

ATTITUDES OF GRADUATE NURSING STUDENTS
TOWARD MALE HOMOSEXUALITY

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We hereby recommend that the _____ thesis _____ prepared under
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Male Homosexuality

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DEDICATION

To My Daughters

Jennica Ann and Natalie Jo

ACKNOWLEDGEMENT

I would like to extend my sincerest thanks to Dr. Margie Johnson whose continued encouragement, undivided attention, and undaunted faith in me facilitated my growth throughout this process. My sincere gratitude is extended to Dr. M. Dean Patton, another of my supporters, who taught me to respond to my own thoughts with sensitivity and to embrace my feelings unconditionally as I pursued this project.

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CHAPTER 1

INTRODUCTION

Homosexual men, like all men, have basic needs which must be met. Also, homosexuals have certain rights basic to all men. One of these rights is an entitlement to optimal health. Nurses, as well as other health care professionals, are responsible to assist the homosexual to attain and maintain his optimal level of health.

At times it will be necessary for homosexuals to assume the sick role in acute care facilities. In addition to the more common medical and surgical disorders requiring intervention, homosexuals are among the high risk population for sexually transmitted diseases and disorders of the colon (When the Patient Is Gay, 1975). The nature and localization of the disorder may indicate the individual patient's sexual orientation without his disclosing his sexual practices. This may place the patient in an awkward state as he not only must deal with the anxiety associated with hospitalization, but must also deal with the anxiety associated with the disclosure of his homosexuality. The male patient admitted to the hospital for excision of anal warts would be subject to the

anxiety states mentioned. To be effective practitioners, nurses must increase their level of awareness of homosexuality and begin to deal with their feelings regarding homosexuality. Estimates of the size of the homosexual population indicate that homosexuality exists throughout the American society. Because homosexuality is widespread, nurses throughout America will be required to care for homosexuals in a variety of health care settings.

Kinsey, Pomeroy, and Martin (1948) demonstrated that between 38 and 60% of all adolescent boys engaged in some type of homosexual behavior. In 1977, the City of San Francisco had a population of 750,000. Of that number, between 100,000 and 200,000 were estimated to be homosexual (Gold, 1977). Further, it is estimated that 20,000,000 homosexuals reside in America (Lawrence, 1975). Statistics such as these provide some measure of the extent to which homosexuality exists in the American society.

Attitudes, beliefs, and knowledge of homosexuality based on myth and misinformation by nurses will add anxiety and stress to any attempt at achieving a therapeutic relationship between the nurse and the homosexual patient. Nursing supports a holistic approach to patient

care. To deny or disregard an individual's sexuality is to deny or withhold nursing care.

Problem of Study

What effect will an audio-video tape presentation concerning homosexuality have on the attitudes of graduate nursing students?

Justification of Problem

Nurses must relate to individuals from various cultures, socioeconomic and religious backgrounds, age groups, and sexual orientations. In addition, nurses operate with a personal set of beliefs, values, morals, and attitudes that may be considerably different from those of the patients. It is important that the nurse's attitude toward any issue be based on factual information as these attitudes are often carried over to the general public.

Rosen (1977) demonstrated that the lay person's attitudes toward homosexuality were favorably altered after being informed of the opinions of a professional group toward homosexuality. He pretested a group of 48 college students to attain information reflecting their attitudes toward homosexuality. After completing the pretest, the subjects were informed, in writing and by means of a tape

recording, of the American Psychiatric Association's (1974) conclusion that homosexuality was no longer considered a mental disorder. The subjects were provided with information as to why the homosexual was considered mentally ill up to the time of the new decision and were further shown how the criteria used to classify homosexuality as a mental disorder no longer held true. The posttest results demonstrated more favorable attitudes toward homosexuality.

Nurses, as professionals, may have the potential to influence the attitudes of the general public toward homosexuality. Nurses' opinions may be regarded as informed opinions and, therefore, may be readily accepted by the general public. It is therefore important that the nurse has a clear understanding of homosexuality based on factual material and not myth.

deLemos (1977) conducted a study related to altering attitudes. She demonstrated that attitudes toward human sexuality became more positive and knowledge increased following a human sexuality workshop. A similar study conducted at the University of Cincinnati (Garrard, 1972) showed that the attitudes of 121 students became more favorable after a 5-day program on human sexuality. Both

of these studies supported the premise that attitudes toward human sexuality can be positively altered.

Mims (1976) tested a group of medical, nursing, and psychology students to assess what impact a 3-day concentrated human sexuality program would have in changing attitudes and increasing knowledge regarding human sexuality. She utilized the Sex Knowledge and Attitude Test (SKAT, Form 2) and an evaluation form adapted from those used at the University of Minnesota (Mims, 1976). The results demonstrated a significant increase in the post-test scores. Once again, it was demonstrated that there is a positive correlation between newly attained knowledge and attitudinal changes in human sexuality.

The National Education Association (N.E.A.) (cited in Schrag, 1977), the country's largest organization of teachers, has taken the position that homosexuals should be allowed in the classroom as teachers. This public stand may not necessarily reflect the opinions of the members of the organization but may constitute a step toward encouraging individual members to accept the homosexual as a teacher.

Sills (1977), a minister, stated that any attempt to deny the homosexual his rights is an attempt to restrict man's freedom to be an individual. He further stated

that the issue is not one of homosexuality, but one related to being able to make a free choice concerning one's life style. Any referendum prohibiting the rights of any man will facilitate a move in the direction of a closed society (Sills, 1977).

Brenton (1974), after studying medical and nursing students' understanding of human sexuality, found that these students had much misinformation regarding human sexuality. McCreary-Juhasz (1967) studied college students' perceptions of their knowledge about human sexuality and found that students believed they possessed more knowledge than was demonstrated after taking a test designed to measure knowledge of sexuality.

Fontaine (1976) pointed out in her study of 14 nursing school faculties that 60% of the subjects seldom or never collected data on patient histories related to sexuality. Fontaine concluded that it was evident that there are patient needs not being met.

The results of the McCreary-Juhasz (1967), Brenton (1974), and Fontaine (1976) studies drew attention to the void in providing human sexuality information to nursing students. If students are considerably misinformed about human sexuality in general, then what is the nature of their information about homosexuality?

Lawrence (1975) and Pogoncheff (1979) spoke to mistreatment of homosexual patients and their partners by medical and nursing staffs in acute care facilities. A young homosexual woman was admitted to the hospital with a diagnosis of abdominal pain. After discovering her sexual orientation, her physician indicated to her that she probably had some form of a venereal disease. After extensive testing, a serious kidney ailment was properly diagnosed (Pogoncheff, 1979). In a second situation, a young man whose homosexual partner was admitted to the intensive care unit for an acute myocardial infarction was denied visitation rights because he was not considered family. On one occasion, the staff had him bodily removed by a security guard from the intensive care unit (Lawrence, 1975). This situation demonstrates how a critically ill client was denied the support of a loved one.

These two patient situations clearly demonstrate how negative attitudes toward homosexuals become manifested in medical and nursing care. In the first situation, the patient was subjected to a diagnosis based on false assumptions. In the second situation, a key member of the patient's support system was denied visitation rights.

In order to bring about change in the treatment of homosexuals by nurses in acute care facilities, it is

necessary to work at changing attitudes. The intent of this study was to determine if an educational presentation related to homosexuality effects a change in attitudes toward homosexuality.

Theoretical Framework

Gestalt learning theory (cited in Hilgard & Bower, 1975) has as its basis six concepts known as capacity, practice, motivation, understanding, transfer, and forgetting. The interfacing and interrelationships between these concepts provide a framework for understanding how the individual learns.

The first of the concepts, capacity, refers to enhancing the individual's learning ability by increasing his ability to organize his perceptions. The Gestalt learning theory closely relates perception to thought (cited in Hilgard & Bower, 1975).

Motivation, the second concept, pertains to the ability of the individual to see a reward prior to acting. If a reward is perceived and understood, the learner gains initiative to learn. The individual is able to see the end result of his efforts before engaging in the learning process.

The concept of understanding speaks to a process for gaining knowledge that is structurally organized and sensible rather than mechanical or based on prior habits. A mechanical process for gaining knowledge is one of unquestioned acceptance. The individual learner simply accepts what he hears or reads. It is a passive form of learning.

Another of the learning concepts is that of forgetting. There are two means by which the individual forgets. First, the individual experiences forgetting through what Gestaltists refer to as a gradual decaying process (cited in Hilgard & Bower, 1975). The longer the period of time between the initial learning process and recall, the greater the memory loss for the learned information.

The second means by which an individual forgets results from a chaotic or ill-structured field (cited in Hilgard & Bower, 1975). Information learned in small segments over any period of time leads to disorganized thought patterns, and disorganized thought patterns hinder the learning process.

Practice relates to the similarity between prior and present knowledge and the number of times the knowledge is recalled. If the material to be learned is identified with some past event, then the individual's ability to

assimilate the new material is potentiated. Material that is recalled regularly is more easily learned and remembered (cited in Hilgard & Bower, 1975).

The last of the Gestalt learning theory (cited in Hilgard & Bower, 1975) concepts is that of transfer or transportation. New material, when it mobilizes previously learned material to the foreground within the individual's mind, has a greater chance of being learned and retained (cited in Hilgard & Bower, 1975). The individual learner intellectually blends previously learned knowledge with newly gained knowledge.

Gestalt learning theory (cited in Hilgard & Bower, 1975) carefully analyzes the way in which learning occurs within the individual. Also, the degree and accuracy of recall ability are taken in consideration by Gestalt theorists. It is the integration and interrelationships of the Gestalt learning theory concepts that formulate a workable structure for a study related to altering attitudes. If the subjects' attitudes are based on myth and unquestioned acceptance, then the knowledge base, according to Gestalt (cited in Hilgard & Bower, 1975), is probably loosely structured and disorganized. A structurally sound, well organized presentation dealing with similar material may affect a knowledge base change which

may alter the attitudes formulated from the previously learned information. Also, if attitudes affect behavior and negative attitudes facilitate negative behaviors, then behavior becomes a motivating factor for the subject to assimilate new knowledge. Good nursing care for homosexuals may be the end result of changed attitudes toward homosexuality.

By utilizing the Gestalt learning theory, it was possible to assess and begin understanding how the individual unlearns as well as learns. In order to attempt to alter attitudes, it was important to understand how the knowledge used to formulate the attitudes was learned. The concepts were then operationalized to facilitate the learning of material concerning homosexuality.

The audio-video tape presented, in an organized manner, information concerning many areas of homosexuality. This information was structured to move from the general to the specific. This organization and structure had as its framework the concept of understanding from Gestalt learning theory (cited in Hilgard & Bower, 1975).

The presentation emphasized the need to provide optimum level health care to all men regardless of their differences. By providing this emphasis the concept of

motivation was operationalied. The motivator for learning became optimal care for all men.

The concept of practice was also incorporated throughout the presentation. The subjects had old information brought to the foreground with the discussion of the myths related to homosexuality. This provided them with an opportunity to learn new, more recent information regarding old beliefs held about homosexuals.

Assumptions

The following assumptions were made relative to this study:

1. Factual information can alter attitude formation.
2. Nurses lack knowledge in the area of male homosexuality.

Hypothesis

There will be no difference between pretest and posttest scores of graduate nursing students after an audio-video tape presentation concerning male homosexuality.

Definition of Terms

The terms used in this study were defined as follows:

1. Graduate nursing student--a registered nurse holding a bachelor's degree who is pursuing master's level education in nursing.
2. Homosexual--any man who seeks sexual gratification through encounters with members of the same sex.
3. Audio-video tape presentation--a 21-minute pre-recorded presentation which includes the discussion of several topics related to homosexuality (See Appendix A for detailed outline).
4. Attitudes--the feelings and beliefs that comprise the graduate nursing student's perception of the male homosexual.

Limitations

The study was subject to the following limitations:

1. The sample consisted of subjects who consented to participate in the study.
2. The sample consisted of graduate students enrolled in a Master of Science program in nursing.
3. The subjects were not questioned for their personal sexual orientation or for their association with

individuals who engage in same-sex activities for sexual gratification.

4. The subjects were not eliminated from the study for having taken formal or informal coursework related to the topic of homosexuality.

Summary

In this chapter the problem of the study was presented which questioned what effect an audio-video tape presentation concerning homosexuality would have on the attitudes of graduate nursing students toward homosexuality. The justification of the problem provided data which demonstrated the need for nurses to be accepting of the homosexual and his life style. Research in the area of attitudinal change related to homosexuality as well as sexuality in general was presented. The concepts of capacity, practice, motivation, understanding, transfer, and forgetting were explained as they relate to the Gestalt learning theory. The theory was then described in relationship to this study.

The null hypothesis predicted that there would be no change in attitudes from the pretest to the posttest after treatment by means of an audio-video tape presentation was shown to the subjects. The important

terms related to this study were defined and the four limitations of the study were presented.

CHAPTER 2

REVIEW OF LITERATURE

The major focus of this study was to measure graduate nursing students' attitudes toward male homosexuality and to determine what effect an audio-video tape presentation on male homosexuality would have on altering their attitudes. A review of the literature was conducted in the area of attitudes. In addition, the literature review included a general overview of the theories of homosexuality, myths related to homosexuality, and illnesses prevalent in homosexual population.

Attitudes

An individual's beliefs provide a framework for the many attitudes that are formulated and ascribed to throughout a lifetime and those attitudes constitute the basis for the individual's behavior (Ajzen & Fishbein, 1980). Therefore, there exists an intimate relation between what one may believe to be true or untrue, his perceptions based on those beliefs, and the manner in which he conducts or presents himself when the belief is activated. Bem (1970) maintained that beliefs and attitudes are generally not true beyond the set of experiences upon

which they are based, and when they are treated as such, they lead to stereotyping. Stereotypes are often based on invalid experiences and are formed to rationalize prejudices. Stereotypes are utilized to support mistreatment of individuals and groups based on assumed characteristics, and those stereotypes are rarely tested against independent criteria (Bem, 1970). The absence of beliefs or stereotype validation against independent criteria leads to circular reasoning. In circular reasoning a judgment is made without validation. The process is self-reinforcing which permits the individual holding the belief to maintain the belief in the way of a stereotype.

Lemon (1973) maintained that an attitude was a "pot-pourri" term with no generally accepted definition, therefore making it difficult to work with. Ajzen & Fishbein (1980) hypothesized that attitudes are derived from one's beliefs and that altering beliefs would, in turn, alter attitudes and behaviors. According to his theory, one must be exposed to information that would change the underlying belief.

Theories of Homosexuality

Male homosexuality is a preference for sexual interaction with a member of the same sex. This definition does not imply a life style, personality make-up, or identity. It is simply a definition of sexual preference. Because homosexuality is a deviation from what is considered to be normal sexual functioning, it has been the subject of numerous studies conducted by researchers from a number of disciplines. The results of these studies have often led to the development of theories which have attempted to explain the physical, psychological, and/or sociological dynamics contributing to the development of male homosexuality. To date, no single theory has been accepted as the framework for the male homosexual etiology (Levine, 1979).

The early theories of homosexuality carried the mark of powerful religious traditions (Bayer, 1981). St. Thomas Aquinas (cited in Bayer, 1981) viewed sex between two men as a violation of God's nature and a diversion of energy from the task of procreation. This posture against homosexuality stated hundreds of years ago has persisted and greatly influenced present day thinking regarding homosexuality (Bayer, 1981; McCaffrey, 1972; McCarthy, 1977). The general public's attitudes toward

homosexuality have been influenced by Judeo-Christian beliefs which have always claimed that homosexuality is sinful (Bayer, 1981).

During the early part of the 19th century Sir Alexander Morison (cited in Bayer, 1981) delivered his paper entitled "Outlines on Lectures on Mental Disease." He maintained that homosexuality was a type of mild insanity and that homosexuals were capable of controlling their actions. Lombroso (cited in Bayer, 1981), a late 14th century criminologist, perceived homosexuals as being from a lower stage of human development; therefore, punishment of homosexuals was not justifiable. Lombroso believed that as an alternative, homosexuals should be confined to asylums as a social defense.

The school of thought that theorized that homosexuality resulted from genetic or inborn disturbances became popular during the 19th century (Bayer, 1981). During the 1860s Ulrichs (cited in Bayer, 1981) described homosexuality as a hereditary anomaly which resulted in normal genital development and male bodies with underdeveloped brains possessed by female souls.

The theorist's work that had the greatest impact on understanding the etiology of homosexuality was that of Freud (cited in Bayer, 1981). Freud maintained that

masculine and feminine impulses existed in all men and women and that homosexuality, in part, resulted from the homosexual's constitution. He further believed that homosexuality was characterized by autoerotic energies centered around the penis and an unresolved oedipal complex (cited in Bayer, 1981; Levine, 1979; Richards, 1979).

Freud's theory as to the etiology of homosexuality persisted for some 40 years. Rado (cited in Bayer, 1981), a post-Freudian psychiatrist, postulated that homosexuality was a phobic response to members of the opposite sex and therefore could be cured. Bieber (cited in Bayer, 1981; Churchill, 1967; Socarides, 1978) theorized from his studies that every homosexual was a latent heterosexual. The basis of this theory was founded in a disturbed mother-son relationship. In his study of homosexual men, Bieber (1962) found 69% of the subjects had a close binding relationship with their mothers characterized by the mother responding to her son's heterosexual drives with hostility, expressing demasculating attitudes, encouraging father-son competition, subverting any sign of autonomy in her son, and favoring the son over the husband. Bieber (1962) found that the fathers of these homosexuals were detached, hostile,

minimizing, and openly rejecting. Of the 72 subjects who underwent treatment, 57% remained unchanged, 19% became bisexual, and 19% became exclusively heterosexual (Bieber, 1962).

Scientists who replicated Bieber's study failed to validate his findings (Churchill, 1967; McCarthy, 1977). According to Pettyjon (1979), Bieber has been highly criticized for not having used a control group in his study and for choosing subjects who were known to be mentally ill.

The last of the scientists to explain homosexuality as pathological was Socarides (1978). He maintained that homosexual and heterosexual behaviors were learned and that homosexuality represented a defense against "massive childhood fears" such as the fear of engulfment by the mother. Socarides (1978) further postulated that the male child's inability to separate from his mother occurred at the pre-oedipal phase. The intent of the homosexual's encounter with other men, according to Socarides (1978), was representative of an unconscious desire to achieve masculinity through identification with another man.

The school of thought which viewed homosexuality as a normal variation from the heterosexual life style

began with the work of Kinsey, Pomeroy, and Martin (1948) who radically challenged the work of the psychoanalysts who believed homosexuality to be a disorder characterized by pathology. The study of Kinsey et al. (1948) involved a large sample of men throughout the United States who were not institutionalized.

Kinsey et al. (1948) developed a sexual orientation continuum from 0 through 6 with 0 representing exclusive heterosexuality and 6 representing exclusive homosexuality. They found that 37% of the male population had had physical contact to the point of orgasm with other men sometime between adolescence and old age. Kinsey et al. (1948) further discovered that 4% of their subjects were exclusively homosexual. For Kinsey et al., the statistically normal could not be psychologically abnormal. The conclusion was that sexuality was learned and that more men did not participate in homosexuality because of cultural and social restrictions (Kinsey et al., 1948).

A second major study of homosexual men which tested the theories of the psychoanalysts was conducted by Hooker (1968). Hooker matched 30 homosexual men with 30 heterosexual men according to educational level, intelligence, and a nonpsychiatric background. She administered

a series of standard psychological tests to both experimental and control groups. The tests were then given to a group of trained clinicians to analyze for pathology and to differentiate between the two groups. In both cases there was no difference between the two groups. The clinicians were unable to distinguish the homosexual subjects from the heterosexual subjects, and neither group demonstrated emotional pathology (Hooker, 1965).

In 1963, Menninger (cited in Bayer, 1981) issued a report on homosexuality which gained international attention. Menninger rejected the classification of homosexuality as a disease and called for decriminalization of homosexual acts between two consenting adults (cited in Bayer, 1981). The American Psychiatric Association (1974) deleted homosexuality from its nomenclature of psychiatric disorders in 1973.

Many contemporary researchers engaged in the study of male homosexuality have drawn their samples from populations that are more representative of the homosexual in society and not the homosexual who has been institutionalized (Aaronson & Grumplet, 1961; Brodoff, 1980; Hooker, 1965; McCarthy, 1977; Miller, 1979). These researchers theorized that the homosexual orientation is not chosen or selected by the homosexual but rather

inborn; therefore, homosexuality should be viewed as a normal variation from the heterosexual orientation (Hooker, 1965; Levine, 1981; Miller, 1979).

Miller (1979) studied 40 homosexual men to determine their abilities to father their children and to conduct the homosexual portion of their lives. The results of the study demonstrated that there existed a range of homosexual fathers from those who remained with their families and carried out clandestine sexual relations that were totally impersonal to those fathers who were raising their children along with their homosexual companions. In all cases, but in differing degrees, the homosexual fathers were fathering their children. Miller (1979) reported that most of the men who remained with their wives and children knew they would be happier if they were liberated from their marriages but would not do so for the sake of their children.

Myths Related to Homosexuals

Homosexuals, as is true of most diverse or minority groups, have been subjected to many myths which have been held to characterize the general homosexual population. Many of these myths evolved from study results that were conducted by researchers studying institutionalized

homosexuals. The findings were generalized to the homosexual population (Churchill, 1967; Hooker, 1968; Levine, 1979).

Several researchers have studied the myth related to homosexual men being effeminate (Bieber, 1962; Westwood, 1952). After conducting his study of homosexual men, Westwood (1952) reported that 10% of the sample were predominately feminine while 9% were slightly effeminate. There was no report of a control group for comparison in the Westwood study. Bieber (1962) found 2% of his 106 subjects to be effeminate and 25% to be slightly so. In the same study, 6% of the heterosexual group showed feminine characteristics (Bieber, 1962).

McCarthy (1977) reported that most of the subjects in his study did not want to be identified as homosexuals and therefore dressed and acted the same as heterosexual men. The Institute of Sex Research (cited in McCaffrey, 1972) has also pursued the study of feminine characteristics in homosexual men. The report (cited in McCaffrey) from the Institute indicated that 85% of all homosexual males could not be discerned as homosexuals, even by experts. Nichols (1977) pointed out that more and more homosexual men are making rigorous efforts to appear and act highly masculine. He cautioned that the "butch

identity" assumed by many homosexuals may represent a disguise for feelings of inferiority.

Another of the male homosexual myths maintains that homosexual men molest children, especially small boys (Levitt & Klassen, 1974). It has been identified that most child molesters are heterosexual men preying on young girls (McCarthy, 1977). For every 12 incidents of child molesting in the United States, 11 are committed by heterosexual men against little girls (Levine, 1979).

Homosexual men, especially those engaged in homosexual relationships, are said to take on male-female roles (Levitt & Klassen, 1974). Studies related to this role playing have demonstrated that this label is mythical (Blair, 1974; Brown, 1974). Hooker (1965) studied the sexual practices of 30 homosexual men and found that 24 of the subjects took either the passive or active role during sex. Their role during sex depended on their particular moods and those of their partners (Hooker, 1968). Pettyjon (1979) also reported that homosexual men do not assume male-female roles and that the position during sex was dependent on the individual's likes and dislikes.

The homosexual has been said to be a compulsive, promiscuous individual who is unable to delay

gratification to the extent that he is constantly in search of a partner to satisfy his uncontrollable libidinal needs (Bergler, 1956). The homosexual has been further characterized as having a diffuse identity that lacks boundaries or definition, and a self-image that continually leads to his self-defeating behavior (Socarides, 1978). Finally, the homosexual is said to be unable, because of his sexual orientation, to be a contributing member of the society in which he lives (Bergler, 1956). These characteristics have been deduced from studies of institutionalized men (Gould, 1974).

There is no such thing as the typical homosexual personality or make-up (Juzwiak, 1964). The cultural stereotypic homosexual exists in 5% of the homosexual population (Lief, 1975). The stereotypic group of homosexuals may have been prone to design their lives according to the myths related to homosexuality because they believed this to be the assumed nature of the homosexual (Levine, 1979). Stoller (1968) believed that those homosexual men fitting the stereotypes were caricatures.

Homosexual men function at all levels within society both professionally and nonprofessionally (Rochlin, 1979). There are a number of gay or homosexual organizations, some of which are intended for professionals

(Leighton, 1979). There are homosexual organizations for psychologists, school teachers, preachers, airline pilots, nurses, college students, and high school students (Leighton, 1979). Many of these groups were organized to assist the homosexual to adjust to his homosexuality within a society that is predominately unaccepting of him and to enlighten the general public regarding homosexuality (Leighton, 1979).

Illness and the Homosexual

In addition to being subject to the same common disorders as heterosexuals, some male homosexuals are predisposed to problems, both physical and mental, related to their sexual preference (Pettyjon, 1979). An estimate of the number of homosexuals in the United States ranges from 10 to 20 million (Berzon, 1979; Lawrence, 1975; Levine, 1979). Through the concerted efforts of the various homosexual organizations, there is a strong movement encouraging homosexual men to disclose their sexual orientations publicly (Berzon, 1979, Rochlin, 1979). The belief that accompanies disclosure is that honesty and openness will facilitate greater interaction of homosexuals with the general public which will lead to understanding and acceptance (Rochlin, 1979). The health

care system will be the recipient of greater numbers of homosexual men who will enter the system open and honest about their sexual preferences (Lawrence, 1975).

Lawrence (1975) summarized the feelings of homosexuals whose loved ones were hospitalized. He spoke of concerns over losing control, being dismissed as a queer friend, being ignored, being perceived as immoral or abnormal, and being subjected to the staff's ignorance of homosexuality. Demoralizing and victimizing mental health treatment of homosexuals in the city of Boston led to the development of the Homophile Community Mental Health Service (Lawrence, 1975). At the center, homosexuals are treated for their identified problems and not necessarily for their homosexuality.

All patients in the health care setting should be able to expect safe and competent care in addition to a safeguarding of their fundamental rights, such as the right to privacy and courtesy (DuGas, 1977). Nurses, because of their close contacts with patients, must act in a courteous and professional manner at all times.

Rogers (cited in Fuerst, Wolff, & Weitzel, 1974) theorized that a helping relationship is one characterized by acceptance, the provision for freedom to explore without judgment, and an environment that permits maximum

use of the patient's resources. The first step in the relationship between a homosexual client and a health care professional is a self-exploration of attitudes by the health care worker toward homosexuality (Pettyjon, 1979). Uncertainty of one's own sexual identity and a misunderstanding of sexuality in general will give rise to negative emotions (Downey, 1976).

It is necessary that the health care professional treat homosexuals as individuals by responding to their needs and not their sexual orientation (Kelly, 1974). Any attempt to foster heterosexuality in homosexuals through punishment and/or degrading attitudes may lead to confusion, self-condemnation, guilt, and in some instances may pose a significant health risk (Lief, 1975; Maurer, 1975).

The special problems of the male homosexual range from complaints which are often diagnosed as psychosomatic illnesses to a high incidence of venereal diseases (Pelletier, 1977; Pettyjon, 1979). In his study of homosexual patients Pelletier (1977) found a greater number of psychosomatic complaints in the homosexual group. He concluded that the study results reflected a group of men who experienced greater amounts of stress as a result of

being homosexual in a predominately heterosexual environment.

The incidence of venereal disease within the homosexual population is much greater than within the heterosexual population (Pettyjon, 1979; Shahidullah, 1976). Twenty-five percent of all homosexual men who engage in sex with various partners contract a gonococcal infection at some time during their lives (Klein, 1977). Gonococcal infections of the pharynx and rectal regions are very often asymptomatic, and therefore routine cultures should be taken every 3-6 months on homosexual men who engage in sex with various partners (Klein, 1977). It is equally important that the infected individual's contacts are notified of their exposure (Klein, 1977).

Other infectious organisms not uncommon to homosexual men who practice open sex are streptococcus, condyloma acuminata, herpes simplex, and parasites such as crabs and scabies (Catterall, 1975; Drusiun, 1975; Unger, 1975; Waugh, 1976). In addition, viral hepatitis is common among homosexual men requiring that homosexuals be instructed in the transmission of the organism and overall prevention (Unger, 1975).

Anal intercourse, a practice among certain homosexual men, may be accompanied by certain psychological and

physical concerns (Unger, 1975). The homosexual practicing anal intercourse may be subject to feelings of remorse, guilt, and/or fear. Physically, he may develop problems with fistulas, fissures, tears, eroded hemorrhoids, and ulcerations (Unger, 1975). Swerdlow (1976), after conducting rectal examinations on homosexuals who practiced anal coitus, concluded that anal intercourse was not dangerous if practiced judiciously as the rectum is capable of tremendous dilatation.

Summary

This chapter has provided a broad overview of the topic of male homosexuality. The theories presented from St. Thomas Aquinas to contemporary theorists trace homosexuality from the first Judeo-Christian beliefs, through an era when homosexuality was considered pathological, to the school of thought that claims homosexuality to be a normal deviation of the heterosexual orientation. The mythology associated with homosexuality has been presented as specific beliefs which have been explained and described through studies conducted to test their validity. Data have been provided to support or refute the homosexual myths.

The last section of this chapter deals with the treatment of homosexuals in health care agencies and

the health problems of the active homosexual. Information was provided on the need for health screening and teaching, specifically in the area of prevention.

Attitudes, beliefs, and behaviors have been discussed. Specifically, attention was paid to attitude formation and alteration as seen from the sociologist's perspective.

CHAPTER 3

PROCEDURE FOR COLLECTION AND TREATMENT OF DATA

In this chapter the procedure for the collection of data is discussed as well as the treatment of the data. The setting is described providing information about location and the institution where the study was conducted. The population and sample is discussed as is the method of sampling. This chapter also provides the method by which subjects' rights were protected.

Polit and Hungler (1978) defined the quasi-experimental approach to be one where there exists manipulation of an independent variable. The independent variable is manipulated by the investigator with the implementation of a treatment. In the quasi-experimental design, the investigator frequently does not utilize randomization and/or a control group. The independent variable in this study was an audio-video tape presentation, while the dependent variable was the attitudes of graduate nursing students toward male homosexuality.

This study utilized a pretest, posttest design with intervention. The study met Polit and Hungler's (1978)

criteria for quasi-experiment in that a treatment was instituted, an audio-video tape presentation on homosexuality, and randomization or a control group was not used.

Setting

This study took place at a center of a university located in a large metropolitan city in the southwestern United States. The total number of students enrolled at all campuses of the university was 7,724. Of that number there were more than 2,300 nursing students. At the center where the study was conducted, there were more than 1,000 students. Of that number, approximately 350 were nursing students enrolled at the graduate level.

The graduate curriculum offers the student specialization within one of four clinical areas: maternal-child health, medical-surgical, psychiatric mental health, and community health nursing. In addition, graduate students elect to study in one of three role areas: education, administration, and clinical specialization.

Population and Sample

The population of this study consisted of all the graduate nursing students who were enrolled at the university's center. The investigator elicited the

cooperation of the subjects by explaining the nature and intent of the study at the end of each of four class periods conducted on a weekly basis at the university. By presenting an outline of the study to the members of the four classes, medical-surgical nursing, maternal-child nursing, psychiatric mental health nursing, and community health nursing, all graduate nursing students at the center were given the opportunity to participate in the study. Each clinical group was approached and given an explanation of the study.

A specific time and place was scheduled for conducting the study. The investigator conducted the study four different times in order to maximize sample size. The four separate audio-video tape presentations were conducted in the same manner by the investigator.

Protection of Human Subjects

The rights of the subjects in this study were protected. The investigator first obtained the permission of The Texas Woman's University Human Research Review Committee (Appendix B). A copy of the thesis proposal and the tool was then submitted to the university where the population was enrolled to obtain written permission (Appendix C).

Before requesting participation in the study, the investigator gave an oral presentation (Appendix D) to the prospective subjects. The purpose of this presentation was to assure all subjects that participation in this study was unrelated to their course work at the university, to explain that their names would not be used in the study, and to advise that they would be free to withdraw from the study at any time. The subjects were also told that they would not be questioned regarding their personal sexual orientation and that they could request information regarding the outcome of the study. The subjects were further informed that return of the questionnaire used in this study constituted informed consent.

Instrument

The instrument (Appendix E) utilized in this study was originally used in a nationwide survey conducted in 1970 (Levitt & Klassen, 1974). The instrument was designed to measure attitudes toward homosexuality and was given to 3,018 American adults who participated in the study. Validity and reliability of the instrument was requested (Appendix F). No written response was received; however, during a telephone conversation,

Klassen (Note 1), co-author of the tool, informed the investigator that reliability and validity studies had not been done. Klassen did indicate that the analysis of the data collected and the distinct interrelationships of the various items seemed to indicate that the items in the questionnaire were valid and reliable.

The treatment protocol in the form of an audio-video tape was developed by the investigator. A thorough library and computer search was conducted to develop the audio-video tape presentation. Information concerning male homosexuality was presented to the subjects by the investigator. The material included was organized by topic which included theories of homosexuality, the American Psychiatric Association's views on homosexuality, myths associated with male homosexuals, and illnesses specific to homosexual populations. The audio-video tape was prepared in the audio-visual laboratory at Texas Woman's University.

Three non-nursing graduate students pursuing degrees in health care at the university where the study was conducted viewed the audio-video tape for picture and voice quality, the pace of the presentation, and the degree of objectivity of the content. These graduate students found the sound to be clearly audible, the picture

quality to be satisfactory, the pace to be timed adequately so that it was easy to follow the speaker, and the content to be objective.

Data Collection

A 21-minute audio-video tape presentation was shown four times for the convenience of subjects taking courses on different days. The subjects who chose to participate were brought together in a room at the university center. An oral presentation of the study was given by the investigator. Each subject was requested to complete a demographic data sheet which requested information about age, sex, religious affiliation, and clinical area of study (Appendix G). These data were obtained for the purpose of describing the population. The subjects were given directions for completing the instrument, and the investigator offered to respond to any questions. All demographic data sheets and instruments were collected by the investigator.

Following the completion of the pretest by the subjects, the investigator played the audio-video tape, prepared by the investigator, which presented material on male homosexuality. The content of the audio-video tape

was documented from research studies about male homosexuality.

The subjects were dismissed at the conclusion of the presentation. They were requested to meet with the investigator 1 week after the presentation. The second meeting took place in the same room at the same time as the first meeting.

During the second session the subjects were requested to answer again the same instrument they had completed the previous week. Instructions for completion of the instrument were provided. The investigator responded to any questions the subjects had at the time. After the subjects had completed the instrument, the investigator collected all copies of the instrument.

Treatment of Data

The demographic variables were examined by determining the numbers and percentages of subjects in each of the categories related to age, religious affiliation, and areas of clinical study. Tables were then developed so that the numbers and percentages could be easily viewed.

The instrument that was utilized in this study uses a Likert-type scale. After reading each of the 37 statements, the subjects had a choice among five responses.

Each response had an assigned number. The subjects were instructed to circle the number corresponding with the response that most appropriately described their feelings or opinions.

The numbers corresponding to the response were tallied for each subject's pretest and posttest scores. The paired t was utilized to determine if a difference between the pretest and posttest scores existed for each subject. The .05 level of significance was the alpha level used for testing the hypothesis.

The hypothesis stated that there will be no difference between pretest and posttest scores. The paired t provided the greatest accuracy for analyzing the difference in data.

CHAPTER 4

ANALYSIS OF DATA

This quasi-experimental study was conducted to determine attitudes of graduate nursing students toward male homosexuality before and after an audio-video tape presentation concerning male homosexuality. A 37-item questionnaire was utilized as a pretest and posttest measure. The hypothesis was tested through the use of the paired t-test. This chapter presents an analysis of the findings of this research study.

Description of Sample

The sample consisted of 21 graduate nursing students pursuing Master of Science degrees at a state sponsored university in the southwestern region of the United States. Demographic data collected included age, sex, religion, and the subjects' clinical areas of study at the university. In addition, information was collected on any course work taken, formally or informally, related to the topic of homosexuality.

The sample consisted entirely of females. The mean age was 29 with a standard error of the mean of 1.1 and a

range from 24 to 49 years. The largest percentage of the sample was in the 24 to 30 year age group (Table 1).

Table 1
Age Distribution of Subjects

Age range	Number	Percent
24-30	16	76%
31-40	4	19%
41-49	1	5%

Table 2 presents the religious affiliations of the sample. Nine (43%) of the subjects were Catholic while eight (38%) subjects were Protestant. One subject claimed Buddhism as her religious affiliation while another claimed to be agnostic. Two subjects declared no religious affiliation.

The clinical focus of study for the subjects fell within one of three clinical areas: medical-surgical, maternal-child, or psychiatric mental health nursing. Ten (47%) subjects were studying in the area of medical-surgical nursing while eight (38%) subjects were studying maternal-child nursing. Three of the subjects were pursuing their degrees in the area of psychiatric mental

Table 2
Religious Affiliations of Subjects

Religion	Number	Percent
Catholic	9	43%
Protestant	8	38%
Buddhist	1	4.5%
Agnostic	1	4.5%
None	2	10%

health nursing, and none of the subjects were studying community health nursing. These results are presented in Table 3.

Table 3
Clinical Study Areas of Subjects

Clinical Area	Number	Percent
Medical-surgical	10	47%
Maternal-child	8	38%
Psychiatric-mental health	3	15%
Community health	0	0

Five (23%) subjects from the sample had taken course work related to homosexuality. Two of the five had taken course work at a college or university while three had received information on homosexuality through workshops or seminars.

Findings

After completion of the data sheet, the subjects were given a 37-item questionnaire as a pretest followed by an audio-video presentation on male homosexuality. One week later the subjects completed a posttest that was identical to that of the pretest. The pretest and posttest scores were matched for each of the subjects and the results were analyzed through the use of the paired t-test. The possible range for the scores was from 37, which represented the greatest intolerance toward homosexuality, to 158, which represented the greatest degree of acceptance of homosexuality. The hypothesis of this study stated that there would be no difference between pretest and posttest scores of graduate nursing students after an audio-video tape presentation concerning male homosexuality.

The pretest scores ranged from 58, 21 points higher than the possible minimum score of 37; to 148 which was

10 points below the possible maximum score of 158. The lowest posttest score, representing the greatest intolerance was 55 while the highest posttest score representing the greatest tolerance toward homosexuality was 155. The average central tendency was 1.6 and the standard error of the mean was 2.48. It was determined that no changes in the scores resulted from instruction ($t = .65$, $p = .52$). Thus, the hypothesis was not rejected.

Levitt and Klassen (1974), the authors of the tool utilized in this study, did not indicate specific score ranges that would reflect positive or negative attitudes. Therefore, the current investigator used arbitrary points for negative, positive, and neutral responses made by the subjects in this study.

For the purposes of this study, the investigator examined the pretest and posttest scores to determine the extent to which the subjects were positive or negative in their attitudes toward male homosexuality. Figure 1 represents the range of pretest and posttest scores.

The pretest score of 58 represented the subject with the most negative attitudes and the posttest score of 55 represented the same negative attitudes. One hundred and forty-eight represented the most positive pretest score while 155 represented the most positive posttest score.

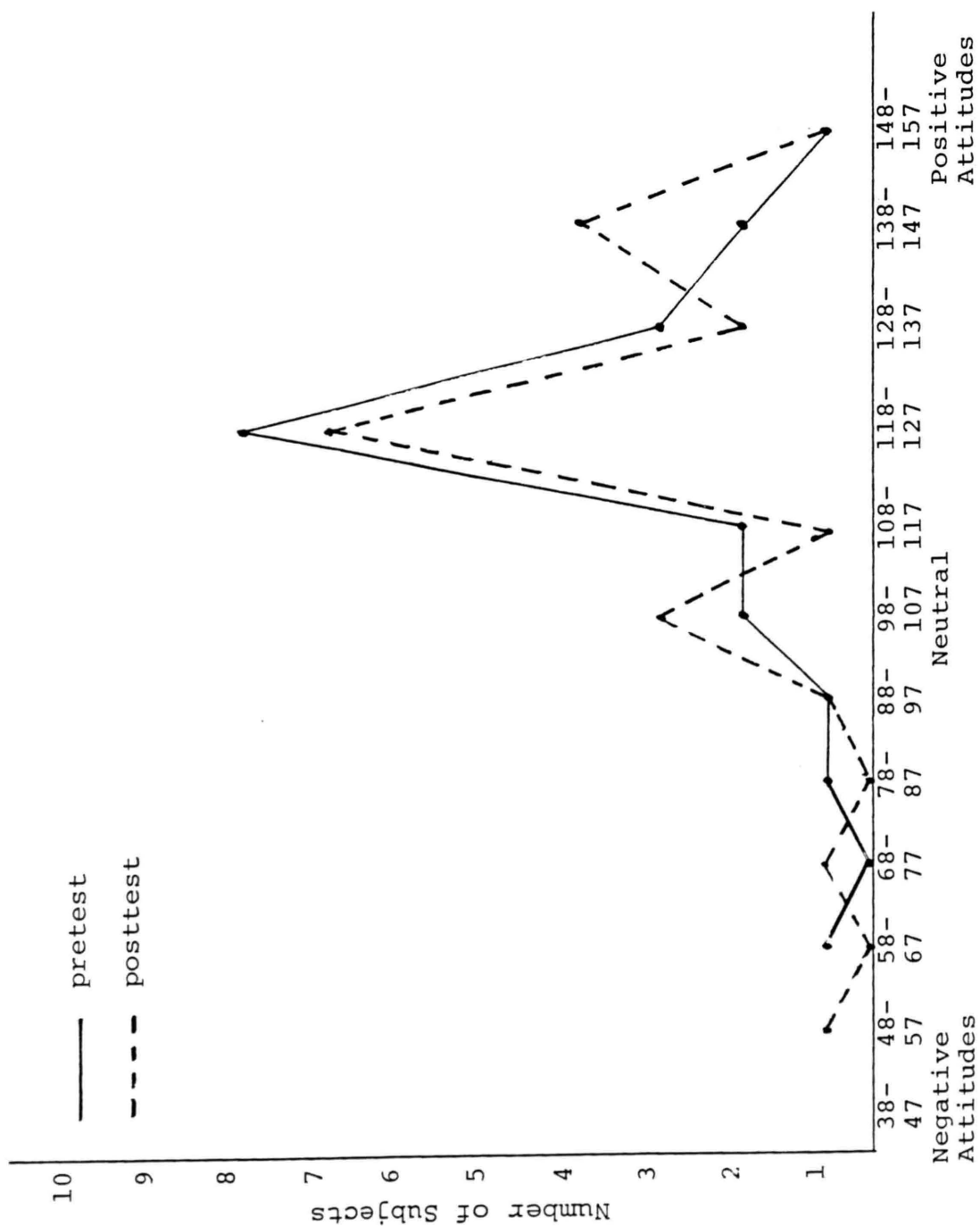


Figure 1. Distribution of Pretest and Posttest Scores

The 98-107 range, considered to be the neutral area, represented attitudes that were neither positive nor negative.

Sixteen (71%) of the subjects' pretest scores fell between the 108 and 157 range which tended to demonstrate positive attitudes. Fifteen (70%) subjects' posttest scores fell within the same positive range. Three (10%) of the subjects' pretest scores fell between the 38 and 97 range which is indicative of negative attitudes, while three (10%) subjects posttest scores fell within the same range. Two (9%) of the subjects' pretest scores and three (10%) of the subjects' posttest scores fell within the neutral range. There was a 95% confidence interval on the population mean of the pretests between 109.2 and 126.9 and a 95% confidence interval on the population mean of the posttests between 107.3 and 129.1.

Summary of Findings

Determination of graduate nursing students' attitudes toward male homosexuality after instruction through an audio-video tape presentation was the purpose of this study. Data were collected from a sample of 21 subjects by use of a Data Sheet, and pretest and posttest measures. The ages of the sample ranged from 24 to 49 with the

greatest percentage in the age group between 24 and 30. Religious affiliations varied within the sample. Eighty-one percent of the sample was of the Catholic or Protestant religion. Clinical areas of study differed with most of the sample studying in the areas of medical-surgical or maternal-child nursing. Five of the subjects had previous exposure to the topic through course work taken.

The hypothesis of this study stated that there would be no difference between the pretest and posttest scores. The hypothesis was accepted ($t = .65$, $p = .52$). Additional analysis of the data indicated that 16 (71%) of the subjects had positive attitudes toward male homosexuality prior to viewing the audio-video tape presentation while 15 (70%) of the subjects had positive attitudes after viewing the audio-video tape presentation.

CHAPTER 5

SUMMARY OF THE STUDY

A quasi-experimental study was conducted to determine if attitudes of graduate nursing students toward male homosexuality differed after an audio-video tape presentation on male homosexuality. This chapter presents the methodology utilized for this study, a discussion of the findings as they relate to previous research, and implications. Suggestions for greater exposure of nurses to information on male homosexuality are presented as are additional ideas for future research of this topic.

Summary

During the past several years nursing has concentrated and focused on the care and treatment of the total individual. In a holistic model the nurse must be concerned with man as a biological, psychological, social, and spiritual being, and in doing so must come to accept the individual and his particular life style. Acceptance does not in any way imply approval but does imply understanding individual differences between men without making moral or value judgments.

The male homosexual, like all mankind, is entitled to high level health care unaffected by the nurse's personal feelings or attitudes toward homosexuality. An entitlement to high level health care not only necessitates acceptance of an individual's sexual orientation but also requires the nurse to be flexible enough to allow the individual to draw upon his resources for support at a time when these resources are essential to his well-being.

This study was undertaken to determine what effect an audio-video tape presentation concerning male homosexuality would have on the attitudes of graduate nursing students. The pretest-posttest design was utilized.

The instrument utilized in this study was a dimension of a sexual attitudes inventory designed, in part, to measure the attitudes toward homosexuality of 3,018 American adults. The instrument was a Likert-type questionnaire consisting of 37 statements about homosexuality. The questionnaire was designed to measure attitudes in the areas of beliefs about the causes of homosexuality, how amenable the homosexual is to cure, legal controls of homosexual behavior, the rights of homosexuals, and the degree of distrust and repugnance of homosexuality. The instrument was administered

immediately prior to the viewing of an audio-video tape presentation and once again as a posttest 1 week later. The presentation consisted of a 21-minute review of homosexuality beginning with historical information about homosexuality and ending with information gathered from contemporary studies on homosexuality (See Appendix A). Three graduate students enrolled in health care studies at the university where the study was conducted viewed the audio-video tape for picture and voice quality, the pace of the presentation, and the degree of objectivity of the content presented.

In order to provide an opportunity for all graduate nursing students to participate in the study, four testing sessions were conducted at four different times by the researcher. All four sessions were conducted in the same manner. The subjects were informed of the nature of the study, of the advantages and disadvantages of participating in the study, and of their right to withdraw at any time throughout the study. They were also informed that return of the questionnaire to the investigator would be construed as informed consent to participate in the study. They were then given the questionnaire for completion. After all the participants had completed the questionnaire, the audio-video tape presentation was

played. After viewing the tape, the subjects were encouraged to ask any questions regarding the presentation. The subjects were then asked to return to the same classroom at the university 1 week later for the completion of the posttest. The investigator met with each of the four groups 1 week after pretesting and readministered the questionnaire. The demographic sheets and the pretests and posttests were coded, and the results analyzed.

The research sample consisted of 21 female graduate nursing students pursuing Master of Science degrees in medical-surgical, maternal-child, or psychiatric mental health nursing. The sample was obtained from a state sponsored university in the southwestern region of the United States. The sample was made up of volunteers, and consent was construed through the return of the questionnaire to the researcher. Permission to conduct the study was secured from the university administration and The Texas Woman's University Human Rights Research Committee.

The hypothesis was: There will be no difference between the pretest and posttest scores of graduate nursing students after an audio-video tape presentation concerning male homosexuality.

Discussion of the Findings

The results of this study indicated that the attitudes of graduate nursing students were not altered after the viewing of an audio-video tape presentation on male homosexuality. The additional findings related to the degree to which pretest and posttest scores were positive or negative revealed that 16 (71%) of the subjects' pretest scores demonstrated positive attitudes toward male homosexuality while 3 (14%) subjects had negative attitudes. Two of the subjects' scores fell within the neutral area. This additional examination of the pretest data indicated that the majority of the subjects had positive attitudes toward male homosexuality prior to viewing the audio-video tape.

The posttest results demonstrated that 15 (70%) of the scores fell within the positive attitudes range while 3 (14%) of the scores fell within the negative attitudes range. Three of the posttest scores fell within the neutral range.

The positive attitudes of the subjects prior to the viewing of the audio-video tape presentation may have been influenced by several different factors. The subjects, due to their studying at the master's level in a large university setting, may have interacted with

individuals from different racial and socioeconomic backgrounds. This exposure may have prepared them to be able to adjust and cope with differences within individuals. Also, the subjects were probably involved, in the past, in rendering care to individuals with different backgrounds. Also, they may have felt socially and professionally responsible to respond in a positive manner. The subjects were most likely aware that they should, according to the general standards of nursing practice, utilize a nonjudgmental approach in the delivery of care.

All 21 subjects returned at the designated time for posttesting, and although there was not much discussion of the content presented to the subjects regarding homosexuality, the interest level of the groups seemed positive during the audio-video tape presentation. This may support the overall positive attitudes.

Although the Gestalt learning theory concepts were utilized in the design and implementation of the audio-video tape presentation, factors related to the audio-video tape may have been partly responsible for the lack of difference between the pretest and posttest scores. The subjects may have been exposed to too much content over too short a period of time such that no new information was retained. Dividing up the same material into

two or three separate sessions might have provided the subjects with more time for assimilation of the information presented.

Past research in the area of altering attitudes toward human sexuality has demonstrated that increasing subjects' knowledge about human sexuality brought about more positive attitudes toward human sexuality (deLemos, 1977; Garrard, 1972; Mims, 1976). The investigators of these studies utilized the seminar or workshop format over a 2-3 day period of time to disseminate the information about human sexuality. This longer interval of time may have permitted better assimilation of material.

Rosen (1977) measured attitudes of college students toward homosexuality before and after the group was presented with the positive attitudes of the American Psychiatric Association toward homosexuality. The post-test scores demonstrated more positive attitudes. In this study, Rosen (1977) concluded that his subjects' attitudes increased positively toward homosexuality because of their exposure to a professional group's positive statements and attitudes toward the topic. The professional group, in this case the American Psychiatric Association, may have been perceived by the subjects as an authority in the area of homosexuality. Although the

graduate nursing students in this study were exposed to the same positive attitudes of the American Psychiatric Association, the investigator did not place emphasis on the organization as an authority in the area of homosexuality. Such an emphasis possibly could have influenced the subjects' attitudes more positively.

Conclusions and Implications

The important variables that were presented in this study were attitudes of graduate nursing students toward male homosexuality and the effect of an audio-video tape presentation on those attitudes. The results of this study did not demonstrate a significant relationship between the two variables. The additional findings of this study demonstrated that 16 (71%) of the subjects had positive attitudes toward homosexual men prior to intervention by means of an audio-video tape while 15 (70%) of the subjects had positive attitudes after the viewing of the tape.

Although no conclusion can be drawn from this study, two implications can be made. Since a majority of the subjects, 16 (71%), had positive attitudes prior to intervention, other nurses may hold similar attitudes toward male homosexuals. Ajzen (1980) corroborated that

there exists a positive correlation between attitudes and the behaviors that are manifested when those attitudes are activated. This would imply that those subjects whose attitudes are positive toward homosexual men would probably behave in a positive manner around homosexual men.

A second implication drawn from the study is that the audio-video tape may still be an adequate form for the presentation of information regarding homosexuality. Further use of the tape would be necessary to fully evaluate its effectiveness.

Recommendations for Further Study

Based on the findings of this study, the following recommendations are made:

1. Replication of the study utilizing a variety of instructional media presented in two or three sessions, a larger number of subjects, and the inclusion of a control group.
2. A similar study drawing the sample from the population of nurses employed in health care settings.
3. Replication of the study utilizing subjects whose pretest scores indicate negative attitudes toward homosexuality.

4. Replication of the study measuring male nurses' attitudes toward male homosexuality.

APPENDIX A

Audio-Video-Tape Presentation

I. Introduction

- A. The movement and impact of homosexual organizations on the general public
- B. Comments on attitudes of the general public toward homosexuals in the past
- C. The homosexuals present and future needs for health care

II. Theories of homosexuality

- A. The views of St. Thomas Aquinas who described homosexuality as sinful
- B. Sir Alexander Morison who explained homosexuality as a form of insanity
- C. Lombroso who viewed homosexuals as not being responsible for their illnesses and therefore not subject to punishment
- D. Ulrichs who described homosexuality as a hereditary anomaly
- E. Freud who first explained homosexuality in terms of masculine and feminine impulses
- F. Rado who classified homosexuality as a phobic response to members of the opposite sex

- G. Bieber who claimed that homosexuality was secondary to a disturbed mother-son relationship
 - H. Socarides who classified homosexuality as a learned behavior occurring at the pre-oedipal phase of development
 - I. Kinsey who claimed that the homosexual life style was learned and that more men did not participate in homosexual acts because of social restrictions
 - J. Menninger who, as a result of his work, called for decriminalization of homosexual acts between two consenting adults
 - K. Hooker who through her research concluded that there existed little difference between homosexual and heterosexual men. She labelled homosexuality as a normal variation from heterosexuality
- III. American Psychiatric Association's views on homosexuality
- A. Deletion of homosexuality from the nomenclature of psychiatric disorders
 - B. Support of homosexuality by the American Psychiatric Association

IV. Myths associated with homosexuals

- A. The homosexual as being effeminate
- B. The homosexual as child molestor
- C. Homosexuals and male-female roles
- D. The homosexual or "gay" life style
 - 1. Professional organizations for homosexuals
 - 2. Homosexuals as professionals and nonprofessionals
 - 3. Affects of the law on homosexual life styles
 - 4. Elderly homosexuals' way of life

V. Illness and the homosexual

- A. Homosexuals' need for health care services
- B. The effect of hospitalization on homosexuals who disclose their homosexuality
- C. Homosexuals' rights as patients
- D. The nurse who cares for the homosexual
- E. Incidence of venereal disease in homosexual population
- F. Infectious organisms transmitted from homosexual to homosexual
- G. The incidence of hepatitis in the homosexual population
- H. Teaching of preventive measures to homosexuals

APPENDIX B

TEXAS WOMAN'S UNIVERSITY

Human Research Committee

Name of Investigator: Anthony Paterniti Center: Dallas
Address: 2534 Hondo Avenue, #105 Date: 12/13/79
Dallas, Texas 75219
214/521-6755

Dear Mr. Paterniti:

Your study entitled Attitudes of Graduate Nursing Students
Toward Male Homosexuality

has been reviewed by a committee of the Human Research Review Committee and it appears to meet our requirements in regard to protection of the individual's rights.

Please be reminded that both the University and the Department of Health, Education and Welfare regulations require that written consents must be obtained from all human subjects in your studies. These forms must be kept on file by you.

Furthermore, should your project change, another review by the Committee is required, according to DHEW regulations.

Sincerely,

Estelle D. Kurtz

Chairman, Human Research
Review Committee

at Dallas.

APPENDIX C

TEXAS WOMAN'S UNIVERSITY
COLLEGE OF NURSING

AGENCY PERMISSION FOR CONDUCTING STUDY*

THE _____

GRANTS TO ANTHONY P. PATERNITI

a student enrolled in a program of nursing leading to a Master's Degree at Texas Woman's University, the privilege of its facilities in order to study the following problem.

To study what effect an educational presentation of research based material concerning homosexuality will have on the attitudes of graduate nursing students.

The conditions mutually agreed upon are as follows:

1. The agency (~~may~~) (may not) be identified in the final report.
2. The names of consultative or administrative personnel in the agency (~~may~~) (may not) be identified in the final report.
3. The agency (~~wants~~) (does not want) a conference with the student when the report is completed.
4. The agency is (willing) (~~unwilling~~) to allow the completed report to be circulated through interlibrary loan.
5. Other _____

Date: Jan 29, 1980

Anthony P. Paterniti
Signature of Student

Signature of Agency Personnel

Elizabeth M. Jones, R.N.
Signature of Faculty Advisor

*Fill out & sign three copies to be distributed as follows:
Original - Student; First copy - Agency; Second copy - TWU College of Nursing.

APPENDIX D

Oral Presentation by Investigator

This study is being conducted by a graduate student in nursing at Texas Woman's University.

The purpose of this study is to determine if there is a difference in attitudes of graduate nursing students toward homosexuality after an audio-video tape presentation concerning homosexuality. Your name will not be used in this study.

Your participation in the study will have no effect on your program at the university. You will not be questioned regarding your personal sexual orientation and you are free to withdraw at any time should you change your mind about participating in the study.

You should be able to complete the pretest and posttest questionnaires in approximately 30 minutes, 15 minutes for each test. Return of the questionnaire will be construed as your consent to participate in this study. The audio-video tape presentation will be shown between the pretest and posttest.

5.1
5.2
5.3

5.4
5.5

5.6
5.7

APPENDIX E

RETURN OF THIS QUESTIONNAIRE WILL BE CONSTRUED AS INFORMED
CONSENT TO PARTICIPATE IN THIS STUDY

Read each statement/question and circle the number over the response that best describes your feeling and opinion.

1. What is your opinion of sex acts between two persons of the same sex when they have no special affection for each other?

(1)	(2)	(3)
Always Wrong	Almost Always Wrong	Don't Know
(4)	(5)	
Wrong only Sometimes	Not Wrong at all	

2. What is your opinion of sex acts between two persons of the same sex when they love each other?

(1)	(2)	(3)
Always Wrong	Almost Always Wrong	Don't Know
(4)	(5)	
Wrong Only Sometimes	Not Wrong at all	

3. Homosexuals are dangerous as teachers or youth leaders because they try to get sexually involved with children.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

4. Homosexuals try to play sexually with children if they cannot get an adult partner.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

5. Homosexuals are a high security risk for government jobs.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

6. Homosexuals tend to corrupt their fellow workers sexually.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

7. If homosexual men can't find men for partners, they try to force their attention on women.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

8. Homosexuality is a social corruption that can cause the downfall of a civilization.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

9. Homosexuality in itself is no problem, but what people make of it can be a serious problem.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

10. To what extent do you think homosexuality is obscene and vulgar?

(1)	(2)	(3)	(4)
Very Much	Somewhat	Don't Know	Very Little
(5)			
Not at All			

11. Homosexuals act like the opposite sex.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

12. Homosexuals have unusually strong sex drives.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

13. Homosexuals are afraid of the opposite sex.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

14. It is easy to tell homosexuals by how they look.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

15. There is an element of homosexuality in everyone.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

16. Homosexuals should be allowed to dance with each other in public places.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

17. Homosexuals should be allowed to organize groups for social and recreational purposes.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

18. Bars serving homosexuals should be permitted.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

19. Homosexuals should be allowed to organize groups to deal with their social problems.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

20. Homosexuals should not be allowed to be members of churches or synagogues.

(1)	(2)	(3)
Strongly Agree	Somewhat Agree	Don't Know
(4)	(5)	
Somewhat Disagree	Strongly Disagree	

21. What consenting adult homosexuals do in private is no one else's business.

(1)	(2)	(3)
Strongly Disagree	Somewhat Disagree	Don't Know
(4)	(5)	
Somewhat Agree	Strongly Agree	

INSTRUCTIONS: FOR HOW MANY HOMOSEXUALS IS EACH STATEMENT TRUE:

22. Homosexuality is a sickness that can be cured.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less than Half	Hardly Any or None	

23. Homosexuals can stop being homosexual if they want to.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less than Half	Hardly Any or None	

24. Homosexual men can be turned into heterosexuals by women who have enough sexual skills.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less Than Half	Hardly Any or None	

25. Young homosexuals become homosexual because of older homosexuals.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less Than Half	Hardly Any or None	

26. Homosexuals are born that way.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less Than Half	Hardly Any or None	

27. Men become homosexual because they are not attracted to the opposite sex.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less than Half	Hardly Any or None	

28. Men become homosexuals because of how their parents raised them.

(1)	(2)	(3)
All or Almost All	More than Half	Don't Know
(4)	(5)	
Less than Half	Hardly Any or None	

HOMOSEXUAL MEN SHOULD OR SHOULD NOT BE ALLOWED IN THE FOLLOWING PROFESSIONS: (Choose one)

	(1)	(2)
29. Court Judge	Allowed	Not Allowed
	(1)	(2)
30. School Teacher	Allowed	Not Allowed
	(1)	(2)
31. Minister	Allowed	Not Allowed
	(1)	(2)
32. Medical Doctor	Allowed	Not Allowed
	(1)	(2)
33. Government Official	Allowed	Not Allowed
	(1)	(2)
34. Beautician	Allowed	Not Allowed
	(1)	(2)
35. Artist	Allowed	Not Allowed

	(1)	(2)
36. Musician	Allowed	Not Allowed
	(1)	(2)
37. Florist	Allowed	Not Allowed

APPENDIX F

September 25, 1979

Dr. Eugene E. Levitt
Director, Section of Psychology
Department of Psychiatry
Indiana University Medical Center
Indianapolis, Indiana 46202

Dear Dr. Levitt:

At the present time, I am a graduate student in nursing at Texas Woman's University, Dallas, Texas, preparing to conduct a study related to the nurse's attitudes toward male homosexuality. Nurses represent a large professional group that must, at times, relate to individuals with diverse sexual orientations. Nurses' attitudes and understanding of homosexuality can either facilitate or hinder the homosexual's potential to enter the health care delivery system when he is in need of medical and nursing care.

The instrument utilized in your study of "Public Attitudes toward Homosexuality" as shown in Volume I, 1974 issue of the Journal of Homosexuality seems to lend itself to a study designed to measure nurses' attitudes. Would it be permissible to utilize the instrument? Also, are you aware of any other studies that have utilized the instrument?

In the study, it will be necessary to speak to the reliability and validity of the instrument. Would you provide me with any information you may have to satisfy these requirements?

Your earliest response will be most appreciated.

Sincerely,

Anthony P. Paterniti, R.N.

APPENDIX G

Data Sheet

The following information is required to include your test results in this study. Please answer all questions.

_____ Age

_____ Sex

_____ Religious Affiliation

Coursework taken related to male homosexuality?
(check one)

_____ Yes

_____ No

If yes, (check one)

_____ Formal

_____ Informal

Clinical area of study _____

Reference Notes

Klassen, A. D. Personal communication, December 19, 1979.

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