Belief in the "Free Choice" Model of Homosexuality: A Correlate of Homophobia in Registered Nurses

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ABSTRACT. A great amount of social science research has supported the positive correlation between heterosexuals' belief in the *free choice* model of homosexuality and homophobia. Heterosexuals who believe gay, lesbian, bisexual, and transgender (GLBT) persons consciously choose their sexual orientation and practice a lifestyle conducive to that choice are much more likely to possess discriminatory, homophobic, homonegative, and heterosexist beliefs. In addition, these individuals are less likely to support gay rights initiatives such as nondiscrimination policies or same-sex partner benefits in the workplace or hate crime enhancement legislation inclusive of GLBT persons. Although researchers have demonstrated this phenomenon in the general population, none have specifically assessed it in the nursing workforce. The purpose of this study was to examine registered nurses' overall levels of homophobia and attitudes toward a workplace policy protective of gays and lesbians. These variables were then correlated with belief in the free choice model of homosexuality. Results indicated that belief in the free choice model of homosexuality was the strongest predictor of homophobia in nurses. Implications for nursing leadership and management, nursing education, and future research are discussed.

KEYWORDS. Discrimination, free choice model of homosexuality, gay, homophobia, homosexual, lesbian, nurse, nursing

INTRODUCTION AND LITERATURE REVIEW

Discrimination Against Gays and Lesbians in the Workplace

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

Croteau (1996) identified both formal (direct) and informal (indirect) discrimination practices in the workplace. *Formal* are institutionalized procedures that restrict officially conferred work rewards, and *informal* are the loss of credibility, acceptance, or respect by coworkers and supervisors based on a workers'

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sexual orientation. Formal discrimination was typically associated with employer decisions to terminate or not hire an individual due to their sexual orientation (Croteau, 1996). I also noted other formal discriminatory practices including the exclusion of homosexuals from promotions, pay raises, or increased responsibility at their jobs. Fear of having one's sexual orientation discovered is predictive of how an individual chooses to present his or her sexual orientation identity in the work environment (Croteau, 1996).

This finding may be of significance to this inquiry because supporters of nondiscrimination policies protective of gays and lesbians in the workplace often claim that such guidelines create equity and fairness (Economist, 1995), which could help alleviate fears of possible discrimination and antigay retaliation for homosexuals who choose not to hide their sexual identity at work. Anticipation of discrimination, especially if an individual's sexual orientation is disclosed or discovered, is of great concern to gay and lesbian workers (Croteau, 1996). Individuals have reported the belief that discrimination would occur if their sexual orientation was discovered by management; research has indicated that this fear or anticipation of discrimination is the major factor in workers closeting lesbian, gay, or bisexual identities (Croteau, 1996).

Research regarding the socioeconomic status of gays and lesbians as a minority suggests that working gay, lesbian, and bisexual people are no better off, and in some ways are disadvantaged economically, in relation to comparable heterosexual people (Anastas, 2001; Badgett, 2000; Cahill & Jones, 2002; Klawitter, 1998). Data suggest that gay males appear to earn less than their heterosexual counterparts. A comprehensive analysis conducted by Black, Makar, Sanders, and Taylor (2003) estimated earnings among gay men to be between 14% and 16% lower than for heterosexual men; the researchers considered differences in career specialization and labor market choices between heterosexual men and homosexual men and hypothesized the etiology for lower earnings in gay men went beyond these forces and were related to deep and pervasive antigay attitudes of employers. Some studies have found specific examples of such disparity in females as well (Badgett, 2000; Klawitter, 1998). Because of the overall wage discrimination that females experience, lesbian couples have an overall lower combined income than heterosexuals (Anastas, 2001; Klawitter, 1998).

Belief in the "Free-Choice" Model of Homosexuality as a Correlate with Homophobia

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

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

Some of the data researching the belief in the free choice model of homosexuality is connected to the body of social science that examines the

belief that obese individuals choose their obesity (Crandall & Martinez, 1996; Sakalli, 2002). Comparable to the finding that individuals who believe that obesity is a controllable behavioral trait are more prejudiced towards overweight individuals, individuals who believe that homosexuality is a controllable behavioral trait have more prejudicial attitudes toward gay men and lesbians than those who think that homosexuality is uncontrollable (Herek & Capitanio, 1995; Sakalli, 2002).

Clinicians' personal beliefs regarding the cause of clients' illnesses can have profound effects on care delivery and discrimination in the workplace. For example, Ortloff's (1995) work found that homosexuals infected with HIV or diagnosed with AIDS were more likely to receive discriminatory healthcare and be discriminated against in the workplace than nonsexual minorities. HIV/AIDS-associated stigma has been supported as a cause of depression in clients with HIV/AIDS (Swendemen, Rotheram-Borus, Comulada, Weiss, & Ramos, 2006). These issues highlight the need for critical assessments of homophobia in the healthcare setting.

Discrimination Against Gays and Lesbians in Healthcare

Although many inquires have supported the existence of discrimination against gays and lesbians in the workplace, there are very little data examining the amount of homophobia and prevalence of discrimination in the healthcare setting. There is even further scant data examining the responsiveness to deal with homophobia within the workplace of healthcare workers (Saunders, 2001).

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

Studies assessing the effects of homophobia in the workplace of healthcare professionals are also dearth. Review of the current literature found only a very few studies detailing the well-being of homosexual physicians as related to homophobia in the workplace. Those reviewed concentrated on the overall feelings of gay and lesbian medical doctors about the amount of homophobia thatthey perceived in their places of employment and within their profession. The scarcity of empirical research about homophobia in the workplaces of the nursing profession was even greater, as evidenced by the finding of only one study, authored by Theresa Stephany (1992) for *Sexuality and Disability*.

Stephany's (1992) work was a qualitative essay and explored the author's own personal work experiences as a lesbian nurse. Although the work of Douglas, Kalman, and Kalman (1985) did investigate some homophobia in nursing and medicine, it had no emphasis on discrimination in the workplace and, instead, made correlations with homophobia and AIDS patients. Burke and White (2001) conducted research examining the wellbeing of gay, lesbian, and bisexual medical doctors and discussed many correlations between well-being and workplace-related discrimination issues but, again, were void on the topic of protective policies in the workplace.

Purpose of Study

The paucity of data assessing registered nurses' homophobia and attitudes towards gays and lesbians in the workplace have led to a lack of contribution from nursing scholars on how to solve discriminatory dilemmas in the workplace. The purpose of this study is to examine registered nurses' homophobia and overall attitudes toward the protection of gays and lesbians in the workplace. The dependent variables of this study were the homophobia scores represented by the Attitudes Toward Lesbians and Gay Men (ATLG) scale and support or nonsupport of a workplace nondiscrimination policy that protects gay men and lesbians. The independent variable assessed for this discussion was

belief in the free choice model of homosexuality, operationalized as: "The belief that gay and lesbian individuals consciously choose their homosexuality and practice a lifestyle conducive to that choice rather than the belief of biological and psychosocial influences in the development of sexual orientation" (Blackwell, 2005, p. 16).

The findings will augment the literature pertaining to social justice and discrimination issues encountered by homosexuals and will also provide direction for administrative decisions regarding the addition of such policies in the work environment of nurses.

Research Hypotheses

The research hypotheses of this study predicted a positive correlation between belief in the free choice model of homosexuality with homophobia and nonsupport for a nondiscrimination policy protecting gays and lesbians in the workplace.

METHODOLOGY

Sample

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

Instruments

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

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

In addition to the ATLG, a demographic data collection sheet to gather information about the participants' age, gender, race/ethnicity, education level, belief in the free choice model of homosexuality, exposure to homosexuals through friends and/or family associations, and attitudes towards workplace nondiscrimination policies protective of gays and lesbians was used. Attitudes toward the protection of gays and lesbians in the workplace were determined by evaluating responses to two opposing statements about workplace nondiscrimination policies, which were scored employing the same 5-point likert scale used on the ATLG and data collection sheets.

Data Collection

Research proposals were submitted for approval to the Institutional Review Board at the University of Central Florida. To collect data in a random fashion, a mathematical approach was used to obtain the sample. To stratify, every third

nurse under each letter of the alphabet was selected until each letter had a total of 20 possible participants. Using 20 per letter, a total of 520 registered nurses were mailed a study packet. Forty were returned as undeliverable and 165 of the remaining 480 (34%) were included in the analyses.

The study packet included directions for completing the study, a 2-page questionnaire (including the demographic data collection sheet and the ATLG Scale), and a postage paid envelope for return of the survey. As explained in the directions included in the study packet, completion and return of the survey indicated informed consent for participation. The survey instrument was specifically designed to assess attitudes toward gays and lesbians only among heterosexuals (Herek, 1984, 1987a, 1987b, 1988, 1994). Thus, disclosure of a homosexual or bisexual orientation was exclusionary for the study. The respondents' identities were kept anonymous; no identifiers were used during the data collection or analyses. Participants could choose to withdraw from the study at any time without consequence. Individual raw data were read only by the researcher. Confidentiality was maintained by locking the questionnaires in a research office.

Treatment of the Data

To determine relationships among independent and dependent variables structural equation modeling (SEM) and linear regression (also referred to as *ordinary least squares*) were used. Confirmatory factor analysis was used to support the internal consistency of the ATLG Scale.

RESULTS

Sample Demographics

Five-hundred-twenty registered nurses within Florida were selected using a stratified systematic sampling method and mailed a study packet. Forty of the 520 were returned as undeliverable, bringing the potential sample to 480. One-hundred-sixty-five (34%) were returned and included in the analyses. The typical respondent was a Caucasian heterosexual women (only 11 of the respondents were men), between the ages of 40–49 years, with an Associate Degree in Nursing. With regard to religiosity, the majority were moderate Christians who attend church weekly. Seventy-three percent of participants have at least one friend or family member who is a gay man or lesbian, and 62% indicated that they would support a nondiscrimination policy in their workplace that protects gay men and lesbians.

Hypotheses Testing

To test the study's hypotheses, SEM was used. The independent variables of the study, belief in the free-choice model of homosexuality and support or nonsupport of a nondiscrimination policy protective of gay men and lesbians in the workplace, were placed on the left side of the model and were correlated with the latent construct of homophobia, which was then correlated with the 20-item ATLG scale.

To measure belief in the free choice model of homosexuality, respondents were asked to gauge the degree to which they agreed or disagreed with the statement: "Gay men and lesbians consciously choose their homosexuality and practice a lifestyle conducive to that choice." To suggest overall correlation between this independent variable, the researcher analyzed the data using a critical ratio (CR) score of >1.96 (Garson, 2005) to indicate statistical significance. The CR value for this independent variable was 5.9, which was the highest CR score of all the variables in the structural equation model. As the strongest correlate of all the independent variables, belief in the free-choice model of homosexuality, was strongly correlated with homophobia.

To assess the correlation between the nurses' homophobia and support/nonsupport for a workplace nondiscrimination policy protective of gays and lesbians, respondents were asked to gauge the degree to which they agreed or disagreed with the statements "I would support a nondiscrimination policy in my workplace that protects gay men and lesbians" and "I would not support a nondiscrimination policy in my workplace that protects gay men and lesbians." Next, the researcher included the answers to both of

TABLE 1. Summary of Study Findings and Interpretations

Variable	Critical Ratio Value	Interpretation
Belief in the "free choice" model of homosexuality	5.9*	Strongest predictor: Nurses believing homosexuality was a conscience lifestyle choice had the highest levels of homophobia.
Support for a nondiscrimination policy protecting gays and lesbians in the workplace	−4.1*	Strong reverse correlation: Nurses supporting a nondiscrimination policy in the workplace had lower levels of homophobia.
Nonsupport for a nondiscrimination policy protecting gays and lesbians in the workplace	3.3*	Strong correlation: Nurses who would not support a nondiscrimination policy in the workplace had higher levels of homophobia.

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

these as independent variables in the SEM and analyzed the CR value using >1.96 to indicate statistical significance.

Support of the nondiscrimination policy was a significant negative correlate with homophobia with a CR value of −4.1. Thus, it can be suggested that those nurses who indicated that they would support such a policy were less homophobic than those who indicated that they would not support such a policy. In addition, the second question had a positive correlation CR value of 3.3, suggesting a positive correlation between nonsupport of a nondiscrimination policy and overall homophobia. Findings and their interpretations are provided in Table 1.

DISCUSSION

Belief in the Free Choice Model of Homosexuality, Homophobia, and Support/Nonsupport of a Workplace Nondiscrimination Policy

Data supported a positive correlation between belief in the free choice model of homosexuality and homophobia. This finding echoes that of the literature, which suggests individuals who believe gay men and lesbians consciously choose to be homosexual are more homophobic than those individuals who believe biological and psychosocial influences are responsible for the development of a person's sexual orientation (Herek, 2000, 2002; Herek & Capitanio, 1995; Landen & Innala, 2002; Sakalli, 2002). Although outside of the scope of this study, research has also demonstrated differences in heterosexual attitudes regarding choice; lesbians are more often thought as choosing their homosexuality rather than gay men (Herek, 2000).

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

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

Treated as an independent variable in the structural equation model, support for the nondiscrimination policy was significantly reverse-correlated with homophobia. Thus, those nurses who supported the workplace policy were significantly less homophobic than those who did not support the policy.

Nurses are taught a holistic approach to healthcare (Potter & Perry, 2005). Holism emphasizes respect for the person as a whole

physical and spiritual being. Because of the emphasis of this in nursing, perhaps nurses believe that workplace protection policies help provide respect for homosexual persons by maintaining their integrity and individuality.

However, the study of the precise relationship between workplace policies and overall homophobia is nonexistent. Perhaps the relationship between homophobic attitudes and workplace policies is explained by attitude itself. In other words, heterosexuals who believe that homosexuals constitute a disadvantaged population in general society might also extrapolate this idea into workplace discrimination issues.

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

Implication for Future Research

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

A more national (and even possibly global) study could explore the overall homophobia and attitudes of nurses towards a nondiscrimination policy in the workplace that protects gay men and lesbians from a much grander scope. This type of research design might also highlight important geographical differences in homophobia among nurses. Gay marriage was recently legalized in Massachusettes, and Vermont has civil union laws granting many of the essential rights of marriage to gay couples; California has some extensive equality laws protective of gay men and lesbians in such areas as domestic partnership, mandatory benefits for same-sex couples at work, and nondiscrimination in employment (Segal Group, 2004).

Florida, on the other hand, has no legislation that protects gay men and lesbians from workplace discrimination, lacks criminal enhancement penalties for homosexual victims of hate crimes, and outlaws any form of adoption by gay men or lesbians (Equality Florida, 2004). Differences in these policies from state to state may cause speculation that, overall, homophobia levels and attitudes towards gays and lesbians at work vary by location of the country; research with a larger aggregate of nurses from various geographic boundaries could highlight diverse sociopolitical climates for gays and lesbians throughout the United States. In addition to national studies, future research could also cross international borders and explore differences in homophobia and attitudes towards a nondiscrimination policy in the workplace of various countries, and contrast these beliefs with those of western populations similar to Lim's (2002) research.

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

Implications for Nursing Education

This study has yielded a vast amount of educational implications for nursing. Because the sample of this study was comprised of registered nurses licensed in the State of Florida, perhaps the educational implications for nursing are most condign. Registered nurses are taught to treat the client as an entire being, encompassing

not only physical health, but mental, spiritual, and psychosocial health as well (Potter & Perry, 2005). Whether or not a registered nurse can fully commit to this vital component of care is an important consideration based on the analysis of the data that reflects the presence of homophobia within the profession.

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

Although the contest between nature versus nurture as the etiology of a homosexual orientation continues, it is essential to examine the relevant biological and psychosocial research that is scrutinizing this subject. Recent research has suggested a strong biological component to the development of sexual orientation; differences in postmortem brain morphology between heterosexual and homosexual males,genetic predisposition and genotyping of heterosexual versus homosexual samples, and early considerable differences in associative gender development have all been supported in the literature as at-least partial causative agents (Bailey & Pillard, 1991; Bailey, Pillard, Neale, & Agyei, 1993; Bell, Weinberg, & Hammersmith, 1981; Comperio-Ciani, Corna, & Capiluppi, 2004; LeVay, 1991; Zastrow & Kirst-Ashmon, 1997).

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

To overcome the infusion of homophobia in nursing education, topics and lectures regarding sexual orientation development might include information about interaction theory and could also stress the wider scientific belief that homosexuality is at least partly determined through biological factors beyond one's control. If a nursing student holds strong to the belief that homosexuality is a personal lifestyle decision, instructors might reiterate the principle of autonomy, which mandates that registered nurses respect the decisions made by clients, regardless of the personal attitudinal beliefs of the nurse (Potter & Perry, 2005).

Limitations

Perhaps the greatest limitation of this study is generalizability. Study participants were selected from a randomized sample of registered nurses licensed in the State of Florida. Thus, the results of this study are generalizable only to registered nurses licensed in the State of Florida. Another threat to the study that must be considered is whether or not respondents honestly reported their sexual orientation. Although participant anonymity was ensured, the existence of social stigma and fear of repercussions from disclosing a homosexual orientation (Schoenewolf, 2004) might have resulted in some homosexual or bisexual nurses selecting heterosexual as their orientation on the demographic survey instrument.

Finally, the overall size of the sample ($n = 165$) is small. The smaller sample size threatens generalizability of the study and also poses a threat to the integrity of the structural equation model. With an increased sample size, the construct validity could be strengthened by splitting the total sample into two groups and performing multiple group analysis with equality constraints of the measurement model.

Summary and Conclusion

The purpose of this study was to examine registered nurses' overall levels of homophobia and attitudes toward a workplace policy protective of gays and lesbians. These variables were then correlated with belief in the free choice model of homosexuality. Results indicated this belief as the strongest predictor of homophobia in nurses. Implications for nursing leadership and management, nursing education, and future research were discussed. Although the generalizability of the study is limited due to the small sample size and limited sampling technique, the inquiry nonetheless provides a foundation for future research related to factors influencing homophobia in nurses and support for protective antidiscrimination policies in the nursing workplace.

REFERENCES

Anastas, Je. (2001). Economic rights, economic myths, and economic realities. *Journal of Gay & Lesbian Social Services, 13*, 99–116.

Badgett, L. (2000). The myth of gay and lesbian affluence. *Gay & Lesbian Review Worldwide, 7*, 22–25.

Bailey, M. J., & Pillard, R.C. (1991). A genetic study of male sexual orientation. *Archives of General Psychiatry, 48*, 1089–1096.

Bailey, M. J., Pillard, R. C., Neale, M. C., & Agyei, Y. (1993). Heritable factors influence sexual orientation in women. *Archives of General Psychiatry, 50*, 217–223.

Bell, A. P., Weinberg, M. S., & Hammersmith, S. K. (1981). *Sexual preference*. Bloomington: Indiana University Press.

Black, D. A., Makar, H. R., Sanders, S. G., & Taylor, L. G. (2003). The earnings effects of sexual orientation. *Industrial and Labor Relations Review, 14*, 449–469.

Blackwell, C. W. (2005). *Registered nurses attitudes toward the protection of gays and lesbians in the workplace: An examination of homophobia and discriminatory beliefs*. Ph.D. dissertation, University of Central Florida, 2005.

Burke, B. P., & White, J. C. (2001). Wellbeing of gay, lesbian, and bisexual doctors. *British Medical Journal, 322*, 422–425.

Cahill, S., & Jones, K. (2002). *Leaving our children behind: Welfare reform and the gay, lesbian, bisexual, and transgender community*. New York: Policy Institute of the National Gay and Lesbian Task Force.

Cohn, B. (1992). Discrimination: The limits of the law. *Newsweek, 120*, 38–39.

Comperio-Ciani, A., Corna, F., & Capiluppi, C. (2004). Evidence for maternally inherited factors favouring male homosexuality and promoting female fecundity. *Proceedings: Biological Sciences, 1554*, 2217–2221.

Crandall, C., & Martinez, R. (1996). Culture, ideology, and antifat attitudes. *Personality and Social Psychology Bulletin, 22*, 1165–1176.

Croteau, J. (1996). Research on the work experiences of lesbian, gay, and bisexual people: An integrative review of methodology and findings. *Journal of Vocational Behavior, 48*, 195–209.

Douglas, C. J., Kalman, C. M., & Kalman, T. P. (1985). Homophobia among physicians and nurses: An empirical study. *Hospital and Community Psychiatry, 36,* 1309–1311.

Economist. (1995). Impossible to define? *Economist, 335*, 27–28.

Equality Florida. (2004). *Get informed: About us*. Retrieved April 14, 2005 from http://www.eqfl.org/informed/about.html.

Frum, David. (1992). The Right to Fire. *Forbes, 150*, 76–77.

Garson, D. (2005). Structural equation modeling example using WinAMOS. Retrieved February 18, 2007 from http://www2.chass.ncsu.edu/garson/pa765/semAMOS1.htm.

Herek, G. M. (1984). Attitudes toward lesbians and gay men: A factor analytic study. *Journal of Homosexuality, 10*, 39–51.

Herek, G. M. (1987a). Can functions be measured? A new perspective on the functional approach to attitudes. *Social Psychology Quarterly, 50,* 285–303.

Herek, G. M. (1987b). Religious orientation and prejudice: A comparison of racial and sexual attitudes. *Personality and Social Psychology Bulletin, 13*, 34–44.

Herek, G. M. (1988). Heterosexuals' attitudes toward lesbians and gay men: A review of empirical research with the ATLG Scale. *The Journal of Sex Research, 25*, 451–477.

Herek, G. M. (1994). Assessing heterosexuals' attitudes toward lesbians and gay men. In B. Greene & T. Herek (Eds.), *Lesbian and gay psychology; Theory, research, and clinical applications: psychological perspectives on lesbian and gay issues* (pp. 206–228). Thousand Oaks, CA: Sage.

Herek, G. M. (2000). The psychology of sexual prejudice. *Current Directions in Psychological Science, 9*, 19–22.

Herek, G. M. (2002). Gender gaps in public opinion about lesbian and gay men. *Public Opinion Quarterly, 66*, 40–66.

Herek, G. M., & Capitanio, J. P. (1995). Black heterosexuals' attitudes toward lesbians and gay men in the United States. *The Journal of Sex Research, 32*, 95–105.

Irwin, J. (2002). Discrimination against gay men, lesbians, and transgender people working in education. *Journal of Gay & Lesbian Social Services, 14*, 65–77.

Klawitter, M. (1998). Why aren't more economists doing research on sexual orientation? *Feminist Economic, 4*, 55–59.

Landen, M., & Innala, S. (2002). The effect of a biological explanation on attitudes towards homosexual persons. A Swedish national sample study. *Nordic Journal of Psychiatry, 56*, 181–186.

LeVay, S. (1991). A difference in hypothalamic structure between heterosexual and homosexual men. *Science, 253*, 1034–1037.

Lock, J. (1998). Strategies for reducing homophobia during medical training. *Journal of the Gay & Lesbian Medical Association, 2*, 167–174.

Lim, Vivien K. (2002). Gender differences and attitudes towards homosexuality. *Journal of Homosexuality, 43*, 85–97.

Melymuka, K. (2001). The growing gay workforce. *Computerworld, 35,* 34–35.

Morrow, D. (2001). Older gays and lesbians: Surviving a generation of hate and violence. *Journal of Gay & Lesbian Social Services, 13*, 151–169.

Muller, M. J., & White, J. C. (1997). Medical students attitudes toward homosexuality: Evaluation of a second-year curriculum. *Journal of the Gay & Lesbian Medical Association, 1*, 155–160.

O'Hanlan, K. C., Cabaj, R. P., Schatz, B., Lock, J., & Nemrow, P. (1997). A review of the medical consequences of homophobia with suggestions for resolutions. *Journal of the Gay & Lesbian Medical Association, 1*, 25–40.

Olson, C. G., & Mann, B. L. (1997). Medical student attitudes on homosexuality and implications for health care. *Journal of the Gay & Lesbian Medical Association, 1*, 149–154.

Ortloff, V. C. (1995). *Perceptions of discrimination by AIDS patients in health care and employment*. Doctor of Public Administration dissertation, University of Alabama, Tuscaloosa.

Potter, P. A., & Perry, A. G. (2005). *Fundamentals of nursing*. St. Louis, MO: Mosby.

Quittner, J. (2003). Where to work. Retrieved May 22, 2008 from the Advocate Web Site: http://www.advocate.com/issue_story_ektid20863.asp.

Saunders, D. (2001). Commentary: The medical profession should face up to its own homophobia. *British Medical Journal, 322*, 424–425.

Sakalli, N. (2002). Application of the attribution—Value model of prejudice to homosexuality. *The Journal of Social Psychology, 142,* 264–271.

Schoenewolf, G. (2004). *A psychoanalysts' perspective: AIDS and the death wish*. Retrieved April 14, 2005 from http://www.narth.com/docs/deathwish.html.

Segal Group. (2004). *New California law mandates equal insurance coverage for domestic partners*. Retrieved April 14, 2005 from http://www.segalco.com/publications/bulletins/nov04CA_AB_2208.pdf#search='California,%20Equality%20Laws'.

Stephany, T. M. (1992). Nursing as a lesbian. *Sexuality and Disability, 10,* 119–124.

Swendeman, D., Rotheram-Borus, M. J., Comulada, S., Weiss, R., & Ramos, M. E. (2006). Predictors of HIV-related stigma among young people living with HIV. *Health Psychology, 4*, 501–509.

Tellez, C., Ramos, M., Umland, B., Palley, T., & Skipper, B. (1999). Attitudes of physicians in New Mexico toward gay men and lesbians. *Journal of the Gay & Lesbian Medical Association, 3*, 83–90.

Van Soest, D. (1996). The influence of competing ideologies about homosexuality on nondiscrimination policy: Implications for social work education. *Journal of Social Work Education, 32,* 53–64.

Van Wormer, K., Wells, J., & Boes, M. (2000). *Social work with lesbians, gays, and bisexuals: A strengths perspective*. Needham Heights, MA: Allyn & Bacon.

Yared, C. (1997). Where are the civil rights for gay and lesbian teachers? *Human Rights: Journal of the Section of Individual Rights & Responsibilities, 24*, 22–24.

Zastrow, C., & Kirst-Ashman, K. (1997). *Understanding Human Behavior and the Social Environment*. Chicago: Nelson Hall.