Sexuality Research and Social Policy
https://doi.org/10.1007/s13178-023-00920-1

Discrimination Based on Sexual Orientation "Homophobia in Healthcare Employees": a Cross-Sectional Study

Vasfiye Bayram Değer[1] · **Havva Kaçan**[2]

Accepted: 8 December 2023

Abstract

Introduction The study was conducted to examine the attitudes of healthcare employees toward homosexuals and the factors affecting them, while homophobic thoughts and behaviors are based on heteronormative cultural beliefs and gender stereotypes.

Methods This study was planned as a cross-sectional and completed with 720 healthcare employees. The Demographic Information Form and Hudson and Ricketts Homophobia Scale were used in the study. Data were collected between January 06 and January 10, 2022.

Results The mean homophobia total score of the employees was determined as 97,503 ± 25,807. Homophobia levels of male healthcare employees, those who thought homosexuality is a disease, and those who stated that homosexuality can be caused by taking an example had increasing homophobia levels. The level of homophobia decreases in the presence of homosexual friends, those who can talk freely about homosexuality, and healthcare employees who support same-sex marriage.

Conclusions Recognition of individuals with different sexual orientations by healthcare employees will reduce homophobic attitudes toward these individuals. Examining the level of homophobia in healthcare institutions and ensuring that discriminatory attitudes or behaviors toward individuals from different sexual orientations are determined to be effective on the quality of healthcare and access to healthcare services.

Policy Implications There is a healthcare system in which patients are generally assumed to be heterosexual; healthcare employees are not prepared to work with Lesbian, Gay, Bisexual, and Transsexual patients in general. Studies conducted on this subject indicate that more studies are needed on the subject to implement a healthcare policy focusing on sexual diversity in healthcare services and to discuss healthcare practices for the Lesbian, Gay, Bisexual, and Transsexual population.

Keywords Turkey · Mardin · Hospital · Health care employees · Homophobia · LGBTIQ+ · Gender

Introduction

Gender is the genetic, physiological, and biological characteristics of an individual as male or female (Pınar et al., 2008). *Sexual orientation* is an emotional and sexual attraction, and unlike a conscious tendency, as the word orientation suggests, it is a personality trait that the person does not manage and is not able to manage (Çam, 2013). Sexual orientation has been defined in three ways as heterosexual (sentimental, romantic, or sexual interest in the opposite sex), homosexual/lesbian (sentimental, romantic, or sexual interest in one's sex), and bisexual (sentimental, romantic, or sexual interest in both sexes) (American Psychological Association, Sexual Orientation & Homosexuality, 2022).

It has been argued that sexual orientations emerge because of hereditary disorders, hormonal irregularities, social learning, wrong parental attitudes, cultural factors, brain-related damage, and various emotional problems over time (Greenberg et al., 2011). Sexual orientations were excluded from the "International Classification of Diseases" by the World Health Organization. In line with the scientific view, homosexuality has begun to be perceived as a normal form of human sexuality (Oral, 1999). In other words, homosexuality

✉ Vasfiye Bayram Değer
vasfiyebayramdeger@artuklu.edu.tr

Havva Kaçan
hkacan@kastamonu.edu.tr

[1] Department of Nursing, Faculty of Health Sciences, Mardin Artuklu University, Mardin, Turkey

[2] Department of Nursing, Fazıl Boyner Faculty of Health Sciences, Kastamonu University, Kastamonu, Turkey

Published online: 29 January 2024

is a sexual orientation, not a gender identity disorder, and is not considered a disease or disorder (Whitley, 2001). It was also excluded from the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) (Regier et al., 2013).

People are not limited to being only men and women in societies, but social gender identity and orientation are mentioned to define the gender of individuals. In our present day, the term *homophobia* is used in explaining negative, fearful, or hateful feelings, attitudes, and/or behaviors of people who have a sexual orientation of heterosexual people (Smith et al., 2004). Homophobia is among the most frequently used concepts about prejudice against homosexual men and women (Durmuş et al., 2021; Herek, 2003). Homophobia is defined as a negative emotion, attitude, and behavior toward people who have different sexual orientations such as homosexual, bisexual, and transsexual (Budak, 2003). Homosexual individuals may be exposed to prejudice and discrimination in the family, at work, and school in many countries of the world (Unlu et al., 2016). Homophobia is supported by cultural norms and manifests through anxiety, fear, disgust, anger, discomfort, dislike, and hostile and angry behaviors toward homosexuals. Many people perceive homosexuality as a threat to male and female behaviors. Not fulfilling the expectations of femininity and masculinity means shaking gender identities, among the most important pillars of gender. This pushes homosexuals out of society inevitably. Based on this, cultural and social norms define and exclude sexual orientations other than heterosexuality as deviant. In this way, the established culture produces homophobic attitudes causing the marginalization of individuals with different sexual orientations (Görgenli, 2004; Lim, 2002a, b).

Homophobic behaviors and attitudes are common among healthcare employees. Prejudices, negative attitudes, and behaviors of healthcare employees (at the social level and from healthcare employees) affect individuals with sexual orientation negatively and deprive the person of among the basic human rights, the right to health, by pushing them into despair (Albuquerque et al., 2016; Formby, 2011). Previous studies show that homosexual individuals experience inequalities in the provision of healthcare services (Kerker et al., 2006). There are reasons why homosexual individuals cannot make use of healthcare services equally and adequately. These are stress, stigmatization, lack of homophobia and social support, the fear of homosexuals having to reveal their sexual identity and insensitive behaviors from healthcare employees, difficulty in communicating with people they receive primary healthcare services, the insensitivity of healthcare employees to their own special health needs, and many problems because of their homophobic views. It was shown that homosexual and lesbian people have to keep their sexual identities secret, healthcare employees are prejudiced against homosexuals, healthcare employees have bad reactions and are worried about receiving treatment, and healthcare employees have insufficient knowledge about homosexuality (Kitts, 2010). Receiving health care is one of the fundamental human rights. Although it is a service, the lack of knowledge and experience of health professionals prejudiced, homophobic attitudes, especially, heterosexist practices, problems of trust and prior LGBTI individuals due to negative experiences, there are many problems in receiving health services (Moreno-Gutiérrez, 2007; Heck et al., 2006). According to Albuquerque et al. (2016) in their systematic review, in this way, LGBTI individuals are able to communicate with health professionals that they have difficulties, and that they have health problems about their sexual orientation; employees experience fear due to their prejudices and experienced embarrassing sexual situations when expressing their identity (Albuquerque et al., 2016). Because of all these experiences, LGBTI individuals, due to negative experiences, avoid telling their orientation to health professionals and quality health services (Araújo et al., 2006). The risk of alcohol and substance abuse and the tendency to psychological stress and mental diseases, depression, and anxiety disorders increase as a result of the lack of social support caused by inequality and exposure to discrimination behaviors, and there is a decrease in self-esteem and an increase in the risk of suicide and suicide attempts (Stein & Bonuck, 2001). For this reason, it was reported that homosexuals use mental healthcare services about twice as often as heterosexual people (Tuna, 2019).

Although they now accept the place of sexuality and sexual health in healthcare, their approach to homosexual individuals and similar disadvantaged groups is important for healthcare employees who still have difficulty in evaluating even the non-threatening part of sexuality within normal limits because some patients they will see will inevitably be homosexual individuals. The reason for some of the problems faced by homosexual individuals in the procurement of healthcare services is the behaviors that stem from the negative attitudes of healthcare employees (Ekitli and Çam, 2017). Culturally, caring for homosexual people must not be different from caring for any group, and sexual orientation discrimination must not be made in healthcare. Healthcare employees must provide effective healthcare services to homosexual individuals as well as all individuals and must understand the cultural context of individuals' lives, must make their implementation policies and frameworks more inclusive, and must provide culturally competent and quality health care by using a non-judgmental language of communication (American Geriatrics Society Ethics Committee, 2015).

In the literature review conducted on the subject, it was found that previous studies were mostly conducted with university students, and the studies that covered different occupational groups were in the minority. In a study that was conducted with psychologists and psychological counselors in Turkey, it was reported that attitudes toward gays and

lesbians are positive (Tuna, 2019). In a study that examined the distribution of attitudes toward homosexuality according to various professions (university students, teachers, police, and physicians), it was found that physicians were also in the occupational group with the most negative attitudes in this respect (Mitrani, 2008).

The attitudes of professionals from different professions (i.e., physicians, nurses, midwives, physiotherapists, dietitians) toward homosexual individuals while performing their profession are important so that homosexuals do not face problems in receiving healthcare. In the literature, suggestions were made to determine the attitudes of healthcare employees toward homosexual individuals and to give importance to healthcare services (Ekitli and Çam, 2017; Karataş and Buzlu, 2018; Tuna, 2019).

The homophobic attitudes in healthcare employees are a social determinant in the health of the homosexual population because it affects healthcare, access, and equality. In a systematic review of health and healthcare inequalities, lesbian, homosexual, bisexual, transsexual, intersex, queer, and other non-normative sexual identities (LGBTIQ+), Zeeman et al. reported that they are more likely to experience inequality in healthcare services because of heteronormativity, discrimination, and stigma prevailing in society (Zeeman et al., 2019).

The study aimed to determine the attitudes of healthcare employees toward homosexuals and to examine the factors that cause these perceptions and attitudes. Another aim was to make suggestions about awareness, planning in-service training, and eliminating prejudices in the institutions where healthcare employees work. Conducting the study in one of the eastern cities of Turkey, where sexuality issues are taboo, is an important aspect in terms of revealing the effect of the cultural perspective of healthcare employees working in this region on service delivery.

Material and Methods

Type of Study

The study had a cross-sectional and descriptive design.

Population and Sample of the Study

Mardin, the city where the study was conducted, is a city in Turkey that has the status of a metropolitan city and is the twenty-sixth most populous city. According to the data for 2021, its population was 862,757. It is located in the Tigris Section of the Southeastern Anatolia Region bordering Syria. The urban population ratio is 60%, and the rural population ratio is 43%. It is among the cities with the most differentiated population in Turkey (Kurds, Christian Assyrians, Sunni Arabs, Turks, Yezidis, and Armenians). There are 9 districts (Kızıltepe, Midyat, Nusaybin, Derik, Mazıdağı, Dargeçit, Savur, Yeşilli, Ömerli) in the city of Mardin (Wikipedia, Mardin, 2023). There is one state hospital in the center of Mardin and one state hospital in each of its districts. The population of the study consisted of 1985 healthcare employees working in secondary care in Mardin city and its districts. For this not-homogeneous population, using the known sampling formula, the required sample size was calculated as $n = 1985\ (1.96)^2\ (0.5)\ (0.5)\ /\ (0.5)^2\ (1985-1)+(1.96)^2\ (0.5)\ (0.5) = 322$ with a sampling error of $\pm 5\%$ at a 95% confidence interval (Salant and Dillman, 1994). In terms of the reliability of the study, the sample was large and 720 healthcare employees completed the study. Data were collected between January 06 and January 10, 2022, following ethics committee approval.

Inclusion Criteria

Working in Mardin city center and district state hospitals, volunteering to participate in the study, and being a healthcare employee.

Exclusion Criteria

Those who were not healthcare workers and non-volunteers were not included in the study.

Data Collection Tools

Data collection tools consisted of 2 parts as the Demographic Information Form and the Hudson and Ricketts Homophobia Scale.

Demographic Information Form

It consisted of a total of 10 questions, 5 questions on the participant's age, gender, marital status, perceived socioeconomic level, and education level, and 5 questions on homosexual individuals.

Hudson and Ricketts Homophobia Scale (Hudson & Ricketts, 1980)

This scale was developed by Hudson and Ricketts to evaluate attitudes toward homosexual individuals, and the original scale's Cronbach alpha was 0.90, and the Turkish version had high reliability with a Cronbach's alpha value of 0.94. The 24-item form of the scale adapted to Turkish by Sakallı and Uğurlu was used in the study (Sakallı & Uğurlu, 2004). The total score that can be obtained from the scale varies between 24 and 144 points, and a high score indicates a high level of homophobia; the scale does not have a cut-off point. Increased scores mean that negative attitudes toward homosexual

individuals increase. In the scale, participants were asked to rate each item on a Likert-type scale from 1 (I strongly disagree) to 6 (I strongly agree). The total score was calculated by reversing the items 5, 6, 8, 10, 11, 13, 17, 18, 23, and 24 in the scale.

Data Analysis

The data that were obtained in the study were evaluated in a computer environment with the SPSS 22.0 statistical program. Frequency and percentage analyses were used to determine the descriptive characteristics of the elderly who participated in the study, and mean and standard deviation statistics were used in the analysis of the scale. Kurtosis and skewness values were examined to determine whether the study variables showed a normal distribution. In the study, the lowest kurtosis value for the variables was − 0.517, and the skewness value was determined as − 0.110. It was found that the variables showed normal distribution. The relationship between the dimensions determining the scale levels of the employees was examined with linear regression analyses. *T*-test, One-way analysis of variance (ANOVA), and post-hoc (Tukey, LSD) analyses were used to examine the differences in scale levels according to the descriptive characteristics of the employees. The Cohen (*d*) and Eta squared (η^2) coefficients were used to calculate the effect size. The effect size indicates whether the difference between the groups is a large difference that can be considered significant. The Cohen value is evaluated as: 0.2: small; 0.5: medium; 0.8: large; eta squared 0.01: small; 0.06: medium; 0.14: large (Büyüköztürk, 2018).

Ethical Procedures

The study adhered to the ethical principles of the Declaration of Helsinki and the International Council of Medical Sciences Organizations. Ethical permission was obtained from the Non-Interventional Research Ethics Committee of Mardin Artuklu University (decision no.: 53597) (date: May 13, 2022), and institutional permission was obtained from the provincial health directorate for the hospitals where the study was conducted (No.: E-37201737–641.02.02 and August 22, 2022). Written informed consent was obtained from the participants who met the inclusion criteria and agreed to participate in the study. Scale usage permissions were obtained from the researchers who developed the scales.

Results

The descriptive characteristics of the healthcare employees who participated in the study are given in Table 1. Among the healthcare employees who agreed to participate in the study, 58.8% were women, 54.0% were between the ages of 18 and 29, 52.1% were nurses, 89.2% were undergraduates, and 51.7% had 0–5 years of professional experience.

Table 1 The distribution of the employees according to descriptive characteristics

Groups	Frequency (*n*)	Percentage (%)
Gender		
Female	423	58.8
Male	297	41.2
Age		
Between 18 and 29	389	54.0
Between 30 and 39	261	36.2
40 and over	70	9.7
Current profession		
Physician	87	12.1
Nurse	375	52.1
Midwife	81	11.2
Other healthcare employee*	177	24.6
Working time in the profession		
0–5 years	372	51.7
6–10 years	209	29.0
11–15 years	84	11.7
16 and over	55	7.6
Educational status		
Undergraduate	642	89.2
Degree	78	10.8

*Physiotherapist, dietitian, emergency medical technician

A total of 79.9% of the healthcare employees who participated in the study stated that they had never cared for a homosexual patient before, 73.6% of them had the intention to care for a homosexual patient, 9.2% of them stated that they "would be uncomfortable giving care to these individuals," 45.1% stated that "they thought homosexuality is a disease" (Table 2).

The "homophobia total mean score" of the employees was determined as 97.503 ± 25.807 (min = 24; max = 144) (Table 3).

The total homophobia scores of the female healthcare employees ($X = 95.688$) were lower than the males' total homophobia scores ($X = 100.088$) ($t = -2.258$; $p < 0.05$; $d = 0.171$; $\eta^2 = 0.007$). The total homophobia scores of the employees differed at significant levels according to their professions ($F = 5.654$; $p < 0.05$; $\eta^2 = 0.023$). The reason for the difference was that the total homophobia scores of the nurses were higher than the physicians and the other healthcare employees when compared to the physicians and midwives ($p < 0.05$) (Table 4).

The homophobia total scores of the healthcare employees who had homosexual friends ($X = 100.626$) were found to be higher and significant than those without friends ($X = 79.608$); the homophobia total scores of those who

Table 2 Distribution of the employees' information on health homosexuality

Presence of a homosexual friend		
No	613	85.1
Yes	107	14.9
Caring for a previous homosexual patient		
No	575	79.9
Yes	145	20.1
Intention to care for a homosexual patient		
No	190	26.4
Yes	530	73.6
What the idea of caring for a homosexual person makes you think		
It is no different for me from caring for other individuals	530	73.6
I feel uncomfortable to care for these individuals	66	9.2
If i had a right to choose not to care for these individuals, i would prefer it	50	6.9
Even though i do not want to care for these individuals, i give care due to my profession	74	10.3
The condition of comfortable talking about homosexuality		
No	419	58.2
Yes	301	41.8
The condition of thinking homosexuality is a disease		
No	395	54.9
Yes	325	45.1
Support for same-sex marriages		
No	591	82.1
Yes	129	17.9
Homosexuality being a condition that can occur by taking an example		
No	404	56.1
Yes	316	43.9

did not care for a homosexual patient before ($X = 99.184$) were higher and significant when compared to those who cared for a homosexual patient before ($X = 90.835$); the homophobia total scores of those who did not intend to care for a homosexual patient had higher and significant scores ($X = 102.784$) compared to those who had this intention ($X = 95.609$); the total homophobia scores of those who were not comfortable speaking about homosexuality ($X = 105.776$) were higher and significant than those who were comfortable speaking ($X = 85.987$); the total homophobia scores of those who answered "No" to the *support of the same-sex marriage* ($X = 102.447$) were higher and significant compared to those who said "Yes" to this question ($X = 74.853$), and the total homophobia scores of those who thought that homosexuality is not a condition that can occur by taking an example from others were found to be low and significant ($X = 91.876$) compared to those who thought that it could occur by taking an example from others ($X = 104.696$) (Table 5).

Table 3 The average distribution of the homophobia total scores of the healthcare employees

	N	Cover	SD	Min	Max
Homophobia total score average	720	97.503	25.807	24.000	144.000

A linear regression analysis was made to determine the variables that affected homophobia. Relevant variables in pairwise comparisons were included in the regression analysis. The regression analysis, which was made to determine the cause-effect relationship between homophobia and gender, the presence of a homosexual friend, caring for a homosexual patient before, being able to talk to a homosexual patient comfortably about homosexual issues, thinking that homosexuality is a disease, supporting same-sex marriages, homosexuality being a condition that can occur with taking an example, was found to be significant ($F = 44.366$; $p < 0.05$). The change in homophobia level was determined by gender at a rate of 32.5%, the presence of homosexual friends, caring for a homosexual patient before, the intention to care for a homosexual patient, the ability to talk comfortably about homosexuality, the state of thinking that homosexuality is a disease, the state of supporting same-sex marriages, and the status of homosexuality taking as an example ($R^2 = 0.325$). Homophobia level increases in the male gender ($\beta = 0.080$), and the presence of homosexual friends reduces the level of homophobia ($\beta = -0.169$). Being able to talk comfortably about homosexual issues reduces the

Table 4 The differentiation status of the homophobia scores of the healthcare employees according to descriptive characteristics

Demographic characteristics	*n*	Homophobia total
Gender		Mean ± SD
Female	423	95.688 ± 25.797
Male	297	100.088 ± 25.643
t =		−2.258
p =		0.024
Age		
Between 18 and 29	389	97.170 ± 26.720
Between 30 and 39	261	96.674 ± 24.829
40 and over	70	102.443 ± 23.961
F =		1.451
p =		0.235
Profession		
Physician	87	89.218 ± 25.885
Nurse	375	98.176 ± 25.490
Midwife	81	93.432 ± 27.495
Other healthcare employee*	177	102.011 ± 24.618
F =		5.654
p =		0.001
Post hoc =		2 > 1.4 > 1.4 > 3 ($p < 0.05$)
Working time in the profession		
0–5 Years	372	96.223 ± 26.466
Between 6 and 10 years	209	98.215 ± 26.067
Between 11 and 15 years	84	99.643 ± 23.768
Over 16 years	55	100.182 ± 23.286
F =		0.747
p =		0.524
Educational status		
Undergraduate	642	98.059 ± 25.605
Post-graduate	78	92.923 ± 27.149
t =		1.662
p =		0.097

F anova test, *t* independent group *t*-test, *post-hoc* Tukey, LSD

*Physiotherapist, dietitian, emergency medical technician

level of homophobia ($\beta = -0.218$). Thinking that homosexuality is a disease increases the level of homophobia ($\beta = 0.168$). Supporting same-sex marriages reduces the level of homophobia ($\beta = -0.256$), and the fact that homosexuality is a condition that can occur by taking an example from others increases the level of homophobia ($\beta = 0.160$) (Table 6).

Discussion

Homophobia was defined as negative attitudes, reluctance, rejection, intolerance, and fear toward homosexuals, based on a system of beliefs, values, or ideological principles of the hegemonic heteronormativity model (Rodríguez-Otero, 2014). Its most negative effect is the discrimination that homosexuals are exposed to in the family, education, work, and social environments (Rodríguez-Otero & Treviño, 2017). There are various studies conducted on this subject in the literature (Oyarce-Vildósola et al., 2022; Taskiran Eskici et al., 2021; Çakır and Harmancı Seren, 2020; Yertutanol et al., 2019). Examining the level of homophobia in healthcare institutions and detecting discriminatory attitudes or behaviors toward individuals belonging to different sexual orientations are an indispensable tool for human management. This also affects the quality of care, access to quality healthcare services, and health equity.

The mean homophobia attitude scale score of the healthcare employees who agreed to participate in the study was found to be 97.503 ± 25.807 (Table 3). Taşkıran et al. (2021) found homophobic attitudes of healthcare employees above the average in a similar study conducted on the subject (3.60 ± 1.23). Durmuş et al. (2021) found a homophobia score of 106.0 in a similar study that was conducted with senior medical students at a university. In the present study, as in previous studies reporting that homophobia is common among healthcare employees (Akhan & Barlas, 2014; Dorsen, 2012; King, 2015; Soner & Altay, 2020), homophobia levels of healthcare employees were found to be above the average. As the results of this study show, homophobic behaviors are seen worldwide, and homophobia, which is a clear indicator of heterosexism, continues to exist in society and the healthcare sector (Akhan & Barlas, 2014).

It was noted that the socio-demographic variables that affected the homophobic attitudes of the healthcare employees who agreed to participate in the study were gender and occupational group ($p < 0.05$) (Table 4). Homophobia total scores were found to be higher in men than in women, for nurses among healthcare employees compared to physicians, and for other healthcare employees when compared to physicians and midwives ($p < 0.05$). Most of our participants in the study were women (58.8%). A significant difference was detected in the gender variable and other variables did not show a significant difference according to homophobic attitudes. In many studies and meta-analyses reporting that being female is a factor that reduces the frequency of homophobic attitudes, clear differences concerning the gender of respondents were identified. Unlike the male population, which repeatedly shows higher rates of negative attitudes toward the LGBTIQ + population, women reported feeling more comfortable working with homosexual men (Lim, 2002a, b; Nieto-Gutiérrez et al., 2019; Walch et al., 2010). There are studies in the literature reporting that especially men have more negative attitudes toward homosexuals than women (Çırakoğlu, 2006; Duyan and Duyan, 2005; Okutan et al., 2017; Sakallı and Uğurlu, 2002). Unlike these studies, there are similar studies in the literature reporting that there are no significant differences in the gender variable

Table 5 The distribution of healthcare employees according to the means of homophobia-related variables

Presence of a homosexual friend		Mean ± SD
No	613	100.626 ± 24.751
Yes	107	79.608 ± 24.512
t =		8.117
p =		0.000
Caring for a previous homosexual patient		
No	575	99.184 ± 25.384
Yes	145	90.835 ± 26.472
t =		3.509
p =		0.000
Intention to care for a homosexual patient		
No	190	102.784 ± 23.989
Yes	530	95.609 ± 26.192
t =		3.311
p =		0.001
What the idea of caring for a homosexual person makes you think		
It is not different for me than caring for other individuals	530	94.026 ± 25.104
I feel uncomfortable caring for these individuals	66	97.182 ± 23.261
If I had a right to choose not to care for these individuals. I would prefer it	50	114.540 ± 22.515
Although I do not want to care for these individuals. I do care due to my profession	74	111.176 ± 26.352
F =		18.680
p =		0.000
post-hoc =		3 > 1.4 > 1.3 > 2.4 > 2 ($p < 0.05$)
The condition of comfortable talking about homosexuality		
No	419	105.776 ± 23.239
Yes	301	85.987 ± 24.800
t =		10.957
p =		0.000
The condition of thinking homosexuality is a disease		
No	395	90.952 ± 25.494
Yes	325	105.465 ± 23.910
t =		−7.817
p =		0.000
Support for same-sex marriages		
No	591	102.447 ± 23.580
Yes	129	74.853 ± 23.417
t =		12.057
p =		0.000
Homosexuality being a condition that can occur by taking an example		
No	404	91.876 ± 24.139
Yes	316	104.696 ± 26.118
t =		−6.821
p =		0.000

F anova test, *t* independent group *t*-test, *post-hoc* Tukey, LSD

in homophobic attitudes (Ng et al., 2015; Oyarce-Vildósola et al., 2022). Physicians were determined as the second occupational group after police officers, who were determined to have the most negative attitudes toward homosexuals in a study that examined negative attitudes toward homosexuals in different occupational groups (Mitrani, 2008). Previous studies also report that homosexual individuals experience inequalities in receiving medical care. Studies are reporting that avoiding routine health screenings is the most important medical risk for homosexuals (Dahan et al., 2007).

Table 6 The variables that affect homophobia

Dependent variable	Independent variable	*ß*	*T*	*p*	*F*	Model (*p*)	R^2
Homophobia total	Constant	98.840	49.250	0.000	44.366	0.000	0.325
	Gender	0.080	2.578	0.010			
	Presence of a homosexual friend	−0.169	−5.135	0.000			
	The condition of comfortable talking about homosexuality	−0.218	−6.431	0.000			
	The condition of thinking Homosexuality is a disease	0.168	5.292	0.000			
	Support for same-sex marriages	−0.256	−7.706	0.000			
	Homosexuality being a condition that can occur by taking an example	0.160	4.997	0.000			

Linear regression analysis

Healthcare employees can improve the healthcare services of homosexuals in a non-homophobic manner by separating sexual orientation from gender identity, communicating clearly and sensitively in gender-neutral terms, and being sensitive to the specific health needs of homosexuals.

Among the healthcare employees who participated in the study, the homophobia total scores of those who have homosexual friends ($X=100.626$) were higher than those without homosexual friends ($X=79.608$) and significant ($p<0.05$) (Table 5). Similarly, Rowniak (2015) reported in his study that was conducted with nursing students that negative attitudes toward homosexuals were related to whether or not they knew LGBT individuals (Rowniak, 2015). Again, Pinto and Nogueira (2016) reported in their study conducted with nursing students about discrimination and prejudice that students who did not have lesbian friends had more negative attitudes toward lesbians (Pinto and Nogueira, 2016). The study finding is compatible with the literature and can be explained as a social contact that positively affects attitudes toward homosexuality; in other words, it reduces homophobic attitudes.

Among the healthcare employees who were included in the study, the homophobia total scores of those who did not provide care to a homosexual patient before ($X=99.184$) were higher and more significant than those who provided such care ($X=90.835$) ($p<0.05$) (Table 5). As in other studies in the literature (Taskiran Eskici et al., 2021; Hou et al., 2006; Riggs & Bartholomaeus, 2016; Yen et al., 2007), the present study found that healthcare employees who did not know LGBTQ + individuals were more homophobic. In a meta-analysis of 41 studies, Smith et al. (2009) reported that people who interacted more with lesbians and gays had more positive attitudes toward them (Smith et al., 2009). Being familiar with LGBTQ + people can provide an opportunity to empathize with them and learn about their sexual orientation and gender identity. This can contribute to the elimination of negative prejudices and homophobic attitudes toward LGBTQ + people.

Among the healthcare employees who were included in the study, the homophobia total scores of those who did not intend to care for a homosexual patient ($X=102.784$) were higher and more significant ($p<0.05$) (Table 5) than those with such an intention ($X=95.609$). Similarly, in their study conducted with 626 healthcare employees working in 20 hospitals affiliated with a private healthcare group in 14 cities across Turkey, Taşkıran Eskici et al. (2021) reported that healthcare employees who were interested in LGBTQ + people and willing to do this had less homophobic and discriminatory attitudes. It was reported in a study that examined nurses' attitudes toward LGBTs in Turkey that most of the nurses did not know LGBT individuals and one-third of them did not want to care for LGBT patients (Soner & Altay, 2020). Unlike previous studies, the present study found that healthcare employees were highly willing to provide care for LGBTQ + people (73.6%) (Table 2). However, evidence also suggests that most healthcare employees are reluctant to do this (Chapman et al., 2012; Yen et al., 2007).

The homophobia total scores of the individuals who agreed to participate in the study and who said "No" to *supporting same-sex marriage* were higher ($X=102.447$) and more significant ($p<0.05$) (Table 5) than those who said "Yes" ($X=74.853$). Durmuş et al. (2021) reported the same result in a similar study conducted on the subject, similar to our study findings. Those who said that they did not support same-sex marriages had more homophobic attitudes (114.0). The recognition and legal acceptance of same-sex marriage, which is among the important gains of homosexuals in terms of individual and social rights, are important because it will reduce homophobic attitudes.

The homophobia total scores ($X=91.876$) of the individuals who were included in the study who thought that homosexuality is not a condition that could occur by taking other people as an example, were found to be lower and more significant ($p<0.05$) compared to those who thought that it could occur by taking other people as an example ($X=104.696$) (Table 5). In the study of Durmuş et al. (2021), it was determined that homophobic attitudes were higher in those who thought that homosexuality could be formed by seeing and taking an example, in line with our study findings. Many studies examine the cause of homosexuality

(The Theories of the Formation of Homosexuality, 2023). However, among the common opinions in society is that one can become homosexual by taking an example. When individuals were invited to the study, we received reactions from individuals who did not want to participate in the study saying that "Are you trying to legalize this issue?" some participants said that when the examples increased, the number of homosexual individuals in the society would increase.

Among the healthcare employees who were included in the study, homophobia total scores ($X = 105.776$) of those who could not speak freely about homosexuality were found to be higher and more significant ($p < 0.05$) (Table 5) than those who were comfortable speaking ($X = 85.987$). It is possible to interpret this finding concerning other study findings as it is certain that homophobic attitudes will decrease as the information on the subject increases.

Limitations

The limitation of the study was that it was conducted in a settlement that constituted the most closed society in Turkey and only with second-level healthcare employees. Eastern Anatolia Region is among the regions where sexual issues are taboo in Turkey. Although healthcare employees must be the most unbiased group among the groups providing services, it was very difficult to obtain consent for participation in the study. Also, it was among the difficulties of the study that this study was conducted in one single city, and the distance between some districts was very far, so it was difficult to reach the 2nd level of healthcare employees.

Conclusion

In addition to the prevalence, risk, and vulnerability of diseases in this population, issues such as the creation of public healthcare policies, the structure of healthcare services, access to healthcare services, and training of healthcare employees are prioritized for these groups because these are factors that directly affect access to healthcare services and guarantee the right to health of sexual minorities. For this reason, in addition to the provision of healthcare services to meet the needs of patients in groups with different sexual orientations, it is necessary to ensure that healthcare employees are trained and qualified to take steps effectively on issues of sexuality and free sexual orientation, regardless of heteronormative cultures and discriminatory attitudes. Introducing and discussing these issues in health profession curricula is important because it will contribute to social and cultural structuring. It is also very important to provide training to those already working in the region and to monitor the implementation of anti-homophobia laws.

It is imperative to develop comprehensive intervention strategies to decrease homophobic and discriminatory attitudes among healthcare employees. The present study showed that there is a need for improvements in both in-service training programs and basic undergraduate education programs to increase the awareness of healthcare employees about LGBTQ + individuals and their knowledge of health problems.

Although there is a healthcare system in which patients are generally assumed to be heterosexual, healthcare employees are not prepared to work with LGBT patients in general. Studies conducted on this subject indicate that more studies are needed on the subject to implement a healthcare policy focusing on sexual diversity in healthcare services and to discuss healthcare practices for the LGBT population.

Recommendation

In order to increase the quality of health care services, health workers should be given the opportunity to work before they start their working life, providing trainings to raise awareness on sexual education, sexual identities, and sexual orientations, to teach and develop these concepts:

- For nurses, physicians, and other health professionals in the working life, the institutions where they work should plan in-service trainings to raise awareness.
- Elimination of attitudes of health professionals that may cause prejudice against transgender individuals.
- Elimination of transphobia that may cause prejudice against transgender individuals by health professionals.
- Increasing academic studies that will help identify problems that may cause transphobia in all areas of society and identify the needs of transgender individuals.
- It is recommended that the individual and basic social rights of individuals with different sexual orientations be secured by legal regulations.

Implementation Outputs

- Homosexual individuals cannot benefit from healthcare services adequately due to various reasons. Homosexual individuals cannot benefit from healthcare services adequately due to various reasons.
- Healthcare employees do not recognize homosexual individuals.
- The discriminatory attitudes and behaviors of healthcare employees toward homosexual individuals may cause individuals to be unable to make use of healthcare services and worsen their health problems.

It is necessary to plan in-service training programs for healthcare employees to provide equal service to everyone, regardless of the discrimination of race, religion, language, or gender, and to eliminate the attitudes toward preventing discrimination in practice.

Acknowledgements The authors wish to thank all participants who participated in this study.

Author Contribution VBD and HK: conceived and designed the study. VBD: created the first draft of the manuscript. VBD: assisted with data collection and edited the manuscript. HK: performed data analysis and edited the manuscript. VBD: edited the manuscript. HK and VBD approved the final version of the manuscript.

Funding Open access funding provided by the Scientific and Technological Research Council of Türkiye (TÜBİTAK). The author(s) reported there is no funding associated with the work featured in this article.

Data Availability The data that support the findings of this study are available from the corresponding author upon reasonable request.

Code Availability Not applicable.

Declarations

Conflict of Interest The authors declare no competing interests.

References

Akhan, L. U., & Barlas, G. Ü. (2014). Health worker and homophobia. *Acıbadem University Journal of Health Sciences, 5*(3), 192–196.

Albuquerque, G. A., da Silva Quirino, G., dos Santos Figueiredo, F. W., da Silva Paiva, L., de Abreu, L. C., Valenti, V. E., & Adami. (2016). Access to health services by lesbian, gay, bisexual, and transgender persons: Systematic literature review. *BMC International Health and Human Rights, 16*(2), 1–10. https://doi.org/10.1186/s12914-015-00729

Amerian Psychological Association. *Sexual orientation & homosexuality*. http://www.apa.org/topics/sexuality/orientation.aspx?item=2. Accessed Date 05 May 2022.

American Geriatrics Society Ethics Committee. (2015). American Geriatrics Society care of lesbian, gay, bisexual, and transgender older adults position statement: American Geriatrics Society Ethics Committee. *Journal of the American Geriatrics Society, 63*(3), 423.

Araújo, M. A. L., Saraiva, M. M. M., Galvão, M. T. G., & Albuquerque, A. D. (2006). The health professional-user relationship: Experience of a homosexual woman in a renowned Fortaleza health unit. *Escola Anna Nery Revista Enfermagem, 10*, 323–327.

Budak, S. (2003). Psikoloji sözlüğü. 2. baskı. Ankara: Bilim ve Sanat Yayınları, 712.

Büyüköztürk, Ş. (2018). Bilimsel araştırma yöntemleri. PEGEM Akademi.

Chapman, R., Watkins, R., Zappia, T., Combs, S., & Shields, L. (2012). Second-level hospital health professionals' attitudes to lesbian, gay, bisexual and transgender parents seeking health for their children. *Journal of Clinical Nursing, 21*(5–6), 880–887.

Çakır, H., & Harmancı Seren, A. K. (2020). Are nurses homophobic? A survey study in public hospitals in Turkey. *Journal of Nursing Scholarship, 52*(6), 613–622. https://doi.org/10.1111/jnu.12596

Çam, O. (2013). Sağlıklı Yakın İlişkiler, Cinsel Yaşam ve Psikoseksüel Bozukluklar, In: Çam O, Engin E, editörler. Ruh Sağlığı ve Hastalıkları Hemşireliği Bakım Sanatı. 1. Baskı. İstanbul. *İstanbul Tıp Kitabevi*, 563–96.

Çırakoğlu, O. C. (2006). Perception of homosexuality among Turkish university students: The roles of labels, gender, and prior contact. *Journal of Social Psychology, 146*(3), 293–305. https://doi.org/10.3200/SOCP.146.3.293-305

Dahan, R., Feldman, R., & Hermoni, D. (2007). The importance of sexual orientation in the medical consultation. *Harefuah, 146*(8), 626–630.

Dorsen, C. (2012). An integrative review of nurse attitudes towards lesbian, gay, bisexual, and transgender patients. *Canadian Journal of Nursing Research, 44*(3), 18–43.

Durmuş, H., Balcı, E., Solak, Y., & Timur, A. (2021). Cinsel Yönelime Dayalı Ayrımcılık: İntern Hekimlerde Homofobi. *Medical Research Reports, 4*(3), 18–27.

Duyan, V., & Duyan, G. (2005). Turkish social work students' attitudes toward sexuality. *Sex Roles, 9–10*, 697–706.

Eşcinselliğin Oluşmasına Dair Teoriler. (2023). https://izmirpsikolog.com.tr/escinselligin-olusmasina-dair-teoriler/. Accessed Date 1 Jan 2023.

Ekitli, G. B., & Çam, M. O. (2017). Bakım Sürecinde Zorlandığımız Alan LGBTİ' ye Yönelik bir Gözden Geçirme. *Psikiyatri Hemşireliği Dergisi, 8*(3), 179–187.

Formby, E. (2011). Lesbian and bisexual women's human rights, sexual rights and sexual citizenship: Negotiating sexual health in England. *Culture, Health & Sexuality, 13*(10), 1165–1179.

Moreno-Gutiérrez, N. I. (2007). Situación de salud sexualy reproductiva, hombres y mujeres homosexuales Hospital María Auxiliadora 2006. *Revista Peruana De Obstetricia y Enfermería, 3*(1), 2–16.

Görgenli, M. (2004). Gruplar Arası İlişki İdeolojisi Olarak Homofobi Geylerin Ve Lezbiyenlerin Sorunları ve Toplumsal Barış İçin Çözüm Arayışlar. *Kaos GL Kitapları*, 142–148.

Greenberg, J. S., Bruess, C. E., & Conklin, S. C. (2011). "Sexual orientation exploring the dimensions of human sexuality, fourth edition. *Jones and Barlett Publishers*, 359–366.

Heck, J., Randall, V., & Gorin, S. S. (2006). Health care access among individuals involved in same-sex relationships. *American Journal of Public Health, 96*(6), 1111–1118.

Herek, G. M. (2003). "The psychology of sexual prejudice," Garnets LD, Kimmel DC (Editors). Psychological perspectives on lesbian, gay and bisexual experiences. Second edition. New York. *Columbia University Press*, 157–164.

Hou, S.-Y., Pan, S.-M., Ko, N.-Y., Liu, H.-C., Wu, S.-J., Yang, W.-C., Yang, H.-H., Shieh, S.-F., Chuang, L.-Y., & Yen, C.-F. (2006). Correlates of attitudes toward homosexuality and intention to care for homosexual people among psychiatric nurses in southern Taiwan. *The Kaohsiung Journal of Medical Sciences, 22*(8), 390–397. https://doi.org/10.1016/S1607-551X(09)70328-6

Hudson, W.W,, Ricketts, WA. (1980). A strategy for the measurement of homophobia. *Journal of Homosexuality, 5*(4): 357–72.
Karataş, S., & Buzlu, S. (2018). Transseksüel Bireylerin Sağlık Hizmeti Almada Yaşadıkları Güçlükler. *Lectio Scientific Journal of Health and Natural Sciences, 2*(2), 70–81.
Kerker, B. D., Mostashari, F., & Thorpe, L. (2006). Health care access and utilization among women who have sex with women: Sexual behavior and identity. *Journal of Urban Health, 83*(5), 970–979.
King, M. (2015). Attitudes of therapists and other health professionals towards their LGB patients. *International Review of Psychiatry, 27*(5), 396–404. https://doi.org/10.3109/09540261.2015.1094033
Kitts, R. L. (2010). Barriers to optimal care between physicians and lesbian, gay, bisexual, transgender and questioning adolescent patients. *Journal of Homosexuality, 57*(6), 730–747.
Lim, V. K. (2002a). Gender differences and attitudes towards homosexuality. *Journal of Homosexuality, 43*(1), 85–97.
Lim, V. K. G. (2002b). Gender differences and attitudes towards homosexuality. *Journal of Homosexuality, 43*, 85–97.
Mitrani, A. T. A. (2008). Eşcinsellere yönelik olumsuz tutumlar: Meslek grupları ve ilişkili özellikler. *Adli Bilimler Dergisi, 7*(4), 23–30.
Ng, C. G., Yee, A., Subramaniam, P., Loh, H. S., & Moreira, P. (2015). Attitudes toward homosexuality among nursing students in a public university in Malaysia: The religious factor. *Sexuality Research and Social Policy, 12*(3), 182–187.
Nieto-Gutiérrez, W., Komori-Pariona, J. K., Sánchez, A. G., Centeno-Leguía, D., Arestegui-Sánchez, L., Katherine, M., Miño-Gracía, R., Mendoza-Aucaruri, L., Mejia, C. R., & Quiñones-Laveriano, D. M. (2019). Factores asociados a la homofobia en estudiantes de Medicina de once universidades peruanas. *Rev. Colomb. Psiquiatr, 48*, 208–214.
Okutan, N., Buyuksahin Sunal, A., & Sakalli, U. N. (2017). Comparing heterosexuals' and gay men/lesbians' responses to relationship problems and the effects of internalized homophobia on gay men/lesbians' responses to relationship problems in Turkey. *Journal of Homosexuality, 64*(2), 218–238. https://doi.org/10.1080/00918369.2016.1174028
Oral, G. (1999). Adli Psikiyatri, Soysal Z, Çakalır C (Editörler), İstanbul. *İ.Ü. Basımevi*, 1504–1510.
Oyarce-Vildósola, O., Rodríguez-Fernández, A., & Maury-Sintjago, E. (2022). Association between homophobia and sociodemographic characteristics in health workers in Southern Chile. *International Journal of Environmental Research and Public Health, 19*(21), 13749. https://doi.org/10.3390/ijerph192113749
Pınar, G., Taşkın, L., & Eroğlu, K. (2008). Başkent Üniversitesi Yurdunda Kalan Gençlerin Toplumsal Cinsiyet Rol Kalıplarına İlişkin Tutumları. *Hacettepe Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Dergisi, 15*(1), 47–57.
Pinto, D., & Nogueira, C. (2016). Portuguese nursing students' attitudes towards lesbians: From prejudice to recommendations for change. *Trends in Psychology / Temas Em Psicologia, 24*(3), 805–814.
Regier, D. A., Kuhl, E. A., & Kupfer, D. J. (2013). The DSM-5: Classification and criteria changes. *World Psychiatry, 12*(2), 92–98.
Riggs, D. W., & Bartholomaeus, C. (2016). Australian mental health nurses and transgender clients: Attitudes and knowledge. *Journal of Research in Nursing, 21*(3), 212–222. https://doi.org/10.1177/1744987115624483
Rodríguez-Otero, L. M. (2014). Nivel de homofobia y lesbofobia en profesionales del ámbito social de la provincia de Ourense. *Rev. De Trab. Y Acción Soc., 54*, 46–61.
Rodríguez-Otero, L. M., & Treviño, M. L. (2017). Espacios, protagonistas y causas de la homofobia y lesbofobia en México. Un análisis del armario, los estereotipos de género y la transgresión. *Rev. Imagonautas, 9*, 93–116.
Rowniak, S. R. (2015). Factors related to homophobia among nursing students. *Journal of Homosexuality, 62*(9), 1228–1240.
Salant, P., & Dillman, D. A. (1994). *How to conduct your own survey* (p. 55). John Wiley & Sons, Inc.
Sakallı, N., & Uğurlu, O. (2002). Effects of social contact with homosexuals on heterosexual Turkish university students' attitudes towards homosexuality. *Journal of Homosexuality, 42*(1), 53–62.
Sakallı, N., & Uğurlu, O. (2004). Eşcinsellik ve Eşcinselliğe İlişkin Tutumlar: Önyargı ve Ayrımcılık. Kaos GL, Geylerin ve Lezbiyenlerin Sorunları ve Toplumsam Barış İçin Çözüm Arayışları içinde (51–63). Ankara. *Kaos GL Kitapları*.
Smith, S. J., Axelton, A. M., & Saucier, D. A. (2009). The effects of contact on sexual prejudice: A meta-analysis. *Sex Roles, 61*, 178–191. https://doi.org/10.1007/s11199-009-9627-3
Soner, G., & Altay, B. (2020). Determining attitudes of a group of nurses working in the northern region of Turkey towards LGBT individuals. *Progress in Health Sciences, 10*(1), 26–34.
Stein, G. L., & Bonuck, K. A. (2001). Physician–patient relationships among the lesbian and gay community. *Journal of the Gay and Lesbian Medical Association, 5*(3), 87–93.
Taskiran Eskici, G., Alan, H., Eskin Bacaksiz, F., Gumus, E., Cakir, H., & Harmanci Seren, A. K. (2021). Under the same rainbow: A study on homophobia and discrimination among private sector health care professionals. *Journal of Nursing Management, 29*(1), 3–15. https://doi.org/10.1111/jonm.13167
Tuna, E. (2019). Türkiye'de Ruh Sağlığı Çalışanlarının Gey ve Lezbiyenlere Yönelik Tutumları. *Ayna Klinik Psikoloji Dergisi, 6*(2), 149–168.
Unlu, H., Beduk, T., & Duyan, V. (2016). The attitudes of the undergraduate nursing students towards lesbian women and gay men. *Journal of Clinical Nursing, 25*(23–24), 3697–3706. https://doi.org/10.1111/jocn.13347
Vikipedia. Mardin. (2023). https://tr.wikipedia.org/wiki/Mardin. Accessed Date 20 Jan 2023.
Walch, S. E., Orlosky, P. M., Sinkkanen, K. A., & Stevens, H. R. (2010). Demographic and social factors associated with homophobia and fear of AIDS in a community sample. *Journal of Homosexuality, 57*, 310–324.
Whitley, B. E. (2001). Gender-role variables and attitudes toward homosexuality. *Sex Roles, 45*(11), 691–721.
Yen, C. F., Pan, S. M., Hou, S. Y., Liu, H. C., Wu, S. J., Yang, W. C., & Yang, H. H. (2007). Attitudes toward gay men and lesbians and related factors among nurses in Southern Taiwan. *Public Health, 121*(1), 73–79. https://doi.org/10.1016/j.puhe.2006.08.013
Yertutanol, F. D. K., Candansayar, S., & Seydaoğlu, G. (2019). Homophobia in health professionals in Ankara, Turkey: Developing a scale. *Transcultural Psychiatry, 56*(6), 1191–1217. https://doi.org/10.1177/1363461518808166
Zeeman, L., Sherriff, N., Browne, K., McGlynn, N., Mirandola, M., Gios, L., Davis, R., Sanchez-Lambert, J., Aujean, S., Pinto, N., et al. (2019). A review of lesbian, gay, bisexual, trans and intersex (LGBTI) health and healthcare inequalities. *European Journal of Public Health, 29*, 974–980. https://doi.org/10.1093/eurpub/cky226