

ORIGINAL ARTICLE / ORİJİNAL MAKALE

## Thoughts of Clinical Nurses About LGBTI Individuals: A Cross-Sectional Descriptive Study From Türkiye

Klinik Hemşirelerinin LGBTI Bireyler Hakkındaki Düşünceleri: Türkiye'den Kesitsel Tanımlayıcı Bir Araştırma



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### Abstract

**Background:** Clinical nurses provide 24-h continuous care to the people in inpatient clinics and interact with patients more frequently than other healthcare professionals. Thus, the thoughts of clinical nurses about lesbian, gay, bisexual, transgender, and intersex (LGBTI) individuals are crucial.

**Objectives:** We examined the thoughts of clinical nurses about LGBTI individuals.

**Methods:** This study was conducted with a sample of 251 clinical nurses in 16 hospitals in Ankara between September 2018-January 2019. The simple random sampling method was used. The data were collected with a 14-question sociodemographic information form and a 21-question questionnaire regarding the opinions of clinical nurses about LGBTI individuals. The data were analyzed using frequency analysis.

**Results:** The results demonstrated that 25.9% of the nurses considered being LGBTI as an illness, 36.7% as a congenital anomaly, 43.8% as a psychological problem and 11.2% as a moral weakness. Moreover, it was found that 59.4% of nurses asserted that LGBTI individuals could transmit infectious diseases, 47.4% said they were more likely to work in the sex industry, and 41.4% stated that they perceived them as individuals who tended to have random sexual relationships. In terms of their attitudes towards LGBTI individuals, 47.8% of the nurses evaluated their knowledge/skills/ability degrees as moderate.

**Conclusion:** Our results revealed that considerable amount of the nurses had inaccurate information and negative thoughts about LGBTI individuals. The undergraduate nursing education curriculum should include content about LGBTI individuals, stigmatization and discrimination towards LGBTI, and the sensitive approach during provision of nursing care. After graduation, nurses should be trained and supported by consultation liaison psychiatric nurses about care and approach to LGBTI individuals.

**Keywords:** Homosexuality, Transgender Individuals, Intersex Individuals, Thought, Nurse

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**Öz**

**Giriş:** Klinik hemşireleri, hastalarına 24 saat sürekli bakım sağlar ve diğer sağlık profesyonellerine göre hastalarla daha sık etkileşime girer. Bu nedenle klinik hemşirelerinin lezbiyen, gey, biseksüel, transgender ve interseks (LGBTİ) bireyler hakkındaki düşünceleri önemlidir.

**Amaç:** Klinik hemşirelerinin LGBTİ bireyler hakkındaki düşünceleri incelenmiştir.

**Yöntem:** Bu çalışma, Eylül 2018-Ocak 2019 tarihleri arasında Ankara’da bulunan 16 hastanedeki 251 klinik hemşiresi ile yapılmıştır. Basit rastgele örneklem yöntemi kullanılmıştır. Veriler, 14 soruluk sosyodemografik bilgi formu ve klinik hemşirelerin LGBTİ bireylere yönelik düşüncelerine ilişkin 21 soruluk anket formu kullanılarak toplanmıştır. Veriler frekans/sıklık analizi kullanılarak analiz edilmiştir.

**Bulgular:** Sonuçlar, hemşirelerin %25,9’unun LGBTİ olmayı hastalık, %36,7’sinin doğuştan gelen bir anomali, %43,8’inin psikolojik bir sorun ve %11,2’sinin ahlaki bir zayıflık olarak gördüğünü göstermiştir. Ayrıca hemşirelerin %59,4’ü LGBTİ bireylerin bulaşıcı hastalık bulaştırabileceğini, %47,4’ü fuhuş sektöründe çalışma olasılıklarının daha yüksek olduğunu ve %41,4’ü ise rastgele cinsel ilişkiye girme eğiliminde olan bireyler olarak algıladığını belirtmiştir. Hemşirelerin %47,8’i LGBTİ bireylere yönelik tutumları açısından kendi bilgi/beceri/yetenek düzeylerini orta olarak değerlendirmiştir.

**Sonuç:** Sonuçlarımız, hemşirelerin önemli bir bölümünün LGBTİ bireyler hakkında yanlış bilgi ve olumsuz düşüncelere sahip olduğunu ortaya koydu. Lisans hemşirelik eğitimi müfredatında LGBTİ bireyler, bu bireylere yönelik damgalama ve ayrımcılık ve hemşirelik bakımının sunumunda duyarlı yaklaşımla ilgili içerikler yer almalıdır. Mezuniyet sonrasında ise hemşireler, LGBTİ bireylere yönelik bakım ve yaklaşım konusunda konsültasyon liyezon psikiyatri hemşireleri tarafından eğitilmeli ve desteklenmelidir.

**Anahtar Kelimeler:** Eşcinsellik, Transseksüel Bireyler, İnterseks Bireyler, Düşünce, Hemşire

**INTRODUCTION**

Worldwide evidence suggests that the LGBTI population (lesbians, gays, bisexuals, transgenders, and intersexes) who do not fit into the traditional and conventional norms have been struggling with preconceived ideas/pervasive beliefs and face stigmatization and discrimination (Hunt et al., 2017; Muller, 2016). LGBTI individuals face stigmatization due to their sexual orientation and gender identities in every sphere of their lives, causing them to experience raised levels of stress, anxiety, suicidal tendencies, and severity of depression symptoms; reduced life satisfaction and self-esteem; higher tendency to addiction; higher risk of developing obesity and cancer (Banerjee et al., 2018; Ercan Sahin et al., 2020). The primary reason for this stigma and discrimination is that society has a heteronormative point of view and therefore a cultural structure based

on the acceptance of heterosexuality as a social norm (Muller, 2016; Özbek, 2017).

Assuming each patient as a heterosexual might cause healthcare professionals to overlook the needs of the patients, who do not constitute a homogenous group. Also, LGBTIs might face stigmatization by healthcare professionals in the healthcare system. Studies reported that certain healthcare professionals consider LGBTI individuals as psychologically troubled people and potential HIV transmitters and believe that LGBTIs become ill due to their sexual preferences (Ellis et al., 2015; Hunt et al., 2017; Kosenko et al., 2013). Previous studies concluded that LGBTI individuals are less willing to seek healthcare and disclose their sexual orientation in a healthcare setting due to the stigmatization and lack of healthcare professionals’ knowledge on the issue, thus avoiding or delaying seeking healthca-

re and access to medical assistance (Legal, 2010; Whitehead et al., 2016).

Thoughts contribute to the formation of individuals' attitudes and thus to guide their behaviors. Therefore, learning the thoughts of nurses reveals how their attitudes are shaped. Being aware of other sexual orientations apart from heterosexuality and provide nursing care accordingly are among the professional attitudes that nurses are expected to adopt. However, certain nurses face conflicts between their personal (e.g., religious) and professional responsibilities (Dorsen & Van Devanter, 2016). The literature report both positive and negative attitudes of clinical nurses toward LGBTI individuals. Studies revealing positive attitudes reported that clinical nurses were willing to provide care to LGBTI individuals and felt comfortable about it (Carabez et al., 2015b; Dorsen & Van Devanter, 2016); they acknowledged the fact that they could not change LGBTI individuals and had to accept them as they are (Dorsen & Van Devanter, 2016; Knight et al., 2014), and they did not pay attention to patients' sexual orientations and gender identities and focused only on their responsibilities (Beagan et al., 2012). However, researchers reporting the negative attitudes of nurses mentioned that certain clinical nurses felt uncomfortable while asking questions about LGBTI individuals' sexuality/sexual orientation or they tended to abstain from asking; they rejected providing care to LGBTI individuals if such an option existed and exhibited certain negative attitudes such as ridiculing LGBTI individuals or gossiping about them (Dorsen & Van Devanter, 2016; Muller, 2016; Rödahl et al., 2004a; Yen et al., 2007). The most significant factors that affect the negative attitudes of clinical nurses are their educational levels and acquaintance with LGBTI individuals. The lack of information about LGBTI individuals causes prejudice and, therefore negative thoughts.

The literature argues that nurses have insufficient knowledge about the terminology used for LGBTI individuals, the appropriate language to address them, and their special needs (Carabez et al., 2015a; Carabez et al., 2016; Della Pelle et al., 2018; Çiçekoğlu Oztürk and Duran, 2022). Results from previous studies suggest that the more encounters nurses have with LGBTI individuals in their private life, the less biases they hold, the more comfortable they feel, and the more positive attitudes they exhibit (Dorsen & Van Devanter, 2016; Yen et al., 2007). Knowledge about and experiences with LGBTI individuals creates awareness among the nurses, thereby developing a positive and sensitive attitude (Riggs & Bartholomaeus, 2016).

Considering that it is the clinical nurses who provide 24-h continuous care in inpatient clinics and interact with patients more frequently than other healthcare professionals, we can conclude that the thoughts of clinical nurses regarding to LGBTI individuals are crucial. Although there are studies that examine clinical nurses' attitudes toward LGBTI individuals (Dorsen & Van Devanter, 2016; Yen et al., 2007), there is no research that reveals their direct thoughts. In the present study, we aimed to identify clinical nurses' thoughts about LGBTI individuals. We presume that the results obtained from this work will improve the content of clinical nurses' undergraduate and in-service education and the quality of the care provided.

### *Research Question*

What are the thoughts of clinical nurses about lesbian, gay, bisexual, transgender and intersex (LGBTI) individuals?

## **METHODS**

### *Research Type*

The present study was designed as a cross-sectional study.

onal descriptive study. Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) checklist was used as the reporting guidelines in this study.

### ***Research Place***

The research population comprised clinical nurses working at state, private, university, and training and research hospitals in the province of Ankara with a capacity of over 100 beds. The city of Ankara is the capital of Turkey, where 5.663 million people live. In the city's center, there are 32 hospitals with a bed capacity of 100 or more. A letter of permission was sent to 32 hospitals, out of which 16 provided permission to conduct the study (10 training and research hospitals, 3 university hospitals, and 3 private hospitals).

### ***Research Universe/Sample***

The population of this study consisted of 251 clinical nurses. G-power 3.1.9.2 analysis program was used to calculate the sample size, and the number of nurses to be included in the study was determined as 251 with 90% power and 5% type I error margin (Banerjee et al., 2018; Boch, 2012; Shetty et al., 2016). To determine the number of nurses to be included in the study from each of the hospitals, the ratio of the sample size to the research population was calculated and the number of nurses to be sampled from each hospital was determined by multiplying this ratio with the total number of nurses in each hospital. Before conducting the study, the nurses working at these 16 hospitals and the head of the clinics were contacted and informed about the study. The simple random sampling method was used to reach the determined number of nurses in each hospital. Nurses meeting the inclusion criteria were asked to fill the data collection form. The inclusion criteria were volunteering to participate in the study and being employed at an adult inpatient clinic. It was thought that it would be more appropria-

te to include nurses in inpatient clinics because they communicate with the patient 24 hours a day by providing direct patient care. Exclusion criteria were not working actively (e.g., being on parental/medical leave) during the time of the study, not working in direct patient care (e.g., being an outpatient nurse, nurse manager, training nurse, head nurse, infectious diseases nurse), working with children (pediatric nurse), and being an intensive care nurse (because they have limited communication with patients). In total, the present study was conducted with a sample size of 251 clinical nurses.

### ***Data Collection Instrument-Validity and Reliability Information***

The data were collected using a single form that comprised two parts. In the first part of the form, descriptive and professional data on nurses were obtained, whereas the second part consisted of a questionnaire to identify clinical nurses' thoughts about LGBTI individuals. A total of 380 nurses working as clinical nurses in the hospitals where the study was conducted were reached, 270 agreed to participate in the study, and among this number, the 251 nurses (%66) who filled out the questionnaire completely were included in the study. Written informed consent was obtained from the nurses volunteering to participate in the study after informing the 251 nurses about the research and responding to their queries regarding the study. The participating nurses were asked to answer the questions in the data collection form on a convenient day and time that were designated with the nurses ahead. The procedure lasted for approximately 20-25 min, and nurses were asked to complete the form in a single sitting.

"Descriptive Data Form" was developed by the researchers based on the related literature (Banerjee et al., 2018; Beagan et al., 2012; Okpala

et al., 2017; Røndahl et al., 2004b; Shetty et al., 2016) to collect descriptive and professional data on clinical nurses. The form consisted of 14 questions on both descriptive data, including age, sex, and marital status, and professional data, including educational level, working unit, professional experience, and experience in working with LGBTI individuals.

“Questionnaire for Clinical Nurses’ Thoughts about LGBTI Individuals” was constructed by the researchers using the relevant data in the literature (Beagan et al., 2012; Okpala et al., 2017; Røndahl et al., 2004a; Shetty et al., 2016) to evaluate clinical nurses’ thoughts about LGBTI individuals. The questionnaire consisted of 21 items.

### *Data Analysis*

The data were statistically analyzed using SPSS (Statistical Package for Social Sciences) 23.0 package program. The obtained data were evaluated using frequency (number and percentage) analysis.

### *Variables of the Research*

There is no dependent variable in this study. The independent variables of the study are sociodemographic findings such as age, gender, marital status, thoughts about being homosexual, bisexual, and transgender, and nurses’ thoughts about LGBTI individuals.

### *Ethical Considerations*

Before conducting the research, written permission was obtained from the Ethics Committee of a university (Date: 04.09.2018, Number: GO 18/695). In addition, the necessary permission was obtained from the hospitals included in the study. The data were collected after attaining their written informed consent from the nurses.

## **RESULTS**

The collected data revealed that 38.6% of the

participating clinical nurses were aged between 26-35 years, 94.8% were female, 75.3% were university graduates, 35.9% were employed at surgery units, and 36.2% had a professional experience of over 10 years. Moreover, 1.6% of the participants mentioned the presence of an LGBTI family member, and 26.7% of them said that they had LGBTI friends. More than half of the nurses (68.1%) asserted that they had sufficient knowledge about the issues on gender and sexual identity, 40.6% stated that the education on gender and sexual identity issues provided during the nursing education was adequate, and 77.7% claimed that they did not need any training in sexual/gender identity issues. They stated that their major sources of information about LGBTI individuals were the Internet/social media (75.7%), television/radio (66.9%), and the courses they took during nursing education (65.7%). When asked to evaluate their degree of knowledge/skills/abilities in terms of their attitudes toward an LGBTI person, 47.8% of the nurses rated them as moderate (Table 1). Furthermore, 34.7% of the nurses had experience providing care to an LGBTI patient (Table 1).

**Table 1.** Clinical Nurses' Descriptive and Professional Characteristics and Experiences in Working with LGBTI Individuals (n=251)

Demographic Characteristics	n	%
<b>1. Age</b>		
18-25	73	29.1
26-35	97	38.6
36-45	74	29.5
46 and older	7	2.8
<b>2. Sex</b>		
Female	238	94.8
Male	12	4.8
Intersex	1	0.4
<b>3. Marital status</b>		
Married	146	58.2
Married - Separated	2	0.8
Single – Never married	94	37.4
Single – Divorced	9	3.6
<b>4. Educational level</b>		
High school	42	16.7
Undergraduate	189	75.3
Graduate/Doctorate	20	8.0
<b>5. Working department / unit</b>		
Surgery	90	35.9
Internal medicine	55	21.9
Oncology	38	15.1
Obstetrics and Gynecology	33	13.1
Emergency	21	8.4
Psychiatry	7	2.8
Mixed	7	2.8
<b>6. Professional experience</b>		
<1 year	30	12.0
1-5 years	65	25.9
6-10 years	65	25.9
≥11 years	91	36.2
<b>7. The presence of LGBT individuals within the family</b>		
Yes	4	1.6
No	247	98.4
<b>8. The presence of LGBTI individuals within the circle of friends</b>		
Yes	67	26.7
No	184	73.3
<b>9. Sufficient knowledge on gender identity</b>		
Yes	171	68.1
No	23	9.2
Undecided	57	22.7
*n multiplied		

**Table 1. (Continued)** Clinical Nurses' Descriptive and Professional Characteristics and Experiences in Working with LGBTI Individuals (n=251)

Demographic Characteristics	n	%
<b>10. Sufficient knowledge acquired during nursing education</b>		
Yes	102	40.6
No	90	35.9
Undecided	59	23.5
<b>11. Feeling the need to get education on gender identity</b>		
Yes	56	22.3
No	195	77.7
<b>12. The sources of information about LGBTI individuals*</b>		
Internet/Social Media	190	75.7
Television/Radio	168	66.9
Courses taken during nursing education	165	65.7
Newspapers/Magazines/Books	121	48.2
Circle of Friends	88	35.1
Family	16	6.4
LGBTI individuals coming to the hospital	2	0.8
LGBTI Activists	1	0.4
<b>13. Self-evaluation of knowledge, skills, and abilities toward LGBTIs</b>		
Sufficient	90	35.9
Moderate	120	47.8
Insufficient	41	16.3
<b>14. Prior experience of healthcare delivery to LGBTI patient</b>		
Yes	87	37.4
No	164	65.3

\*n multiplied

Abbreviations: LGBTI, lesbian gay bisexual transgender intersex; LGBT, lesbian gay bisexual transgender

The rates of participants believing that a person chooses to be homosexual/bisexual/transgender were found to be 53%, 57%, and 60.5%, respectively. Moreover, a relatively common conviction among the participants was that homosexuality (38.6%), bisexuality (33.4%), and transsexuality (31.1%) were inborn (Table 2).

**Table 2.** Thoughts of Clinical Nurses as to Being Homosexual, Bisexual, and Transgender (n=251)

Homosexual individuals	n	%	Bisexual individuals		Transgender individuals			
			n	%	n	%		
1. They choose to be homosexual.	133	53.0	1. They choose to be bisexual.	143	57.0	1. They choose to be transgender.	152	60.5
2. They are born as homosexual.	97	38.6	2. They are born as bisexual.	84	33.4	2. They are born as transgender.	78	31.1
3. They learn to be homosexual from another person.	12	4.8	3. They learn to be bisexual from another person.	13	5.2	3. They learn to be transgender from another person.	11	4.4
4. Other	9	3.6	4. Other	11	4.4	4. Other	10	4.0

A great majority of the participants (81.7%) reported that providing care to a LGBTI individual is not disturbing. The rate of participants stating that “working with LGBTIs is disturbing” was 15.6%, and those stating that “being friends with an LGBTI person is disturbing” constituted 18.7% of the participants. Of all the participants, 10.8% of them remarked that they stigmatized/ labeled LGBTIs. The rates of participants considering being LGBTI an illness, a congenital anomaly, and a psychological disorder were found to be 25.9%, 36.7%, and 43.8%, respectively. Of these nurses, 16.3% associated being an LGBTI individual with childhood trauma. Moreover, 6% of the participants deemed being LGBT as a form of perversion, 37% stated that it is not religiously appropriate, and 11.2% stated that LGBTs suffer from moral weakness. In addition, 34.3% of them opined that LGBTI individuals negatively affected society and children. The rate of nurses believing that transgenders were more prone to violence was 22.3%. Furthermore, it was found that 24.3% of the participants thought LGBTIs had a higher tendency of substance use, and 41.4% stated that LGBTI individuals tended to have uncontrolled and random sexual relationships. Of all the participating nurses, 59.4% asserted that LGBTIs were more likely to have sexually transmitted diseases such as HIV/AIDS and Hepatitis C, and 47.4% mentioned that their likelihood of being employed in the sex industry was considerably higher. Furthermore, 93.2% of

them did not opine that intersex individuals were born that way because their mothers or fathers were sinners (Table 3).

**Table 3.** Clinical Nurses' Thoughts about LGBTI Individuals (n=251)

	Agree		Undecided		Disagree	
	n	%	n	%	n	%
<b>1. Providing care to an LGBTI individual is not disturbing</b>	205	81.7	33	13.1	13	5.2
<b>2. Working with an LGBTI individual is not disturbing.</b>	158	62.9	54	21.5	39	15.6
<b>3. Being friends with an LGBTI individual is not disturbing.</b>	127	50.6	77	30.7	47	18.7
<b>4. I think I stigmatize/label LGBTI individuals.</b>	27	10.8	24	9.5	200	79.7
<b>5. Being LGBTI is an illness.</b>	65	25.9	51	20.3	135	53.8
<b>6. Homosexuality/transsexuality/bisexuality is a congenital anomaly.</b>	92	36.7	62	24.7	97	38.6
<b>7. Being LGBT is a psychological disorder.</b>	110	43.8	56	22.3	85	33.9
<b>8. LGBT individuals undergo a childhood trauma which causes them to become LGBT.</b>	41	16.3	122	48.6	88	35.1
<b>9. Being LGBT is perversion.</b>	15	6.0	49	19.5	187	74.5
<b>10. Being an LGBTI individual is not religiously appropriate.</b>	93	37.0	84	33.5	74	29.5
<b>11. LGBT individuals have moral weaknesses.</b>	28	11.2	66	26.3	157	62.5

**Table 3.(Continued)** Clinical Nurses' Thoughts about LGBTI Individuals (n=251)

	Agree		Undecided		Disagree	
	n	%	n	%	n	%
<b>12. LGBTI individuals affect the society and children negatively.</b>	86	34.3	72	28.7	93	37.0
<b>13. Transsexuals tend to be more prone to violence.</b>	56	22.3	93	37.1	102	40.6
<b>14. LGBTI individuals tend to be more prone to substance use.</b>	61	24.3	99	39.4	91	36.3
<b>15. LGBTI individuals tend to be more prone to have uncontrolled and random sexual relationships.</b>	104	41.4	86	34.3	61	24.3
<b>16. LGBTI individuals are more likely to have sexually transmitted diseases like HIV/AIDS, Hepatitis C.</b>	149	59.4	57	22.7	45	17.9
<b>17. LGBTI individuals are more likely to work in the sex industry.</b>	119	47.4	72	28.7	60	23.9
<b>18. Intersex individuals are born that way because their mothers or fathers are sinners.</b>	7	2.8	10	4.0	234	93.2

Abbreviations: LGBTI, lesbian gay bisexual transgender intersex; LGBT, lesbian gay bisexual transgender

## DISCUSSION

In this study, we analyzed the thoughts of nurses working at inpatient clinics about LGBTI individuals. When the participants' opinions on becoming homosexual, bisexual, and transgender were examined, a lower number of them described transsexuality as an inborn condition than homosexuality and bisexuality. However, 59.4% of the participants either agreed to or remained undecided about the statement that transgenders tended to be more prone to violence. The litera-

ture reports that transgenders are portrayed in the media for their aggressive behavior rather than in a neutral manner that would represent them as a whole with all their characteristics (Fongkaew et al., 2019). Moreover, the fact that they are more visible increases the prejudices against them and leads to questioning the reasons for their becoming transgender (Saraswat et al., 2015; Walters et al., 2020). The majority of the participants either agreed to or were undecided about the statement that an individual chooses to be bisexual, homosexual, and especially transgender. Several studies have been conducted to investigate the factors that could affect being an LGBT individual, including social environment, genetic factors, and neurological factors. However, no single factor was proposed as the exact reason for becoming homosexual, bisexual, and transsexual, and it was concluded that this was not a personal choice (Bao & Swaab, 2011; Saraswat et al., 2015; Sasaki et al., 2016). The nurses' knowledge and conceptions about the causes of transsexuality, bisexuality, or homosexuality is important in terms of forming thoughts towards these individuals and thus affecting their attitudes. A study reported that nurses who believed the reason for being LGBT to be congenital had a more positive attitude toward them than those who considered it to be an acquired trait (Röndahl et al., 2004a).

As for finding the provision of nursing care to an LGBTI patient disturbing, 5.2% of the participants described providing nursing care to LGBTI individuals disturbing, and 13.1% were unsure about it. In addition, the percentages of those asserting that working and becoming friends with LGBTs is disturbing were 15.6% and 18.7%, respectively. This suggested that a considerable majority of the nurses, who are ethically expected to provide equal care to everybody, had negative thoughts toward LGBTIs, which might influence

the care they would provide to those individuals. In their study, Røndahl et al. (2004b) reported that 36% of their research participants refrained from providing care to homosexual patients if they were offered such an option. Similarly, the majority of the participants in our study (79.7%) were in the opinion that they stigmatized LGBTI individuals, and those who either agreed to or were undecided about the statement that LGBTIs could infect them with HIV constituted nearly half of the sample population. These figures revealed that certain nurses held an implicit stigma toward LGBTIs.

The obtained results demonstrated that 25.9% of the study participants considered being LGBTI as an illness, 20.3% were undecided about it, and 36.7% described homosexuality/transsexuality/bisexuality as a congenital anomaly. Another significant finding was that certain nurses compared LGBTI to an acquired illness, whereas some others who believed being LGBTI is congenital still depicted it as an anomaly. Parallel with our findings, a previous study conducted with a sample of 545 nursing students reported that half of the participants described being LGBTI as an illness (Küçükkaya & Kayaoğlu-Süt, 2018).

In the present study, 43.8% of the participants considered being LGBTI as a psychological disorder, 16.3% believed it was caused by childhood trauma, and 48.6% remained undecided about it. These figures are significant because they reflect the conceptions that being LGBTI is a psychological problem, and a person could adopt a different sexual orientation and gender identity only due to a mental disorder or as a result of a trauma such as rape or sexual harassment, which affect their sense of self or sexual life. Nevertheless, being LGBT is not an acquired trait and is influenced by a variety of factors, including genetic, neurological, and environmental factors (Bao &

Swaab, 2011; Saraswat et al., 2015). Being intersex is thought to be due to a genetic defect in the developmental stage of the baby's testicles and ovaries while in the womb. Therefore, individuals are born intersex (Eid & Biason-Lauber, 2016). However, the existing literature reports that being LGBT is considered an illness by certain nurses (Hunt et al., 2017; Kosenko et al., 2013).

Among the participants, 6% described being LGBT as a form of perversion, 37% considered it as religiously inappropriate, 11.2% opined that LGBTs have a moral weakness, and 34.3% believed they negatively affected society and children. We speculate that such misconceptions of nurses could have been representations of LGBTIs in the media with a stigmatizing, discriminatory, and unfavorable discourse adding to this biased attitude. A previous study demonstrated that gays were depicted in the media as people obsessed with plastic surgery and sex and linked them with HIV transmission; bisexuals were portrayed as people having sex with any gender and unable to make a choice; transsexuals were represented as murderers, robbers, sex workers, drug dealers; and intersexes were pictured as individuals going through a tragic life (Fongkaew et al., 2019). Similarly, a study investigating the Turkish media's role reported that certain media texts portray being LGBTI as a crime, deviation, immorality, or illness (Tar, 2018).

Among the study participants, 24.3% of the nurses remarked that LGBTI individuals had a higher tendency of substance use, 22.3% of nurses believing that transgenders were more prone to violence, 59.4% reported they were more likely to have sexually transmitted diseases such as HIV, 47.4% stated that their likelihood to work in the sex industry was higher, and 41.4% opined that they tended to have more uncontrolled and

they tended to have more uncontrolled and random sexual relationships. The stigma and discrimination toward LGBTIs make it more difficult for them to find a job and socialize like heterosexual people, consequently compelling them to work in the sex industry or turn to more unsafe acts in their attempts to socialize or find a partner (Legal, 2010). Although these findings indicate that the beliefs of participating nurses could be correct to a certain extent, there exists a need to understand that LGBTI individuals are compelled to turn to such acts. In concordance to our findings, the existing literature revealed that LGBTIs are recruited in the sex industry and are more likely to have sexually transmitted diseases (Johnson et al., 2012; Logie et al., 2019).

The majority of the nurses disagreed with the statement that intersex persons are born that way because either of their parents was sinner. The conception that children shall be punished for the sins/crimes of their parents is a highly destroying and discriminatory way of thinking. A positive finding was that a great majority of our participants did not hold such a misconception.

Although this was not the primary purpose of the study, findings that would enrich the discussion were obtained from the data of nurses' professional and LGBTI experiences. The results revealed that 68.1% of nurses in the sample opined that they had sufficient knowledge on the issue of gender identity, whereas less than half of the participants (40.6%) considered the nursing education they received as satisfactory in this respect. Parallel with our findings, several other studies report that nurses fail to receive satisfactory education on LGBTI individuals during nursing education (Bostanci Dastan, 2015; Greene et al., 2018; Küçükaya & Kayaoğlu-Süt, 2018). This implies that most nurses acquire knowledge on LGBTI individuals from other sources rather

than through nursing education. Results of the present study revealed that the primary source of information was the internet/social media, followed by television/radio and the courses taken during nursing education. However, the information obtained from sources such as the internet/social media or radio/television could be misleading, posing a risk of instigating stigmatization and discrimination of LGBTIs. A recent study revealed the media's tendency to depict LGBTI individuals with labels such as sex workers, HIV carriers, or drug and sex addicts (Fongkaew et al., 2019). In 2017, Kaos GL, a non-governmental organization advocating the rights of LGBTIs in Turkey, examined 2704 printed media outlets and reported that 54% of them violated the basic rights of LGBTIs using hate language and/or a discriminatory discourse or content that reinforced the prejudices against LGBTIs. Some of the content portrayed being LGBTI as a crime, whereas others depicted it as a form of perversion or a sin, illness, and deviation (Tar, 2018). Our finding that the nurses primarily depended on their efforts or media tools rather than their nursing education to gain knowledge about LGBTIs emphasizes the need to diversify reliable information sources and improve the nursing education curriculum.

Our results demonstrated that 47.8% of the participants rated their knowledge, skills, and abilities about their attitudes toward LGBTI individuals as moderate, whereas 16.3% categorized them as insufficient. More than half of the participating nurses did not feel they had adequate knowledge and competence about this issue, which evoked concerns in terms of its implications on clinical practice. In line with our findings, other relevant studies reported that nurses have limited knowledge of LGBTI individuals (Carabez et al., 2016; Della Pelle et al., 2018). Although our research participants expressed their

lack of knowledge and skills in this respect, only 22.3% of them stated that they needed to receive training on the issue of sexual identity, which is also another thought-provoking finding. Similarly, a qualitative study reported that although nurses mentioned a high degree of lack of knowledge, only 20% voluntarily stated at the end of the interviews that they wanted to receive further information or training (Carabez et al., 2015a). These contradictory findings of our study may be related to the fact that although nurses feel a lack of knowledge on the subject, they do not see training activities as a solution to this deficiency.

### **Limitations**

The study's cross-sectional design limited our ability to examine nurses' thoughts toward LGBTI people. The data obtained from this research cannot be generalized beyond the clinical nurses who work at the hospitals included in this study. In addition, it is also known that although nurses' identities are kept confidential, they are alone when filling out the data collection form, and the forms are not collected one by one, the reliability of the self-report data collection method may be limited. Accordingly, not every item in the questionnaire may have been answered sincerely. Another limitation is that nurses with prejudices towards LGBTI individuals may not have participated in the study.

### **IMPLICATIONS FOR PRACTICE**

Our results demonstrated that the participating clinical nurses had inaccurate information such as being homosexual/bisexual/transgender is chosen and negative thoughts such as working with an LGBTI individual is disturbing about LGBTI individuals. As additional results of our study, the participant nurses reported that they failed to acquire sufficient knowledge of LGBTIs during undergraduate nursing education and believed they lacked the knowledge and skills

necessary to understand and to appropriately approach LGBTIs. Considering outcomes of this study, nurses' thoughts and beliefs affect the quality of care to be given to LGBTI individuals. The undergraduate nursing education curriculum should include content about LGBTI individuals, stigmatization and discrimination towards LGBTI, and the sensitive approach during provision of nursing care. These efforts should be maintained through continuous in-service training to be held in healthcare institutions after graduation. Clinical nurses should be trained, supported and supervised by consultation liaison psychiatric nurses on care and approach towards LGBTI individuals. During these training and support processes, clinical nurses should be guided in accessing up-to-date and reliable resources to obtain information about LGBTI individuals. We believe that nurse educators and nurse managers, in particular, have a significant role in this respect.

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### **REFERENCES**

Banerjee, S. C., Walters, C. B., Staley, J. M., Alexander,

- K., & Parker, P. A. (2018). Knowledge, Beliefs, and Communication Behavior of Oncology Health-care Providers (HCPs) regarding Lesbian, Gay, Bisexual, and Transgender (LGBT) Patient Health care. *J Health Commun*, 23(4), 329-339. 10.1080/10810730.2018.1443527
- Bao, A. M., & Swaab, D. F. (2011). Sexual differentiation of the human brain: relation to gender identity, sexual orientation and neuropsychiatric disorders. *Front Neuroendocrinol*, 32(2), 214-226. 10.1016/j.yfrne.2011.02.007
- Beagan, B. L., Fredericks, E., & Goldberg, L. (2012). Nurses' work with LGBTQ patients: "They're just like everybody else, so what's the difference?". *Canadian Journal of Nursing Research*, 44(3), 44-63.
- Boch, S. (2012). Knowledge, attitudes, behaviors of nursing faculty and students' about lesbian, gay, bisexual and transgender people. The Ohio State University. College of Nursing Honors Theses.
- Bostanci Dastan, N. (2015). The attitudes of nursing students towards lesbians and gay males in Turkey. *Int J Nurs Pract*, 21(4), 376-382. 10.1111/ijn.12294
- Cahill, S., & Makadon, H. (2014). Sexual orientation and gender identity data collection in clinical settings and in electronic health records: A key to ending LGBT health disparities. *LGBT Health*, 1(1), 34-41. 10.1089/lgbt.2013.0001
- Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M., Ciano, M., & Scott, M. (2015a). "Never in all my years...": nurses' education about LGBT health. *J Prof Nurs*, 31(4), 323-329. 10.1016/j.profnurs.2015.01.003
- Carabez, R., Pellegrini, M., Mankovitz, A., Eliason, M., & Scott, M. (2015b). Does your organization use gender inclusive forms? Nurses' confusion about trans\* terminology. *J Clin Nurs*, 24(21-22), 3306-3317. 10.1111/jocn.12942
- Carabez, R. M., Eliason, M. J., & Martinson, M. (2016). Nurses' Knowledge About Transgender Patient Care: A Qualitative Study. *ANS Adv Nurs Sci*, 39(3), 257-271. 10.1097/ANS.000000000000128
- Chidiac, C., & Connolly, M. (2016). Considering the impact of stigma on lesbian, gay and bisexual people receiving palliative and end-of-life care. *Int J Palliat Nurs*, 22(7), 334-340. 10.12968/ijpn.2016.22.7.334
- Çiçekoğlu Oztürk, P. & Duran S. (2022). Examining Nursing Students' Homophobic Attitudes, Empathic Skills, and Affecting Factors. *Journal of Hacettepe University Faculty of Nursing*, 9(2), 207-215. 10.31125/hunhemsire.1167331
- Della Pelle, C., Cerratti, F., Di Giovanni, P., Cipollone, F., & Cicolini, G. (2018). Attitudes Towards and Knowledge About Lesbian, Gay, Bisexual, and Transgender Patients Among Italian Nurses: An Observational Study. *J Nurs Scholarsh*, 50(4), 367-374. 10.1111/jnu.12388
- Dorsen, C., & Van Devanter, N. (2016). Open arms, conflicted hearts: nurse-practitioner's attitudes towards working with lesbian, gay and bisexual patients. *J Clin Nurs*, 25(23-24), 3716-3727. 10.1111/jocn.13464
- Eid, W., Biason-Lauber, A. (2016). Why boys will be boys and girls will be girls: Human sex development and its defects. *Birth Defects Research Part C, Embryo Today : Review*, 108(4), 365-79.
- Ellis, S. J., Bailey, L., & McNeil, J. (2015). Trans people's experiences of mental health and gender identity services: A UK study. *Journal of Gay & Lesbian Mental Health*, 19(1), 4-20.
- Ercan Sahin, N., Aslan, F., & Emiroglu, O. N. (2020). Health status, health behaviours and healthcare access of lesbian, gay, bisexual and transgender populations in Turkey. *Scand J Caring Sci*, 34(1), 239-246. 10.1111/scs.12759
- Ferlatte, O., Salway, T., Oliffe, J. L., & Trussler, T. (2017). Stigma and suicide among gay and bisexual men living with HIV. *AIDS Care*, 29(11), 1346-1350. 10.1080/09540121.2017.1290762
- Fongkaew, K., Khruataeng, A., Unsathit, S., Khamphirathasana, M., Jongwisan, N., Arlunaek, O., & Byrne, J. (2019). "Gay Guys are Shit-Lovers" and "Lesbians are Obsessed With Fingers": The (Mis) Representation of LGBTIQ People in Thai News Media. *J Homosex*, 66(2), 260-273. 10.1080/00918369.2017.1398026
- Greene, M. Z., France, K., Kreider, E. F., Wolfe-Roubatis, E., Chen, K. D., Wu, A., & Yehia, B. R. (2018). Comparing medical, dental, and nursing students' preparedness to address lesbian, gay, bisexual, transgender, and queer health. *PloS One*, 13(9), e0204104. 10.1371/journal.pone.0204104
- Hunt, J., Bristowe, K., Chidyamatare, S., & Harding, R. (2017). 'They will be afraid to touch you': LGBTI people and sex workers' experiences of accessing healthcare in Zimbabwe—an in-depth qualitative study. *BMJ Global Health*, 2(2), e000168. 10.1136/bmjgh-2016-000168
- Johnson, M., Smyer, T., & Yucha, C. (2012). Methodological quality of quantitative lesbian, gay, bisexual, and transgender nursing research from 2000

- to 2010. *ANS Adv Nurs Sci*, 35(2), 154-165. 10.1097/ANS.0b013e31825372b9
- Knight, R. E., Shoveller, J. A., Carson, A. M., & Contreras-Whitney, J. G. (2014). Examining clinicians' experiences providing sexual health services for LGBTQ youth: considering social and structural determinants of health in clinical practice. *Health Educ Res*, 29(4), 662-670. 10.1093/her/cyt116
- Kosenko, K., Rintamaki, L., Raney, S., & Maness, K. (2013). Transgender patient perceptions of stigma in health care contexts. *Med Care*, 51(9), 819-822. 10.1097/MLR.0b013e31829fa90d
- Küçükaya, B., & Kayaoğlu-Süt, H., (2018). Attitude of Nursing School Students towards Lesbian, Gay, Bisexual, Transgender and Intersex (LGBTI) Individuals. *STED*, 27(6), 373-383.
- Legal, L. (2010). When health care isn't caring: Lambda Legal's Survey of discrimination against LGBT people and people with HIV. [https://www.lambdalegal.org/news/ny\\_20100204\\_lambda-releases-health](https://www.lambdalegal.org/news/ny_20100204_lambda-releases-health)
- Logie, C. H., Lys, C. L., Dias, L., Schott, N., Zouboules, M. R., MacNeill, N., & Mackay, K. (2019). "Automatic assumption of your gender, sexuality and sexual practices is also discrimination": Exploring sexual healthcare experiences and recommendations among sexually and gender diverse persons in Arctic Canada. *Health Soc Care Community*, 27(5), 1204-1213. 10.1111/hsc.12757
- Muller, A. (2016). Health for All? Sexual Orientation, Gender Identity, and the Implementation of the Right to Access to Health Care in South Africa. *Health Hum Rights*, 18(2), 195-208.
- Okpala, P. U., Uwak, R., Nwaneri, A. C., Onyiaapat, J.-I., Emesowum, A., Osuala, E. O., & Adeyemo, F. O. (2017). Nurses' knowledge and attitude to the care of HIV/AIDS patients in South East, Nigeria. *Int J Community Med Public Health*, 4(2), 547-553. 10.18203/2394-6040.ijcmph20170289
- Özbek, Ç. (2017). Publicness of Fight against Discrimination: LGBT, Movement and Being Organized. *Toplum ve Demokrasi Dergisi*, 11(24), 141-165.
- Özpulat, F., Bulut, F. Y., & Kör, M. (2017). University students' opinions on LGBT individuals. *International Journal of New Trends in Social Sciences*, 1(1), 23-32.
- Riggs, D. W., & Bartholomaeus, C. (2016). Australian mental health nurses and transgender clients: Attitudes and knowledge. *J Res Nurs*, 21(3), 212-222. 10.1177/1744987115624483
- Röndahl, G., Innala, S., & Carlsson, M. (2004a). Nurses' attitudes towards lesbians and gay men. *J Adv Nurs*, 47(4), 386-392. 10.1111/j.1365-2648.2004.03116.x
- Röndahl, G., Innala, S., & Carlsson, M. (2004b). Nursing staff and nursing students 'emotions towards homosexual patients and their wish to refrain from nursing, if the option existed. *Scand J Caring Sci*, 18(1), 19-26. 10.1111/j.1471-6712.2004.00263.x
- Saraswat, A., Weinand, J., & Safer, J. (2015). Evidence supporting the biologic nature of gender identity. *Endocr Pract*, 21(2), 199-204. 10.4158/EP14351.RA
- Sasaki, S., Ozaki, K., Yamagata, S., Takahashi, Y., Shikishima, C., Kornacki, T., Nonaka, K., & Ando, J. (2016). Genetic and environmental influences on traits of gender identity disorder: a study of Japanese twins across developmental stages. *Arch Sex Behav*, 45(7), 1681-1695. 10.1007/s10508-016-0821-4
- Shetty, G., Sanchez, J. A., Lancaster, J. M., Wilson, L. E., Quinn, G. P., & Schabath, M. B. (2016). Oncology healthcare providers' knowledge, attitudes, and practice behaviors regarding LGBT health. *Patient Educ Couns*, 99(10), 1676-1684. 10.1016/j.pec.2016.05.004
- Tar, Y. (2018). Kaos GL 2017 Medya İzleme Raporu. Retrieved from Kaos GL Derneği, Ankara. [https://bianet.org/system/uploads/1/files/attachments/000/002/062/original/KaosGL\\_medya\\_izleme\\_rapor%28web%29.pdf?1519205999](https://bianet.org/system/uploads/1/files/attachments/000/002/062/original/KaosGL_medya_izleme_rapor%28web%29.pdf?1519205999).
- Walters, M. A., Paterson, J., Brown, R., & McDonnell, L. (2020). Hate crimes against trans people: assessing emotions, behaviors, and attitudes toward criminal justice agencies. *J Interpers Violence*, 35(21-22), 4583-4613. 10.1177/0886260517715026
- Whitehead, J., Shaver, J., & Stephenson, R. (2016). Outness, stigma, and primary health care utilization among rural LGBT populations. *PLoS One*, 11(1), e0146139. 10.1371/journal.pone.0146139
- Yen, C. F., Pan, S. M., Hou, S. Y., Liu, H. C., Wu, S. J., Yang, W. C., & Yang, H. H. (2007). Attitudes toward gay men and lesbians and related factors among nurses in Southern Taiwan. *Public Health*, 121(1), 73-79. 10.1016/j.puhe.2006.08.013