

Original Article

Empathic Approach to Reducing the Homophobic Attitudes of Nursing Undergraduate Students Toward Lesbian, Gay, Bisexual and Transgender (LGBT) Individuals

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Abstract

Purpose: In cases where even professional nurses have difficulty in providing care to LGBT individuals, student nurses may not be able to provide adequate care and sometimes develop a homophobic attitude and behavior toward LGBT individuals. The purpose of the study was to examine the relationship between the homophobic attitudes of nursing students toward LGBT individuals and the empathic approach.

Design: The cross-sectional study was conducted with 242 nursing undergraduate students.

Methods: The research data were collected using the Descriptive Information Form, The Hudson and Ricketts Homophobia Scale (HRHS), and Jefferson's Empathy Scale for Nursing Students (JESNS).

Findings: The empathic approach mean score of the nursing students was 99.35, and the empathic approaches of the nursing students were high. When nursing students' homophobia toward LGBT individuals was examined, an empathic approach ($\beta = -0.293$), being male ($\beta = 14.108$), being religious ($\beta = 5.751$), considering homosexuality education as necessary ($\beta = -13.562$), and having an acquaintance who identifies as LGBT ($\beta = -14.909$) were significant predictors ($p < .001$).

Conclusions: The results revealed that as the empathic skills of nursing undergraduate students increased, their homophobic attitudes toward LGBT individuals decreased.

Clinical relevance: To reduce homophobia in nursing students, undergraduate nursing curriculum may include further relevant education, lectures, seminars, or clinical practices to develop empathic skills.

Key Words: Nursing students, homophobia, LGBT, empathy, attitude, psychiatric nursing

Introduction

As emphasized by the Universal Declaration of Human Rights, all human beings are born free and equal in dignity and rights (United Nations General Assembly, 1948). However, lesbian, gay, bisexual, and transgender (LGBT) individuals have been exposed to prejudice and discrimination across the world from past to present (Della Pelle et al., 2018). LGBT individuals are subject to higher levels of discrimination but have less legal protection against this discrimination than heterosexual people (Marsden & Barnett, 2020).

Homophobia is defined as negative feelings, attitudes, and/or behaviors toward individuals who have sexual orientations or identities other than heterosexuality (Beydag & Alp Dag, 2021). A homophobic mentality causes LGBT individuals to be subject to discrimination in many areas, including health institutions (Aslan et al., 2019). LGBT individuals are often exposed to unfair discrimination and excluded from social activities due to homophobia (Costa et al., 2013; O'Brien et al., 2013). Homophobia also negatively affects their health care (Kwak et al., 2019), and they have obstacles to accessing health services and health

inequalities due to homophobia (Ercan Sahin et al., 2020).

Homophobic attitudes and behaviors toward LGBT individuals are common both in Turkey and across the world. Although the social and cultural structure has changed with the onset of modernization in recent years, traditional values and norms related to gender roles and sexuality still determine attitudes toward people with different sexual orientations (Aslan et al., 2019). Religious beliefs that homosexuality is a “sin” and a “sexual orientation against religious rules” also cause people to have negative attitudes and behaviors toward homosexual individuals in Turkey (Kumpasoglu et al., 2020).

Despite the increasing acceptance of LGBT identities and expressions, a recent metasynthesis shows that nurses may still have negative attitudes toward LGBT individuals (Lim & Hsu, 2019). Studies of nurses have reported that they have negative attitudes toward LGBT patients such as refusing or avoiding caring for them and considering them as deviant (Hotun Sahin & Bilgic, 2016; Beycan Ekitli & Cam, 2017).

Nurses constitute the greatest power of health care providers and have more contact with individuals in society than other health professionals, thus they can play a critical role in eliminating health problems for LGBT individuals. Therefore, nurses should be aware of and sensitive to the health needs of LGBT individuals in healthcare settings (Yingling et al., 2017). In addition, it is important for nursing students, as future health professionals, to adopt a fair, safe, and independent approach for all individuals and not treat individuals differently due to their preferences. In order for nurse candidates to care for patients without prejudice, they should have positive attitudes toward individuals with different sexual orientations and have correct knowledge based on scientific sources. Therefore, determining the attitudes and characteristics of nursing students toward homosexual individuals and their stigmatization are extremely important to increase the quality of care provided by future health care professionals (Sadic & Beydag, 2018; Yuksel et al., 2020). Nursing students, as prospective nursing practitioners required to treat all patients, will need to develop nursing service plans in the future based on experience with and awareness of sexual minorities. These kinds of prejudices, even when recognized, are not easily eradicated. Therefore, it is necessary to provide

nurses with robust, relevant education from the time they are students (Kwak et al., 2019).

Although various studies explore sexual attitudes among nursing students and other health professions students, there is a paucity of research to assess the attitude of nursing students toward LGBT persons. Most are not up to date, except for a few recent studies (Sagdic & Beydag, 2018; Ahuja et al., 2019; Kwak et al., 2019; Yuksel et al., 2020; Oral, 2020). Therefore, there is a need to reevaluate the attitudes of nursing students toward LGBT individuals, especially as social attitudes change over time. Considering that students with negative attitudes may be less likely to provide patient-centered care or advocate for vulnerable populations, understanding health provider attitudes remains vital in addressing the health care inequities that affect the LGBT population (Lim & Hsu, 2019).

At the individual level, socio-emotional competencies might also help explain differences in homophobic attitudes and behavior (Chaux & Leon, 2016). For instance, empathy, one of the most important concepts about how homophobia is perceived and interpreted by people, includes cognitive, emotional, behavioral, and social aspects, and is defined as the ability to understand what other people feel, see things from their point of view, and make them feel you share their feelings (Akbas, 2021). Besides its importance for increasing patient satisfaction and quality of care, an empathic approach is also beneficial in developing the therapeutic relationship and planning the nursing interventions suitable for the patient's condition and needs (Paola et al., 2020; Ozdelikara & Babur, 2020; Rohani et al., 2018). Empathic tendencies and skills can be developed in nursing education. Although empathic tendencies and skills are personality traits, it is important to acquire these traits during vocational training and to reinforce and develop them with professional practices (Paola et al., 2020; Ozturk, 2021). Empathy could help prevent homophobic attitudes and behavior by promoting an understanding of what sexual minorities feel when discriminated against. In fact, some studies have found that an empathic approach and perspective-taking are associated with acceptance of homosexuality (Johnson et al., 1997; Parrott, 2002; Poteat et al., 2013). High empathy is associated with lower levels of homophobia (Wahlund, 2014; Chaux & Leon, 2016; Akbas, 2021) and there is an inverse relationship between

empathy and homophobic attitudes in adolescents (Poteat et al., 2013)

One study included interventions to increase positive attitudes toward homosexuals and reported an increase in empathy levels and positive attitudes in people (Ahuja et al., 2019). Additionally, mental health workers with a positive attitude toward homosexuality in their professional life had higher levels of empathy (Love et al., 2015). A few studies evaluate homophobia in terms of subjective qualities (such as empathy) to reveal attitudes toward LGBT individuals (Burke et al., 2015; Ahuja et al., 2019; Marsden & Barnett, 2020; Akbas, 2021). Studies revealed an inverse relationship between empathy and homophobia (Wahlund, 2014; Chaux et al., 2016; Akbas, 2021). However, there is no study addressing the relationship between empathy and homophobia in nursing students. As empathy, one of the most important dimensions of nursing care, can affect homophobic attitudes, this study aimed to examine the relationship between empathy levels and homophobic attitudes in nursing students.

Method

Research Design: The study was conducted using the cross-sectional and correlational research design.

Setting and Participants: The study was conducted with nursing students at a state university located in the xxxxxxxx between April and May 2022. There were only 1st, 2nd, and 3rd year students in the nursing department of the university, and the population of the study consisted of 252 nursing students registered in this department in the spring semester of the 2021-2022 academic year. No sample selection method was used in the study. Since some students were not at school at the time of data collection and some did not agree to participate in the study, a total of 274 students responded to the questionnaires, yielding a response rate of 88.32%. The data were collected between March 31 and April 10, 2022, with face-to-face interviews. The verbal and written consent of the participants was obtained before the 15–20 min long data collection. In addition, G * power software, version 31 was used for the calculation of the sample size (Faul et al., 2007). At the end of the study, the effect size was 0.15, $p = .05$, and the power of the study was .99 according to the results of the power analysis conducted for the four predictor variables for 242 participants.

Instruments: The research data were collected using the Descriptive Information Form, The Hudson and Ricketts Homophobia Scale (HRHS), and Jefferson's Empathy Scale for Nursing Students (JESNS).

Descriptive Information Form: The form was created by the researchers and consisted of questions directed to the volunteering participants in relation to their age, gender, marital status, the place where they lived before university, class year at university, sexual orientation, the presence of a homosexual person in the family or environment/friends, training on homosexuality, etc.

Hudson and Ricketts Homophobia Scale (HRHS): The 24-item index of the homophobia scale, a scale originally developed by Hudson and Ricketts in 1980 and adapted by Sakallı and Ugurlu in Turkish in 2002, was used to determine the levels of homophobia among the nursing students toward LGBT individuals. A Cronbach's alpha value of .90 was reported for the original index, and a high internal consistency was obtained for the Turkish version with a Cronbach's Alpha value of .94 (Sakali & Ugurlu, 2002). The reliability coefficient of the scale was calculated as .95. Participants were asked to rate each item on the scale from 1 (strongly disagree) to 6 (strongly agree). The total score was calculated by reversing items 5, 6, 8, 10, 11, 13, 17, 18, 23, and 24 on the scale. In the evaluation of the scale, the individuals who scored below the average score were defined as 'individuals with low levels of homophobia' and the ones scoring above the average score were defined as 'individuals with high levels of homophobia.'

Jefferson's Empathy Scale for Nursing Students (JESNS): The scale was developed to measure the emotional components of empathy and the empathy potential of individuals. The scale was primarily developed by Hojat et al. to assess doctors and medical students (Hojat et al., 2001). Ward et al. made some changes to the scale in 2009 and created Jefferson's Empathy Scale for Nursing Students (JESNS) to measure empathy in nursing students. The Turkish adaptation of the scale was conducted by Yanik and Saygili in 2014. The original JESNS consists of 20 items and 3 dimensions, but the Turkish version has 18 items, removing the 5th and 18th items due to low factor loading (Yanik & Saygili, 2014). The responses to each item are scored on a Likert scale ranging from strongly agree (7) to strongly disagree (1), with scores ranging from 18 to 126 and higher scores indicating higher empathy. Items 1, 3, 6, 7,

8, 11, 12, 14, 18, and 19 are scored in reverse. The tool consists of three factors: perspective-taking/PT (9 items), compassionate care/CC (7 items), and standing in the patient's shoes/SPS (2 items). The internal consistency Cronbach's alpha reliability coefficient of the scale was .73, and the item total score correlations ranged between 0.11 and 0.46. In this study, Cronbach's α internal consistency coefficient for the scale was .86.

Data analysis: The conformity of the data to a normal distribution was evaluated using the Shapiro-Wilk test and the measures of Skewness and Kurtosis. The relationship between the dependent variable of attitudes of nursing students toward homophobia and the independent variables in the study was examined using Spearman, Pearson, or Point-biserial (r_{pb}) correlation coefficients. The independent variables that had a statistically significant relationship with the dependent variable were modeled using multiple linear regression analysis. The estimators were included in the regression model using the stepwise linear regression method, one of the multiple linear regression models. VIF (Variance inflation factor) coefficients were used to analyze the multicollinearity problem in the multivariate linear regression model. Cronbach's alpha coefficients were calculated to assess the reliability of the scales. A p-value less than 0.05 (typically ≤ 0.05) was considered statistically significant. The hypotheses were evaluated bidirectionally. The data were analyzed using the SPSS Windows package program version 25.0 (IBM Corp.; Armonk, NY, USA). In addition, a power analysis was used to determine the sample of the study.

Ethical considerations and Ethical statement: Before collecting data, approval was obtained from the University Ethics Committee (Date: 25/03/2022, No: 2022-SBB-0105) and written permission was received from the dean of the school where the study was conducted (Date: 31/03/2022, No: E-71504618-605.01-2200033830). The students included in the study were informed about the purpose of the study, emphasizing that participation in the study was voluntary. Their written consent was obtained using an informed consent form before the study. The study followed the principles of the declaration of Helsinki. "All procedures performed in studies involving human participants were in accordance with the ethical standards of the institutional and/or national research committee and with the 1964 Helsinki Declaration and its later amendments or comparable ethical

standards." Permission to use the scales was obtained from the authors who adapted the scales into Turkish.

Findings

According to the socio-demographic characteristics of the nursing students, their mean age was 20.45 years (min:18, max:30), 66.5% were female, 36.4% were first years, 53.3% primarily lived in a city/big city previously, 38% had primary school graduate mothers, and 33.9% had high school graduate fathers (Table 1). Of the nursing students, 88.0% had not received training on homosexuality before, and 61.6% stated that it was necessary to provide training on homosexuality (Table 2). In addition, 28.9% of the nursing students knew a gay/lesbian person, 2.9% hid their sexual identity, and 97.50% were heterosexual (Table 2). Furthermore, 32.2% of the nursing students defined themselves as religious, 24.8% as nonreligious, 40.5% as somewhat religious, and 2.5% as very religious (Table 2). The empathic approach mean score of the nursing students was 99.35 ± 15.53 , and the empathic approaches of the nursing students were high. The mean score for the nursing students' homophobia was 88.66 ± 29.72 (Table 2). Of the nursing students, 48.8% had an average score or less and 51.2% had a higher score than the average (Figure 1). The reliability values of the scales were at a very high level (Table 2).

When the relationship between the dependent variable of the homophobia scale and the independent variables was examined, there was a statistically significant negative relationship between the homophobia levels and the total empathic approach levels ($r = -0.308$; $p < .01$). As the empathic approach of the nursing students decreased, the homophobic attitude toward LGBT people increased. Furthermore, there was a significant negative relationship between the homophobic attitude toward LGBT individuals and the father's education level ($r = -0.143$), considering homosexuality education necessary ($r_{bp} = -0.375$), and, having an acquaintance who identifies as LGBT ($r_{bp} = -0.324$). A significant positive relationship was found between the homophobic attitude toward LGBT individuals and age ($r = 0.164$), being male ($r_{pb} = 0.264$), and religious ($r = 0.154$) ($p < .01$) (Table 3). On the other hand, it was found that homophobic attitude did not have a statistically significant relationship with mother's education level ($r = 0.057$), year in school ($r = 0.076$), sexual orientation ($r = -0.085$),

hiding sexual identity ($r = -0.057$), or receiving training on homosexuality ($r = -0.058$; $p > .05$), (Table 3).

In the correlation analysis, the independent variables that had a significant relationship with the students' attitudes toward LGBT individuals were included in the model. Predictive variables were included in the regression model using stepwise linear regression, one of the multiple linear regression models. The Multivariate Linear

regression model was statistically significant ($F = 19.08$; $p < .01$) (Table 4). When the nursing students' homophobic attitude toward LGBT individuals were examined, it was seen that an empathic approach ($\beta = -0.293$; $p < .01$), being male ($\beta = 14.108$; $p < .001$), having an acquaintance who identifies as LGBT ($\beta = -14.909$; $p < .001$), and religious ($\beta = 5.751$; $p < .01$) were significant predictors (Table 4). Lastly, the VIF coefficients suggested no multicollinearity among the independent variables ($VIF < 5$).

Figure legend

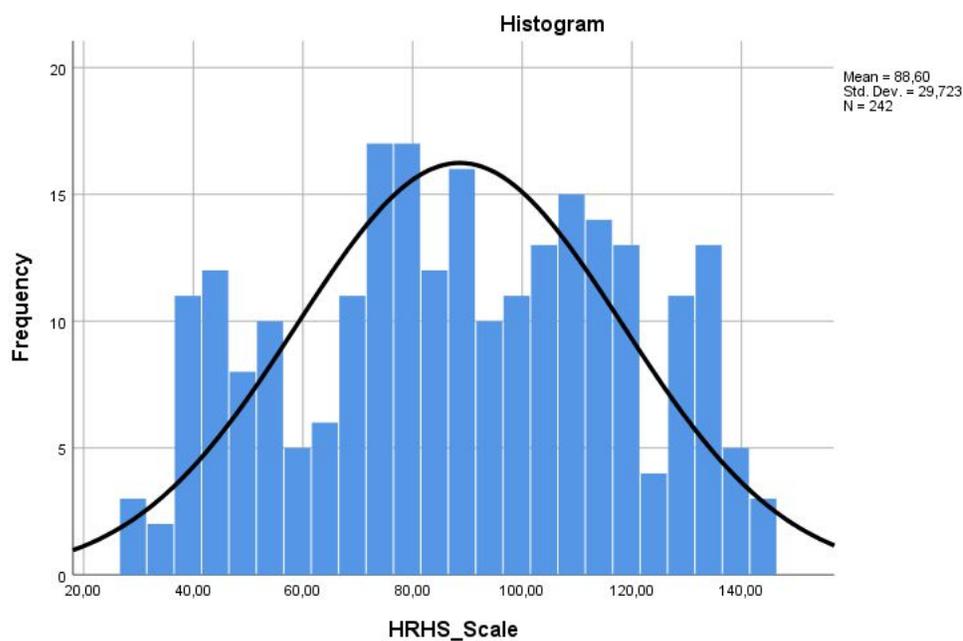


Figure 1. Histogram graph of homophobia scores

Table 1. Socio-demographic characteristics of the nursing students (n = 242).

Variable	Number (n)	Percentage (%)
Gender		
Female	161	66.5
Male	81	33.5
Age Mean \pm SD (min-max)		
	20.45 \pm 1.52	(18-30)
Class year		
Freshman	88	36.4
2nd year	80	33.1
3rd year	74	30.06
Place lived longest		
Village/town	37	15.3
District	76	31.4

Province/metropolitan city	129	53.3
Mother's education level		
Illiterate	14	5.8
Literate	21	8.7
Primary school	92	38.0
Secondary school	48	19.8
High school	46	19.0
University and above	21	8.7
Father's education level		
Illiterate	3	1.2
Literate	12	5.0
Primary school	62	25.6
Secondary school	51	21.1
High school	82	33.9
University and above	32	13.2

Table 2. Information about the nursing students regarding homosexuality (n = 242).

Variable	Number (n)	Percentage (%)	
Have you ever received training on homosexuality?			
Yes	29	12.0	
No	213	88.0	
Do you think it is necessary to provide education about homosexuals?			
Yes	149	61.6	
No/undecided	93	38.4	
What is your sexual orientation?			
Heterosexual (sexually/emotionally attracted to the opposite sex)	236	97.5	
Homosexual (sexual attraction between same sexes)	6	2.5	
Have you ever hidden your sexual identity?			
Yes	7	2.9	
No	235	97.1	
Have you ever met a gay/lesbian person? (Family member, friend, or acquaintance)			
Yes	70	28.9	
No	172	71.1	
Would you describe yourself as religious?			
No	60	24.8	
Somewhat religious	98	40.5	
Yes	78	32.2	
Very religious	6	2.5	
Scales	Mean±SD	Min-Max	Cronbach Alpha
Empathic approach total score (JESNE) ^a	99.35±15.54	39-124	.86
Homophobic attitude total score (HRHS) ^b	88.60±29.72	29-144	.95

^aHudson and Ricketts Homophobia Scale ^bJefferson's Empathy Scale for Nursing Students

Table 4. Predictors of nursing students' homophobic attitudes toward LGBT individuals (n = 242)

	Beta	SE	T	p	Tolerance	VIF
Total empathy scale	-0.293	0.115	-2.555	0.011	0.841	1.189
Gender (being male)	14.108	3.718	3.795	<0.001	0.863	1.159
Necessity of homosexuality education	-13.562	3.673	-3.692	<0.001	0.832	1.203
Having an acquaintance who identifies as LGBT (yes)	-14.909	3.77	-3.954	<0.001	0.908	1.101
Religious (yes)	5.751	2.1	2.738	0.007	0.92	1.086

SE: Standard Error, $F=19.08$ $p<0.001$ $R^2=0.537$

Table 3. The relationship between the independent variables and attitude of the nursing students toward LGBT individuals (n = 242).

		1	2	3	4	5	6	7	8	9	10	11	12
1. HRHS total score	r	1											
	p												
2. JESNE total score	r	-0.308**	1										
	p	<0.001											
3 Age		0.164*	-0.150	1									
		0.011	0.019										
4. Gender	r	0.264**	-0.275**	0,111	1								
	p	<0.001	<0.001	0.085									
5. Class Year	r	0.076	-0.005	0,519**	-0.025	1							
	p	0.237	0.935	<0.001	0.701								
6. Mother’s education level	r	-0.125	-0.097	-0.045	-0.092	0.004	1						
	p	0.052	0.131	0.491	0.152	0.956							
7. Father’s education level	r	-0.143*	-0.041	-0.021	-0.082	0.06	.588**	1					
	p	0.026	0.522	0.742	0.202	0.353	<0.001						
8. Received education on homosexuality	r	-0.058	0.152*	-0.158*	0.116	0.213**	-0.034	0.042	1				
	p	0.368	0.018	0.014	0.072	0.001	0.597	0.516					
9. Necessity of homosexuality education	r	-0.375**	0.314**	-0.060	-0.142*	0.079	0.041	0.098	0.239**	1			
	p	<0.001	<0.001	0.352	0.028	0.219	0.527	0.128	<0.001				
10. Sexual orientation	r	-0.085	-0.077	-0.012	0.112	-0.021	-0.1	0.017	0.023	-0.038	1		
	p	0.189	0.231	0.844	0.082	0.742	0.122	0.797	0.722	0.557			
11. Hiding sexual identity	r	-0.057	-0.009	0,013	0.087	-0.018	-0.085	-0.156*	0.164*	0.035	0.290**	1	
	p	0.380	0.893	0.837	0.179	0.781	0.185	0.015	0.011	0.588	0.001		
12. Having an acquaintance who identifies as LGBT	r	-0.324**	0.077	-0.041	-0.008	-0.122	0.145*	0.172**	0.129*	0.279**	0.074	0.162*	1
	p	<0.001	0.235	0.526	0.898	0.057	0.024	0.007	0.044	0.001	0.251	0.012	
13. Religious		0.154**	-0.037	-0.002	0.036	-0.076	0.003	- .182**	-0.057	- .189**	-0.118	-.132*	
		0.016	0.562	0.974	0.578	0.240	0.964	0.004	0.373	0.003	0.067	0.041	

Note. Pearson’s correlation analysis was used for the variables with continuous and normal distribution. Spearman correlation analysis was applied for the variables that did not show a normal distribution and nominal categorical score (father or mother education level (uneducated =0, primary school=1, secondary school=3, high school=3, Bachelors, Masters, or Ph.D. degree=4). Point-biserial correlation coefficient (r_{pb}) was applied for dichotomous categorical variables (“Gender” (Male=1 Female = 0, Male = 0, were taken as dummy variables).

*p < .05. ** p < .01.

Discussion

As homosexuality is considered in some cultures to be a disease, LGBT individuals are stigmatized and exposed to discrimination just like individuals with schizophrenia and other psychiatric disorders (Bostanci Dastan, 2015). Homophobia, which is one of the most important problems for homosexual individuals and needs an urgent solution, has both individual factors and social aspects. Studies have shown that several variables such as age, gender, education level, and religious belief are important in determining the level of homophobia. The present study aimed to reveal the relationship between homophobia and empathy, which has a major place in interpersonal relations and is one of the most important dimensions of nursing care.

In this study, the homophobia mean score of the nursing students was 88.60. Of them, 118 (48.8%) scored below the average and had a low level of homophobia and 124 (51.2%) scored above the average and had a high level of homophobia. Studies of homophobic attitudes are mostly conducted with university students and adults (Chaux & Leon, 2016; Cakir Yuksek & Harmanci Seren, 2020; Akbas, 2021; Beydag & Dal, 2021; Kaya & Calpbini, 2022). Although there are few studies on the homophobia levels of nursing students, these studies support our results (Bostanci Dastan, 2015; Soner & Altay, 2018; Kwak et al., 2019; Oral, 2020). Oral (2020) conducted a study on nursing students using similar scales and reported that 47% had a high level of homophobia. (Kwak et al., 2019) examined the severity and factors of homophobia in Korean nursing students and reported that 42.3% had a high level of homophobia (Kwak et al., 2019). Studies have reported that university-age young adults have widely negative attitudes toward LGBT individuals at a level of almost hate crimes. Similarly, nursing students do not have positive attitudes toward LGBT individuals, especially in our country, and approximately half of them have a high level of homophobic attitudes (Ekitli & Cam, 2017; Ekitli & Eroglu, 2016; Bilgic, Daglar, Sabanciogullari & Ozkan, 2018; Sadic & Beydag, 2018; Gonenc & Erenel, 2018; Soner & Altay, 2018).

LGBT health is not adequately mentioned during nursing education, causing nurses to be unaware of their homosexual patients (Carabez, et al., 2015a). Both actual and perceived LGBT phobia among nursing students can have a lasting

negative impact on their professional practices. Education and courses on LGBT individuals can increase the awareness of nurses on this issue and create positive changes in their attitudes and approaches (Simith, 1993; Hardacker et al., 2014; Strong and Folse, 2015). In addition, studies have shown that homophobia decreases in nursing students after they participate in sexual minority education programs (Carabez et al., 2015a; Klotzbaugh et al., 2020). These results suggest an urgent need to increase the awareness and tolerance of Turkish nursing students about sexual minorities and related issues, perhaps through educational programs. However, studies of nurses have shown that this subject is not included in in-service educational content (Carabez et al., 2015b). This subject is also not adequately covered in nursing textbooks (De Guzman et al., 2018; McCann & Brown, 2018). Although nursing education curricula do not have a specific course on LGBT individuals, these individuals are often mentioned in compulsory courses on infectious diseases, mental health and diseases (Beycan Ekitli & Cam, 2017), or elective courses such as “sexual health” that only a limited number of nursing students can take. Health issues of LGBT individuals and their difficulties in health services have unfortunately been ignored in nursing education, and studies have reported that nurses are less competent than other health professionals in dealing with problems concerning LGBT individuals (Aslan et al., 2019). Aslan et al. (2019) examined the homophobic levels of nurse educators and determined that half of them had a high level of homophobia. The authors emphasized that only 23% of nurse educators included subjects related to LGBT individuals in their classes, while most of them did not mention such subjects, and this could be an indicator of the homophobic attitudes of nurse educators toward LGBT individuals (Aslan et al., 2019). From this point of view, it is important for nurse educators, who train future health professionals, to be aware of their own homophobic levels, be willing to learn about LGBT individuals, and integrate this issue into their curriculum.

The empathic approach mean score of the nursing students was 99.35, and the empathic approach of the nursing students was high. When studies using the same scale were examined, similar results were reported and the empathic approaches of the nursing students were high (Sedaghati Kesbakhli & Rohani, 2020; Ertug, 2018). Studies have revealed that the empathic skills of nursing students are

improved through communication skills courses and special empathic skills training given in undergraduate education (Arifoglu & Sala Razi, 2011; Karaca et al., 2013; Ozturk, 2021). In addition to the theoretical sections of the main nursing courses (such as nursing fundamentals, internal medicine nursing, and management in nursing) and the communication courses (communication in nursing and psychology) in the undergraduate education of the students who constituted the research sample in this study, it is thought that the seminars attended, the case-analyses, reflections, open discussions, and role-playings during clinical practices, and participation in patient care may all have improved the students' empathic approaches.

Examining the homophobic attitudes of the nursing undergraduate students toward LGBT individuals revealed that an empathic approach, being male, having a homosexual acquaintance, belief in the necessity of homosexuality education, and being religious were significant predictors.

The present study found that as the empathic approaches of undergraduate nursing students increased, their homophobic levels decreased. There is no study about the relationship between empathy and homophobic levels in nursing students. Our study is important as it is the first study to examine the predictive effect of empathy level on homophobia in nursing students. However, several studies have reported that high empathy is associated with lower levels of homophobia (Chaux & Leon, 2016; Akbas, 2021). One study conducted with adults in 2021 reported a negative relationship between homophobia and empathy levels (Akbas, 2021). Another study conducted with heterosexual university students in the USA reported that individuals with high empathy levels had lower levels of sexual prejudice (Marsden and Barnett, 2020). In this study, participants with lower homophobic levels had higher empathy levels. It is thought that the homophobic attitudes of nursing students toward LGBT individuals decreases as they develop their therapeutic relationship skills, communication skills, and compassion as a result of the training and practices (reflections, case studies, therapeutic communication techniques, case reports, role play, etc.) they receive during their education to improve their empathic skills.

The present study illustrated several other important aspects of attitudes of nursing students toward LGBT individuals. This study supports

previous findings regarding religiosity and a lack of familiarity with LGBT individuals as crucial factors with regard to increased negative attitudes. As mentioned before, several studies conducted in different cultures emphasize that religious beliefs are effective predictors of attitudes toward LGBT individuals, where religiosity produces negative attitudes or approaches toward LGBT individuals (Dorsen, 2012). One study of nursing students found that as the level of religious belief increases, the level of homophobia also increases (Bostanci Dastan, 2015). Therefore, being more religious can have an increasing effect on homophobic attitudes. Rumors that homosexuality is a 'sin' and a sexual orientation 'deviating from religious rules' can explain the negative attitudes and behaviors of the society toward this minority group in Turkey, where Muslims constitute the majority of the population.

Studies have shown that social communication with homosexual individuals can reduce negative attitudes toward homosexuality (Anderssen, 2002). Similar to the findings of our study, other studies suggest that negative attitudes toward homosexuality and homophobia are lower in people with homosexual acquaintances. In a review of 17 studies on the subject conducted on different dates and in diverse cultures, Dorsen (2012) reported that nurses displayed a more positive approach when they knew an LGBT individual in every study (Dorsen, 2012). This result suggests that being acquainted with homosexual people and positive social communication may affect the level of homophobia and have a positive effect on stereotypes toward homosexual individuals.

The present study found higher homophobic levels in the male gender. One meta-analysis study evaluated 112 studies and reported that men had more homophobic attitudes toward homosexual individuals (Kite & Whitley, 1996). As higher levels of homophobia are observed in male individuals and a male gender predicts higher levels of homophobia, the male population should be prioritized in terms of preventing or reducing negative attitudes toward homosexuals in society. In line with these results, the reason why male participants were more homophobic than female ones may be related to the cultural structure of Turkish society. Homophobia was expected to be high in male participants, as the structure of Turkish society, an example of a patriarchal and traditional society, does not favor sexual

preferences outside the norm and considers it a disease and perversion.

Finally, our study found low homophobic levels in nursing students who considered it necessary to be educated about homosexuality. Sharma et al. (2019) conducted a study with rural primary health care providers and found that those who considered that all primary care physicians should be trained about homosexuality had more positive attitudes toward homosexual individuals. Our finding supports similar study findings (Kar, 2020, Sharma 2019).

Limitations: This study had some limitations. First, the results of our study cannot be generalized to all nursing students as it was conducted with nursing students in only one university and therefore included a small sample. Further studies can be planned with more samples that include nursing undergraduate students from different regions of Turkey. Second, as in all similar studies, the data were collected based on the self-report of nursing undergraduate students. In this way, their thoughts could be revealed, but it was difficult to determine their behaviors. It would also be valuable to obtain more data from a larger and much more diverse student population in terms of ethnicity, age, and religious

Conclusion: This study examined the effect of an empathic approach on homophobia, and thus contributes to the limited literature on the relationship between homophobia and empathy. This study is important as it is the first study to examine the predictive effect of empathy level on homophobia in nursing students. More than half of the nursing students were found to be homophobic. The study showed that the male gender, religiosity, and having no familiar LGBT person positively predicted homophobic levels. Considering the relationship between homophobic levels and the empathic approach, this study determined that as the empathic approach decreased, homophobic levels increased, suggesting the empathic approach is an important predictor of homophobia.

LGBT individuals have the right to receive health care services on an equal basis and under proper conditions, just like everyone else in society. It is important to raise awareness of nurses and nursing students, who have a high rate of encountering LGBT individuals, to display more appropriate attitudes toward LGBT individuals in line with the professional and ethical values of the nursing profession. In this context, relevant training

programs should be established and fully integrated into the nursing curriculum to increase awareness of LGBT health issues and reduce homophobia in nursing students.

Considering the negative effects of an empathic approach on homophobia, proper training, lectures, and seminars or clinical skills training can be included in the undergraduate nursing curriculum to improve the empathy skills of nursing students and thus reduce their homophobic attitudes toward LGBT individuals. Considering the effect of knowing LGBT individuals on attitudes of nursing students, relevant panels and conferences can be organized where nursing students can contact these individuals, allowing them to share their health issues with nurse candidates. Thus, interactions with LGBT populations can allow nursing students with negative attitudes to shift from prejudice to empathy. In addition, it is necessary to be more sensitive in the training of male nurses on the subject. Qualitative studies can be conducted with male nursing students to determine the reasons for their negative attitudes toward LGBT individuals.

Psychiatric nurses are at the forefront of professionals who have primary responsibility for addressing the needs and problems of those who receive and providing health services, and combating stigma, due to their expertise. In this context, support can be obtained from academics who are experts in the field of psychiatric nursing in the creation of training programs to increase awareness of the health of LGBT individuals and to reduce homophobia, and these courses can be fully integrated into the nursing curriculum. They can also advise their nurse educator colleagues on the relevant issue.

Finally, longitudinal studies can examine whether interventions to improve empathy skills can reduce homophobic afflictions. Such studies can present a better understanding of the causal relationships between the variables examined in this study.

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