

LESBIAN, GAY, BISEXUAL, TRANSGENDER, AND QUEER/QUESTIONING NURSES' EXPERIENCES IN THE WORKPLACE

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Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) nurses constitute one of the largest subgroups within the profession of nursing, yet there is very little empirical research in the nursing literature and virtually no attention to issues of discrimination and exclusion in the workplace by nursing education or professional nursing organizations. This study reports the findings of an online survey of 261 LGBTQ nurses from a database of an LGBTQ health advocacy organization. The survey contained both quantitative and qualitative items and revealed that many workplaces lacked policies and procedures that would make LGBTQ nurses feel safer and more included and that many coworkers, supervisors, and patients had exhibited discriminatory behavior or verbal harassment, sometimes leading to significant consequences for the LGBTQ worker. LGBTQ nurses expressed a need for a professional organization that would educate the nursing profession and the general population about LGBTQ issues and address their advocacy and health care policy needs. Efforts to correct the current workplace climate for LGBTQ employees would involve (a) changes in workplace policies, (b) education of the health care workforce, and (c) advocacy from nursing professional organizations. (Index words: LGBT; Homophobia; Discrimination; Workforce development) *J Prof Nurs* 27:237–244, 2011. © 2011 Elsevier Inc. All rights reserved.

LESBIAN, GAY, BISEXUAL, transgender, and queer/questioning¹ (LGBTQ) nurses are often invisible in the nursing workforce, absent from discourses of professional nursing organizations, ignored or pathologized in the nursing curriculum, and only rarely found on the pages of nursing journals. Yet, demographically, LGBTQ nurses make up a significant subset of the nursing workforce. In this article, we explore the experiences of LGBTQ nurses in the workplace. LGBTQ nurses are subject to two related forces of oppression (see Eliason, Dibble, DeJoseph, & Chinn, 2009 for more

details about the concept and terminology related to LGBTQ oppression): internalized negative attitudes and external sources of harassment and discrimination. Negative attitudes about LGBTQ people held by individuals are often referred to as homophobia (negativity about gays and lesbians), biphobia (negativity about bisexual people), and transphobia (negativity about transgender people). When LGBTQ people experience

¹There is no universal language that includes all people who vary from sexual and gender norms. We use the initials *LGBTQ* here, recognizing the limitations of the term and the fact that many people use other labels or no labels at all. We use *lesbian* to refer to women who primarily choose to partner with other women; *gay* to refer to men who choose other men as partners; *bisexual* to refer to individuals who choose partners on the basis of characteristics other than gender; *transgender* as an umbrella term for people who do not neatly fit into categories of male or female, man or woman; *queer* to refer to those who use a broader label to indicate that they are not typically heterosexual; and *questioning* to include those who have not yet adopted a sexual/gender identity label. See Eliason, Dibble, DeJoseph, & Chinn, 2009 for a detailed discussion of terminology related to sexuality and gender. When quoting participants, we use the terms that they used.

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these attitudes, they can internalize them as shame, guilt, and fear. In addition to the attitudes of individuals, there are external sources of stress stemming from societal discourses and institutional beliefs and practices that heterosexuality is the only option for healthy individuals and relationships. Another pervasive belief is that there are two and only two sexes, and therefore, genders. These societal-level influences are called heterosexism, heteronormativity, and gender normativity. The societal-level influences result in laws and policies that ignore or pathologize people who do not fit these societal norms. Individual attitudes combine with institutional practices to create numerous obstacles that LGBTQ people must surmount to navigate safely through the world. The workplace is one of the most difficult because of its importance to economic survival and quality of life.

A review of the limited nursing literature about LGBTQ people suggests two types of evidence about the workplace: one is related to the attitudes of heterosexual nurses about LGBTQ people, which tells us a lot about the workplace climate for LGBTQ nurses, and the other is a very small literature about the personal experiences of LGBTQ nurses. These two types of studies hint at the larger institutional issues that impact LGBTQ nurses.

Attitudes of Heterosexual Nurses

the degree to which she is able to view the homosexual person as a human being with a special problem rather than as an unspeakable and frightening “pervert” will not only help her to work with such patients but will also beneficially influence the attitudes of other hospital personnel who come into contact with them (Juzwiak, 1964, p. 118).

The quotation above summarizes the tone of articles prior to the 1970s, reflecting both sexism and homophobia. LGBTQ people were considered psychiatric deviants in the nursing literature, if they were addressed at all. This began to change in the 1970s. Homosexuality was removed from the *Diagnostic and Statistical Manual of Mental Disorders* in 1973 (ironically, gender identity disorder was added later). By the 1980s, empirical studies began to appear about the nursing curriculum and attitudes of nurses and nursing students. Because of the overrepresentation of women in nursing, many of these studies have focused on lesbian issues. Fewer studies have focused on the experiences of gay men in nursing, although the stereotype proposes that only gay men would consider nursing as a career. Nursing has been constructed as “women’s work”; thus, the sexuality of any man who enters the profession is “suspect” (Harding, 2007).

Randall (1989) surveyed 100 midwestern nurse educators and found that 52% believed that lesbians are “unnatural,” 34% thought lesbians were “disgusting,” and 23% considered lesbians as “immoral.” Four

percent would refuse to care for a lesbian patient, and 13% said they would not allow a lesbian nurse to care for them. More than 50% of the surveyed nurse educators had never addressed lesbian health issues in a clinical setting or the classroom, 28% said they would be uncomfortable talking about lesbian issues, and 10% thought that lesbians should not be allowed to teach in schools of nursing.

In a study of 294 midwestern nursing students, 26% said that they would try to avoid any contact with lesbians (Eliason & Randall, 1991). A study of the qualitative comments offered by 168 respondents (Eliason, Donelan, & Randall, 1992) identified several common stereotypes that nursing students held about lesbians. Many students reported that they were concerned that lesbian coworkers or patients would try to “hit on me” (38%) or “push their beliefs on me” (29%), and many thought that lesbians were “unnatural”: 14% attributed the unnaturalness to biology, and 13% objected to lesbians based on their own personal moral or religious beliefs. About one third of students thought that lesbians could be identified by their masculine appearance, and 13% thought that lesbians were a high-risk group for HIV/AIDS. Some studies have found higher rates of homophobia among heterosexual male nursing students than females (Eliason, 1998; Eliason & Raheim, 2000). Eliason (1998) surveyed 116 heterosexual nursing students about racial awareness and attitudes about LGB individuals, finding that students were more likely to report that they had experience working with racial/ethnic minority groups than LGB groups and report greater discomfort working with sexual minorities. The correlates of low racial awareness and negative attitudes about LGB people were the same: male gender, younger age, and conservative religion. Higher levels of racial awareness were significantly related to more positive attitudes about LGB patients, suggesting that the two forms of prejudice go hand-in-hand in some White heterosexual students.

A few recent studies of undergraduate nursing students and faculty find that attitudes are slowly changing and becoming less overtly tied to negative stereotypes. Dinkel, Patzel, McGuire, Rolfs and Purcell (2007) found relatively low homophobia scores, but the authors proposed that they might reflect neutrality and/or heterosexist attitudes rather than acceptance. Blackwell (2006) conducted a random sample survey of Florida nurses and found that 22% had high scores on a homophobia scale. Those in their 20s were less homophobic than older nurses.

A series of recent studies by Swedish nurse researchers identified a number of issues related to the nursing care of LGBTQ patients. In one study, 36% of nursing staff members from one infectious disease clinic said that they would not care for LGBT patients if given the option, although only 9% of nursing students said they would refuse care (Röndahl, Innala, & Carlsson, 2004a). Nurses who believed that homosexuality is something one is born with (58%) had more

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