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Study of health care providers and attitudes against homosexual, bisexual individuals

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Abstract
The present study was carried out in order to examine the attitudes of health care providers and of homosexual and bisexual individuals towards gays.
The study, which was contemplated as descriptive and a correlation research, was carried out with 294 individuals who applied to the Lambda and Kaos GL Associations, and 261 health care providers employed at the Bülent Ecevit Üniversitesi Uygulama ve Araştırma Hastanesi (Bülent Ecevit University Application and Research Hospital).
The study was carried out between October 2010 and February 2011. The data were collected through "Homosexuality Attitudes Scale", "The Attitudes Towards Lesbians and Gay Men Scale" via "Socio-demographical Information Form Addressed Towards LGBTT Individuals" and "Socio-demographical Information Form Addressed Towards Health Providers Employed at the Hospital". It was determined that married health providers; those thinking homosexuality/bisexuality is a disease or a disorder (p=0,002); and those who do not have a homosexual/bisexual member in their families (p=0.022) tend to be more homophobic; it was also observed that, married LGBTT individuals (p=0.036); LGBTT individuals working in the public sector, are self-employed or business owners (p=0.00); and LGBTT individuals who are "always" timid of being homosexual/bisexual (p=0.00), tend to be more homophobic.
We found that not knowing any homosexual individuals, being married and thinking that homosexuality is a disease were effective in the development of negative attitudes towards LGBTT individuals.

Keywords: Homophobia; Bisexual; Homosexual; Health Care Providers

1. Introduction

Homosexuality is one of the most discussed dimensions of humans' sexual life. It was accepted as a disease category, starting from the end of the 19th Century, and efforts were spent to cure it, until removed from being a disease category by the World Health Organization, in the year

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1992. Sexual orientation towards members of the same-sex, is not among the categories of diagnosis used by psychiatry and clinical psychology, since the year 1973. Nevertheless, negative attitudes and judgments, connected to various beliefs, considering homosexuality as a psychiatric disorder, a perversion, a disease or a degenerate behavior, are encountered in every segment of the society (Minuto, 2007; Aksoy, 2009). An important reason behind the negative attitudes and judgments towards the homosexuals, is homophobia (Minuto, 2007; Balsam 2007; Candansayar, 2009; Donald& Mark, 2008).

Homophobia is an expression used to describe the fear or negative feelings and attitudes, towards homosexuals or the concept of homosexuality. Homosexuals are subjected to humiliation in all societies in which homophobia is displayed in an open manner, or most frequently, in an implicit manner.(Balsam 2007; Candansayar, 2009; Aydın, 2007; Yüksel, 2010; Yıldız, 2003).

The points of view of health care providers towards the subject, are affected from the society's attitudes. Just as it is the case of norms of each culture towards sexual orientations, attitudes towards the subject in the Turkish Society, also are reflected to behaviors of individuals (Lewes, 1988; Altunöz, 2010; Kaos GI, 2010). One of its reasons may be the insufficiency of courses towards sexuality and homosexuality in colleges and faculties, where the health care providers receive the basics of their education. The cases in which the individuals are obliged to hide they have homosexual intercourse due to the possible negative approach of health care providers, also lead to them being devoid of necessary health services (Minuto, 2007; Parker& Bhugra, 2000; Rogers, 2000).

Nurses, which are the first health personnel to encounter LGBTT individuals desiring to receive treatment service in psychiatry emergency treatment units, policlinics and psychiatry services, can be helpful of them receiving the necessary treatments, by evaluating these individuals in the psychosocial aspect. Psychiatry nurses, who receive their education as a specialty, are distinguished as the important health care providers who can increase the social and professional awareness level, by making researches and publications and giving trainings in order to decrease, both in their place of work and in the socity, the labeling behaviors towards sexual orientation, which may be caused by the discrimination inherent in the society.

2. Purpose

In the study, taking all these as a starting point, it was aimed to examine the attitudes of health care providers and of homosexual and bisexual individuals, towards gays.

3. Method and Material

3.1.The place and time of the study

This study was carried at the Bülent Ecevit University Application and Research Hospital and Lambda and Kaos GL Associations. Time of study was between October 2010 and June 2011.

3.2. Population and sample selection

The Sample selection of Health Care Providers was carried out on the basis of the following formula:

$$n = \frac{N \times z^2 \times p \times (1-p)}{\left[z^2 \times p \times (1-p)\right] + \left[e^2 \times (N-1)\right]}$$

In the research, whose confidence interval is 95%, 261 individuals among 530 health care providers employed at the hospital were reached (physician, nurse, resident physician, caregiver). In Kaos-GL and Lambda İstanbul associations, the abovementioned formula was not implemented (since the number of individuals registered to the association is definite due to the identity information being kept confidential) and 294 individuals who could be reached were taken within the scope of the study.

3.3. Type of Study

The study descriptive design

3.4. The Variables

There isn't a variable

3.5. Data Collection

3.5.1. Data collection method

The data of the LGBTT individuals were collected by face to face interview with the participants by the researcher, and through sending the survey questions to association employees via mail or e-mail; while the data of the health care providers were collected by delivering of the forms to them.

3.5.2. Data collection tools

Socio-demographical Information Form Addressed Towards Health Care Providers:

It has consisted of 8 questions containing the socio-demographical information of health care providers, prepared in line with the literature information

The Homosexuality Attitudes Scale Addressed Towards Health Care providers

It was developed in the year 2006 by Doğan, Beştepe and Eker (Doğan et al., 2008) and its validity – reliability study was carried out by the same, in order to measure the knowledge and attitudes towards homosexuality. The scale is a Likert type scale consisting of 56 questions.

Among the answers in the scale, "I definitely disagree" is worth 1 point, "I disagree" is worth 2 points, "I have no idea" is worth 3 points, "I agree" is worth 4 points, "I fully agree" is worth 5 points. A low score displays a positive attitude, while a high score displays a negative attitude. The reliability coefficient of the scale (its Cronbach Alpha value) is 0.95 points for all entries, and the reliability coefficient of our study was determined as 0,72.

Socio-demographical Information Form Addressed Towards LGBTT Individuals

It has consisted of 15 questions containing the socio-demographical information of LGBTT (lesbian, gay, bisexual, transvestite, transsexual) individuals, prepared in line with the literature information.

The Attitudes Towards Lesbians and Gay Men Scale

It was developed in the year 1998 by Herek, in order to measure the knowledge and attitudes towards lesbians and gay men. Its Turkish adaptation of its revised short version (The Attitudes Toward Lesbians and Gay Men Scale - The Revised Short Version #1) and its validity – reliability study were carried out by Duyan and Gelbal (2006). The scale is a Likert type scale consisting of 10 questions. 5 of the entries in the scale survey homosexuality of women and 5 of the entries survey homosexuality of men. Among the answers in the scale, "I fully disagree" is worth 1 point, "I disagree" is worth 2 points, "I am undecided" is worth 3 points, "I agree" is worth 4 points, and "I fully agree is worth 5 points. A low score displays a negative attitude, while a high score displays a positive attitude. The reliability coefficient of the scale (its Cronbach Alpha value) is 0.91 for all entries, and the reliability coefficient of our study was determined as 0.74.

3.5.3. Data collection time

Data were collected between December 2010 and April 2011.

3.6. Limitations of the study

The most basic limitations of our study, is its inability to reach an adequate number of individuals, due to the unwillingness of individuals applying to Lambda İstanbul and Ankara KAOS-GL Associations, due to their sensitivity arising of any possible social labeling.

3.7. The generalizability of the study

Since findings from this study were collected from university hospital and two associations, they cannot be generalized to the overall population.

3.8. Research Ethics

In this study, which is in compliance with the principles of Helsinki Declaration, the necessary written and verbal informed consents were received from the application and research hospital and from both associations.

3.9. Evaluation of data

In the analysis and evaluation of the data obtained, frequency distribution, central and prevalence criteria, the t-test, which is among the paramedic tests and the anova test were used, along with the Tukey test to reveal the cause of the difference, in groups where a difference was found. $p<0.05$ was taken as the statistical significance level.

4. Results

Table 1: Homosexuality Attitudes Scale Comparison according to Civil Status of Health Care Providers

Homosexuality Attitudes Scale		n	$\bar{x}$	SS	t	p
Civil Status	Married	182	3.14	0.242	3.162	**0.002***
	Single	121	3.03	0.328		

** p<0.05* t-test

It was determined that 25.1% of the health care providers were between the ages of 25 and 29, 26.1% were between the ages of 30-34, 60.1% were women, %39.9 were men; %20.7 were specialist physicians, %64.4 were nurses, %7.3 were caregivers and 7.7% were resident physicians; %60 were married, %36 were single, %4 were divorced. According to the Homosexuality Attitudes Scale, the average of married health care providers is 3.14, while the average of single health care providers is 3.03. According to the independent sample t-test implemented, there is a significant difference between married and single health care providers (p=0.002) (Table 1). In the advance analysis (tukey-t test) carried out, it was determined that the difference in question arises from married health care providers (t=3.162 p=0.000).

Table 2: Homosexuality Attitudes Scale Comparison according to the Thoughts of Health Care Providers on Homosexuality/Bisexuality

Homosexuality Attitudes Scale			n	$\bar{x}$	SS	F	p
Thoughts on Homosexuality/Bisexuality		It is an Inborn Trait	169	3.06	0.294	5.560	**0.004***
		It is a Disease or Disorder	78	3.19	0.297		
		It is a Personal Preference	47	3.08	0.179		

**p<0.05* *one-way ANOVA*

According the Homosexuality Attitudes Scale, the average of health care providers considering homosexuality/bisexuality as an inborn trait is 3.06, the average of persons considering it as a disease or disorder is 3.19, and the average of those considering it as a personal preference is 3.08. In consequence of the one-way analysis of variance (ANOVA) implemented, there is a significant difference between health care providers having different thoughts on homosexuality/bisexuality. In the advance analysis (tukey-t test) carried out, it was determined that the difference in question arises from those telling "Homosexuality is a Disease or Disorder" (F=5.560 p=0.004) (Table 2).

Table 3: Homosexuality Attitudes Scale Comparison according to the Fact whether the Health Care Provider has a Family Member Defining Himself/Herself as Homosexual/Bisexual

Homosexuality Attitudes Scale		**n**	$\bar{x}$	**SS**	**F**	**p**
Presence of a Family Member Defining Himself/Herself as Homosexual/Bisexual	Yes	44	2.99	0.388	3.865	**0.022***
	No	232	3.12	0.252		
	I don't know	27	3.09	0.321		

**p<0.05* *one-way ANOVA*

According to the Homosexuality Attitudes Scale, while the average of health care providers having a member of their family defining himself/herself as homosexual/bisexual, is 2.99, the average of health care providers which don't have a member of their family defining himself/herself as homosexual/bisexual is 3.12, and the average of health care providers not knowing if there is a member of their family defining himself/herself as homosexual/bisexual is 3.09. In consequence of the one-way analysis of variance (ANOVA) implemented, there is a significant difference between health care providers having a member of their family defining himself/herself as homosexual/bisexual, and health care providers who don't have such a member In their families. In the advance analysis (tukey-t test) carried out, it was determined that the difference in question arises from the individuals giving the answer "no" (F=3.865 p=0,022) (Table 3).

Table 4: Attitudes Towards Lesbians and Gay Men Scale Comparison according to Professions

Profession	n	$\bar{x}$	SS	F	p
Unemployed	101	2.26	0.586		
Works at an Entertainment Venue	86	2.05	0.712		
Other (working in the public sector, self-employed)	107	1.92	0.556	8.322	**0.000***

**p<0.01* *one-way ANOVA*

It was determined that 26.2% of the LGBTT individuals were between the ages 21-25, 48% were high-school graduates, 34.4% were unemployed and 88.8% were single. According to the Attitudes Towards Lesbians and Gay Men Scale, the average of unemployed individuals is 2.26, the average of individuals working in an entertainment venue is 2.05 and the average of individuals employed elsewhere is 1.92. In consequence of the one-way analysis of variance (ANOVA) implemented, there is a significant difference in terms of the Attitudes Towards Lesbians and Gay Men Scale between individuals working in different professions (Table 4). In the advance analysis (Tukey-t test) carried out, it was determined that the difference in question arises from the individuals giving the answer "other" (working in public sector, those who are self-employed) (F=8.322 p=0.000).

Table 5: Attitudes Towards Lesbians and Gay Men Scale Comparison according to their Level of Timidity from Others' Realization of their Homosexuality/Bisexuality

Timidity State	n	$\bar{x}$	SS	F	p
Always	181	2.01	0.650		
Mostly	16	2.81	0.050	13.018	**0.000***
Sometimes	97	2.08	0.569		

** p<0.01* *one-way ANOVA*

According to the Attitudes Towards Lesbians and Gay Men Scale, the average of individuals who are always timid of others' realization of their homosexuality/bisexuality is 2.01, average of individuals who are mostly timid is 2.81, and the average of individuals who are sometimes timid is

2.08. In consequence of the one-way analysis of variance (ANOVA) implemented, there is a significant difference in terms of being timid of the Attitudes Towards Lesbians and Gay Men Scale, between individuals having different levels of timidity of others' realization of their homosexuality/bisexuality (Table 5). In the advance analysis carried out (Tukey-t test), it was determined that the difference in question arises from the individuals who are always timid (F= 13.018 p=0.046).

Table 6: Attitudes Towards Lesbians and Gay Men Scale Comparison according to their Civil Status

Civil Status	n	$\bar{x}$	SS	t	p
Single	261	2.10	0.621	2.108	**0.036***
Married	33	1.86	0.675		

** p<0.01* *t-test*

According to the Attitudes Towards Lesbians and Gay Men Scale, the average of single individuals is 2.10 and the average of married individuals is 1.86. According to the independent sample t-test implemented, there is a significant difference between married and single individuals in terms of Attitudes Towards Lesbians and Gay Men Scale (Table 6). In the advance analysis carried out (Tukey t-test), it was determined that the difference in question arises from married individuals (F=2.108, p=0.036).

5. Discussion

When it was examined whether there is a difference arising from civil status, in the Homosexuality Attitudes Scale, it was determined that married health care providers were more homophobic (Table 1). Douglas (2004) in her study, had stated that being single increased homophobic approach. Herek (2000), had suggested that, there is a relation between homophobia and being married, particularly in societies which adhere strictly to their traditions. These results are as such to support our study. It can be thought that the fact that the married ones are more homophobic, arises from the social characteristics of our country and its patriarchal structure.

When the thoughts of health care providers concerning the causes of homosexuality/bisexuality are examined, it was determined that those who consider it a disease or disorder are more homophobic (Table 2). The fact that homosexuality is seen as a disease, can be explained with health care providers' approach towards the subject through attempting to answer the question "why a human being becomes homosexual", and their evaluation of this state as a state

which has to be cured.. Aydın (2007), in her study, stated that, 30% of LGB individuals express that homosexuality is seen as a disease by psychologists and psychiatrists.

It was determined that health care providers which don't have any member of their families defining himself/herself as homosexual/bisexual, are more homophobic (Table 3). Mitrani (2008), in her study, stated that having a homosexual acquaintance decreased the negative attitudes towards LGBTT individuals.

When it was examined whether there is a difference arising from the professions of LGBTT individuals, in the Attitudes Towards Lesbians and Gay Men Scale, it was determined that homophobia increased as opportunities of education and employment increases (Table 4). According to one-to-one meetings made with LGBTT individuals and information received from the association officers, those who find the opportunity of education and employment, and particularly those working in the public sector are affected from homophobia more, since they feel the social pressure in a more close manner and they have more social interaction.

According to our study, it was determined that individuals who are mostly timid of others' realization of their homosexuality/bisexuality, are more homophobic (Table 5). When the sexual orientations of working LGB individuals are learned, the professional lives of those who are employed at the private and public sector are terminated; their promotion is prevented just due to a doubt concerning their sexual orientation (Article 125 of the Civil Servants Law no. 657) (Gökpınar, 2009). According to a research conducted in France, there was a difference of 6.5% and 5.5% person respectively in the private sector and the public sector to the disadvantage of homosexuals, in salaries given to homosexuals and heterosexuals working at the same job and having the same qualities (2003). For example, it is prohibited for homosexual and bisexual individuals to work in military and security units, and if their homosexuality/bisexuality is revealed, they are fired according to the law. (Article 17/5 of the Turkish Armed Forces Health Ability Regulation).

In the study carried out by Öztürk (1994), it was determined that 58% of the homosexuals hide their homosexuality because their timidity towards their families and immediate surroundings. In the study carried out by Sakallı (2002), it was determined that some homosexuals in Turkey feel the need to hide their sexual orientation due to social timidity behavior, and with the fear that they will be alienated by their family, they will lose their jobs, and they will be subjected to hostile attitudes. These findings are as such to support our study.

When it was researched whether there is a difference between the civil status of LGBTT individuals in terms of Attitudes Towards Lesbians and Gay Men Scale, it was determined that married LGBTT individuals were more homophobic (Table 6). The homophobic tendencies of

married LGBTT individuals increase, due to not only social pressure, but also the obligation of married individuals to be present in a higher number of social environments, and their worries of losing guardianship cases, if they have children, in case their homosexuality/bisexuality is learned by their spouses (Aydın 2007). Newman and Muzzanigra (1993), in their study they made at the Temple University with homosexuals, determined that homosexuality is very seldom approved in families with children, and it was perceived more negatively in these families. In our study, it was determined that married health care providers were more homophobic when compared to the single ones. Within this context, it may be thought that the homosexual group is a reflection of the society.

6. Conclusion and Recommendations:

6.1. Usability of study results

To increase the quality of colleges and faculties giving health-related education, the following are recommended: provision of education towards the creation of awareness on the subject of sexual education, homosexual health, sexual orientations; creation of in-service programs for health care providers, on the subject that homosexuality/bisexuality is not a disorder and homosexual population may have different health needs when compared to heterosexuals;

Arrangement of training programs following graduation for nurses, physicians, psychologists, and persons working in similar fields, who can be consultancy sources for LGBTT individuals and their families, in order for them to act in an unbiased, caring and respectful manner towards this group, performance of works addressed towards improving the existing education, and performance of similar researches to larger groups.

Performances of efforts by health care providers, addressed towards supporting/informing these individuals and their families, at non-government organizations such as Lambda and Kaos GL.

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