGBT individuals and their care.

Findings related to the belief in the “Free-Choice” Model of Homosexuality and the support of LGBT related nondiscriminatory policies in the workplace show potential for a greater understanding of LGBT individuals. Average homophobia scores derived from the study were on the lower end of the scale, indicating lower levels of homophobia. While these findings may indicate improving attitudes or the potential for improved attitudes among registered nurses toward the LGBT community, a more representative sample may be necessary to find accurate results. From the nurses surveyed, it can be inferred that the knowledge of a patient’s sexual orientation or gender identity would not affect the provision of care toward them, but it does not infer that the quality of care provided will not be affected.

Further research would need to be performed with an adequate sample size that will be representative of the nursing population. Additionally, more research should be conducted to further assess the impact homophobic views may have on the treatment and care of LGBT individuals. Hopefully, this research study will serve as a stepping stone for future research projects that will help to expand the LGBT related literature and lead to positive change.

**APPENDIX A:
IRB APPROVAL LETTER**



University of Central Florida Institutional Review Board
Office of Research & Commercialization
12201 Research Parkway, Suite 501
Orlando, Florida 32826-3246
Telephone: 407-823-2901 or 407-882-2276
www.research.ucf.edu/compliance/irb.html

Determination of Exempt Human Research

From: **UCF Institutional Review Board #1**
FWA00000351, IRB00001138

To: **Christopher W Blackwell and Co-PIs if applicable: Matthew Berry**

Date: **November 21, 2017**

Dear Researcher:

On 11/21/2017, the IRB reviewed the following activity as human participant research that is exempt from regulation:

Type of Review: Exempt Determination – Category 2
Project Title: Homophobia in Registered Nurses
Investigator: Christopher W Blackwell
IRB Number: SBE-17-13516
Funding Agency: N/A
Grant Title: N/A

Research ID: N/A
Grant ID: N/A
IND or IDE: N/A

This determination applies only to the activities described in the IRB submission and does not apply should any changes be made. If changes are made and there are questions about whether these changes affect the exempt status of the human research, please contact the IRB. When you have completed your research, please submit a Study Closure request in IRIS so that IRB records will be accurate.

In the conduct of this research, you are responsible to follow the requirements of the [Investigator Manual](#).

This letter is signed by:

Signature applied by Jennifer Neal-Jimenez on 11/21/2017 01:01:57 PM EST

Designated Reviewer

**APPENDIX B:
PERMISSION TO USE INSTRUMENTS**

Re: Attitudes Toward Lesbian, Gay, Bisexual, and Transgender Patients Scale



Kristy Strong <kristystrong717@gmail.com>

Yesterday, 9:58 AM

Victoria Folse <vfolse@iwu.edu>; Matthew Berry; kstrong@iwu.edu \$



Reply all | "

Inbox



scales only.docx

51 KB

"

Download Save to OneDrive - Knights - University of Central Florida

Hi Matthew,

Thank you for your interest in our research. I would be happy to give you consent to use the scale in your research. I am always happy to hear that others have an interest in this topic as well. I have attached the scales used in our study. Please feel free to email me back with any questions. Best of luck!

- Kristy Strong

On Sat, Jul 15, 2017 at 3:09 PM, Victoria Folse <vfolse@iwu.edu> wrote:

Matthew,

I am confident Kristy will consent to allowing you to use the tool. I respectfully ask that Kristy reply directly to you with her consent.

Best, Dr. Folse

Victoria N. Folse, PhD, APN, PMHCNS-BC, LCPC

Director and Professor, School of Nursing

Caroline F. Rupert Endowed Chair of Nursing

Illinois Wesleyan University

Stevenson Hall 223

[P.O. Box 2900 Bloomington, IL 61702](mailto:vfolse@iwu.edu)

[309-556-3286](tel:309-556-3286) (Office Phone) [309-556-3043](tel:309-556-3043) (FAX)

On Wed, Jul 12, 2017 at 10:54 AM, Matthew Berry <mberry@knights.ucf.edu> wrote:

Good afternoon,

**APPENDIX C:
DEMOGRAPHIC QUESTIONNAIRE**

1. Gender

Male	Female	Transgender Male	Transgender Female
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2. Age

<30	30-39	40-49	50-59	>60
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3. Race/Ethnicity

American Indian or Alaska Native	Asian	Black or African American	Hispanic or Latino or Spanish Origin	Native Hawaiian or Other Pacific Islander	White	Other
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4. Highest Level of Education

Diploma	Associate Degree	BSN	Other Bachelor's Degree	
MSN	Other Master's Degree	DNP	PhD in Nursing	Other Doctoral Degree

5. Sexual Orientation

Heterosexual	Lesbian	Gay	Bisexual
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6. Religion

Christian	Jewish	Muslim	Non-religious	Other
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7. Political Ideology

Conservative	Moderate	Liberal
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8. Church Frequency

Weekly	Monthly	Every Few Months	One or two times per year	I do not attend church
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9. I have at least one friend or relative who is a gay man, lesbian, a bisexual, or transgender.

Yes	No
-----	----

10. Gay men and lesbians consciously choose their homosexuality and practice a lifestyle conducive to that choice.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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11. Gay men and lesbians do not choose homosexuality as a lifestyle; biological and psychosocial influences shape human sexuality.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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12. I would support a nondiscrimination policy in my workplace that protects LGBT individuals.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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13. I would not support a nondiscrimination policy in my workplace that protects LGBT individuals.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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**APPENDIX D:
MODIFIED ATTITUDES TOWARD LESBIANS AND GAY MEN (ATLG)
SCALE**

*Read each statement and circle your level of agreement or disagreement on the scale below. All responses will be kept anonymous.

ATLG: Attitudes Toward Gay Men Subscale

1. Sex between two men is just plain wrong.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
----------------	----------------	----------------------------	-------------------	-------------------

2. I think male homosexuals (gays) are disgusting.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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3. Male homosexuality is a natural expression of sexuality in men.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
----------------	----------------	----------------------------	-------------------	-------------------

ATLG: Attitudes Toward Lesbians Subscale

4. Sex between two women is just plain wrong.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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5. I think female homosexuals (lesbians) are disgusting.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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6. Female homosexuality is a natural expression of sexuality in women.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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ATLG: Attitudes Toward Bisexuals Subscale

7. Having sex with both males and females is just plain wrong.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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8. I think bisexuals are disgusting.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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9. Bisexuality is a natural expression of sexuality in males and females.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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ATLG: Attitudes Toward Transgender People Subscale

10. A person who feels that their sex (male or female) does not match their gender identity (masculine or feminine) is just plain wrong.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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11. I think transgender people are disgusting.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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12. Being transgender is a natural expression of gender identity in men and women.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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**APPENDIX E:
MODIFIED ATTITUDES TOWARD LESBIAN, GAY, BISEXUAL, AND
TRANSGENDER PATIENTS (ATLGBTP) SCALE**

*Read each statement and circle your level of agreement or disagreement on the scale below. All responses will be kept anonymous.

Attitudes Toward Lesbian, Gay, Bisexual and Transgender Patients (ATLGBTP) Scale

1. I would prefer not to provide nursing care for LGBT patients.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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2. I would refuse to care for an LGBT patient if I were aware they identify as LGBT.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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3. I feel competent to provide nursing care for LGBT patients.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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4. LGBT patients do not have any specific health needs.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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5. I feel I would be able to talk with a patient who identifies as LGBT in a sensitive and appropriate manner.

Strongly Agree	Agree Somewhat	Neither Agree nor Disagree	Disagree Somewhat	Strongly Disagree
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