

Original Article

The Attitudes of Nursing Students toward Gay and Lesbian Individuals in Turkey: Stigmatization

Aysegul Ozcan

Assistant Professor Department of Nursing, Nevsehir Haci Bektas Veli University Health College, Nevsehir, Turkey

Kamuran Ozdil, PhD

Lecturer, Department of Nursing, Nevsehir Haci Bektas Veli University School of Health, Nevsehir, Turkey

Gizem Deniz Bulucu Buyuksoy

Ahi Evran University School of Health, Kirsehir, Turkey

Gulhan Kucuk Ozturk, PhD

Lecturer, Department of Nursing, Nevsehir Haci Bektaa Veli University School of Health, Nevsehir, Turkey

Correspondence: Asst.Prof.Aysegul Ozcan, Department of Nursing, Nevsehir Haci Bektas Veli University Health College, Nevsehir, Turkey E-Mail Address: Aysegulozcan.77@Gmail.Com

Abstract

Aim: This study aims to investigate the attitudes of Turkish nursing students toward LGBT individuals and the influencing factors.

Methods: This is a cross-sectional study. Three hundred and forty-eight nursing students from a public university in Turkey participated in this study. The data were collected using a Descriptive Information Form, Attitudes toward Lesbians and Gay Men (ATLG) Scale, Empathic Tendency Scale, and Stigmatization Scale. The study data were evaluated with independent T-test and one-way ANOVA using the SPSS Statistics 22 pack.

Results: The results showed that the participating nursing students have negative attitudes toward LGBT individuals, with a significant correlation between their attitudes towards LGBT people and stigmatization tendencies ($p < 0.05$). The multiple linear regression analysis showed that 14.3% ($R^2 = 0.143$) of attitudes of the students toward such individuals can be attributed to emphatic and stigmatization tendencies.

Conclusion: Since there is a gap in the literature regarding the issue, in Turkey, this study is important in that it investigates the factors that influence the attitudes of nursing students in particular toward lesbians and gay men

Key Words: Nursing Students, Empathy, Social stigma, LGBT.

Introduction

The term LGBTI is an acronym consisting of the first letters of phrases, lesbian, gay, bisexual, transsexual, and intersex (Cicek, Turanlı, & Sapanci, 2017). LGBT individuals experience discrimination in all areas of life because of sexual orientation and gender identity, and gender expression (Yılmaz & Gocmen, 2017). One of the causes that lesbians and gays undergo discrimination is the negative attitudes of health workers such as nurses and midwives toward them. This situation is linked to prejudices, as

well as sexual and social stigmatization behaviors of health professionals toward LGBT individuals (Neville & Henrickson, 2006; Carabez & Scott, 2016). Depending on the stress caused by stigmatization in these individuals, discrimination or expectance of discrimination, and the need for confrontation their access to the health services is inhibited (Clements-Nolle et al, 2006; Hatzenbuehler et al, 2009; Testa et al, 2013).

Healthcare professions must follow ethical principles regardless of patient's gender,

ethnicity, disability and social status (Mckenna et al., 2014; Ekitli & Cam, 2017). However, personal perceptions of the health professional is affected by the negative and biased attitudes of the society in which they live, especially in more traditional and conservative countries like Turkey (Gelbal & Duyan, 2006; Sakalli, 2006; Kelley et al., 2008). A systematic review shows that the rate of the negative attitudes of western students toward LGBT individuals varies between 7-16% (Campo-Arias et al., 2010). These negative attitudes, such as considering the LGBT individuals as sick, make the caregiving process difficult, thus negatively affects patient care. In addition, health professionals' lack of knowledge and awareness regarding the needs of LGBT individuals may cause the development of a negative attitude (Hinchliff, Gott & Galena, 2005; White, Reisner, & Pachankis, 2015).

In the literature; health problems such as depression, risky sexually transmitted diseases and substance addiction are more common in LGBT individuals compared to heterosexuals (Hafeez et al., 2017; Slater et al., 2017; Martos et al., 2018). Accordingly, these individuals need more nursing care. Nurses own the primary responsibility for health care and spend more time with the patient than other healthcare professionals. Many studies were carried out around the world to determine the attitudes of nursing students towards lesbians and gays, such as the ones conducted in Midwestern United States (Eliason & Schope, 2000; Dinkel et al., 2007), Western Australia (Chapman et al., 2012) and Southwestern United States (Cornelius & Carrick, 2015). However, in Turkey, a limited number of researches have been found on this topic (Bilgic et al., 2018; Sadic & Beydag, 2018). Whereas, no study evaluating the relationship between stigmatization tendencies of healthcare professionals and their LGBT attitude has been encountered. Especially in Turkey which has a conservative society examining this issue in nursing students is of great importance. For this reason, the research has been conducted to determine the LGBT attitudes of nurses and the effective factors. In addition, it aims to determine the relationship between their empathic and stigmatization tendencies and LGBT attitudes.

Methods

Study design and participants: This is a cross-sectional study. This university is in the Central

Anatolia Region of Turkey, and provide four-year nursing education based on high school education. The population of the research consists of 429 students studying in the nursing department of a health college in the 2017-2018 academic year. As a result of the sampling calculation made over this population, it was found that the research should be conducted with 203 students in the sample error and significance levels of 5%. The research was conducted with 348 students. The nursing students were informed about the subject, and volunteers were chosen using improbable sampling. The aim of this research was described to these students in their classroom.

Data collection: The data were collected using Descriptive Information Form, Attitudes toward Lesbians and Gay Men (ATLG) Scale, Empathic Tendency Scale, and Stigma Scale. After explaining the aim of the study to the nursing students in their classrooms, data collection forms were handed out. They were filled in by the students in approximately 15 minutes. The data forms were collected by the researcher after they were filled in by the participants. Participants were informed that they could withdraw from the research at any time and their answers would be anonymous and confidential.

Descriptive information form : A questionnaire prepared by the researcher to determine the participants' age, place of birth, gender, marital status, place where they had spent a great part of their lives before university, place where they live currently, department and educational grade to describe the sample group would be applied under the name of "Descriptive Information Form".

Attitudes toward Lesbians and Gay Men Scale: The Attitudes toward Lesbians and Gay Men (ATLG) Scale was developed by Herek (1988), The Revised Short Version was adapted to Turkish by Duyan and Gelbal (2004) and its validity and reliability study was conducted (Herek, 1988, Duyan and Gelbal, 2004). It is a 5-point Likert type scale consisting of 10 items. The scale which aims to determine the attitudes of individuals toward male and female homosexuality includes a total of ten items; five of which examine men's homosexuality and five examine women's homosexuality. Individuals are asked to express their opinions about the thoughts specified in the items using five points

as; “Strongly disagree”, “Disagree”, “Undecided”, “Agree”, and “Strongly agree”. Among the items against homosexuality; six are negative; whereas, four are positive. Positive items are scored as “5” points for the answer “Strongly agree” and “1” point for the answer “Strongly disagree”. On the other hand, negative items are scored as “5” points for the answer. The highest score that can be obtained from the scales is 10 and the highest is 50. While higher scores obtained from the scale signify positive attitudes toward homosexuality, lower scores signify negative attitudes. No norm study has been conducted concerning the scale; thus, the scale allows to compare the attitudes of subjects from different groups. Validity and reliability study of the scale in Turkey was conducted by Duyan and Gelbal (2004) and the Cronbach’s Alpha value was found as 0.91 (Duyan and Gelbal, 2004). In this study, on the other hand, the Cronbach’s alpha coefficient was found as 0.69.

Empathic Tendency Scale: Empathic Tendency Scale (ETS) is a Likert scale developed by Dökmen (1988) to evaluate the potential of individuals to empathize with other individuals (Dökmen, 1988). ETS measures the emotional component of empathy. Empathic Tendency Scale consists of 20 items and each item is scored from 1 to 5. Items 3, 6, 7, 8, 11, 12, 13, and 15 in the scale express a negative tendency; whereas, the other items express a positive tendency. In the scale, while positive items are scored directly, negative statements are scored reversely. The minimum and maximum scores to be obtained from the scale are 20 and 100, respectively. While a high score indicates a higher empathic tendency, a low score indicates a low empathic tendency. The validity and reliability study of the scale was conducted by Dökmen (1988). In the reliability study, the scale was applied to a group of 70 university students twice at 3-week intervals and there was a correlation at the correlation coefficient level of 0.82 between two applications. In the validity study, the Empathic Tendency Scale and the subscale of “Understanding Feelings” of Edwards Personal Preference Schedule were also applied to a group of 24 university students and the correlation coefficient between the scores obtained from both of the applications was found as 0.68 (Dökmen, 1988). In this study, on the other hand, the Cronbach’s alpha coefficient was found as 0.67.

Stigma Scale: Stigma Scale was developed by Yaman and Gungör (2013). The scale items are used using a 5-point likert rating as; 1-Strongly disagree, 2-Disagree, 3-Partially agree, 4-Agree, 5-Strongly agree. Because it is a 5-point likert scale, minimum and maximum scores to be obtained from the scale are 22 and 110, respectively. It is possible to assert that individuals who obtain less than 55 points (multiplying 2.5-median with 22-item number) from the Stigma Scale have a lower stigma tendency; whereas, individuals who obtain more than 55 points have a higher stigma tendency. In the validity and reliability study of the scale, the Cronbach’s Alpha reliability coefficient was found as 0.93 (Yaman & Gungör, 2013). In this study, on the other hand, the Cronbach’s alpha coefficient was found as 0.83.

Ethical Considerations: The study was conducted in accordance with the Declaration of Helsinki. In order to conduct the study, permission was obtained from X University Non-invasive Clinical Trials Ethics Committee (NHVU-2017.12.04), an institutional permission from the school where the study was received (11.12.2017) and verbal consent from the participants was obtained. Before the research, necessary permission from the relevant institution and the ethics committee approval were obtained.

Study size: The sample of the research consisted of 348 university students out of 429. The questionnaire forms were distributed to the students in the classroom after they had been informed about the study during the lecture with the permission of the lecturers. The data were collected between 18.12.2017 - 23.02.2018. Provided with written consent forms, those who volunteered were involved in the study and improbable sampling was used to pick the volunteers. During the implementation of the questionnaire forms, absent students had been determined and in later lessons, volunteers from these students were ensured to participate in the study. A total of 81 students who suspended their studies, failed to fill the data collection form correctly, were absent, and didn’t accept to participate in the study were not involved in the study. The filling of data collection form took an average of 15-20 minutes.

Quantitative variables: SPSS (Statistical Package for Social Sciences) version 22.0 was

used to evaluate the data obtained in the study. During the evaluation of the study data, categorical variables were expressed as frequencies (number, percentage), and the numerical variables were expressed as descriptive statistics (mean, standard deviation, minimum, maximum). Normality assumptions of numerical variables were examined with skewness and kurtosis coefficients, and these coefficients were found to be within ± 2 . For this reason, parametric statistical methods were followed in the study.

Statistical methods: Analyses were made using the IBM SPSS Statistics 23 package program. While evaluating the research data, frequencies (number, percentage) were given for categorical variables, and descriptive statistics (mean, standard deviation) for numerical variables. Normality assumptions of numerical variables were investigated by skewness, kurtosis coefficients and that these coefficients were found to be within ± 2 range. Therefore, parametric statistical methods were used in the study. The relationship between two independent numerical variables was interpreted by the Pearson correlation coefficient. The differences between the two independent groups were examined by the Independent Sample T-Test. Differences among more than two independent groups were examined by One-Way Analysis of Variance (ANOVA). In case of a difference as a result of One-Way Analysis of Variance (ANOVA), Tukey Multiple Comparison Test was used to determine the group from which the difference originated. Simple Linear Regression Model was established to examine the effect of another numerical variable on a numerical variable

Results

In order to determine the empathy and stigma tendencies of the nursing students, the data collected using the questionnaire which was used for convenient statistical data analyses and calculations. Table 1 shows the mean scores of the participants for the ATLG scale, ETS and Stigma Scale. The mean scores obtained by the participants (N=348) from the ATLG scale, ETS subscale, and Stigma scale were 27.87 ± 8.50 , 68.11 ± 8.48 , and 51.27 ± 11.59 , respectively. Accordingly, it is possible to assert that the students had moderate levels of empathy skill

and stigma tendencies and negative attitudes toward lesbian and gay individuals (Table 1).

Table 2 shows the comparison of some descriptive characteristics of the students and mean scores of the ATLG scale. It was determined that there was a statistically advanced significant difference between the ATLG mean scores of the students and their educational grade, gender, age, relationship with the opposite sex, and state of having a homosexual acquaintance ($p < 0.001$; Table 2). According to the Tamhane's Post-Hoc test, it was determined that the significance was caused by the group of fourth-year students and this group had higher mean scores concerning lesbians and gay men than the others.

It was determined that there was a statistically significant difference between the ATLG mean scores according to the students' affinity with the homosexual acquaintance and the degree of conventionalism in which they defined themselves ($p < 0.01$). According to the Tamhane's Post Hoc test which was carried out according to the students' affinity with a homosexual close friend, it was determined that the significance was caused by the group who had a lesbian "close friend". It was determined that there was no statistically significant difference between the students in respect of the mother's education, father's education, residence place, marriage type of parents, economic condition, marital status and ATLG scale scores ($p > 0.05$).

It was determined that there was a negative weak and very significant correlation between the stigma tendency and ATLG scale scores of the students ($\rho: -0.378$, $P^{**} < 0.01$). Accordingly, as the students' stigma tendency decreased, their ATLG scale scores increased and they had a more positive attitude toward homosexual individuals. There was a negative weak and significant correlation between stigma and empathy tendency ($\rho: -0.120$; $p < 0.05$). On the other hand, there was no correlation between the ATLG scale scores and empathic tendency scale scores ($p > 0.05$; Table 3).

The multiple linear regression model in Table 4, which was established to examine the effect of empathic tendencies and stigmatization on ATLG attitudes, is a statistically significant model ($F = 28,830$; $p < 0.001$). According to the R^2 determination coefficient value in the multiple

linear regression analysis equation, 14.3% ($R^2 = .143$) of the changes in the attitudes of the participants toward lesbians and gays are explained by the empathic and stigmatizing tendency. While there was a statistically advanced significant correlation between stigma and attitudes toward lesbians and gay men

($\beta=0.258$, $t=-7.567$, $p=0.00$) there was no statistically significant interaction between empathic tendency and ATLG ($\beta=-.013$, $t=-0.269$, $p=0.788$). Accordingly, when the stigma score increases by 1 unit, the attitude toward lesbians and gays decreases by 0.258.

Table 1. The distribution of the ATLG, ET, and Stigmatization scale scores of the participants

Scala	Mean	Median	SD	Minimum and maximum scores to be obtained from the scale
ATLG	27.87	28.00	7.87	10.00-60.00
ETS	68.11	68.00	8.48	45.00-95.00
Stigma Scale	51.27	51.00	11.59	22.00-92.00

Table 2. Comparison of Some Descriptive Characteristics of the Participants and Their mean scores of the ATLG Scale

Variables	ATLG	Score
	$X \pm sd$	value
Age		
18-20 years	26,38±6,23	$t^{**}=-3,502$
21 years and above	29,25±8,93	$p=0.001$
Class		
1.class	27.11±5.67 ^a	$F^*=20.230$ $p=0.000$
2.class	25.22±7.21 ^{ab}	
3.class	27.59±8.54 ^{ab}	
4.class	31.32±8.50 ^b	
Gender		
Female	29.04±7.84	$t^{**}=-4.484$
Male	24.97±7.19	$p=0.000$
Marriage Type of Parents		

Arranged marriage without dating	27.22±8.07	F*=1.723
Arranged marriage with dating	28.12±7.40	p=0.188
Dating	29.04±8.45	
Current Relationship Status with the Opposite Sex		
Flirting	29.16±8.19	F*= 6.697
Engaged	25.91±9.04	p=0.000
Married	28.45±7.28	
State of Having a Homosexual Acquaintance		
Yes	32.43±8.27	t**= 3.769
No	27.33±7.69	p=0.000
Affinity with the Homosexual Acquaintance*		
Neighbour	26.85±10.28 ^a	
School friend	30.40±6.65 ^{ab}	F*= 2.663
Co-worker	34.50±3.53 ^{ab}	p=0.043
Close friend	38.66±1.50 ^b	
Other	30.38±6.91 ^{ab}	
Degree of Conventionalism		
A little conventional	28.33±5.60	F*=3.32
Slightly conventional	32.72±6.56	p=0.001
Moderately conventional	28.84±10.04	
A little too much conventional	27.80±7.23	
Too conventional	25.19±7.60	

a-b: There is no difference between the groups with the same letter. * One-way analysis of variance and Tukey test, **Independent t test,

Table 3. Correlation of the Scores Obtained by the Students from ATLG, Empathy and Stigma Tendency Scale

Scales	LGYT r	EEÖ r	DÖ r
ATLG	-	0.032	-0.378**
ETS		-	-0.120 *
Stigma Scale			-

r:Pearson Korelasyon * p<0.01, **p<0.05

Table 4. The effects of stigmatization and emphatic tendencies on ATLG

Scales	Model Summary		Anova		Coefficient	
	R ²	R	F	p*	B	t
ETS	0.143	.378	28.83	0.000	-0.013	-0.269
Stigma Scale					788	.
					-0.258	-7.567
					.000	

*p<0.001 Not: Dependent Variable: ATLG

Discussion

In this research, nursing students in Turkey were found to have negative attitudes toward LGBT individuals. In the study of Mc Nair et al. (2001), stigmatization and homophobia were stated to be effective on the fact that homosexual individuals do not benefit from health services equally (Mc Nair et al, 2001). Even though it is scientifically accepted that sexual orientation is not a disease, the studies have shown that homosexuals are still stigmatised as “sick”, “deviant” or “abnormal” in both society and areas providing healthcare service (Sabin et al., 2015; Bristowe et al., 2018; Berry, 2018; Costa et al., 2018). In our study, the most important independent variable affecting the attitude toward lesbians and gays was found to be stigmatization..Although there are not any laws preventing same-sex relationship, because of religious and conservative lifestyle discrimination and prejudice against LGBT individuals still exists in the country (LGBT, 2011). It is important that nurses and all health personnel exhibit a non-stigmatizing and non-judgmental attitude toward this group.

Existing studies indicate that increase in the educational level has a positive effect on attitudes toward homosexuals (Sakallı -Ugurlu, 2006; Costa, 2016). .In this study, the attitudes of the senior students toward LGBT individuals were determined to be relatively positive compared to that of freshman and sophomore students at a statistically significant level (p<0.001). This finding is similar to that of the studies in the literature which indicate that students' attitudes toward lgbt individuals get more positive as their grades increase (Lambert et al. 2006; Bakir et al, 2015; Sadic & Beydag, 2018). In the study of Sanchez et al. 91.5% of 3rd and 4th grade medical faculty students stated that they

encountered LGBTI patients at least once during their education. The more information they have about LGBTI issues, the more positive attitudes they have exhibited (Sanchez, et al, 2006). It will be appropriate to think that nursing students' lack of knowledge about LGBT individuals affects the development of negative attitudes.

In the study conducted with university students, it was also reported that female students displayed more positive attitudes toward LGBT individuals than male students (Yuksel et al, 2020).In our study, the attitudes of female students toward LGBT individuals were found to be more positive than others. A statistically significant difference was found (p<0.001) regarding this issue. This supports the finding in the literature which states that men exhibit more negative attitudes toward LGBT individuals compared to women (Sah, 2012; Lingiard et al. 2016; Fisher et al. 2017; Bilgic et al. 2018). The difference between the sexes were explained by the studies carried out in Turkey (Sakallı 2006; Bakir et al. 2015) with adopting traditional beliefs and the protecting role of men. According to the Tamhane's Post Hoc test, among the nursing students, the attitude of the group with a lesbian "close friend" differs significantly compared to the other group (p = 0.043). Researches reveal different results in this regard. Although there are studies stating that acquaintance with homosexual individuals can contribute to the development of a positive attitude toward these individuals (Smith et al. 2009; Sah, 2012; Costa et al. 2015), there is one (Gelbal & Duyan 2006) with an opposite result as well; In the meta-analysis study of Smith et al. (2009), those who interact with lesbians and gays more were found to have a more positive attitude. In accordance with this result, in our study, a statistically

significant relationship was found between the status of acquaintanceship with lesbian/gay individuals and ATLG scale mean scores.

Possessing a traditional view negatively affects the acceptance of LGBT individuals (Whitley, 2001; Derya et al. 2017; Beydag and Sagdic, 2018). A study involving Southeast Asian countries found that homophobic behavior was higher in Indonesia and Malaysia (Manalastas et al. 2017). In our study, the attitudes of students who regard themselves as "traditional" toward LGBT individuals were also found to be more negative at a higher level ($p < 0,001$). Negative attitudes of nurses with a traditional mindset toward lesbians and gay men might be associated with the fact that the study was conducted in Turkey which is a conservative country with a dominant Muslim population, as well as insufficient education and more conservative religious values. In this area which has just slowly begun to be addressed in Turkey, it is required to ensure healthcare professionals to have an equalitarian viewpoint far from their prejudices.

The nursing school's mission and outcomes should reflect changing social norms and increased acceptance of gender diversity and sexual minorities (Röndhal, 2005; Lim et al. 2013). For this reason, it is important for nurses to empathize with individuals who have different sexual orientations and show a bias-free attitude to them. Although no statistically significant relationship was found between nursing students' empathic tendencies and lgbt attitude, the increase in stigmatization affects the attitude toward these individuals negatively.

Limitations: The study has some limitations. The first limitation is that since the study was conducted in one city in Turkey, the results cannot be generalized to all nursing students. The second limitation is that gender is represented disproportionately in the sample. In Turkey, men also attend nursing schools, but the number of male students is relatively low. Thus, the fact that the majority of the participants are female may restrict the general results. Third, other factors such as educational success and test scores were not collected. On the other hand, since there is a gap in the literature regarding the issue, in Turkey, this study would be leading in evaluating the factors which affect the attitudes of especially nursing students toward lesbians and gay men.

Conclusion: In our study, the emphatic and stigmatization tendency were determined to constitute the 14.3% ($R^2 = .143$) of the negative attitude of the Turkish nursing students toward gay people. The stigmatization tendency and LGBT attitudes of male nursing students who have a traditional mindset and do not have any acquaintance with homosexual individuals are more negative. In future studies, unexamined factors such as economic status, the effect of media, and education can be investigated. In addition, there is a need to cultivate positive attitudes and prevent the stigmatization tendencies of the nursing students in Turkey toward LGBT individuals. Thus, by preparing them mentally and diminishing their stigmatization tendencies and negative attitudes toward LGBT individuals, they will be ensured to graduate as qualified nurses.

References

- Bakir, A., Gundologu, B., Avgar, M., (2015). Mersin University Faculty of education students' attitudes towards homosexuals. *The Journal of International Social Research*. 8(41): 769-777.
- Berry, M., (2018). "Homophobia in Registered Nurses". Honors in the Major Theses. University of Central Florida, 1-34.
- Bilgic, D., Daglar, G., Sabanciogullari, S., & Ozkan, S.A. (2018). Attitudes of midwifery and nursing students in a Turkish university toward lesbians and gay men and opinions about healthcare approaches. *Nurse Education In Practice*, 29: 179-184.
- Bristowe, K., Hodson, M., Wee, B., Almack, K., Johnson, K., Daveson, B.A., & Harding, R. (2018). Recommendations to reduce inequalities for LGBT people facing advanced illness: ACCESS care national qualitative interview study. *Palliative Medicine*, 32(1): 23-35.
- Campo-Arias, A., Herazo, E., & Cogollo, Z. (2010). Homophobia among nursing students. *Revista da Escola de Enfermagem da USP*, 44(3): 839-843.
- Carabez, R., Scott, M., (2016). Nurses don't deal with these issues': nurses' role in advance care planning for lesbian, gay, bisexual and transgender patients. *Journal of Clinical Nursing*, 25 (23-24): 3707-3715.
- Chapman, R., Watkins, R., Zappia, T., Nicol, P., & Shields, L. (2012). Nursing and medical students' attitude, knowledge and beliefs regarding lesbian, gay, bisexual and transgender parents seeking health care for their children. *Journal of Clinical Nursing*, 21(7-8): 938-945.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and

- victimization. *Journal of Homosexuality*, 51(3): 53-69.
- Cornelius, J. B., & Carrick, J. (2015). A survey of nursing students' knowledge of and attitudes toward LGBT health care concerns. *Nursing Education Perspectives*, 36(3): 176-178.
- Costa, A. B., da Rosa Filho, H. T., Pase, P. F., Fontanari, A. M. V., Catelan, R. F., Mueller, A., & Gagliotti, D. A. M. (2018). Healthcare needs of and access barriers for Brazilian transgender and gender diverse people. *Journal of Immigrant and Minority Health*, 20(1): 115-123.
- Cicek, K., Turanlı, A., Sapanci, A. (2017). Attitude scale towards LGBTI individuals: Validity and reliability study. *Journal of Pedagogical Research*, 1(1): 34-42.
- Dinkel, S., Patzel, B., McGuire, M. J., Rolfs, E., & Purcell, K. (2007). Measures of homophobia among nursing students and faculty: a Midwestern perspective. *International Journal of Nursing Education Scholarship*, 4(1): 1-9.
- Ekitli, B. G., & Cam, M. O. (2017). A review of our handicapped area of care process for LGBTI. *Journal of Psychiatric Nursing*, 8(3): 179-187.
- Eliason, M. J., & Schope, R. (2001). Original research: Does "don't ask don't tell" apply to health care? Lesbian, gay, and bisexual people's disclosure to health care providers. *Journal of the Gay and Lesbian Medical Association*, 5(4): 125-134.
- Fisher, A.D., Castellini, G., Ristori, J., Casale, H., Giovanardi, G., Carone, N., & Ricca, V. (2017). Who has the worst attitudes toward sexual minorities? Comparison of transphobia and homophobia levels in gender dysphoric individuals, the general population and health care providers. *Journal of Endocrinological Investigation*, 40(3): 263-273.
- Gelbal, S., & Duyan, V. (2006). Attitudes of university students toward lesbians and gay men in Turkey. *Sex Roles*, 55(7-8): 573-579.
- Gocmen, I., & Yılmaz, V. (2017). Exploring perceived discrimination among LGBT individuals in Turkey in education, employment, and health care: Results of an online survey. *Journal of Homosexuality*, 64(8): 1052-1068.
- Hafeez, H., Zeshan, M., Tahir, M. A., Jahan, N., & Naveed, S. (2017). Health care disparities among lesbian, gay, bisexual, and transgender youth: a literature review. *Cureus*, 9(4): 3-7.
- Hatzenbuehler, M. L., Dovidio, J. F., Nolen-Hoeksema, S., & Phillips, C. E. (2009). An implicit measure of anti-gay attitudes: Prospective associations with emotion regulation strategies and psychological distress. *Journal of Experimental Social Psychology*, 45(6): 1316-1320.
- Hinchliff, S., Gott, M., Galena, E. (2005). "I daresay I might find it embarrassing": General practitioners' perspectives on discussing sexual health issues with lesbian and gay patients. *Health and Social Care in the Community*, 13(4): 345-353.
- Kelley, L., Chou, C.L., Dibble, S.L., & Robertson, P.A. (2008). A critical intervention in lesbian, gay, bisexual, and transgender health: knowledge and attitude outcomes among second-year medical students. *Teaching and Learning In Medicine*, 20(3): 248-253.
- Lambert, E.G., Ventura, L.A., Hall, D.E. & Cluse-Tolar, T. (2006). College students' views on gay and lesbian issues: Does education make a difference? *Journal of Homosexuality*, 50(4): 1-30.
- Lim, F.A., Brown, D.V., & Jones, H. (2013). Lesbian, gay, bisexual, and transgender health: fundamentals for nursing education. *The Journal of Nursing Education*, 52(4): 198-203.
- Lingiardi, V., Nardelli, N., Ioverno, S., Falanga, S., Di Chiacchio, C., Tanzilli, A., & Baiocco, R. (2016). Homonegativity in Italy: Cultural issues, personality characteristics, and demographic correlates with negative attitudes toward lesbians and gay men. *Sexuality Research and Social Policy*, 13(2): 95-108.
- Manalastas, E.J., Ojanen, T.T., Ratanashevorn, R., Hong, B.C.C., Kumaresan, V., & Veeramuthu, V. (2017). Homonegativity in Southeast Asia: attitudes toward lesbians and gay men in Indonesia, Malaysia, the Philippines, Singapore, Thailand, and Vietnam. *Asia-Pacific Social Science Review*, 17(1): 1-1.
- Martos, A.J., Wilson, P.A., Gordon, A.R., Lightfoot, M., & Meyer, I.H. (2018). "Like finding a unicorn": Healthcare preferences among lesbian, gay, and bisexual people in the United States. *Social Science & Medicine*, 208: 126-133.
- McKenna, H., Pajnikihar, M. and Murphy, F., (2014). *Fundamentals of Nursing Models, Theories and Practice*, with Wiley E-Text. John Wiley & Sons, UK.
- McNair, R.P., Anderson, S., Mitchell, A. (2001). Addressing health in equalities in Victorian lesbian, gay, bisexual and transgender communities. *Health Promotion Journal of Australia*, 11(1): 305-311.
- Neville, S., Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing*, 55(4): 407-415.
- Rondahl, G., (2005). *Heteronormativity in a nursing context: attitudes toward homosexuality and experiences of lesbians and gay men* (Doctoral dissertation, Acta Universitatis Upsaliensis).

- Sabin, J.A., Riskind, R.G., & Nosek, B.A. (2015). Health care providers' implicit and explicit attitudes toward lesbian women and gay men. *American Journal of Public Health, 105*(9): 1831-1841.
- Sadic, E., & Beydag, K.D (2018). Nursing students' attitudes toward lesbians and gay and affecting factors. *Journal of Nursing Science, 1*(2): 5-13.
- Sadic, E., & Beydag, K.D. (2018). Nursing students' attitudes toward lesbians and gay and affecting factors. *Journal of Nursing Science, 1*(2): 5-13
- Sakalli, U.N. (2006). Attitudes towards homosexuals: empirical studies in Turkey. *Turk Psychogy Article, 9*(17): 53-69.
- Sanchez, N.F., Rabatin, J., Sanchez, J.P., Hubbard, S., Kalet, A. (2006). Medical students' ability to care for lesbian, gay, bisexual, and transgendered patients. *Family Medicine, 38*(1): 21-27.
- Slater, M.E., Godette, D., Huang, B., Ruan, W.J., Kerridge, B.T. (2017). Sexual orientation based discrimination, excessive alcohol use, and substance use disorders among sexual minority adults. *LGBT Health, 4*(5): 337-344.
- Sah, U. (2012). The Relationship of the Descriptions of Homosexuality, Bisexuality and Transsexuality with Levels of Homophobia and Acquaintanceship with LGBT People. *Studies in Psychology, 32*(2): 23-49.
- Testa, R.J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the gender minority stress and resilience measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1): 65-77.
- White H.J.M., Reisner, S.L., Pachankis, J.E. (2015). Transgender stigma and health: A critical review of stigma determinants, mechanisms, and interventions. *Socail Science and Medicine, 147*: 221-231.
- Whitley, B.E. (2001). Gender role variables and attitudes toward homosexuality. *Sex Roles Journal, 45*(11): 691-721.
- Yuksel, R., Arslantaş, H., Eskin, M. Kızılkaya, M. (2020). The Factors Affecting The Attitudes of Nursing Students Towards Homosexual Individuals In Yeni Symposium, 58, 18-25.