Attitudes Towards and Knowledge About Lesbian, Gay, Bisexual, and Transgender Patients Among Italian Nurses: An Observational Study

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Abstract

Purpose: To assess Italian nurses' knowledge and attitudes towards gay and lesbian sexual orientation and lesbian, gay, bisexual, and transgender (LGBT) patients, as there is currently no literature exploring the attitudes of nurses in Italy.
Methods: A multicenter, cross-sectional study was conducted between May 2015 to January 2016, using a data collection tool composed of three validated questionnaires and a socio demographic form.
Findings: Eight hundred twenty-four nurses filled out the questionnaire. Despite their awareness of homosexuality as a "natural expression of one's sexuality," Italian nurses showed only moderately positive attitudes towards lesbian and gay patients. A more positive attitude was displayed by women when compared with men ($p < .001$). Greater knowledge of homosexuality was associated with female gender ($p = .042$), moderate-wing political affiliation ($p = .014$), and more affirmative behaviors ($p = .008$). Men were found to have greater awareness of being prepared to care for LGBT people ($p = .022$).
Conclusions: Although Italian nurses displayed moderately positive attitudes and affirmative behaviors, there is the need to increase their cultural competencies regarding sexual minorities.
Clinical Relevance: LGBT patients feel some discomfort in approaching physicians or nurses. It is important to know nurses' attitudes in caring for LGBT patients in order to modify inappropriate and discriminatory behaviors.

In our society, where heterosexuality is the norm, lesbian, gay, bisexual, and transgender (LGBT) people are often subjected to stereotyped attitudes (Greene, 1994). Despite the progressive elimination of institutional barriers and the slow and difficult overcoming of obstacles, the experiences of racial, ethnic, and religious minorities suggest that individual prejudice and antipathy towards LGBT people will continue and will be difficult to eradicate (Herek & McLemore, 2011).

When compared to heterosexuals, LGBT people experience greater disparities (Dilley, Simmons, Boysum, Pizacani, & Stark, 2010). Additionally, there is discrimination in the health sector that affects the homosexual population, which could be closely related to the knowledge and attitudes of healthcare practitioners in the care of these patients (Institute of Medicine, 2011).

Attitudes of nurses, though based on fairness and justice, and implemented in the respect of human dignity, can often be the reflection of a system of cultural representations and collective beliefs that translate into negative attitudes and may have a negative impact on homosexuals' health (Daley & Macdonnell, 2011). To provide culturally competent, evidence-based, and patient-centric assistance, we need to know who our patients are (Lim, Brown, & Justin Kim, 2014).

Although the healthcare needs of LGBT people have received considerable attention from institutions in recent years (Institute of Medicine, 2011; The Joint Commission, 2011; Ufficio Nazionale Antidiscriminazioni Razziali [UNAR], 2014), and despite the adoption of measures aimed at combating discrimination based on sexual orientation and gender identity, there are emerging discomforts and negative attitudes that health professionals implement in providing assistance to LGBT individuals, with negative health consequences for the LGBT community (Institute of Medicine, 2011; The Joint Commission, 2011; UNAR, 2014). Several studies agree that LGBT individuals often receive poor health care compared to the general population (Dilley et al., 2010; Fredricksen-Goldsen, Kim, Barkan, Muraco, & Hoy-Ellis, 2013; Grabovac, Abramovic´, Komlenovic´, Milosevic´, & Mustajbegovic´, 2014; Lim et al., 2014; Ward, Dahlhamer, Galinsky, &Joestl, 2014). Receiving poor care has a profound and negative impact on LGBT people's health and well-being (Dilley et al., 2010; Fredricksen-Goldsen et al., 2013; Institute of Medicine, 2011; Lim et al., 2014; Ward et al., 2014). One possible explanation might lie in the presence of negative attitudes (Eliason, Dejoseph, Dibble, Deevey, & Chinn, 2011; Fredricksen-Goldsen et al., 2013; Institute of Medicine, 2011) and lack of proper training by healthcare professionals (Eliason et al., 2011; Röndahl, 2011; Walsh Brennan, Barnsteiner, De Leon Siantz, Cotter, & Everett, 2012).Homophobic barriers, whether perceived or real, make LGBT individuals reluctant to go to the hospital and to adhere to healthcare providers' recommendations; moreover, the reticence to reveal their sexual orientation precludes them from receiving specific care (Fredricksen-Goldsen et al., 2013; Institute of Medicine, 2011; Lim et al., 2014). There are few studies on homophobia in the helping professions (Crisp, 2006), with a particular interest on nurses' attitudes towards LGBT patients. A review by Dorsen (2012) concluded that, in the limited available literature, nurses show negative attitudes. Furthermore, the lack in the nursing literature of LGBT patients' issues is significant: only 0.16% of articles published in 10 nursing periodicals with a high impact factor focused on an LGBT topic (Eliason et al., 2011). The lack in the literature on these topics can make the LGBT community invisible and perpetrate disparities in health (Eliason et al., 2011). Also, two major U.S. organizations, the Centers for Disease Control and Prevention and Healthy People 2020, whose goals are health equity, eliminating disparities, and improving the health of all groups, recognize the gender disparities related to sexual orientation as one of the main gaps in research (Truman et al., 2011).One million Italians report themselves as being homosexual, and 10.2% of them have experienced discrimination by health professionals because of their sexual orientation (Italian National Institute of Statistics [ISTAT], 2012), but there is currently no literature exploring the attitudes of Italian nurses, though one study reported they often care for LGBT patients (Cicolini et al., 2015). Thus, nurses' strengths and challenges in providing care to sexual minorities are unknown. This research sought to detect Italian nurses' knowledge, awareness, and attitudes towards homosexuality and homosexual patients, and the behaviors they put into

practice when caring for homosexual patients.

Methods

Study Design

A multicentric, cross-sectional study was conducted in four Italian regions among nurses in inpatient and outpatient settings, from May 2015 to January 2016.

Sample Size

The primary end point of the study was to assess nurses' knowledge and attitudes towards homosexuality and homosexual patients, and their behaviors in taking care of LGBT patients. Because the team did not know the percentage of participation, a convenience sampling was adopted, enrolling all nurses who were willing to participate in the research, and estimating that at least 500 questionnaires would be sufficient to ensure an adequate assessment. All nurses providing direct patient care either in inpatient or outpatient settings, and who were employed in a public or private facility, were supposed to participate in the research.

Ethical Consideration

The study was approved by the independent ethics committee of the coordinating center (May 9, 2015).

Data Collection

A trained pool of four nurse researchers was responsible for participant recruitment inside each region. To be enrolled, nurses were provided information about the study, and those who voluntarily accepted to participate were asked to provide written consent. After enrollment, the researchers administered a self-report questionnaire to each participant. The questionnaire was composed of four sections: a form for demographic data collection, the Attitudes Towards Lesbians and Gay Men Scale (ATLG; Herek, 1998), the Knowledge About Homosexuality Questionnaire (Harris, 1995), and the Gay Affirmative Practice Scale (GAP; Crisp, 2006). The questionnaire by Harris, despite its age, continues to be used as a reliable and valid tool for measuring knowledge on this subject. Personal identifiers were collected by the researchers and were kept separate from the survey results. The researchers asked nurses to fill out and return the questionnaire within 30 min. To guarantee confidentiality and anonymity, participants resubmitted the questionnaire in an envelope and placed it inside a special box.

Inclusion and Exclusion Criteria

Study participants were from four Italian regions, pro- viding direct patient care either in inpatient or outpatient settings, and employed in a public or private facility. No exclusion criteria were applied for hospitals (different size or number of beds).

Instrument Description

In this study, a questionnaire composed of four sections was used. The first was a form including demographic items, to collect data on nurses' educational level, age, gender, sexual orientation, religious affiliation, political affiliation, marital status, and employment status. The second was the ATLG (Herek, 1994), which consists of 10 items scored on a 5-point Likert scale (from strongly disagree to strongly agree, with higher total scores indicating negative attitudes). The third was the Knowledge About Homosexuality Questionnaire (Harris, 1995), which consists of 20 items with a true or false response set (the higher the score, the greater the knowledge). The last section was the GAP (Crisp, 2006), which is composed of two domains. The first measures clinicians' beliefs about treatment of gay and lesbian clients, consisting of 15 items scored on a 5-point Likert scale (from strongly agree to strongly disagree); the second measures their behaviors in clinical settings with these clients, consisting of 15 items scored

on a 5-point Likert scale (from always to never). High scores indicate positive beliefs and behaviors. A forward-backward translation of the instruments was performed to establish semantic and conceptual equivalence within the Italian context, following the World Health Organization process of translation and adaptation of instruments (www.who.int). The Italian version of the questionnaire was preliminarily tested on a panel of 40 registered nurses. In the pilot phase, nurses were asked to assess whether items were understandable and clear. All nurses unanimously expressed overall agreement with the questionnaire's clarity and content. No changes were deemed necessary following this process. The overall Cronbach's alpha in this study was .71 for the ATLG (.84 for the original tool), .69 for the Knowledge About Homosexuality Questionnaire (.70 for the original tool), and .96 for the GAP (.93 for the original tool), and these data confirm the reliability of the three tools used (DeVellis, 2011).

Data Analysis

Descriptive statistics were used to analyze the characteristics of the sample. One-way analyses of variance and independent sample t-tests were performed to verify the presence of significant effects of the characteristics of the sample on the total scores of each scale. The statistical significance was set at $p < .05$. Statistical analysis was performed using SPSS software version 20.0 (SPSS Inc., Chicago, IL, USA).

Results

Nurses who completed the survey numbered 824:135 (16.4%) were from northern Italy, 482 (58.5%) from central Italy, and 207 (25.1%) from southern Italy. Demographics and participants' characteristics have been summarized in Table 1. The majority of the sample was female (n = 578, 70.1%), and the mean age of the sample was 44.1 (±9.3) years. More than half of the sample (n = 434, 52.7%) was bachelor's prepared, and only 6.6% (n = 54) held a higher educational level (MScN or PhD); 729 (88.4%) were employed as registered nurses, and mean working experience was 19.8 (±9.8) years. Regarding participants' sexual orientation, 0.4% (n = 3) reported being homosexual, with the greater majority (n = 658, 79.9%) reporting themselves as being heterosexual.

Attitudes Towards Lesbians and Gay Men Scale

Italian nurses reported being aware of the fact that homosexuality is a "natural expression of one's sexuality" (Table 2); however, they seemed to have only a moderately positive attitude towards lesbian and gay patients, as the mean score of the ATLG was 2.25 (±0.73). A greater positive attitude was displayed by women when compared with men ($p < .001$), by those who reported themselves as being atheist ($p = .002$), and by those with a higher educational level ($p = .005$). Higher scores, indicating a negative attitude, were seen in those study participants who are Catholic or practice "other" religions ($p = .002$), and in those who have a right-wing political affiliation ($p=.022$).

Knowledge About Homosexuality Questionnaire

Generally, Italian nurses displayed inadequate knowledge about homosexuality, obtaining a mean score of 12.97 (±3.01) on the Knowledge About Homosexuality Questionnaire (the highest possible score being 20).

Greater knowledge was associated with female gender ($p = .042$) and moderate-wing political affiliation ($p =.014$). Table 3 shows items with the higher number of correct answers.

Gay Affirmative Practice Scale

The first section of the GAP (Table 4) measured nurses' beliefs about treatment with homosexual clients. Our sample showed a high awareness of the importance of being prepared and trained in caring for homosexual patients (mean score 55.47 ± 11.61). Greater awareness seemed to be more present among men ($p = .022$) and single nurses ($p = .024$). All items were rated high, with the highest rated awareness item being "Practitioners should verbalize respect for the lifestyles of gay or lesbian clients" (mean score 4.41 ± 0.87).

Analysis of the second GAP section (Table 5) showed a high level of competent behaviors (mean score 55.21 ± 12.98). The highest rated behavior item was "I am open-minded when tailoring treatment for gay and lesbian clients" (mean score 4.00 ± 1.11). Analysis also showed that nurses with a higher educational level, having no specific political affiliation, and practicing "other" religions are prone to more affirmative behaviors ($p = .001$, $p = .012$, and $p = .008$, respectively). With regard to professional status, head nurse reported behaving in a more affirmative way than registered nurses ($p = .042$). Table 6 shows the most significant associations found.

Discussion

Despite the efforts that both the European Union and Italy are making to combat discrimination and promote human rights, LGBT people are still subjected to discrimination in their everyday lives, and Italy continues to have a relatively high level of homophobia and transphobia (ILGA-Europe, 2013, 2016).

Since the healthcare system can be seen as a mirror of society, and Italian LGBT people reported feelings of discrimination when facing healthcare professionals (ISTAT, 2012), the study team aimed this research at exploring nurses' attitudes towards working with lesbian, gay, and bisexual patients as well as their knowledge about homo- sexuality. The main motivation was the fact that the literature suggests that lesbians, gay men, and bisexuals have significant health disparities compared to heterosexuals (Dorsen & Van Devanter, 2016). As nurses are the health- care personnel most closely in contact with patients, their attitudes can often be the reflection of a system of cultural representations and collective beliefs that translate into negative attitudes that may have a negative impact on homosexual health (Daley & Macdonnell, 2011).

In general, discriminatory attitudes of healthcare providers emerge from the incorrect presumption that all people are heterosexual, and the lack of knowledge about different styles and ways of living aside from heterosexuality may lead to incorrect judgments (Grabovac et al., 2014). In the study, the average score in the questionnaire about homosexuality was dramatically low, showing an inadequate level of knowledge, similar to the results of other studies (Arnold, Voracek, Musalek, & Springer-Kremser, 2004; Carabez, Pellegrini, Mankovitz, Eliason, & Dariotis, 2015; Dinkel, Patzel, McGuire, Rolfs, & Purcell, 2007; Grabovac et al., 2014; Hon et al. 2005; ILGA-Europe, 2016; Röndahl, 2009). This is an unsurprising result, since there is no sexual education in Italy at any educational level. According to the Policies for Sexuality Education in the European Union report(European Parliament, 2013), although sexual education is mandatory in all E.U. countries, Italy is among those European countries that defy the European guidelines. This kind of behavior may be due to the strong religious component that for centuries accompanied the social and "educational" history of Italy.

Despite having a low level of knowledge, nurses in the sample showed a moderately high positive attitude toward LGBT patients, according to previous research(Röndahl, Innala, & Carlsson, 2004), in line with the belief that attitudes are improving compared with earlier international studies (Dorsen, 2012). There were significant differences in nurses' attitudes according to sociodemographic characteristics, such as gender, religious affiliation, political affiliation, and educational levels, in line with precedent studies (Chapman, Watkins, Zappia, Nicol, & Shields, 2012; Röndahl et al., 2004). The team found that male gender and political conservatism may positively correlate with more negative attitudes, as found in previous studies (Grabovac et al., 2014). Female gender, on the other hand, seems to be a predictor of

better attitudes and knowledge, and this is supposed in studies pointing out how women are generally not affected by ethero normative and patriarchal social pressures; however, men are strongly influenced by them (Arnold et al., 2004; Barron, Struckman-Johnson, Quevillon, & Banka, 2008; Carabez et al., 2015; Sanchez, Rabatin, Sanchez, Hubbard, & Kalet, 2006; Steffens & Wagner, 2004). It appears that women are more empathetic and less influenced by social judgments. Nurses in the study also showed high GAP scores, both in the "awareness" and "behaviors" sections, suggesting a commitment to culturally competent practice with LGBT patients (Crisp, 2006; Röndahl, et al., 2004).

This study provides, for the first time, an overview on a large sample of Italian nurses' knowledge and attitudes toward LGBT clients. However, some limitations need to be considered. First, although the study possessed a multicentric design and large sample size, the results cannot be considered representative of all Italian nurses. Second, the use of self-reported tools, though validated, may have influenced the way nurses answered questions. Third, the lack of research in this field makes a comparison of results difficult.

Conclusions

Despite a lack of knowledge about gay/lesbian sexual orientation, Italian nurses showed they carry out culturally competent behaviors when caring for LGBT patients. However, it is necessary that the culture of knowledge be as widespread as possible to prevent any homophobic attitudes. Only in this way may nurses, without having to give up the personal freedom of opinion, be able to guarantee patients' fundamental needs and, among them, the need to express their sexuality in total serenity (Henderson, 1964), and to build the relationship of trust with patients that is the basis of the help relationship.

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Table 1. Overall Characteristics of the Sample

Variables	n (%)
Overall sample	824 (100)
Geographical areas	
North	135 (16.4)
Center	482 (58.5)
South	207 (25.1)
Gender	
Female	578 (70.1)
Male	246 (29.9)
Age (years), M ± SD	44.1 ± 9.3
Years of work experience, M ± SD	19.8 ± 9.8
Marital status	
Single	149 (18.1)
Married	524 (63.6)
Divorced	66 (8.0)
Widow/er	11 (1.3)
Cohabitant	74 (9.0)
Sexual orientation	
Heterosexual	658 (79.9)
Bisexual	16 (1.9)
Gay	3 (0.4)
Missing	147 (17.8)
Religious affiliation	
Atheist	95 (11.5)
Catholic	654 (79.4)
Jewish	3 (0.4)
Other	13 (1.6)
Missing	59 (7.2)
Political affiliation	
Right wing	179 (21.7)
Left wing	244 (29.6)
Central wing/moderate	148 (18.0)
Other	56 (6.8)
No affiliation	3 (0.4)
Missing	194 (23.5)
Educational level	
Nursing diploma	336 (40.8)
University diploma/bachelor's degree	434 (52.7)
MScN or higher	54 (6.6)

Table 2. The Revised Attitudes Toward Lesbians and Gay Men Scale

	M	SD
I think male homosexuals are disgusting	1.72	1.03
Male homosexuality is a perversion	1.74	1.01
Male homosexuality is merely a different kind of lifestyle that should not be condemned[a]	3.53	1.38
I think lesbians are disgusting	1.80	1.08
Female homosexuality is a perversion	1.89	1.10
Female homosexuality is merely a different kind of lifestyle that should not be condemned[a]	3.53	1.38
I think male homosexuals are disgusting	1.72	1.03
Male homosexuality is a perversion	1.74	1.01
Male homosexuality is merely a different kind of lifestyle that should not be condemned[a]	3.53	1.38
I think lesbians are disgusting	1.80	1.08

[a]Reverse scored.

Table 3. Knowledge About Homosexuality Questionnaire

	True N (%)	False N (%)
Homosexuality is a phase which children outgrow	155 (19.1)	656 (80.9)[a]
There is a good chance of changing homosexual persons into heterosexual men and women	304 (37.9)	497 (62.1)[a]
Some church denominations have condemned legal and social discrimination against homosexuals	577 (72.4)[a]	220 (27.6)
Sexual orientation is established at an early age	610 (75.5)[a]	198 (24.5)
Gay men are more likely to be victims of violent crime than the general public	607 (75.6)[a]	196 (24.4)
One difference between homosexual men and women is that lesbians tend to have more partners over their lifetime	232 (29.2)	563 (70.8)[a]
The Arcigay association was founded to work with homosexual men and women to help achieve legal rights	727 (90.2)[a]	79 (9.8)
Bisexuality can be characterized by overt behaviors and/or erotic responses to both males and females	725 (89.6)[a]	84 (10.4)
Recent research has shown that homosexuality is caused by a chromosomal abnormality	226 (29.6)	538 (70.4)[a]

[a]Correct answer.

Table 4. Gay Affirmative Practice Scale (Awareness

	M	SD
Practitioners should verbalize respect for the lifestyle of gay/lesbian clients	4.41	0.87
Practitioners should be knowledgeable about gay/lesbian resources	3.74	1.08
Practitioners should challenge misinformation about gay/lesbian clients	3.92	1.06
Practitioners should help clients reduce shame about homosexual feelings	3.91	1.01
Discrimination creates problems that gay/lesbian clients may need to address in treatment	3.92	1.02

Table 5. Gay Affirmative Practice Scale (Behaviors)

	M	SD
I help gay/lesbian clients address problems created by societal prejudice	3.82	1.18
I acknowledge to clients the impact of living in a homophobic society	3.88	1.14
I respond to a client's sexual orientation when it is relevant to treatment	3.87	1.15
I demonstrate comfort about gay/lesbian issues to gay/lesbian clients	3.86	1.12
I am open-minded when tailoring treatment for gay/lesbian clients	4.00	1.11
I create a climate that allows for voluntary self-identification by gay/lesbian clients	3.97	1.12

Table 6. Questionnaires' Mean Scores According to Sample Characteristics

Variables	ATLG	Know about homosexuality	GAP[a]	GAP[b]
	M (SD)	M (SD)	M (SD)	M (SD)
Overall sample	2.25 (0.73)	12.97 (3.01)	55.47 (11.61)	55.21 (12.98)
Gender				
Female	2.19 (0.73)	13.11 (3.02)	54.87 (11.64)	55.25 (12.97)
Male	2.39 (0.73)	12.65 (2.96)	56.89 (11.44)	55.12 (13.03)
	p < .001	p = .042	p = .022	001 p = .897
Marital status				
Single	2.18 (0.71)	13.15 (2.73)	57.09 (11.93)	56.30 (12.71)
Married	2.28 (0.72)	12.86 (3.19)	54.93 (11.61)	54.71 (13.19)
Divorced	2.30 (0.76)	12.68 (2.58)	56.95 (11.29)	57.79 (11.66)
Widow/er	2.39 (0.96)	13.09 (1.51)	47.00 (9.86)	52.64 (10.56)
Cohabitant	2.10 (0.80)	13.61 (2.67)	56.01 (10.93)	54.62 (13.33)
	p = .180	*p = .271*	*p = .024*	*p = .287*
Sexual orientation				
Heterosexual	2.20 (0.75)	13.18 (2.84)	55.34 (11.67)	55.26 (12.72)
Bisexual	1.94 (0.84)	13.31 (3.30)	56.00 (15.50)	57.44 (19.80)
Gay	1.53 (0.92)	14.67 (6.81)	62.33 (9.45)	48.00 (18.40)
	p = .122	*p = .660*	*p = .577*	*p = .502*
Religious affiliation				
Atheist	1.96 (0.78)	12.88 (3.14)	55.39 (12.76)	55.12 (12.57)
Catholic	2.26 (0.71)	13.11 (2.90)	55.05 (11.31)	54.87 (12.86)
Jewish	1.87 (0.70)	12.33 (4.62)	55.33 (3.51)	30.00 (21.00)
Other	2.46 (1.02)	13.31 (2.36)	56.08 (12.85)	58.00 (14.02)
	p = .002	*p = .852*	*p = .982*	*p = .008*
Political affiliation				
Right wing	2.37 (0.74)	12.55 (3.29)	56.31 (12.02)	54.07 (14.42)
Left wing	2.13 (0.72)	13.17 (3.13)	56.78 (11.16)	57.68 (12.39)
Central wing-moderate	2.27 (0.68)	13.39 (2.33)	54.26 (11.60)	53.65 (11.88)
Other	2.27 (0.77)	13.02 (2.65)	57.63 (11.47)	55.55 (11.91)
No affiliation	2.33 (0.61)	9.00 (3.91)	52.00 (18.52)	62.00 (15.13)
	p = .022	*p = .014*	*p = .200*	*p = .012*
Educational level				
Nursing diploma	2.34 (0.71)	12.74 (3.18)	54.31 (11.04)	53.16 (13.29)
Bachelor's degree	2.20 (0.74)	13.10 (2.90)	56.35 (12.05)	56.60 (12.79)
MScN or higher	2.07 (0.77)	13.39 (2.67)	55.70 (11.06)	56.72 (10.85)
	p = .005	*p = .156*	*p = .053*	*p = .001*
Current role				
Registered nurse	2.25 (0.75)	13.00 (2.98)	55.17 (11.83)	54.91 (13.03)
Head nurse	2.27 (0.59)	12.63 (3.21)	57.96 (9.82)	57.96 (12.07)
	p = .576	*p = .230*	*p = .072*	*p = .042*

Note: ATLG = Attitudes Towards Lesbians and Gay Men scale; GAP = Gay Affirmative Practice scale.

[a]*Gay Affirmative Practice Scale (Awareness).*

[b]*Gay Affirmative Practice Scale (Behavior).*