

Health Professionals' Attitudes Towards Lesbian and Gay Individuals, and Levels of Homophobia and Empathy: A Case of Turkey

Sağlık Profesyonellerinin Lezbiyen ve Gey Bireylere Yönelik Tutumları, Homofobi ve Empati Düzeyleri:
Türkiye Örneği

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ABSTRACT

This study aimed to determine the attitudes, homophobia, and empathy levels of healthcare professionals toward Lesbian and Gay individuals. This descriptive and cross-sectional study's population consisted of healthcare workers working in hospitals in Turkey between April 2022 and August 2022. Using snowball method, 678 healthcare professionals who consented to participate in the study were recruited for the study. The data were collected using a questionnaire developed by the researchers, the Attitudes Toward Lesbians and Gays Scale (ATLGS), the Hudson and Ricketts Homophobia Scale (HRHS), and the Toronto Empathy Scale (TES). 79.4% of the participants reported that caring for Lesbian and Gay (LG) individuals is no different from caring for heterosexual individuals. Low homophobia levels, work experience, and the existence of gay friends were identified as factors significantly influencing healthcare professionals' positive attitudes toward LG. Healthcare professionals have partially positive attitudes about LG individuals and partially homophobic attitudes, and their empathetic abilities influence their attitudes toward them.

Keywords: Healthcare professionals, lesbian, gay, homophobia, empathy

ÖZ

Bu çalışma sağlık profesyonellerinin lezbiyen ve gey bireylere yönelik tutumları, homofobi ve empati düzeylerinin belirlenmesi amacıyla yapıldı. Tanımlayıcı ve kesitsel tipteki araştırmanın evrenini Nisan-Ağustos 2022 tarihleri arasında Türkiye'de hastanelerde görev yapan sağlık çalışanları oluşturdu. Rastgele örnekleme yöntemi ile çalışmaya katılmaya gönüllü olan 678 sağlık çalışanı araştırma kapsamına alındı. Araştırmada veriler, veri toplama aracı olarak araştırmacılar tarafından geliştirilen soru formu, Lezbiyen ve Geyleme Yönelik Tutum (LGYT) Ölçeği, Hudson ve Ricketts Homofobi Ölçeği (HRHÖ) ve Toronto Empati Ölçeği ile toplandı. Katılımcıların %79.4'ü eşcinsel bir bireye bakım verirken bu sürecin diğer bireylere bakım/televi vermekten farklı bir durum oluşturmadığını ifade etti. Sağlık profesyonellerinin LG bireylere yönelik olumlu tutumunu önemli ölçüde etkileyen faktörler; düşük homofobi düzeyi, artan çalışma yılı ve eşcinsel arkadaş varlığı olarak belirlendi. Sağlık profesyonellerinin LG bireylere karşı kısmen olumlu tutuma, kısmen düşük homofobik tutuma sahip oldukları ve empatik becerinin LG bireye karşı tutumu etkilediği sonucuna varılmıştır.

Anahtar Kelimeler: Sağlık profesyoneli, Lezbiyen, Gey, homofobi, empati

Ethical approval was obtained from the Human Research Ethics Committee of Gümüşhane University (date: 2022/2 number: E-95674917-108.99-86712).

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INTRODUCTION

Lesbian and gay (LG) is a concept about sex, gender, and sexual orientation.¹ LG is an initialism that stands for lesbian, gay. Lesbianism refers to the attraction of women to other women. Gayness means that men are attracted to men.² LG individuals constitute a large part of the minority groups in Turkey³, and they encounter a variety of unfavorable and tough situations in our country and around the world. They face discrimination, stigmatization, insufficient access to health services, intolerant behavior by family and social environment, difficulties in business life, problems with military service, approaches they are exposed to during their educational life, sexually transmitted infections such as HIV/AIDS, depression, and some limitations and difficulties in social life.^{4,5} LG individuals have comparable fundamental health needs and health concerns as the general population, but they are more vulnerable to chronic stress, worry, depression, and other mental health problems due to homophobia, exclusion, and discrimination.⁶

When LG persons have negative experiences with healthcare, their perceptions of healthcare change, and they may avoid receiving it in the future.⁷ The fact that healthcare staff has less knowledge and sensitivity toward LG has a negative impact on the healthcare they deliver to these

people. Even if healthcare professionals do not have homophobic attitudes, their lack of sufficient knowledge about sexual minority persons and their health needs may reduce the quality of healthcare.⁸

Healthcare practitioners have an ethical commitment to provide culturally qualified services to sexual minority persons.⁹ Therefore, they must be informed of and sensitive to the healthcare requirements of marginalized people.¹⁰

Few studies in the Turkey have explored the attitude, homophobic approach, and empathy levels of healthcare professionals toward LG individuals. According to existing research, healthcare workers have negative attitudes toward LG individuals; homophobia is common; they are hesitant to care; they feel helpless; and their expertise and equipment are inadequate.^{11,12} In addition, it is reported that reasons such as being married, considering homosexuality as a disease, not having any LG family members, friends, or relatives, and not providing care to these individuals before are related to homophobia.¹ The study aims to determine the attitudes, homophobia, and empathy levels of healthcare professionals toward LG individuals.

MATERIAL AND METHOD

This study was informed by the Strengthening the Reporting of Observational Studies in Epidemiology (STROBE) reporting guidelines for cross-sectional studies.

Type of Research

This descriptive and cross-sectional study was conducted to determine the attitudes of healthcare professionals toward LG individuals, and levels of homophobia and empathy.

Population and Sample

The data were collected using an online questionnaire throughout Turkey between April 2022 and August 2022. The population consisted of all healthcare professionals working in hospitals in Turkey. Using the snowball method, those who accepted to participate in the study and completed the data collection forms were recruited for the study. The questionnaires were first sent to the healthcare professionals the researchers knew, then were sent to others with the help of healthcare professionals who were

contacted, and then to other healthcare professionals in the same way. Responses were received from 678 healthcare professionals.

Data Collection Tools and Collection of Data

The data were collected using a questionnaire developed by the researchers, the Attitudes Toward Lesbians and Gays Scale (ATLGS), the Hudson and Ricketts Homophobia Scale (HRHS), and the Toronto Empathy Scale (TES). After obtaining the necessary permissions for the study, an online questionnaire form was created and filled out. The questionnaire form was prepared with the Google Forms web application and sent via WhatsApp to the smartphones of healthcare professionals working in Turkey.

The Questionnaire Form: The 18-questionnaire form is about the participants' sociodemographic characteristics (gender, age, geographical region of residence, etc.) and their feelings and thoughts about LG individuals.

The Attitudes Toward Lesbians and Gays Scale (ATLGS): The scale was developed by Herek (1998), and a validity and reliability study for Turkey was conducted by Duyan et al. (2004). The scale is a 10-item, five-point Likert-type measurement tool. The participants are asked to rate their opinions on the items in five degrees: "strongly disagree", "disagree,", "not sure", "agree," and "strongly agree". High scores on the scale indicate good attitudes toward LG, whereas low values indicate negative attitudes toward LG.¹³ Cronbach' alpha value of the scale was found to be 0.91 by Duyan et al., and 0.92 in this study.

The Hudson and Ricketts Homophobia Scale (HRHS): It is a 25-item scale developed by Hudson and Ricketts (1980) to measure attitudes toward sexual minority persons. The 24-item Turkish version of the scale adapted by Sakallı and Ugurlu (2002)

was used in the study. High scores indicate a high level of homophobia.¹⁴ Cronbach' alpha value of the scale was found to be 0.94 by Sakallı and Ugurlu and 0.94 in this study.

The Toronto Empathy Scale: Developed by Spreng et al. (2009) and adapted into Turkish by Totan et al. (2012), performing reliability and validity studies, the scale consists of 13 items and one dimension. The scale is a 5-point Likert type. The lowest and highest scores are 13 and 65, and a high score indicates a high empathy level. Cronbach' alpha value of the scale was found to be 0.79 by Totan et al., and 0.75 in this study.

Ethical Considerations

Ethical approval was obtained from the Human Research Ethics Committee of Gümüşhane University (Date: 2022/2 number: E-95674917-108.99-86712). Electronic informed consent was obtained from each participant prior to the study. Participants could withdraw from the study at any moment without providing any justification. The study was performed following the Declaration of Helsinki.

Data Analysis

The Statistical Package for the Social Sciences (SPSS) 23 program was used for the statistical analysis of the data. The suitability of the data for normal distribution was evaluated with the Kolmogorov-Smirnov test. Descriptive analyses such as frequency, percentage, mean, standard deviation (SD), and student t-test, and ANOVA were used for the comparison of variables with normal distributions between scales and groups. The continuous variables of the study were analyzed with Pearson correlation analysis. Linear regression analysis was used to compare the multiple effects of independent risk factors that may affect the attitudes of the participants toward gays and lesbians. Statistical significance was considered at $p < 0.05$, and the results were evaluated at a 95% confidence interval.

RESULTS AND DISCUSSION

The mean age of the healthcare professionals involved in the study was 24.91±6.76 years (min.23-max.49), and the mean work experience was 14.92±13.24 (min. 18-max. 53). Of the participants, 72.2% were male, 27.1% were nurses, 78.5% were single, 86.4 % were undergraduate graduates, and 64.6% lived in the city. 92% of the healthcare professionals were heterosexual, 78.5% had a negative family attitude toward LG persons, 3.5% had a LG relative, 26.2% had a LG friend, 96.8% believed in Islam, and 84.1% had not participated in any education about LG (Table 1).

Tablo 1. Descriptive characteristics of the participants

Characteristics	n	%
Gender		
Female	188	27.7
Male	490	72.3
Occupation		
Dietician	48	7.1
Physician	154	22.7
Nurse	184	27.1
Psychologist	46	6.8
Technician	146	21.5
Others*	100	14.7
Marital status		
Single	532	78.5
Married	146	21.5
Education level		
Postgraduate	92	13.6
Undergraduate	586	86.4
Place of residence		
City	438	64.6
District	240	35.4
Sexual orientation		
LGBT+	54	8
Heterosexual	624	92
Family attitudes toward LG persons		
Neither positive nor negative	130	19.2
Positive	16	2.4
Negative	532	78.5
Having a LG relative		
Yes	24	3.5
No	654	96.5
Having a LG friend		
Yes	178	26.3
No	500	73.7
Religion		
Atheism	22	3.2
Islam	656	96.8
Participation in education about LG		
Yes	108	15.9
No	570	84.1
Age (mean±SD)	24.91±6.76 (min.23-max.49)	
Work experience (mean ± SD)	14.92±13.24 (min.18-max.53)	

%, Yüzde

*Pharmacist, physiotherapist, dentist

79.4% of the participants reported that caring for LG individuals is no different from caring for heterosexual people, 36.9% felt compassion, 36.3% felt worried, 34.8% felt courage and confusion toward LG individuals (Table 2).

Table 2. Participants' feelings toward a homosexual individual and data on caregiving

Characteristics	n	%
Feelings in the process of caring for a LG person		
Caring for LG individuals is no different from caring for heterosexual people	538	79.4
I feel uncomfortable about giving care/treatment to LG individuals	44	6.5
Although I do not like to provide care or treatment to LG people, I am required to do so as part of my job	96	14.2
Feelings toward LG individuals*		
Pity	150	22.1
Condemnation	156	23
Courage	236	34.8
Despair	126	18.6
Worry	246	36.3
Tension	150	22.1
Confusion	236	34.8
Admiration	44	6.5
Excitement	50	7.4
Peace	42	6.2
Anger	138	20.4
Fear	98	14.5
Contempt	82	12.1
Curiosity	206	30.4
Compassion	250	36.9
Hatred	66	9.7
Anger	82	12.1
Love	158	23.3
Disgust	166	24.5
Indifference	224	33.0
Shame	144	21.2

* More than one option was marked

The mean scores of the healthcare professionals included in the study were 29.71±7.33 (min.10, max. 50) on the Attitude Toward Lesbians and Gays Scale, 96.11±28.88 (min.25, max. 144) on the Hudson and Ricketts Homophobia Scale, and 34.90±8.45 (min.13, max. 65) on the Toronto Empathy Scale (Table 3).

Table 3. Participants' Attitudes Toward Lesbians and Gays Scale, the Hudson and Ricketts Homophobia Scale, and Toronto Empathy Scale scores

Scale	Mean± SS	Min-Max
ATLGS	29.71±7.33	10-50
HRHS	96.11±28.88	25-144
TES	34.90±8.45	13-65

A positive and weakly significant relationship was found between the TES and age ($p < 0.001$) and the ATLGS scores ($p < 0.05$). There was a weakly significant negative correlation between HRHS and ATLGS ($p < 0.001$) (Table 4).

Table 4. The relationship between participants' age and the Attitudes Toward Lesbians and Gays Scale, the Hudson and Ricketts Homophobia Scale, and the Toronto Empathy Scale scores

	Age	ATLGS	HRHS	TES
Age	1			
ATLGS	0.047	1		
HRHS	0.016	-0.385*	1	
TES	0.196*	0.080**	0.066	1

* $p < 0.001$, ** $p < 0.05$

According to the multiple linear regression analysis, the factors significantly affecting the positive attitude of healthcare professionals toward lesbians and gays were determined to be a low homophobia level, work experience, and the presence of gay friends. These variables explained 16.2% of the total variance (Table 5).

We are living in an era where LG individuals are becoming more visible and socially acceptable in Turkish culture. The attitudes of Turkish healthcare professionals toward LG individuals, and their homophobia, and empathy levels were examined in this study.

Healthcare professionals in the study stated that caring for LG individuals is no different from caring for heterosexual people. In addition to the difficulties LG individuals face in their social, educational, and professional lives, they also encounter

problems with healthcare, are unable to obtain the care they deserve, and may face psychological assault, neglect, and prejudice.¹

LG individuals delay applying to health institutions or decline to obtain healthcare for a variety of reasons, including healthcare professionals' prejudices, a lack of knowledge, and communication issues.¹⁵⁻¹⁷ This study results are important in terms of showing that, contrary to the literature, Turkish healthcare professionals provide care and treatment services to LG individuals without negative discrimination. In the framework of professional ethics, Turkish healthcare professionals can be considered to act in accordance with the principles of avoiding negative discrimination and offering healthcare services to all individuals based on their requirements.

Table 5. The multiple linear regression analysis between the participants' Attitudes Toward Lesbians and Gays Scale and independent variables

Modal	B	SE	β	t	p	VIF
Constant	17.353	1.207		14.380	<0.001	
Homophobia Scale	-0.086	0.010	0.340	8.785	<0.001	1.208
Work experience	0.040	0.020	0.072	2.036	0.042	1.004
Having a LB friend	2.003	0.643	0.120	3.115	0.002	1.204

Model $R = 0.407$; $R^2 = 0.161$; Adjusted $R^2 = 0.162$, $F = 44.474$; Durbin Watson = 2.014; $p < 0.001$. Dependent variable: Attitudes Toward Lesbians and Gays Scale, Having a LB friend: 0. No 1. Yes

The most common emotions felt by the participants toward LG individuals were compassion, worry, courage, and confusion, respectively. Likewise, various studies reported that healthcare professionals feel fear, shame, and worry toward LG individuals.^{18,19} The fact that a significant portion of healthcare professionals feel compassion toward LG individuals may be due to the stigma and discrimination they are exposed to. On the other hand, the fact that some healthcare professionals feel confused or worried when they encounter LG individuals in their work environments may

be related to their inability to know how to approach them.

In the study, it was found that the attitudes of healthcare professionals toward LG individuals were partially positive. According to studies evaluating healthcare professionals' views and behaviors toward LG individuals, nurses, in particular, exhibit positive attitudes and behaviors. In these studies, it was determined that nurses do not care about differences like sexual orientation and gender identity and focus only on their work²⁰; they know that they cannot change them and that they should accept them as they are;^{12,21} and they are open to the idea of giving care to them and feel comfortable doing so.^{12,21} Furthermore, in a study by Cicero et al. (2016), it was reported that a transgender man was teased by emergency department staff because he appeared masculine but had a female name on his identity, but the nurse there had a very good attitude toward him, the only thing she was interested in was his physical well-being, and this made him feel comfortable.²² On the other hand, studies indicating that healthcare professionals have negative attitudes and behaviors toward LG individuals emphasize that healthcare professionals make sarcastic comments, discriminate against LG individuals, and fear and feel ashamed of them.^{18,19} Healthcare professionals regard being LG as a mental health issue, correlate it with religious factors, see it as a high risk for disease transmission, and stigmatize these individuals by believing that they become ill as a result of their sexual choices.²³ It is reported that the negative attitudes of healthcare professionals are mostly due to a lack of knowledge about LG individuals and the anxiety and fear based on this.²⁴ It is encouraging to see that nurses and other healthcare professionals have far more positive and healthy attitudes toward LGBT individuals. Given the cultural aspects of gender perception, it is important that Turkish healthcare workers have partially positive attitudes regarding LG individuals. The fact that the attitudes of health professionals toward LG individuals are partially positive may be because most of the

participants were nurses, and they tried to give socially desirable answers, which is a common problem in self-report-based measurement tools while answering the questionnaire.

Turkey is a secular and democratic country where Muslims constitute the majority of the population. Although homosexuality and transgenderism are not criminal offenses under Turkish law, there is no legal regulation or official social policy in place to counteract discrimination and hatred. Although the actual population of the LGBT group in Turkey is unknown, it is estimated that 3 million out of the country's 80 million residents are LGBT individuals.⁴ As in the rest of the world, homophobia manifests itself intensely in Turkey (Zeynep & Karaca, 2022). In Turkey, 70% of the public opposes the idea of gays and lesbians living as they wish, and 87% do not want them as neighbors.²⁵ Various studies report that health professionals exhibit prejudice and homophobic attitudes toward LG individuals.^{26,27} However, Keleş et al. (2018) noted that Turkish healthcare professionals allocate additional time to LG individuals, are friendly, and apply positive discrimination by trying to understand them.²⁸ Similarly, the homophobia levels of healthcare professionals were found to be somewhat low in this study. The low degree of homophobia in this survey of healthcare professionals could be attributed to the fact that LG individuals' rights have grown more prominent in recent years, and LG individuals have been included more in healthcare professional training.

In the study, it was observed that as the age, experience, and empathy levels of healthcare professionals increased, their attitudes toward LG individuals changed positively. To the best of our knowledge, no studies have examined the attitudes toward LG individuals with the age and professional experience of healthcare professionals. Empathy is essential in changing preconceived notions and attitudes. By helping healthcare professionals understand how sexual minorities feel when they are discriminated against, empathy can help

prevent homophobic attitudes and behaviors.²⁹ It was highlighted that empathy was associated with more helping behavior and lower prejudice.³⁰ According to the current study, healthcare professionals' positive attitudes toward LG individuals can be attributed to their empathic tendencies.

This study, it was found that healthcare professionals with LG friends had positive attitudes toward LG individuals. Increasing contact with LG individuals is a factor that reduces prejudices about them. Dorsen and Devanter (2016) discovered in their study

that nurses who had an LG teacher, close friend, or family member in their lives were more comfortable with LG individuals and had more positive attitudes about them.²¹ Another study with medical and nursing students showed a significant relationship between students' knowledge levels and attitudes and having an LG friend,³¹ which shows that positive social relations and friendship with LG individuals can contribute to the development of positive attitudes and beliefs toward these individuals and the change of negative attitudes and beliefs.

CONCLUSION AND RECOMMENDATIONS

Turkish healthcare professionals' attitudes toward LG individuals are partially positive, and their levels of homophobia and empathy are partially low. Variables such as homophobia level, professional experience, and the availability of gay friends influence health professionals' attitudes toward LG individuals. As the level of homophobia among healthcare professionals decreases and the level of empathy increases, their attitudes toward LG individuals change positively. Healthcare professionals feel compassion, worry, courage, and confusion toward LG individuals. It is concluded in this study that most healthcare professionals will provide care to LG individuals without negative discrimination.

In-service training and seminars should be organized to raise healthcare professionals' awareness of LG individuals and promote their positive attitudes toward them. Panels and conferences should be organized so that healthcare professionals can interact with LG individuals, and mutual communication should be encouraged. Issues such as respecting the dignity of LG individuals,

particular health needs, the need to protect health rights, and developing empathic skills should be addressed in health professional training.

This study was conducted in a descriptive design, and qualitative studies are recommended to determine the factors affecting the attitudes of healthcare professionals toward LG individuals.

Strengths and limitations of the study

One of the study's strengths is that it was conducted in multiple locations rather than just one. The research contributes to the literature by evaluating healthcare professionals' attitudes toward LG individuals, homophobia, and empathy levels in Turkey.

There are some limitations to the study. The results are limited and cannot be generalized. Because the study is descriptive and based on a questionnaire administered online, participants may have provided socially desired responses that are common in self-report-based assessment methods while completing the survey.

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