

## Original Article

# Attitudes of Nurses to Lesbian, Gay, Bisexual and Trans (Lgbt) Individuals in Turkey

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## Abstract

**Aims:** The aim of this research is to identify the attitudes of nurses in Turkey to LGBT individuals and the demographical factors that influence these attitudes.

**Design:** This research is descriptive and relational.

**Method:** This study was conducted between 25 November 2013 and 15 March 2014. The sample of the research consisted of 192 nurses who worked in a university hospital and volunteered to participate in the study. The Individual Identification Form and Homophobic Attitudes Scale were used to collect the study data.

**Results:** The homophobic attitudes of the nurses who did not have a homosexual acquaintance were found to be higher than those of the nurses who had homosexual acquaintances. It was found that the marital status of nurses affected their homophobic attitudes. It was found that the nurses who said they fulfilled all the requirements of their religion had a higher homophobia score and that the religious characteristics of the nurses influenced their homophobic attitudes.

**Conclusion:** Considering the factors influencing the nurses' homophobic attitudes towards LGBT individuals, strategies should be developed against these attitudes.

**Key Words:** homophobia, LGBT, nurses

## Introduction

The attitude towards lesbian, gay, bisexual and transsexual (LGBT) individuals has greatly changed during recent years. The accelerating factors for such changes include gay-lesbian actions during 1970s and changes in medical professionals' and community's perception of homosexuality (Okutan & Buyuksahin Sunal 2011). First the American Society of Psychiatry and then the American Union of Psychology removed homosexuality from the list of diseases in Diagnostic and Statistical Handbook of Mental Disorders in 1973 (Irwin 2007; Tate & Longo 2004). Homosexuality has been considered as a sexual orientation or a mode of expression since

then. Legalization of homosexual marriages in all the states of United States of America in 2015 was a great development for LGBT individuals (BBC Turkish 2015). However, despite increasing acceptability of sexual orientation, the discrimination against lesbian, gay, bisexual and trans individuals still exists (Irwin 2007).

The term, "homophobia" is used to explain negative emotions and thoughts about, and attitudes and behaviours towards homosexuals and homosexuality (Hudson & Ricketts 1980). Homophobia expresses negative, fearful or hateful attitudes and behaviours towards gays and lesbians (Hudson & Ricketts 1980). Since the aforesaid term emphasizes affective (fear)

aspect of the negative attitude towards homosexuality, the term "homonegativism" was suggested by Hudson and Ricketts (1980) instead of this. Homonegativism has a multiple structure pattern including attitudes towards, beliefs about and prejudice against homosexuals whereas homophobia has a single structure consisting of different emotional responses (fear, anger and hate etc.) that an individual experienced with homosexual people. In other words, homonegativism addresses the part of belief and value systems of negative attitudes (Cabuk & Candansayar 2010).

## Background

Negative attitudes towards LGBT individuals prevent this group of people from benefitting basic rights and services (Buz 2011). One of the most important healthcare violations affecting LGBT individuals is the discrimination against them because of their sexual orientation and sexual identities (Kaos 2011). LGBT individuals tend to hide their homosexual relationships from physicians because of negative attitudes likely to be displayed by the healthcare staff (especially due to sexually transmitted diseases), which might cause such individuals to miss out on healthcare services (Anon n.d.). Similarly, LGBT individuals do not trust "confidentiality" principle of the healthcare system and therefore cannot benefit from healthcare services (Utas Akhan 2011).

Community, culture and religion affect the attitudes towards LGBT individuals (Henrici 2007). Nurses also play an active role within society, culture and religion; therefore, they may be affected by social prejudice against LGBT individuals (Henrici 2007). Christensen (2005) defines homophobia as "*excessive violation of sufficient, professional and merciful care right of an individual*". A review of studies in the literature on homosexuality demonstrated that the majority of such studies focused on attitudes of physicians towards homosexual individuals within the context of HIV infection whereas a small part of these studies addressed the attitudes of nurses and students towards lesbian individuals (Dorsen & Van Devanter 2016). Most of the studies conducted since the first days of AIDS crisis have addressed attitudes towards sexual minorities, due to the fear that HIV is transmitted by those people (Dorsen & Van Devanter 2016). For instance, in the first nursing

studies on AIDS, 25% of the participants considered that patients with AIDS should be quarantined and they displayed negative attitudes towards those patients (Barrick 1988). The literature became more complex during 1990s and 2002 (Dorsen & Van Devanter 2016). Recent studies showed that nurses have changed their points of view in line with social norms and policies in some countries (Dorsen & Van Devanter 2016). For instance, in their study conducted in Canada, Beagen et al. (2012) reported that sexual identity, sexual orientation and demographic characteristics of patients were not important for nurses (Beagan et al. 2012). A study reviewing homophobic attitudes of nurses in Switzerland found that while 62% of them expressed positive attitudes, 30% expressed neither positive nor negative attitudes (G Rödahl et al. 2004). A study conducted on the nurses working in polyclinics and services in the USA found that 22% of the nurses were highly homophobic (Blackwell 2008). A previous study carried out with the nurses in psychiatry department in Southern Taiwan detected that the nurses were neutral to these patients (Hou et al. 2006). Another study conducted with the nurses working in Finland, Estonia and Lithuania found that the mean score the nurses in Finland obtained from the scale was  $4.6 \pm 0.6$  (maximum possible score to be obtained from the scale is 5.0) and they were regarded more homophobic than were the nurses in the other two countries (Suominen et al. 2010). The scores of homophobic attitudes of the nurses in Estonia and Lithuania were found close to each other (Suominen et al. 2010).

There are a limited number of studies on homosexuality and homophobia in nurses in Turkey. Nihal Bostancı (2015) reviewed attitudes of nursing students towards lesbians and gays. In that study, the mean score nursing students obtained from the Homosexuality Attitude Scale was  $188.63 \pm 20.60$  (min: 134.00, max: 237.00) which suggested that they were moderately homophobic (Bostancı Dastan 2015). Utas Akhan (2011) investigated the levels of the negative attitudes of healthcare staff (physicians, nurses, caregivers) towards LGBT individuals in his PhD dissertation, and determined that the most homophobic profession groups were physicians, caregivers and nurses, respectively (Utas Akhan 2011). In another study conducted by the nurses, it was determined that LGBT

individuals displayed unsafe sexual behaviours related to HIV (Yakit & Coskun 2016). There are reviews on "Healthcare Staff and Concept of Homophobia" (Utas Akhan & Unsal Barlas 2014), "Sexual Orientations: Approach of Healthcare Personnel" (Bilgic Celik & Hotun Sahin 2014), "Attitudes towards Homosexuals in the Society and Healthcare Discrimination against Lesbian Women" (Hotun Sahin & Bilgic 2016), " Sex Reassignment Surgery in Transsexual Individuals and Nursing Approaches" (Acar & Aygin 2015).

## Method

**Objective:** The present research was conducted to review the attitudes towards LGBT individuals and affecting factors.

The present study has a descriptive and relational pattern.

**Sample/Participants:** The population of the present study consisted of 800 nurses working in a university hospital. Since access to all the population was aimed, no sampling method was implemented. The sample of the research was crated from 192 volunteer nurses. The participation rate was 24%. Although the permission required for the present research was obtained, the chief of a clinic did not give consent to the questionnaire. Some of the participants resisted replying the questionnaire. Therefore, the participation rate was lower than expected.

**Data Collection:** The study data were collected through the paper-pen technique via a questionnaire developed by the researchers between January 2, 2014 and April 30, 2014. The data collection form consisted of three sections. The items questioning sociodemographic characteristics (age, gender, educational status, marital status, working year etc.) created based on the relevant literature were included in the first section whereas open-ended and multiple choice questions (12 questions) used to investigate the opinions of the nurses about sexual orientation were included in the 2<sup>nd</sup> section. However, since the open-ended questions were not replied by the nurses, only seven multiple choice questions were evaluated in this section. The third section included the Turkish version of the Homophobic Attitudes Scale which was developed by Hudson and Ricketts (1980). The Turkish version of the scale was developed by Sakallı and Ugurlu (2001).

Both the original and adapted scales had a high reliability. While the Cronbach's Alpha coefficient was 0.90 for the original scale, it was 0.94 for the Turkish version and 0.91 in the present study. The scale consisted of 24 items rated on a 6-point scale ranging from 1 to 6 (1= disagree and 6 highly agree). Items 5, 6, 8, 10, 11, 13, 17, 18, 23 and 24 of the scale are reverse scored. High scores indicate high homophobia level.

**Ethical Considerations:** A written consent was obtained from Scientific Ethical Committee of Ege University Nursing Faculty and the university hospital where the data was collected. The written consent of Sakallı and Ugurlu (2001) was obtained.

**Data analysis:** The SPSS version 22.0 was used to analyse the data. Numeric values, percentile and arithmetic mean were used for the descriptive statistics of the data. The t-test for independent groups and one-way variance analysis (ANOVA) were used to compare the nurses' homophobic attitude scores, sociodemographic characteristics, and status whether they have met LGBT individuals and religious belief characteristics. The significance level was set at  $p \leq 0.05$ .

## Results

The mean age of the nurses was  $30.4 \pm 6.67$ . Of the participants 87.5% were women, 56.8% were single, 90.1% had a bachelor's degree, 6.8% had a post-graduate educational level and 38.5% had a work experience less than three years. Of the nurses, 33.9% had LGBT acquaintances, and 10.5% expressed that these individuals were close to them. Of the nurses, 21.9%, 11.5%, 7.3% and 21.9% gave care to gay, lesbian, bisexual and/or transsexual patients respectively. When the nurses were asked whether they felt uncomfortable while providing care to LGBT individuals, 88.0% said that they were not uncomfortable. The participant nurses received an average score of  $91.1 \pm 24.3$  (Min. 24-Max. 144) from the Homophobic Attitudes Scale. There was not any statistically significant correlation between the homophobic attitude scores and variables such as age, gender, educational level, longest place of residence ( $p > 0.05$ ). However, the nurses' marital status affected their homophobic attitude scores; the married nurses had higher homophobic attitude scores than did single nurses ( $t = -2,003, p \leq 0.05$ ) (Table 1).

**Table 1. Comparison of Homophobic Attitude Scores According to Some Sociodemographic Characteristics of the Nurses (n=192)**

| Demographic Characteristics                         | n   | $\bar{X}$ | SS     | F/t, p               |
|---|-----|-----------|--------|----------------------|
| <b>Age</b>  |     |           |        |                      |
| 22-25 years   | 61  | 87.69     | 28.07  | F= 1.497<br>p=0,227  |
| 26-29 years   | 45  | 89.42     | 19.77  |                      |
| ≥30 years   | 86  | 94.38     | 23.49  |                      |
| <b>Gender</b>                                       |     |           |        |                      |
| Female  | 168 | 92.03     | 24.28  | t=1.414              |
| Male  | 24  | 85.54     | 24.25  | p=0.159              |
| <b>Marital Status</b>                               |     |           |        |                      |
| Single  | 109 | 88.17     | 27.16  | t= -2,003            |
| Married   | 83  | 94.93     | 19.55  | p=0.047*             |
| <b>Educational Level</b>                            |     |           |        |                      |
| Medical Vocational High School and Associate Degree | 6   | 79.83     | 11.19  | F= 0.728<br>p= 0.484 |
| Undergraduate                                       | 173 | 91.28     | 1.818  |                      |
| Postgraduate and PhD                                | 13  | 93.85     | 8.073  |                      |
| <b>Longest place of residence</b>                   |     |           |        |                      |
| Metropolis  | 96  | 92.59     | 23.26  | F= 1,539<br>p= 0.217 |
| City  | 45  | 85.56     | 28.79  |                      |
| District  | 51  | 93,156    | 21,672 |                      |

**Table 2. Comparison of the Nurses in Terms of Meeting LGBT Individuals and Their Homophobic Attitudes (n=192)**

|   | n   | $\bar{X}$ | SS    | t, p      |
|---|-----|-----------|-------|-----------|
| <b>Homosexual Individual Around</b>         |     |           |       |           |
| None  | 127 | 95.598    | 23.13 | t= 3.702  |
| Yes   | 65  | 82.292    | 24.41 | p= 0.000* |
| <b>Giving Care to a gay Patient</b>         |     |           |       |           |
| Yes   | 42  | 95.976    | 25.87 | t= 1.475  |
| No  | 150 | 89.727    | 23.8  | p= 0.142  |
| <b>Giving Care to a Lesbian Patient</b>     |     |           |       |           |
| Yes   | 22  | 92.682    | 26.74 | t= 0.324  |
| No  | 170 | 90.888    | 24.09 | p= 0.746  |
| <b>Giving Care to a Bisexual Patient</b>    |     |           |       |           |
| Yes   | 14  | 81.214    | 22.57 | t= -1.584 |
| No  | 178 | 91.871    | 24.36 | p= 0.115  |
| <b>Giving Care to a Transsexual Patient</b> |     |           |       |           |
| Yes   | 42  | 90.857    | 28.65 | t= -0.71  |
| No  | 150 | 91.16     | 23.1  | p= 0.943  |

**Feeling Discomfort due to Giving Care to a LGBT Individuals**

|     |     |        |       |           |
|-----|-----|--------|-------|-----------|
| Yes | 23  | 115.52 | 22.26 | t= 5.511  |
| No  | 169 | 87.769 | 22.71 | p= 0.000* |

\*p <0.01

**Table 3. Comparison of the Homophobic Attitude Scores of the Nurses According to Religious Belief Characteristics**

| Religious Belief Characteristics                        | n   | $\bar{X}$ | SS     | F, p      |
|---|-----|-----------|--------|-----------|
| I do not believe in God                                 | 13  | 73.384    | 23.995 |           |
| I believe in God but do not believe in any religion     | 19  | 74.79     | 19.913 | F= 7.565  |
| I believe in a religion and fulfil the required rituals | 142 | 93.479    | 24.087 | p= 0.000* |
| I fulfil all rituals of the religion that I believe in  | 18  | 102.278   | 17.327 |           |

\*p <0.01

It was observed that the homophobic attitudes of the nurses were affected by having homosexual acquaintances (t= 3.702 p<0,001). It was also observed that providing care to gay, lesbian, bisexual and transsexual patients previously did not affect their homophobic attitudes (p>0.05) whereas experiencing discomfort due to providing care to LGBT individuals affected their homophobic attitudes (t= 5,511 p<0.001). It was noted that the nurses who were uncomfortable to give care to LGBT individuals had higher homophobic attitude scores than did those who were not (Table 2).

Table 3 includes the comparison of homophobic attitude scores of the nurses according to religious belief characteristics. A significant difference was observed between homophobic attitudes of the nurses in terms of their religious belief characteristics (F=7,565 p<0,001). In the advanced variance analysis (Scheffe), it was detected that such difference stemmed from the participants who "believed in a religion and fulfilled some rituals" and "believed in a religion and fulfilled all rituals".

**Discussion**

The aim of the present study was to identify attitudes displayed by nurses in Turkey towards LGBT individuals and how the demographical factors influenced these attitudes. The mean score obtained from the Homophobic Attitudes Scale (HAS) by the nurses participating in the present study (91.1 ± 24.3) indicated that nurses

displayed homophobic attitudes (Sakallı & Ugurlu 2001). In the study conducted with the public health nurses in Japan where the same scale was used, the mean HAS score obtained by the nurses was 41.5, which suggests that they were moderately homophobic (Waki et al. 2017). In a study conducted with nursing students and faculty members at the Midwest University in the US, nurses obtained 34.9 points from the scale suggesting that they had low levels of homophobia (Dinkel et al. 2007). The comparison of the results of these studies with those of the present study indicated that nurses in Turkey were more homophobic than nurses in Japan and the US. The review of the Homophobic Climate Index developed by Lomantagne et al. (2018) to measure homophobia levels in various countries might explain this difference. The possible scores to be obtained from the index range between "0" and "1". The highest possible homophobic score is "1". Turkey whose index score is 0.746 ranks 101<sup>st</sup> among 158 countries assessed while Japan is in the 55<sup>th</sup> and the USA is in 24<sup>th</sup> place (Lamontagne et al. 2018). These differences between countries can be considered normal because of the lack of laws that protect LGBT relationships, and differences in culture, religion and epidemiological conditions. Homophobic attitudes may affect nurses' willingness to provide medical help to LGBT individuals (Dunjić-Kostić et al. 2012). However, nurses' responsibility is to resist discriminatory

behaviors and to maintain the provision of professional nursing care to LGBT individuals regardless of their homophobic attitudes (Dunjić-Kostić et al. 2012).

In the present study, of the sociodemographic variables, the one affecting the nurses' homophobic attitudes was the marital status. The married nurses displayed homophobic attitudes more than did the single nurses. However, in another study whose findings were contrary to the present study's findings, those who were married displayed homophobic attitudes less than those who were divorced or single (Smith 1993). This difference is thought to stem from the traditional Turkish family structure. Gender norms and family structure in Turkey is entirely composed of heterosexual male and female roles (Guner et al. 2011). In the Turkey Family Structure Research (TFSR) conducted by the Ministry of Family and Social Policies, family types are mentioned. The only family structure mentioned in the research is the heterosexual family structure (Republic of Turkey Ministry of Family, Labour and Social Services 2014). In another study conducted in Turkey, the concept of identity was investigated in the illustrated children's books. This study revealed that the only family structure mentioned in these books was also the heterosexual family structure (Eslen Ziya & Erhart 2013).

The experience of dealing with LGBT individuals is an important factor in changing homophobic attitudes in favor of these people (Gerd Rondahl et al. 2004). Relevant studies show that having social relationships with LGBT individuals and having LGBT acquaintances are related to positive attitudes and beliefs towards these individuals and may contribute to changes in negative attitudes (Sah 2012; Chapman et al. 2012; Bostanci Dastan 2015; Gerd Rondahl et al. 2004; Sakallı & Ugurlu 2001). In the present study, it was observed that homophobic attitudes scores of the nurses who had homosexual acquaintances (33.9%) were lower than those of the nurses who did not have homosexual acquaintances (Table 2). In a study conducted with nursing and medical students, it was stated that 77% of these students had LGBT acquaintances (Chapman et al. 2012). Homophobic attitude scores of individuals with LGBT acquaintances were found to be lower than those of individuals without LGBT acquaintances (Chapman et al. 2012). In a study

conducted with nursing students in Turkey, the students were asked whether they might object to the idea of having gay / lesbian friends. Those who thought that they would not have gay / lesbian friends had higher homophobic attitude scores. (Bostanci Dastan 2015). In a study conducted in Southern Taiwan (2007), it was determined that nurses who had LGBT friends or relationships with LGBT individuals displayed a more positive attitude towards homosexuality (Yen et al. 2007). In another study conducted in Turkey, university students remained unbiased when they built social interactions with LGBT individuals in their daily lives, but displayed negative attitudes towards the idea of establishing family ties with those people or tendency to homosexuality (Sakallı & Ugurlu 2001).

Of the ethical principles stated in the American Nurses Association Code of Ethics, the one ranks first is "the nurse is obligated to act with compassion and to respect the dignity and autonomy of each patient" (American Nurses Association.). Nurses are supposed to provide care by using strategies based on respect for human dignity and self-determination (Zuzelo 2014). Homophobic approaches displayed by health professionals prevent LGBT individuals from using their fundamental rights to access health services (Bilgic et al. 2018). In the present study, it was observed that nurses' providing care to LGBT patients previously did not affect their homophobic attitudes ( $p>0.05$ ) but that experiencing discomfort while providing care to those people affected their homophobic attitudes (Table 2). A doctoral study carried out in Turkey demonstrated that giving care to LGBT individuals did not affect homophobic attitudes of people working in the health field (Utas Akhan 2011). On the other hand, in another study conducted in Southern Taiwan (2007) whose findings were contrary to those of the present study, nurses providing care to homosexual patients were reported to display homophobic attitudes less (Yen et al. 2007). In another study conducted with psychiatric nurses in South Taiwan (2006), a positive correlation was determined between their homophobic attitudes and willingness to give care to lesbian and gay patients (Hou et al. 2006). Nurses' homophobic attitudes affect the quality of care they give (Henrici 2007), and not having worked with LGBT patients adversely affects patient

care they give (Carabez et al. 2015). According to the American Nurses Association, nurses are supposed to be more interested in the vulnerable population and the nursing history is based on this code (American Nurses Association). Within this context, nurses' displaying homophobic behaviors towards and providing under-standard care to LGBT individuals invalidate the nursing history (Henrici 2007). Homophobic attitudes among nurses worsen the vulnerability of LGBT individuals (Antonio Maury Sintjago & Rodríguez-Fernández 2018).

There are conflicts between homosexuality and some religious and cultural values of nurses (Dorsen & Van Devanter 2016). In the present study, it was observed that the homophobic attitude scores of the nurses fulfilling all the requirements of the religion were higher (Table 3). Another study found similar results indicating a positive correlation between increased religiosity and antigay values (Dorsen & Van Devanter 2016). In a systematic review about homophobic attitudes of nursing students, homophobia was reported to be more common among students who had conservative religious beliefs (Campo-Arias et al. 2010). In another study conducted with nursing students in the Middle East, most of the differences between homophobia scores were determined to be caused by religious reasons (Dinkel et al. 2007). The 4<sup>th</sup> Council of Religion was held by Turkey's Directorate of Religious Affairs in 2009 (Presidency of Religious Affairs 2010). In the decisions made at the 4<sup>th</sup> Council of Religion, homosexuality was defined as the sexual behavior disorder, and it was stated that homosexuality is in no way acceptable in İslam and that homosexuality should be eliminated without targeting and offending homosexuals. While such an approach, which is by no means scientific, is exhibited, it is inevitable for Muslim nurses in Turkey not to regard sexual diversity as normal (Beycan Ekitli & Cam 2017).

**Conclusion:** According to the results of the present study, nurses' homophobic attitudes were affected by variables such as personal beliefs, being married and having met gay people. If the community is made to accept sexual diversity as normal and if this issue is included in nursing education through the implementation of the multidisciplinary approach, homophobia level can be reduced in Turkey. Within this context, nursing faculties should provide a culturally

competent educational environment free of prejudices. These opportunities can be provided for nurses who have just started their career through in-service trainings by hospital administrations, universities and non-governmental organizations.

In the future, the aim of nursing education should also include the strengthening of non-judgmental attitudes. In order to prevent LGBT individuals from having problems in the health system, topics such as sexual orientation, homosexual health and sexual education should be added to the curriculum. To provide healthcare for the specific needs of LGBT individuals and to better communicate with them, the quality of healthcare can be improved through uninterrupted training.

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