

Understanding the Effect of Society on Nurse Educators' Attitudes Toward Sexual Minorities: A Qualitative Analysis

Hemşire Eğitimcilerin Cinsel Azınlıklara Karşı Tutumunda Toplumun Etkisini Anlama: Kalitatif Analiz

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ABSTRACT Objective: Social discrimination against sexual minorities (SM) is widespread globally. To bring about a positive change in health care, one of the important steps is to try to figure out the roots of nursing educators' attitudes toward SM. This study aimed to explore how society affects nurse educators' attitudes toward SM. **Material and Methods:** It was used a generic qualitative approach and thematic analysis method. The study sample included nurse educators working at an university of faculty of nursing, and the sample consisted of 18 nurse educators. **Results:** Three themes emerged from the data analysis. These were social experience, religion and reflections to nurse educators' attitudes families, friends, social structure, and religion were the most important determinants of negative attitudes. **Conclusion:** The results of this study showed that almost all participants did not have a negative discourse towards SM, but their perspectives on this group were narrow and their knowledge was limited. Society was very influential in shaping the attitudes of nurse educators. Nurse educators need to broaden their perspectives on SM and break the negative impact of society if they aim to create a learning environment that supports the care of all groups in the same community.

Keywords: Attitude; nurse educators; qualitative research; sexual minority

ÖZET Amaç: Cinsel azınlıklara yönelik sosyal ayrımcılık dünya çapında yaygındır. Sağlık hizmetlerinde olumlu bir değişiklik meydana getirmek için önemli adımlardan biri, hemşirelik eğitimcilerinin cinsel azınlıklara yönelik tutumlarının kökenini anlamaya çalışmaktır. Bu çalışma, toplumun hemşire eğitimcilerin cinsel azınlıklara yönelik tutumlarını nasıl etkilediğini araştırmayı amaçlamıştır. **Gereç ve Yöntemler:** Nitel yaklaşım ve tematik analiz yöntemi kullanılmıştır. Araştırmanın örneklemini bir üniversitenin hemşirelik fakültesinde görev yapan 18 hemşire eğitimcisi oluşturmaktadır. **Bulgular:** Veri analizi sonucunda 3 tema ortaya çıkmıştır. Bunlar sosyal deneyim, din ve hemşire eğitimcilerin tutumlarına yansımalarıdır. Olumsuz tutumların en önemli belirleyicileri aile, arkadaşlar, sosyal yapı ve dindir. **Sonuç:** Bu çalışmanın sonuçları, hemen hemen tüm katılımcılar cinsel azınlıklara karşı olumsuz bir söyleme sahip değillerdi fakat bu gruba ilişkin bakış açıları dar ve bilgileri sınırlıydı. Hemşire eğitimcilerin tutumlarının şekillenmesinde toplum çok etkiliydi. Hemşire eğitimcileri, aynı toplumdaki tüm grupların bakımını destekleyen bir öğrenme ortamı yaratmayı hedefliyorlarsa, cinsel azınlıklara bakış açılarını genişletmeleri ve toplumun olumsuz etkisini kırmaları gerekir.

Anahtar Kelimeler: Tutum; hemşire eğitimcileri; nitel araştırma; cinsel azınlık

Sexual minorities (SM) have been reported to vary between 3% and 6.5% in the adult population in different countries [lesbian, gay, bisexual, transgender (LGBT), queer, asexual-LGBT+].¹ The discrimination experienced by SM individuals in the provision of health services has been emphasized in the literature on SM for a long time.²

Studies have reported that SM individuals are at high risk in terms of inequality in health care, access

to health care, and receiving primary health care and communication with health professionals.³⁻⁵ Due to the fear of discrimination, these causes negatively affect the requirements of SM individuals who need health care.⁶ The only comprehensive study performed with LGBT individuals in Türkiye found that SM individuals could not access sexual health services. The majority of SM individuals delay treatment due to the fear of discrimination.⁷

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Nurses have been highly influential in the health care profession and have cared for all individuals in society throughout history.⁸ Negative attitudes that nurses have can cause SM individuals fail to seek health care when they need it and from receiving equal and good quality health care.^{9,10} Thus, it is crucial to educate nurses who have this perspective and can eliminate health inequality in SM.¹¹ However, nurses still do not feel comfortable in caring for SM individuals due to the lack of awareness about SM individuals in their education and training.¹²

Thus, it is necessary to revise the nursing education system to change their perspective toward SM individuals. To achieve this goal, the important step is to understand the attitudes of nurse educators about SM in the society in which they are raised.¹³ In the current literature, Although there are published studies aimed to determine the attitudes of nursing students toward SM and to identify the necessity of developing positive attitudes few quantitative studies have aimed to show the attitudes of nurse educators.¹⁴⁻¹⁶

Some studies conducted in Türkiye showed that the majority of nursing students have a negative attitude toward SM.¹⁴ Because of that nurse educators should help nursing students to develop a positive attitude toward SM. But, it can be more difficult than expected if nurse educators already have a homophobic approach toward SM as well.¹⁴ Thus, to break this chain, we have to understand the roots of the attitude of the nurse educators and consider that while planning. To bring about a positive change, it is very important to first understand how society affects the nurse educators in which they grow up.

MATERIAL AND METHODS

The generic qualitative method was used in this study as our research questions did not fit any specific established qualitative methodology. Generic studies provide an opportunity for researchers to play with these boundaries using the tools that established methodologies offer.¹⁷ In a generic qualitative approach, studies “seek to discover and understand a process, or the perspectives and worldviews of the people involved”.¹⁸ Hence, a generic qualitative ap-

proach was the most ideal method for this study, which aimed to understand the attitude of nurse educators in their social context toward SM. A generic qualitative study is based on in-depth interviews, where a thematic analysis method is the most commonly used method of analysis.¹⁵ We conducted detailed interviews with participants since this method requires a relaxed atmosphere to collect information on sensitive topics like SM. All data were analyzed through the thematic analysis method.

PARTICIPANTS

The participating nurse educators were recruited from the Hacettepe University of Faculty of Nursing in Ankara, Türkiye. There are 8 specialty divisions and 76 nurse educators in the nursing program.

Purposive sampling method was used and the sample of the study included nurse educators working at an University of Faculty of Nursing. To ensure maximum diversity among the participants, care was taken to include at least one individual from all areas of nursing in the invitation. Twenty-one nurse educators volunteered to participate in the study. However, there is no established principle regarding the sample size in qualitative studies. Data collection was stopped when satisfactory data was gathered, no new information emerged, and when the data started to repeat.¹⁹ A total of 18 nurse educators participated in this study. All participants were women (n=18) aged between 25 and 41 years.

DATA COLLECTION

A semi-structured in-depth interview was conducted with nurse educators who agreed to participate by using interview guide between January and February 2020 (Table 1). One-time, individual, face-to-face interviews were conducted with each participant, which lasted for 35 to 40 min. Each interview was conducted in a meeting room at the faculty by the second author. During the interviews, the researcher recorded field notes on observations. To prevent researcher bias, the impressions and responses were re-evaluated continually, and it was ensured that pre-existing assumptions were avoided.

The recruitment of participants for the interviews ended when the data was sufficient to answer the re-

TABLE 1: Interview guide.

| |
|--|
| • How could you define the attitudes towards SM in your society |
| • Tell me your own experiences in the shaping process of your attitudes towards SM in the society in which you are grown |
| • How could you define the things that are affecting your attitudes toward SM |
| • Tell me other things that are affecting your attitudes towards SM |

SM: Sexual minorities.

search question.¹⁹ The interviews were terminated when data saturation occurred during the 18th interview.

DATA ANALYSIS

The 6 phased thematic analysis method was used for data analysis.²⁰ As mentioned previously, thematic analysis is the most common method to analyze data in generic qualitative studies. This method enables the researcher to identify commonly recognized patterns and relationships to meaningfully answer the questions of the study. The method involves 6 steps: transcription, reading and familiarization, coding, searching for themes, reviewing themes/defining and naming themes, and finalizing the analysis.²⁰ A detailed description of the different phases of thematic analysis is presented in Figure 1. The final thematic map is shown in Figure 2. The nurse educators were assigned numbers from 1 to 18. The assigned numbers and age of the participants were noted beside their statements (e.g., P2, 33Y) (Figure 1, Figure 2).

RIGOUR

Transcripts were returned to participants to ensure the accuracy of the recorded interviews. The participants gave their approval to the recorded interviews. To ensure the reliability of the findings, all interviews were conducted by a single author, and the data were independently analyzed using the NVivo software program (Lumivero, NVivo Release 1.0, also called NVivo 20-2020, United States). Furthermore, the data were analyzed by a relevant field expert who was not involved in the study. Furthermore, samples and data for data transferability were thoroughly explained. The present paper respects the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines. For this, COREQ was used in this study.²¹

ETHICAL CONSIDERATION

The Non-Interventional Clinical Research Ethics Board approved the study of Hacettepe University (date: May 28, 2019; decision no: 2019/14-36). Besides, the necessary permissions were obtained from the Dean of Faculty of Nursing, Hacettepe University. Also, all participants gave informed, written consent to interview as part of the enrollment process in the study. Before each interview, we obtained assent to audio record. To protect participants' autonomy, we reemphasized in each encounter that the participant was under no obligation to continue the interview. The study complied to the standards in the Declaration of Helsinki.

RESULTS

Three themes with subthemes emerged from the data analysis.

THEME 1. SOCIAL EXPERIENCE

Subtheme 1. Family

Although few of the participants stated that their family's views changed over time, the families of the nurse educators generally had negative attitudes towards SM individuals. It was evident that the more negative the perspectives of the family members, the more difficult it was for the participants to express their thoughts

“Actually, my family... we do not talk about such things. My parents do not say positive things when there is an issue about them... Even I cannot interfere with anyone's life, even if I try to say positive things, including about their preference... They state that this situation is not suitable for society.” (P8, 27Y)

Subtheme 2. Friends

The interviews demonstrated that nurse educators' friends impacted their thoughts about SM individuals in generally neutral or positively ways.

“Frankly, ... this issue is not a topic that has been brought up in many conversations with my colleagues. However, I do not think that many people in our workplace see them as disadvantaged... As a matter of fact, I am not clear on their ideas about SM individuals...” (P13, 41Y)

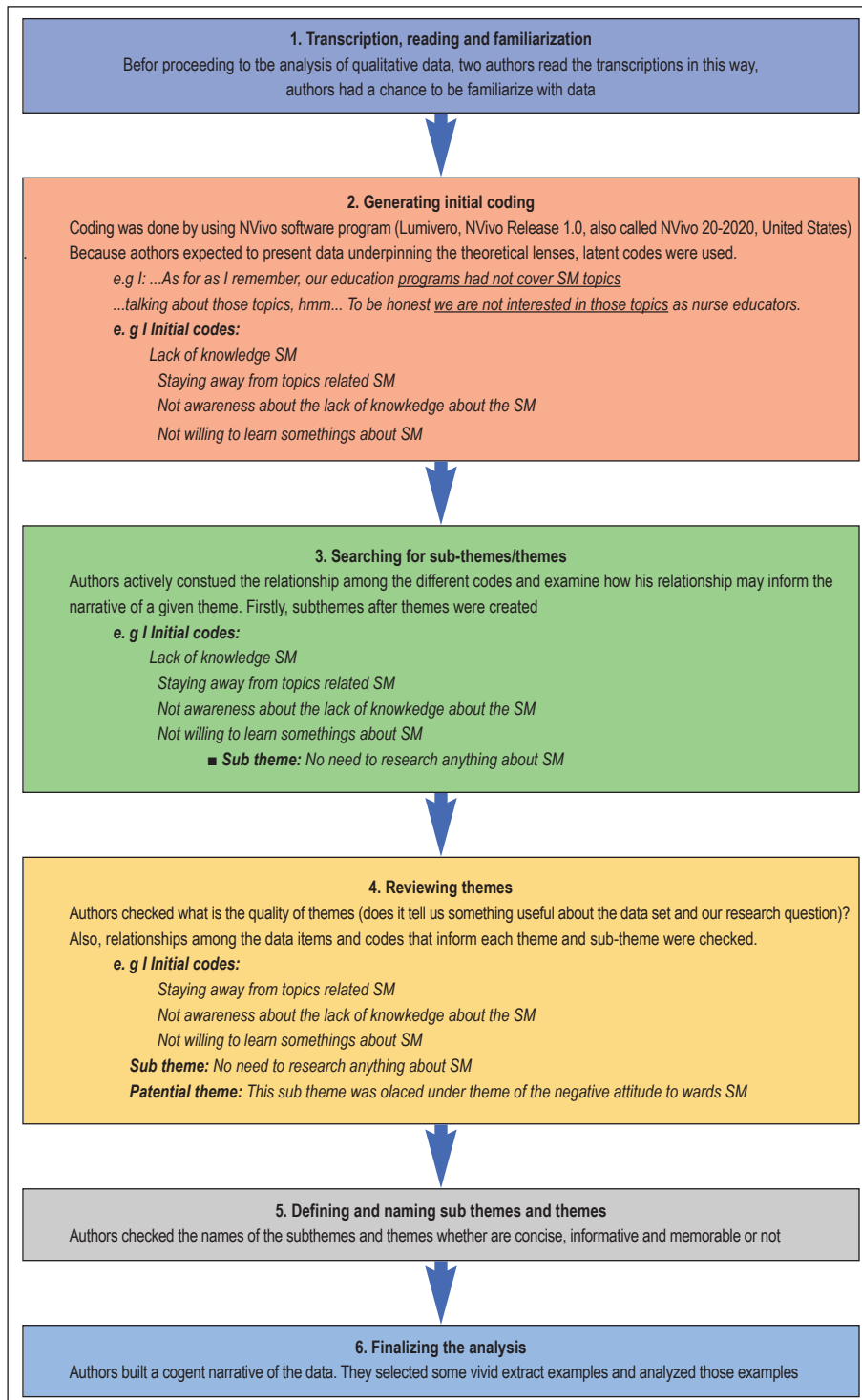


FIGURE 1: Thematic analysis process.

Subtheme 3. Social Norms

Almost all participants, except for one person, agreed that the negative attitudes of the general public guided their attitudes and behaviours about SM individuals.

“I can say that it is the biggest factor for the society. The society I am in can even evaluate me, as a woman, as being different from men in some ways. Therefore, I think that most of my thoughts are shaped

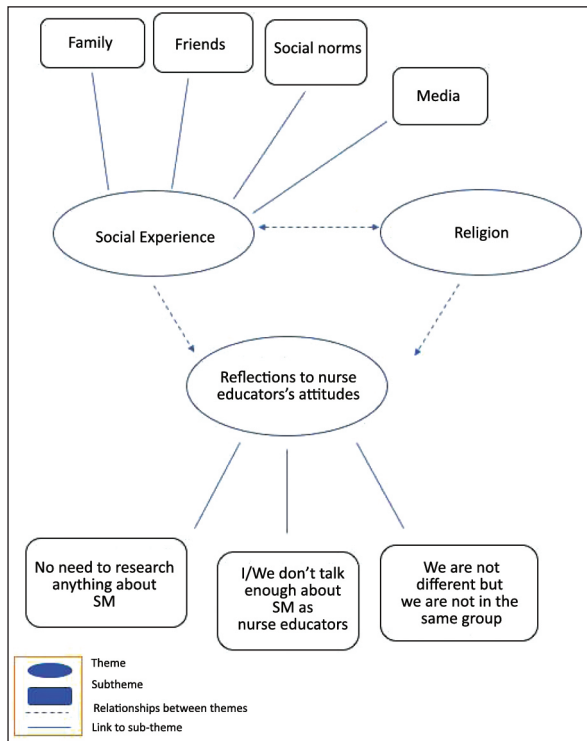


FIGURE 2: The map of thematic analysis. SM: Sexual minorities.

and influenced by society. After a while, I can't stand the pressure of society and exhibit rigid behavior toward them..." (P11, 32Y)

Subtheme 4. Media

The majority of the participants stated that media played an essential role in changing their own and their families' views over time.

"I think the media is very effective in our society. I think it has a huge impact because the media has always shown us bad people. As I said, what we read and see in the media is important... I think that the way individuals are portrayed by the media affects us very much..." (P17, 35Y)

THEME 2. RELIGION

The majority of participants expressed that their religious beliefs and values conflict with the presence of SM whilst shaping their thoughts about SM.

"I think that religious thought influenced (me)greatly, because it affected me before. When such relationships exist, they are plagued by God, and these societies are destroyed." (P16, 28Y)

THEME 3. REFLECTIONS TO NURSE EDUCATORS' ATTITUDES

Subtheme 1. No Need To Research Anything About SM

During the interviews, it was noted that the majority of the nursing educators' knowledge of SM was unclear and the statements they used were often contradictory. Although they were aware that their knowledge is not enough to understand this group's needs. They did not defined like this is a lack that is needed to complete

"The health professionals trained by nurse educators are not sufficiently knowledgeable about SM individuals. Now, thinking about when you asked me about them, I did not talk much during our educational life or it was not enough, to be honest I think that my knowledge about this group is not enough..." (P11, 32Y)

"...I do not think that I have received any training on this subject in my educational process... SM individuals are not discussed in-depth, and there has not been any issue regarding them within the course contents. That is why we do not think much about sexual minorities..." (P12, 34Y)

Subtheme 2. I / We Don't Talk Enough About SM As Nurse Educators

Almost all participants stated that they do not talk much about SM issues as an educator.

"These things are like a closed box. As if there is no such thing in the world... if you do not know people like this in your family or (circle of) friends, you do not talk much about it. I think it is a disregarded issue..." (P5, 36Y)

Subtheme 3. We Are Not Different But We Are Not in the Same Group

All of the nurse educators who participated in the study defined their main approach in the way of as "I respect them". This was the common discourse of all participants. In the following sections of the interview, it was replaced by a hesitant and abstaining approach to communication with these people in society, friendship, etc. This was supported by observations made by the all authors during the interview.

“In my own opinion I welcome, respect... Because everyone is free to have their own ideas...” (P9, 25Y)

“I know how easily I can live, wearing the outfit; they are my choice. I think that SM individuals should be respected..., However to be honest there is not anyone around me who is including this group. If there was, then I don't know how to think...” (P14, 32Y)

DISCUSSION

SM individuals face numerous challenges while trying to get health care; understanding the source of the challenges is essential. Türkiye is a secular and democratic state with a Muslim-dominated population. Türkiye is also a constituent member of the United Nations, one of the first members of the Council of Europe, and a candidate country for the European Union membership. The awareness about SM has increased in Türkiye in recent years.⁷ Creating a balance in the society, in terms of the rights of SM groups, is a multi-step process that is difficult to manage in Türkiye.²² Similar to that in the rest of the world, negative attitude toward the LGBT community is widespread in Türkiye. Although the cultural structure of the society has changed in recent years due to modernization, the traditional values and norms associated with gender roles and sexuality still determine the attitude toward people with different sexual orientations.²³ Homosexuality and transgenderism are not criminal offenses under Turkish law; however, the attitude of the public toward SM is overwhelmingly negative.²⁴

Nurses are at the center of health care, and nurse educators are both their guides and role models. Hence, understanding the attitudes of the nurse educators and the underlying reasons for such attitudes might provide ideas to create a more positive and supportive learning environment for nursing students regarding SM. This is the first qualitative study aimed to understand the attitudes of nurse educators toward SM. The results are discussed under 2 headings to understand the effect of the social structure and how it influences the attitudes of nurse educators.

THE SOCIAL EXPERIENCES THAT SHAPE ATTITUDES TOWARD SM

The results of this study showed that the social context plays a huge role in shaping the attitudes of nurse educators toward SM groups. The most significant finding was that although the nurse educators accepted the negative effect of the social environment and religion, they normalized the reflection of this effect to their attitudes. Almost all the participants stated that they avoided contact with SM individuals because of the influence of their families and friends. More importantly, they preferred to conform to society to not be stigmatized. This interaction is reasonable according to their social norms. Although the participants were educators, they had not been able to undo the influence of society on them. Nurse educators prepare course contents related to nursing education. Social experiences, friends, families, and cultural values were found to shape their thoughts about SM individuals. The most significant finding from the interviews was that although nurse educators respected these individuals and perceived them as equal, they did not want to establish relationships with SM individuals. In a study conducted with nursing students, the attitude toward SM of the families of the nursing students was found to influence the opinions of the students regarding SM individuals and how comfortable they were in providing care to SM individuals.²⁵ Our surroundings influence our attitudes, which might be acquired from our parents, other people in the surroundings, and media.²⁶ In this study, another factor affecting the attitude of the educators toward SM individuals was the media. The media has a considerable effect on the changing world, and all the participants agreed with this. However, most of them stated that negative news about SM individuals affected society negatively. Besides the negative effect of media, some participants stated that the number of SM individuals on social media has recently increased considerably. They expressed that they could talk about SM individuals with their families more easily after their parents had watched the news that showed discrimination toward SM. Social media is highly influential and can drive social change globally and increase the acceptance of SM individuals.²⁷ While hate speech can affect people negatively, the news about discrimination that SM in-

dividuals try to overcome in society may affect people positively.²⁸ New attitudes can be learned by paying attention to new information or perspective, understanding it, and accepting it.²⁹ If used properly, the media can be used to change the perspective of society toward SM.

The majority of the participants accepted that their religious and cultural values shaped their thoughts about SM individuals. Notably, participants cited examples from the Qur'an about SM individuals and agreed that it was challenging to change the teachings they learned in the past. This situation is not very different from the perspective of people from other religions. Thus, personal religious beliefs have often been reliable predictors of SM-related issues.³⁰ In Türkiye, most individuals are connected to their personal religious and cultural values. Therefore, these concepts deeply affect the thoughts regarding SM individuals. In this study, most participants stated that their prejudices against SM individuals began to diminish over time. However, they still felt the pressure of society to express their thoughts freely. Choe et al. reported that tolerance to SM individuals would increase with an increase in cultural humility over time as well.³¹

REFLECTIONS OF THE SOCIAL EXPERIENCES OF SM ON THE ATTITUDE OF THE NURSE EDUCATORS

In this study, the most important finding regarding the attitudes of nurse educators was that they were unaware of the lack of knowledge they had about SM. The majority of them accepted and internalized this shortcoming. While they mentioned that their friends and families had negative feelings about SM individuals, they were ignoring this group regardless of their identity as an educator. Generally, social dynamics have a huge effect on the attitude of individuals toward SM groups. However, nurse educators did not have any tendency to learn more about SM groups.

The other important finding was that the majority of nurse educators did not talk much about SM either in their social environments (parents, friends, etc.) or their academic life. Nurse educators have important roles in driving nursing education in their institutions. They should talk about health care and

everything that concerns health. Thus, it is important to include topics on SM in the nursing course.

Although they claimed to be respectful toward this group, ignoring their lack of knowledge and showing reluctance in talking about SM showed that the majority of nurse educators had a negative attitude. Having a negative attitude does not require being conscious and is not a deliberate process.¹⁰ Therefore, nurse educators need to evaluate themselves regarding negative attitudes, as well as, be knowledgeable in this matter. A quantitative study conducted in Türkiye showed that homophobic attitude is quite common among nurse educators.¹⁴

LIMITATIONS

We partly recruited nurses based on their motivation to be interviewed for this study. We think that this might have caused some bias. Moreover, some participants slightly hesitated to talk about SM. Thus, interviews with participants might be performed in two or more sessions in future studies.

CONCLUSION

This study showed that the attitude of nurse educators toward SM was influenced by the social structure in which they grew up. Social experiences and religion were the most important determinants of negative attitudes. Especially, being unaware of the lack of their knowledge and not talking about SM in academic life were the most important findings of this study.

Social changes can be difficult and might require more time than expected to be successfully implemented. If nurse educators aim to create a learning environment that promotes the care of all groups in the same society, they need to broaden their perspectives about SM, and they should take up the responsibility of driving the change. For this, they need to handle their personal beliefs and professional identity as educators separately. If they overcome this pressure, they might express themselves more independently, and adopt a more inclusive method of education. Türkiye is a conservative country, and people who grow up in this society might be hesitant and have a negative attitude toward SM. Nurse educators are at the center of nursing care because they

play the role of an educator and are also the role models of future nurses.

Our findings support 2 important necessities in terms of the development of educational interventions. The first is to provide the opportunity for nurse educators to talk about sexual minority groups by taking into consideration all social obstacles and creating supportive academic settings.

The other is to re-update nursing curricula focusing on the health promotion of all vulnerable groups including SM. The last one is.

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Conflict of Interest

No conflicts of interest between the authors and / or family members of the scientific and medical committee members or members of the potential conflicts of interest, counseling, expertise, working conditions, share holding and similar situations in any firm.

Authorship Contributions

Idea/Concept: Funda Aslan, Nilay Ercan Şahin; **Design:** Funda Aslan; **Control/Supervision:** Funda Aslan, Nilay Ercan Şahin; **Data Collection and/or Processing:** Funda Aslan, Nilay Ercan Şahin; **Analysis and/or Interpretation:** Funda Aslan, Nilay Ercan Şahin; **Literature Review:** Funda Aslan, Nilay Ercan Şahin; **Writing the Article:** Funda Aslan, Nilay Ercan Şahin; **Critical Review:** Funda Aslan; **References and Findings:** Funda Aslan, Nilay Ercan Şahin.

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