

Determining Homophobic Attitudes of Nursing Students in Turkey and the Factors Affecting Them

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ABSTRACT

Objective: The investigation of homophobic attitudes of nursing students is an important issue as it may result in homosexual individuals' refraining from health services. The study was carried out to determine the homophobic approaches of nursing students and factors affecting them.

Methods: In this descriptive study (n:295), the data were collected using a personal information form developed by the researchers and a homophobic scale developed by Hudson and Rickett, which is called as Hudson and Rickett Homophobic Scale (HRHS). Frequency and percentage calculations, sample T-test, one-way Anova analysis and Tukey HSD test were also used for the statistical analysis.

Results: In the light of the findings of the research, it was revealed that 87.8 % of the students had no homosexual friends, and 71.9 % said their family would not approve a homosexual friend. 98.6% of the students has had no experience of caring a homosexual patient yet. 74.6% of them reported that their attitudes towards a patient would not change when the patient was homosexual; however, the mean HRHS score (91.83±23.83) indicates the opposite. In addition, mothers' having a higher education level, taking sexual health courses, having a homosexual friend, and the approval of the family were the effective parameters in reducing homophobic attitudes (p<0.05).

Conclusion: In the study, nursing students have a negative attitude towards homosexuality. Homophobic attitudes are one of the factors affecting the health care of homosexual individuals. It is therefore important to plan initiatives to reduce negative attitudes.

Keywords: Homophobia, attitude, LGBTI, nursing students, health care

1.INTRODUCTION

Homosexuality is defined as an emotional and sexual attraction to members of the same sex (1). Homophobia, on the other hand, is defined as negative feelings, attitudes, and/or behaviors towards people who have different sexual orientations or identities other than heterosexuality such as female homosexuals, male homosexuals, bisexuals and transsexuals (2). In other words, homophobia is the feelings of rage and abhorrence against these individuals and their sexual desires and practices, and also behaviors and feelings including fear, hatred, physical and verbal abuse towards them, who are internationally recognized with the abbreviation "LGBTI" (Lesbian-Gay-Bisexual-Transsexual-Intersex) (3). Today, individuals with an orientation other than heterosexuality face homophobic attitudes in many communities; they are generally shown less respect and perceived as sick or abnormal and they are usually discriminated (4,5). This leads homosexuals to encounter attitudes and behaviors such as fear, anxiety, rage, and anger in many areas of life (6). One of the areas where these negative attitudes and behaviors are faced is health services (7). When health staff notice their patients' sexual

orientation is lesbian or gay, they are likely to give negative and unfriendly reactions to them (8). It is reported that homophobia has a high rate among physicians, dentists, and nurses (9-11). However, it is health care professionals who should be aware of negative judgments and attitudes of society against homosexual individuals. They should be concerned of the problems these individuals are likely to experience and know that they are from vulnerable groups; otherwise, the attitudes of health care professionals can adversely affect these individuals in benefiting from health services or prevent them from receiving health services (8).

Nurses are among the health professionals that spend the most time and keep in touch with individuals receiving services in the health system. Their negative attitudes towards homosexual individuals can negatively affect the quality of the care they provide these individuals. As a result of this, it might not be possible for these individuals to receive the personal and comprehensive care which they need and deserve (12,13). Recently, patient-centered care and attention to the needs of LGBTI patients has been an important issue in health services, but nurses do not have the necessary education concerning the care for these patients. Thus, their negative attitudes and

behaviors can be explained with this lack of education (14). In addition, it is reported in the literature that nurses and other health care specialists need education on sexual orientations and homophobia (15-17). It should be noted that the attitudes of health professionals can be shaped during their education. Thus, investigating the behaviors of the students studying at the departments related to health sciences towards homosexuals is a key aspect. This situation can be improved by the inclusion of classes about sexuality and homosexuality at faculties where nurses receive the basics of their education. Therefore, examining the nursing students' attitudes can be helpful in attaining this. There are several studies in the literature regarding the behaviour of the students of health sciences against homosexuality. Campo-Arias et al. (2010) investigated homophobia among nursing students and found that homophobia is quite frequent (12). The statement "homosexuality is a psychological disorder that requires therapy" in the study of Kan and his colleagues was agreed by more than 25% of the medical students and more than 15% claimed that they would hold back from any physical contact as they see the risk of infecting them with diseases such as AIDS (18). Similarly, medical students from Colombia were reported to have a high sexual prejudice towards homosexual individuals with a 22.9% rate (19). Another study by Wilson et al. (2014) investigated the personal factors behind homophobia and found that the students of health sciences who are reported to be very religious and who lack the familiarity with religious aspects about sex have less positive attitudes against LGBTI individuals (20). These results indicate the importance of personal factors to develop a curriculum for LGBTI patient care. It is recommended that institutions educating health professionals should determine the students' homophobic attitudes, raise awareness about sexual orientations, and give comprehensive education on sexual health. However, there is limited research on this issue in Turkey. Therefore, the focus of this research is to examine the extent of homophobia among prospective nursing students.

Nursing training represents a very good opportunity to approach the problem and decrease sexual prejudice in future nurses. In order to prevent the sufferings of such individuals in the health system, current education should be improved and the awareness regarding homosexuals' health and sexual orientations should be enhanced through sexual education at faculties and academies. For this reason, this study investigates the homophobic approaches of nursing students and the factors behind them to provide an insight into nursing education.

2. METHODS

2.1. Research Questions

Research questions of the current study are:

- Do nursing students have homophobic attitudes?
- What are the factors affecting the homophobic attitudes of nursing students?

2.2. Study Design

As a descriptive research design, the study was carried out on nursing students in Turkey. It should be noted that "homosexuality" is used as an umbrella term to define male and female homosexuals in this study.

2.3. Participants

The study was conducted in the nursing departments of two state universities in Ankara, the capital of Turkey. Many young people prefer this city for university education. The reason for the inclusion of these two universities was that they were both state universities with similar programs. All of the volunteer students (n=324) matching the inclusion criteria were taken into sampling coverage. Inclusion criteria were as follows: the candidate should be 18 or over and registered as a second year student. Although they meet the inclusion criteria, 29 students did not accept to participate in the study during the data collection process. The questionnaires were given to 324 students but 295 students participated as mentioned above (response rate 91%).

2.4. Measures

The data were collected via two instruments; a personal information form developed by the researchers and Hudson and Rickett Homophobic Scale (HRHS).

2.5. Personal Information Form

This form consisted of two parts. The first part included 9 questions about such informative characteristics as age, family type, the mother and father's education level, etc., and the second part consisted of questions investigating their attitudes such as "having a gay friend"; "having looked at a homosexual patient".

Hudson and Rickett Homophobia Scale (HRHS); it was developed by Hudson and Ricketts (1980) to measure attitudes towards homosexual individuals (21). The Cronbach Alpha value of the original scale was calculated as 0.90. (21). The scale is a Likert-type of scale graded from 1 to 6 and has 25 items. The Turkish adaptation of the scale and its validity and reliability study was conducted by Sakallı and Uğurlu (2001) (22). During the Turkish adaptation of the scale, one of the original items was excluded from the scale as it was thought to be inappropriate for our country's conditions, and eventually a 24-item form of the scale was obtained (22). The Cronbach Alpha value of the Turkish form of the scale was found as 0.94 (20). It was determined to be 0.91 in our study. The participants were asked to rate the items in the scale with a value ranging between 1 (strongly disagree) and 6 (strongly agree). The total score was found by reversing the items 5, 6, 8, 10, 11, 13, 17, 18, 23 and 24 in the scale. Finally, the higher the score from the scale, the higher the rate of homophobia level (22).

2.6. Pilot Study

The pilot study was conducted with 32 nursing students, 10 % of the total sampling, to determine the comprehensibility and usability of the Personal Information Form. The pilot study was carried out at a university in Ankara that is different from the two universities, in which we carried out our study. Then the data collection process was launched following the necessary amendments.

2.7. Implementation of the Study

The data of the study were collected in the spring term of 2014-2015 academic year after the classes were completely finished. Prior to the data collection process, the students were informed about the purpose of the study, and the volunteers were included in the sampling. The students themselves filled in the data collection forms. The forms had no items intending to reveal students' identity. It took about 15-20 minutes to fill in the forms.

2.8. Limitations

Only one of the universities had elective "Sexual Health" lesson in the spring semester of the second year. We chose second grade nursing students to determine the effect of this course on homophobic attitudes. In addition determining students' homophobic attitudes on the second grade could provide an opportunity to make plans to eliminate their negative behaviors towards homosexuals in the future. These reasons, second grade nursing students were included in this research and this is the limitation of the study.

2.9. Statistical analysis

The data of the study were evaluated using a statistical software package at computer medium. All the analyses in the study were performed based on 95% confidence level. First type error level in the study was 5%. In the analysis of the data, the following analyses were used: frequency, percentage, independent sample T-test, one-way ANOVA, and Tukey HSD test to determine the groups creating the difference as a result of this analysis

3. RESULTS

The results of the data collected in this study were divided into three parts in line with the measures. Firstly, the demographic information and secondly the opinions on homosexuality obtained through the personal information form will be presented. Finally, the results about the attitudes towards homosexuals obtained from the scale will be given.

3.1. Demographic Results

Mean age of the students participating in the study was 20.17 ± 1.50 . 84.4% of the students had nuclear family structure, 63.7% stated that they had equal income and

expenses. The longest inhabited settlement of 47.1% of the students was province whereas that of 35.9% was Central Anatolian Region. The mothers of 68.7% of the students and the fathers of 56.8% of them had elementary school or lower education. The fathers of 71.2% of the students and the mothers of 18.3% were employed. Only 36.9% of the participants took sexual health course. The sexual health course was given theoretically in 2 hours a week fashion for 14 weeks. Within the scope of this course, topics such as sexuality concept, sexual rights, identity, orientation and development according to life cycles, sexual health problems and safe sexual behaviors were given theoretically.

3.2. Opinions on Homosexuality

The participants' opinions were gathered with eight questions. Five questions were asked to find out their personal opinions on homosexuality and three questions were asked to learn how their opinions would be as candidate nurses. Starting with the first group of questions, it was seen that 87.8% of the students stated they did not have a homosexual friend to date. 71.9% of the participants stated that their family would not approve their having a homosexual friend. The participants replied the sub question which asks the reasons why families disapproved having a homosexual friend as "it does not fit my family structure" (34.1%), "my family does not consider homosexuality appropriate for social, cultural and moral values (28.1%). Some of them found it inappropriate in terms of religious grounds (11.9%), and some stated that it was due to ignorance and prejudices (9.6%). The participants (24.7%) said they would end their friendship if they learned that their friend was homosexual. When they were asked if their attitude would change if the same happened with a colleague, 29.2% of the students said they would not like it. The last question in this group was about getting a kind of service from a homosexual individual and their answers were "I would not like it" (22.4%).

The second group of the questions was related to the participants' opinions as candidate nurses. 98.6% of the students stated that they had not given care to a homosexual patient so far. 74.6% said their attitude towards the patient would not change if the patient said that s/he was homosexual. 14.2% stated that they were hesitant about how they would behave in that case. The last question asked if the homosexual individuals should receive health care separately or not and 86.4% of the participants agreed with this statement. The reasons for this statement were "in order to prevent homosexual individuals from feeling uncomfortable" (46.2%) and the other one "in order to prevent the other people from feeling uncomfortable because of homosexual individuals" (26.9%).

3.3. Attitudes towards homosexuals according to HRHS

Item of the HRHS were given in Table 1. The mean HRHS score was found as 91.83 ± 23.83 . When some of the characteristics of the students were examined based on their HRHS scores,

the mean HRHS score of the students whose mothers were university graduates was 79.07 ± 27.68 . The mean HRHS score of the students whose mothers were university graduates was statistically and significantly lower than the ones whose mothers were elementary school graduates or lower and high school graduates (94.23 ± 22.51 and 88.96 ± 25.12 , respectively; $p < 0.05$) (Table 2). As the mother's education level increased, the score obtained from the scale decreased. It was determined that the mean HRHS score of those who

had a homosexual friend was significantly lower than those who did not (72.27 ± 22.88 and 94.55 ± 22.70 , respectively), and the mean score of those who stated their family would not approve a homosexual friend () was also significantly lower than that of those who said they would (77.20 ± 20.45 and 97.56 ± 22.02 , respectively; $p < 0.001$). The mean HRHS score for students taking sexual health course was significantly lower than that of the ones who did not take the course (88.24 ± 23.21 and 93.94 ± 24.00 , respectively; $p < 0.01$).

Table 1. Items of Hudson and Ricketts Homophobia Scale

Items	Strongly disagree		Moderately disagree		Slightly disagree		Slightly agree		Moderately agree		Strongly agree	
	n	%	n	%	n	%	n	%	n	%	n	%
1. I would feel nervous being in a group of homosexuals.	65	22	31	10.5	35	11.9	76	25.8	47	15.9	41	13.9
2. If a member of my sex made a sexual advance toward me I would feel angry.	21	7.1	23	7.8	30	10.2	50	16.9	59	20.0	112	38
3. I would feel disappointed if I learned that my child was homosexual.	18	6.1	16	5.4	25	8.5	60	20.3	60	20.3	116	39.3
4. I would be upset if I learned that my brother or sister was homosexual.	15	5.1	15	5.1	21	7.1	58	19.7	60	20.3	126	42.7
5. I would enjoy attending social functions at which homosexuals were present	104	35.3	57	19.3	45	15.3	43	14.6	28	9.5	18	6.1
6. I would feel comfortable if I learned that my daughter's teacher was a lesbian.	86	29.2	58	19.7	34	11.5	44	14.9	32	10.8	41	13.9
7. If a member of my sex made an advance toward me, I would be offended.	25	8.5	28	9.5	25	8.5	38	12.9	61	20.7	118	40.0
8. I would feel at ease talking with a homosexual person at a party.	53	18.0	33	11.2	30	10.2	70	23.7	54	18.3	55	18.6
9. I would feel uncomfortable knowing that my son's male teacher was homosexual.	31	10.5	34	11.5	27	9.2	55	18.6	53	18.0	95	32.2
10. I would feel comfortable working closely with a male homosexual.	44	14.9	24	8.1	31	10.5	64	21.7	67	22.7	65	22.0
11. I would feel comfortable if a member of my sex made an advance toward me.	129	43.7	50	16.9	39	13.2	30	10.2	24	8.1	23	7.8
12. I would feel that I had failed as a parent if I learned that my child was gay.	76	25.8	36	12.2	39	13.2	61	20.7	39	13.2	44	14.9
13. I would be comfortable if I found myself attracted to a member of my sex.	131	44.4	39	13.2	25	8.5	37	12.5	33	11.2	30	10.2
14. If I saw two men holding hands in public, I would feel disgusted.	50	16.9	37	12.5	43	14.6	62	21.0	38	12.9	65	22.0
15. I would disturb me to find out that my doctor was homosexual.	71	24.1	45	15.3	40	13.6	50	16.9	31	10.5	58	19.7
16. I would feel uncomfortable if I learned that my boss was homosexual.	77	26.1	40	13.6	43	14.6	52	17.6	33	11.2	50	16.9
17. If a member of my sex made an advance toward me, I would feel flattered.	189	64.1	31	10.5	30	10.2	21	7.1	10	3.4	14	4.7
18. I would feel comfortable working closely with a female homosexual.	67	22.7	43	14.6	42	14.2	54	18.3	42	14.2	47	15.9
19. I would feel uncomfortable if I learned that my spouse or partner was attracted to members of his or her sex.	13	4.4	22	7.5	17	5.8	33	11.2	39	13.2	171	58.0
20. I would feel uncomfortable if I learned that my neighbor was a homosexual.	67	22.7	35	11.9	41	13.9	58	19.7	37	12.5	57	19.3
21. I would feel uncomfortable being seen in a gay bar.	34	11.5	27	9.2	27	9.2	59	20.0	48	16.3	100	33.9
22. I would feel comfortable knowing that my clergyman was a homosexual.	35	11.9	28	9.5	28	9.5	38	12.9	41	13.9	125	42.4
23. I would feel comfortable if I learned that my best friend of my sex was homosexual.	79	26.8	41	13.9	36	12.2	50	16.9	34	11.5	55	18.6
24. I would feel comfortable knowing that I was attractive to members of my sex.	108	36.6	48	16.3	32	10.8	45	15.3	26	8.8	36	12.2

Table 2. The range of mean scores of Hudson and Ricketts Homophobia Scale according to some characteristics of the students (n: 295)

Identifying characteristics	n	Mean HRHS \pm S.D	Statistical Analysis
Place of Settlement			
Province	139	90.83 \pm 22.78	p>0.05
County	104	93.23 \pm 25.41	F=0,300
Town/Village	52	91.73 \pm 23.66	
The longest inhabited region			
Western Anatolia	62	88.61 \pm 24.43	p>0.05
Southern Anatolia	71	92.16 \pm 23.95	F=0.577
Central Anatolia	106	94.16 \pm 24.18	
Northern Anatolia	45	90.77 \pm 22.92	
Eastern Anatolia	11	89.81 \pm 21.47	
Family Type			
Nuclear Family	249	90.69 \pm 24.04	p>0.05
Extended Family	38	97.57 \pm 22.98	F=0.151
SingleParents Family	8	100.25 \pm 16.89	
Perceived Income Status			
Income is less than expenses	76	90.68 \pm 25.28	p>0.05
Income and expenses are equal	188	93.48 \pm 21.75	F=1.948
Income is more than expenses	31	84.67 \pm 30.80	
Mother's Employment Status			
Work	46		p>0.05
Not work	241	92.43 \pm 23.70	F=0,616
Retired	8	92.25 \pm 26.17	
Father's Employment Status			
Work	210	92.27 \pm 24.96	p>0.05
Not work	16	93.87 \pm 14.80	F=0.287
Retired	69	90.04 \pm 22.80	
Mother's Education			
Elementary school or lower (a)	187	94.23 \pm 22.51	p<0.05
High School (b)	94	88.96 \pm 25.12	F=3.702
University (c)	14	79.07 \pm 27.68	(a-c, b-c)*
Father's Education			
Elementary school or lower	126	94.44 \pm 22.16	p>0.05
High School	129	88.86 \pm 25.02	F=1.838
University	40	93.22 \pm 24.51	
Sexual Health Course			
Took sexual health course	109	88.24 \pm 23.21	p<0.05
Did not take sexual health course	186	93.94 \pm 24.00	t=-1,990
Having a homosexual friend			
Yes	36	72.27 \pm 22.88	p<0.001
No	259	94.55 \pm 22.70	t=-5.510
Family attitude towards having a homosexual friend			
Approves	83	77.20 \pm 20.45	p<0.001
Doesn't approve	212	97.56 \pm 22.02	t=-7.135
Attitude towards a homosexual patient when giving care			
More thoughtful (a)	30	92.93 \pm 25.49	p<0.001
Makes no difference in terms of attitudes and behaviors (b)	220	88.74 \pm 23.44	F=9.170
Unsure about how to behave (c)	42	104.04 \pm 18.10	(a-d, b-c, b-d)*
Wouldn't like to give care to such a patient (d)	3	136.66 \pm 2.30	

*Inter group differences

When students were asked how they would behave if they had to give care to a homosexual patient, it was determined that the mean HRHS score of the students who said it would make no difference (88.74 ± 23.44) was lower than that of the other students, and that the mean HRHS score of those who stated they would not give care to such a patient was the highest (136.66 ± 2.30). It was found based on HRHS scale scores that there was a significant difference between the groups in terms of attitudes and behaviors in the case of giving care to a homosexual patient. It was determined in the analyses that differences were between the students who stated they would behave more thoughtfully (92.93 ± 25.49) and those who would not give care to such a patient (136.66 ± 2.30), and between students who stated there would be no difference in their attitudes and behaviors (88.74 ± 23.44) and who were indecisive (104.04 ± 18.10) and who said they would not like to give care to such a patient (136.66 ± 2.30) ($p < 0.001$). On the other hand, there was not a significant difference between mean HRHS score and family type, place of settlement, the longest inhabited region, the father's education level and the parents' employment status ($p > 0.005$).

4. DISCUSSION

Homophobic attitudes and behaviors towards individuals whose sexual orientation is not heterosexual are common all over the world. In this study, which was conducted to identify if the nursing students have homophobic attitudes and if so it is also aimed to find out the factors affecting them, the majority of the students stated that they did not have a homosexual friend, and that their families would not approve a homosexual friend. Students articulated that their families would not approve such a friendship as they would not find it appropriate for their family structure, and social, ethical and religious values. It is known that cultural values, family, prejudice, religion and lack of knowledge are among the factors affecting the attitudes towards homosexual individuals (23,24). It is reported in the literature that religious values affect attitudes and behaviors towards homosexuals and negative stereotypes and homophobia existed more in male dominant societies (25,26). Turkey is a Muslim country which is generally male dominant, and where sexuality is taboo and sexual health subjects are not sufficiently included in the formal education curriculum, and which has teachings that do not ratify homosexuality. The reason why the majority of students do not have homosexual friends might be due to their families' homophobic attitudes, cultural, moral and religious values of the environment they live in. In addition, due to all these reasons, it may be possible for these students to have homosexual friends, but they are not aware of their homosexual identity as these individuals might hide their sexual orientations in order not to be excluded from the society they live in.

In the investigation of homophobic attitudes of the prospective nursing students, HRHS was utilized and it was found that the participants are highly homophobic considering the score 91 in the 24-144 score interval. The

factors affecting this result were also analyzed in this study and a significant difference between the mother's education level and homophobic attitudes of the students was found. The homophobic behaviors of the students whose mothers' education level was high was significantly lower than those of others. However, the father's education level was not found to be effective in homophobic attitudes. In Turkish family structure, the mother is usually the parent who is mostly responsible for taking care of the child. It is reported in the literature that as the education level of individuals increase, their negative attitudes towards homosexual men and women decrease (27-29). Thus, it can be concluded that when the education level of the mother is high, this contributes to the development of both mother and the child's health and intellectual level positively and makes it easy to accept some differences as mothers are the ones who spend the most time with the children.

Acceptance is the key to shape an individual's attitudes and behaviors. Saraç (2015) determined that the attitudes of individuals towards homosexuals who had a homosexual friend were more positive than those who did not (25). In a study conducted by Cirakoğlu (2006), it was determined that university students who had homosexual friends exhibited more positive attitudes towards homosexuals (30). Şah (2012) found that individuals who had homosexual, bisexual, or transsexual friends were more positive to these people than those who did not (31). Anderssen (2002) obtained findings that the attitudes of people who had positive social relations with homosexuals would develop more positively in time. In line with the literature, although it is limited to a small population of the participants, those who had homosexual friends seemed to have more positive attitudes when compared to others (32).

One of the reasons why individuals had negative attitudes and behaviors towards homosexuals was lack of information. It is emphasized in the literature that nurses and other health professionals lacked information about homosexuality and sexual orientations, and therefore it is necessary that health care professionals should be informed about these issues during their education (3,15-17). It was determined in a study carried out by Akhan and Ünsal-Barlas (2013) that health care professionals lacked information that homosexuals were not abnormal or sick, yet that they had different health needs compared to heterosexuals. In this study, it was found that those who took sexual health course had lower homophobic attitudes than those who did not take it (33). It was therefore stated in this study that health professionals needed a comprehensive sexual health education to reduce homophobic attitudes of nursing students. As for the participants' opinions as candidate nurses, significantly lower homophobic scores were found for students who stated that there would be no change in their attitudes than that of students who were hesitant about how to behave and who would not give care to such a patient at all. The score was also significantly lower for the students who stated they would be more thoughtful than the score of the students who would not give care to such a patient. These results suggest that the attitudes towards

homosexuals can affect behaviors in professional roles. It is emphasized in the literature that negative attitudes of nurses towards homosexuals can influence care services and applications (4,8) and it is recommended that students should be supported in terms of respectful approaches towards sexual orientations in nursing education (4,34). In addition, Klotzbaugh and Spencer (2014) states that as the negative attitudes of nurses towards LGBTI decreased, these individuals felt better in defending themselves (35). As it is widely known, homosexuals cannot live a life that is worthy of human dignity and cannot get services in many areas of life due to various reasons such as social values, disapproval and marginalization. Nursing is one of the most common health services that homosexuals may need to receive; therefore, the attitudes and behaviors of nurses and the related education of nursing students are of great importance.

5. CONCLUSION

This study showed that nursing students have homophobic attitudes towards homosexuals and taking sexual health course, education level of mother, having a homosexual friend, and approval of family for having a homosexual friend were found to be the factors affecting this result.

In line with these findings, it is recommended that sexual health courses should be included in the curriculum of nursing schools, social responsibility projects should be carried out that particularly involve mothers, and non-governmental organizations serving within the scope of this issue should be cooperated. Besides, it can also be suggested that some activities to increase interactions between nursing students and LGBTIs such as panels, symposiums etc. be held.

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