

Registered Nurses' Attitudes Toward the Protection of Gays and Lesbians in the Workplace

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This study explores the attitudes of registered nurses toward a nondiscrimination policy in the workplace protective of gays and lesbians and the overall homophobia of nurses. A potential sample of 520 registered nurses licensed in Florida was randomly selected from the state Board of Nursing licensee database. In all, 165 surveys were used in the analysis of the data. Structural equation modeling indicated that support of a nondiscrimination policy protective of gay men and lesbians in the workplace was negatively correlated with homophobia with a critical ratio value of -4.01 . Nonsupport of a nondiscrimination policy was positively correlated with homophobia with a critical ratio value of 3.23 . This finding suggests that the inclusion of workplace policies protective of gay men and lesbians might help decrease homophobic and discriminatory treatment that gay and lesbian nurses often encounter in the workplace.

Keywords: *discrimination; equality; gay; homosexual; lesbian; nondiscrimination policy; nurse; nursing; workplace*

Discrimination in Health Care and Study Purpose

Research has suggested that discrimination against homosexuals is pervasive in America's workplaces; homosexuals experience discrimination in wages and earning, experience perpetual harassment and homophobic treatment, and lack many essential rights related to employment (Anastas, 2001; Croteau, 1996; Irwin, 2002; Klawitter & Flatt, 1998; Morrow, 2001); these concerns are also possibly present in the workplaces of nurses. Although there are many sources of data supporting 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 health care setting, and when examining discrimination in the health care setting, there is also a lack of research studying responsiveness in dealing with homophobia within the workplace (Saunders, 2001). Some studies have examined physician attitudes and discriminatory belief patterns (Burke & White, 2001; Lock, 1998; Muller & White, 1997; O'Hanlan, Cabaj, Schatz, Lock, & Newrow, 1997; Olsen & Mann, 1997; Tellez, Ramos, Umland, & Skipper, 1998).

The scarcity of empirical research about homophobia in the workplaces of the nursing profession is even greater, as evidenced by finding only one qualitative essay, authored by Theresa Stephany (1992) for

Sexuality and Disability, which examined the author's own personal work experiences as a lesbian nurse. Although the 1985 work of Douglas, Kalman, and Kalman did investigate some homophobia in nursing and medicine, it had no emphasis on discrimination in the workplace and, more specifically, made correlations with homophobia and AIDS patients.

This study explores the attitudes of registered nurses toward a nondiscrimination policy in the workplace protective of gays and lesbians and the overall homophobia of nurses. The findings help add to the literature pertaining to social justice and discrimination issues encountered by homosexuals and also provide direction for administrative decisions regarding the addition of such policies in the work environment of nurses.

Literature Review

Scope

The literature review for this study concentrated on the social science literature pertaining to the discrimination of gays and lesbians in the workplace. In addition, the scant research assessing homophobia and discrimination in health care professionals was also explored. Finally, research related to workplace discrimination and antidiscrimination policies protective of gays and lesbians in the workplace was also assessed.

Homophobia and Discrimination in Health Care Professionals

As emphasized, there are very little data examining the amount of homophobia and prevalence of discrimination in the health care setting; and when examining discrimination in the nursing profession, even less data exist. Studies conducted by Burke and White (2001), Tellez et al. (1999), Lock (1998), O'Hanlan et al. (1997), Olsen and Mann (1997), and Muller and White (1997) examined the negative impacts of homophobia on the gay and lesbian patient population; none examined the impacts of physician or nurse homophobia in the workplace or attitudes regarding a protective workplace policy for homosexual health care professionals.

Review of the current literature found very few studies examining the well-being of homosexual health care professionals. Many of those reviewed concentrated on the overall feelings of gay and lesbian medical doctors about the amount of homophobia they perceived in their places of employment and within their profession. Only Stephany's (1992) work provided a qualitative assessment of one lesbian nurse's experience. Burke and White (2001) conducted research examining the well-being of gay, lesbian, and bisexual medical doctors and discussed many correlations between well-being and workplace-related discrimination issues; but again, these researchers never mentioned the topic of protective policies in the workplace and did not include nurses in their study.

Socioeconomic Research

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; Bagett, 2000; Cahill & Jones, 2002; Klawitter & Flatt, 1998). Data suggest gay males appear to earn less than comparable heterosexual males; some research has found specific examples of such disparity in females as well (Bagett, 2000; Klawitter & Flatt, 1998). Because of the overall wage discrimination females experience, lesbian couples have an overall decreased combined income relative to heterosexuals (Anastas, 2001; Klawitter & Flatt, 1998).

Types of Workplace Discrimination Encountered and Protective Policies

Discrimination gays and lesbians experience in the workplace is both indirect and direct. An indirect form is the additional disparity of lesbian couples regarding 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 discrimination includes institutionalized procedures that restrict officially conferred work rewards, and informal discrimination is the loss of credibility, acceptance, or respect by coworkers and supervisors based on sexual orientation. Formal discrimination was typically found to be in association with employer decisions to terminate or not hire an individual because of his or her sexual orientation (Croteau, 1996). The author also noted other findings of formal discrimination, including the exclusion of homosexuals from promotions, pay raises, and increased responsibility. Fear of having his or her 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 that protect gays and lesbians in the workplace often claim such guidelines create equity and fairness ("Impossible," 1997), 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 they believed 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 hiding lesbian, gay, or bisexual identities (Croteau, 1996).

Button (2001) identified several benefits of workplace nondiscrimination policies. His work highlights a significant underlying assumption that helped to shape the predictions of this study. Specifically, Button's work suggests that workplace policies create more equitable work environments for gay men and lesbians. This, in turn, is associated with higher levels of satisfaction and commitment among lesbian and gay employees, who are more likely to integrate their sexual identity into the work context.

This indicates that work environments that foster tolerance and protect gay and lesbian employees from discrimination result in more gay and lesbian workers being open about their sexual orientation at work. Thus, these individuals feel more accepted and are more likely to be open about their sexual orientation in a work environment where coworkers are more supportive of protective

policies than in those environments where this support does not exist, which may be perceived as being more homophobic and intolerant.

The Human Rights Campaign (HRC), the largest gay and lesbian lobbying group in the United States, has put forth extensive research and lobbying efforts to combat workplace discrimination for America's gays and lesbians. The Corporate Equality Index (HRC, 2003a) provides an overall rating score for *Fortune* 500 companies in relation to their overall work environment for homosexuals. Seven criteria compose the index and are broad measures of corporate behavior toward the gay, lesbian, bisexual, and transgender (GLBT) community.

Companies were rated on a scale of 0% to 100% based on whether they

- 1) have a written nondiscrimination policy covering sexual orientation in their employee handbook or manual; 2) have a written nondiscrimination policy covering gender identity and/or expression in their employee handbook or manual; 3) offer health insurance coverage to employees' same-sex domestic partners; 4) officially recognize and support a gay, lesbian, bisexual, and transgender employee resource group; or would support employees' forming a GLBT employee resource group if some expressed interest by providing space and other resources; or have a firm-wide diversity council whose mission specifically includes GLBT diversity; 5) offer diversity training that includes sexual orientation and/or gender identity and expression in their workplace; 6) engage in respectful and appropriate marketing to the GLBT community and/or provide support through their corporate foundation or otherwise to GLBT or HIV/AIDS-related organizations or events; and 7) engage in corporate action that would undermine the goal of equal rights for lesbian, gay, bisexual, and transgender people. (HRC, 2003b, p. 2)

These criteria are deemed significant for the creation of workplaces inclusive of equality.

Purpose and Predictions

Purpose of Study

This study explores the attitudes of registered nurses toward a nondiscrimination policy in the workplace protective of gays and lesbians and the overall homophobia of nurses.

Research Predictions

The research predictions of this study predicted a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia. This hypothesis was developed based on data that suggest a correlation between homophobia and lack of support for lesbian and gay human rights (Ellis, Kitzinger, & Wilkinson, 2002; Petersen & Donnenwerth, 1998).

Method

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 Florida Department of Health's Board of Nursing, potential participants were selected by selecting every third name in the database under each letter of the alphabet until 20 names were selected 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 selected using the newly selected individual as a starting point. In alphabetic 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. Of the 480 surveys, 165 (34%) were returned and included in the analyses.

Instruments

One instrument was used in this study, the Attitudes Toward Lesbian and Gay Men (ATLG) Scale developed by Gregory Herek (1984, 1987a, 1987b, 1988, 1994). This 20-question survey instrument has a 5-point Likert-type scale on which respondents rate their attitude regarding a specific statement about homosexual men or women. The scale consists of two subscales: the Attitudes Toward Lesbians (ATL) scale and the Attitudes Toward Gay Men (ATG) scale. The subscales are combined as the ATLG, and 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 some items; reverse scoring is corrected in the statistical analyses.

The possible range of scores varies depending on the response of study participants. 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. The ATLG has been shown reliable, with alpha levels greater than .80 (Herek, 1987a, 1987b, 1988, 1994; Herek & Glunt, 1991, 1993). According to Herek (1984, 1987a, 1987b, 1988, 1994), scoring of the ATLG is accomplished by adding together the response for each item. The Cronbach's alpha value for the ATLG in this study was .77.

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 toward 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 ("I would support a nondiscrimination policy in my workplace that protects gay men and lesbians"; "I would not support a nondiscrimination policy in my workplace that protects gay men and lesbians"). Responses to these questions were scored employing the same 5-point Likert-type 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 listed registered nurse under each letter of the alphabet was used until each letter had a total of 20 possible participants. A total of 520 RNs were mailed a study packet, 40 were returned as undeliverable, and 165 of the remaining 480 (34%) were included in the study.

The study packet included directions for completing the study, a two-page questionnaire (including the demographic data collection sheet and the ATLG), 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 among heterosexuals (Herek, 1984, 1987a, 1987b, 1988, 1994). Although disclosure of a homosexual or bisexual orientation was exclusionary for the study,

the data analysis indicated that this was a nonsignificant predictor and was thus eventually removed from the structural equation model used for this 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; returned surveys were indicative of informed consent. 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 predictors and to test the study predictions, structural equation modeling (SEM) and linear regression (also referred to as ordinary least squares) were used. SEM is a very linear, chiefly cross-sectional statistical modeling technique that is largely confirmatory rather than exploratory (Rigdon, 2008). Researchers often use SEM to determine whether a certain model is valid, and interest usually focuses on latent constructs, which are abstract psychological variables, including attitudinal responses, which were assessed in this study (Rigdon, 2008). SEM explicitly models measurement error, which assists in deriving unbiased estimates for the relations between latent constructs; to this end, SEM allows multiple measures to be associated with a single latent construct (Rigdon, 2008).

This approach was appropriate for this study. Specifically, support or nonsupport of a nondiscrimination policy protective of gay men and lesbians in the workplace was placed on the left side of the model and was correlated with the latent construct of homophobia, which was then correlated with the 20-item ATLG. Next, using a critical ratio (CR) significance level of > 1.96 (Garson, 2005), each predictor was assessed for statistical significance. Confirmatory factor analysis was used to support the internal consistency of the ATLG. Only three returned surveys had missing data, which were corrected by assigning means for those data through SPSS 13.0.

Results

Demographics

A total of 520 registered nurses within Florida were selected using a stratified systematic sampling method and mailed a study packet, and 40 of the 520 were returned as undeliverable, bringing the potential sample to 480. Of these, 165 (34%) were returned and included in the analyses. The typical respondent was a Caucasian heterosexual female between the ages of 40 and 49 years

with an associate's degree in nursing. With regard to religiosity, the majority were moderate Christian who attend church weekly. Of participants, 73% had at least one friend or family member who is a gay man or lesbian, and 62% indicated they would support a nondiscrimination policy in their workplace that protects gay men and lesbians.

Validation of the ATLG Scale

The ATLG scores of the sample participating in this study ranged from 20 to 100. In all, 78% of respondents had an overall ATLG score of 60 (midrange) or less, whereas the remainder (22%) had scores greater than 60. Validation of the research instrument used in this study was completed with the use of confirmatory factor analysis. Each item's CR value was analyzed to support validity. According to Garson (2005), in random sample variables with standard normal distributions, estimates with CRs more than 1.96 are significant at the .05 level. Each item on the ATLG was significant in the overall model, with CR values > 1.96. The Cronbach's alpha for the ATLG was .77; validity for an instrument is supported with a Cronbach's alpha score \geq .7 (Garson, 2005). Thus, the validity of the ATLG for this study was also supported by the Cronbach's alpha value.

Prediction

The prediction for this study was that there would be a negative correlation between support for a nondiscrimination policy protecting gays and lesbians in the workplace and homophobia. With a CR value of -4.01 , support for a nondiscrimination policy protective of gays and lesbians was a significant negative correlate with homophobia. With a CR value of 3.23 , nonsupport of a nondiscrimination policy protective of gays and lesbians was a significant predictor of homophobia among the nurses. Thus, the higher the level of homophobia a nurse possessed, the less likely he or she was to support a nondiscrimination policy protective of gays and lesbians. Conversely, those nurses with lower levels of homophobia were more likely to support such a policy. Table 1 indicates the research question and corresponding CR score when correlated with homophobia.

Discussion

Introduction

The analyses of the data indicated that support or nonsupport of a workplace policy protective of gay men and lesbians was a significant predictor of homophobia

Table 1
Correlations Between Homophobia and Support or Nonsupport for Policy

Instrument Statement	Critical Ratio Value	Interpretation
I would support a nondiscrimination policy in my workplace that protects gay men and lesbians.	-4.01^*	Nurses with lower levels of homophobia more likely to support policy
I would not support a nondiscrimination policy in my workplace that protects gay men and lesbians.	3.23^*	Nurses with higher levels of homophobia less likely to support policy

*Statistically significant at $p < .05$.

within the sample. The implications of these findings are of great importance to the body of literature pertaining to discrimination and social justice issues encountered by gay and lesbian clients, nurses, and coworkers within the health care system.

Predictions

The prediction of this study was a correlation between homophobia and support or nonsupport of a workplace policy protective of gays and lesbians. This was a significant predictor, which perhaps emphasizes the importance of such a policy in the workplaces of nurses. This is consistent with literature that suggests heterosexuals with lower levels of homophobia are more likely to support human rights protections for gays and lesbians, whereas those with higher levels of homophobia are less likely to support such protections. Studies completed by Petersen and Donnenwerth (1998) and Ellis et al. (2002) also showed correlations between individuals' homophobia and their support for human rights protections for gays and lesbians.

Health care organizations should ensure that gay and lesbian employees are protected in the workplace, as data support that accepting work environments that promote diversity tend to have higher employee morale ratings (Button, 2001; "Impossible," 1997). One possible method to provide minimum protections would be implementation of the seven criteria endorsed by HRC outlined in the literature review. Gay and lesbian employees should not work in fear of retaliation from discovery of their sexual orientation at work. Gay and lesbian nurses are vital to the health team and provide much needed diversity in the interdisciplinary approach to health care service delivery. Workplaces should be

welcoming of GLBT employees and should maintain appropriate safeguards designed to ensure equality and fair treatment of all employees, including those who may have a homosexual orientation.

The findings of this study could also translate to a strengthened nursing workforce. Tourangeau and Cranley (2006) found that stronger nurse intention to remain employed was associated with higher job satisfaction and higher organizational commitment. Perception of higher organizational commitment and greater levels of job satisfaction were found among gay and lesbian employees of organizations with protective nondiscrimination policies (Button, 2001). Thus, organizations employing nurses might retain a greater number of gay and lesbian nurses within their organization if a nondiscrimination policy is adopted and enforced. Indicators of higher job satisfaction have also been correlated with higher quality of client care (Persky, Nelson, Watson, & Bent, 2008).

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. In addition, some demographic data of the sample varied somewhat from the demographic data of registered nurses in Florida. In addition, the response rate was only 34%, and given the controversial nature of the study, respondents could have been highly polarized to either respond or not respond.

The research findings are constrained by the overall assumptions of the study. In this study, the three assumptions included that study participants would (a) understand the terms homosexuality, gay, and lesbian; (b) acknowledge the existence of homosexuals in the workplace (although not necessarily within their clinical area of practice) and (c) answer demographic and survey elements honestly.

Another threat to the study that must be considered is whether or not respondents honestly reported their sexual orientation. Although the researcher ensured the anonymity of all members of the sample, 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. Although these constraints are certainly noteworthy, it is equally important to acknowledge them as realities of the study itself.

Conclusion

This study explored the attitudes of registered nurses toward a nondiscrimination policy in the workplace protective of gays and lesbians and the overall homophobia of nurses. A potential sample of 520 registered nurses licensed in the state of Florida was randomly selected from the state Board of Nursing licensee database. A total of 165 surveys were eventually used in the analysis of the data. The SEM of the study indicated that support of a nondiscrimination policy protective of gay men and lesbians in the workplace was negatively correlated with homophobia with a CR value of -4.01 . Last, nonsupport of a nondiscrimination policy protective of gay men and lesbians in the workplace was positively correlated with homophobia with a CR value of 3.23. This finding suggests that the inclusion of workplace policies protective of gay men and lesbians might help decrease homophobic and discriminatory treatment gay and lesbian nurses often encounter in the workplace.

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