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Heteronormativity in health care education programs

Gerd Röndahl *

Linköpings University, Department of Social and Welfare Studies, ISV/HAV, SE-601 74 Norrköping, Sweden

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SUMMARY

The Equal Opportunity Committee at the Swedish university where this study was performed has a specific plan for equality with respect to sexual orientation and gender identity which concerns both students as well as employees. The overall purpose of this study was to investigate nursing students' and medical students' experience of LGBT issues within their respective educations. A qualitative semi-structured group interview study was carried out in autumn 2007. Five nursing students and 3 medical students from semester 2 to 6 participated. The students who participated described LGBT people as an invisible minority in all circumstances and that it was not easy to discuss and promote the theme since the student risked coming out involuntarily. The students felt that teachers and administrators were too passive when it came to LGBT issues and, the students themselves felt excluded. The students felt that heteronormativity governed in both the nursing and the medical education programs.

This paper suggests that the law regarding equal treatment of students must be adhered to by administrators, and universities must begin to provide education on LGBT to employees and students. So why not recruit qualified LGBT instructors and lecturers similar to the gender lecturers employed at several other universities in Sweden.

Introduction

Queer theory is a research topic developed to be critical of the normative. Queer theory is not a consistent or systematic approach but a mixture of critical studies which focuses on heteronormativity. 'Heteronormativity' is the concept used to describe the powerful heterosexual structure and normative principle and is learned very early in life. Heteronormativity may be other consequences for homosexuals and bisexuals than for heterosexuals, suggesting that the social constructions of gender and sexuality are interwoven (Butler, 1990; Rosenberg, 2002). But it also means that it is misleading to make categorical comparisons between women and men, as there are several femininities and masculinities regardless of sexual orientation. However, there are different ways to live heterosexually or homosexually, which more or less are similar to the heteronormative nuclear family ideals. It basically means that even heterosexuals can violate that ideal (Rosenberg, 2002; The National Board of Health and Welfare, 2008). The term, heteronormativity, refers to the assumption that heterosexuality is a general norm, i.e. that heterosexuality is the only sexuality of individuals and society. A consequence of heteronormativity is that homosexuals are addressed and treated like heterosexuals. People are assumed to be heterosexuals until they do or say something that disproves this assumption. This means that lesbians or gay men may choose to hide their sexual orientation and remain invisible due to fear of negative attitudes and repercussions (Platzer and James, 2000; Wilton, 2000; Yep, 2003; Chur-Hansen, 2004; Röndahl, 2005).

Many attitudes in medical care assume that all patients are heterosexual and these heteronormative assumptions may lead to poor communication, which in turn influences the quality of nursing. The lack of knowledge about different forms of personal relationships and how these can influence one's wellbeing may lead to the asking of incorrect questions, and thereby to incorrect judgements being made (Platzer and James, 2000; Röndahl et al., 2006). Acceptance or intolerance is easily communicated by what- and how language is used (Platzer and James, 2000; Röndahl et al., 2007). Non-verbal communication (e.g. grimaces, embarrassing looks, etc.) may be experienced as stressful for lesbian, gay men, bisexual and transgender (LGBT) persons (Röndahl, 2005), since LGBT persons are often more vulnerable and therefore more sensitive to social rejection than heterosexuals (Wilton, 2000).

The Swedish *Equal Treatment of Students at Universities Act* (2001:1286) was enacted into law in 2002. The purpose of the act is to achieve equality for students irrespective of, e.g. sexual orientation. The act requires that every university formulate a yearly 'equal treatment plan' regarding gender, sexual orientation, ethnic, religion and disability (Equal Opportunities Ombudsman, 2008).

* Tel.: +46 11 363537; fax: +46 11125448.
E-mail address: gerd.rondahl@liu.se.

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Students' experiences of LGBT in their education programs

Nursing students and medical students at one Swedish university were asked to evaluate their education with respect to sexual orientation. The students reported that they experienced extensive heteronormativity in both teaching and in student life. LGBT people are made invisible as students and in the educational content. They also maintain that the invisibility of LGBT persons combined with a biological view of sexuality contributes to the lack of awareness about LGBT people's situation in their meeting with medical care (Karolinska Institute, 2006). At another Swedish university, the student union conducted a review of educational literature regarding a LGBT perspective. They determined that literature that contained stereotypical conceptions must be exchanged immediately. In their conclusions, one of the reviewers called for general LGBT competence among all lecturers and responsible personnel (Ardin, 2007). Several studies maintain that information and/or education should strive to reduce prejudices and discrimination toward homosexuals within education programs (Burn, 2000; Ritchey and Fishbein, 2001; Saunders, 2001; Thurlow, 2001).

The overall purpose of this study was to investigate nursing students' and medical students' experiences of LGBT knowledge within their respective educations.

Method

The study had a descriptive design and was conducted using semi-structured group interviews. Oral information about the study was given at a lecture by me for a gay student organisation. A request for informants was made and interested students were asked to contact me by e-mail or phone to obtain written information about the study and about how to sign up if they wanted to take part. The participating informants (n = 8) included 5 nursing students and 3 medical students. Among the informants were 5 women and 3 men in semesters 2–6 of their studies.

The two group interviews (nursing students/medical students) were performed in the autumn of 2007. An interview guide was designed based on a qualitative interview method (Spradley, 1979; Pilhammar Andersson, 1996; Creswell, 1998). Two main questions were addressed: experiences of LGBT knowledge in the nursing program and the medical program, and how open they felt they could be about their own sexual orientation in different educational situations. The natural flow of conversation was expanded by asking more specific questions and/or for reflections on statements relevant to the study. The interviews with each group – the nursing students and the medical students – were taped and lasted for 50 and 60 min, respectively. The interviews were later transcribed verbatim by me. For the purpose of comprehension, the examples taken from Swedish transcriptions quoted in this article have been translated into English.

Data analysis

Influenced by the work of Creswell (1998), Hyrkäs and Paonen-Ilmonen (2001) and Nordgren and Fridlund (2001), and also personal experience of qualitative analysis (Röndahl, 2005), the analysis was performed in five steps:

1. All interviews were repeatedly read until a feeling of *what* the informants had said, a feeling of entirety, was attained.
2. The second step was an examination of *how* the informants described their experiences of LGBT issues in their program of study. During this step, a spectrum of different perspectives emerged. Similar responses were sorted into positively, negatively and neutrally expressed information.
3. The positive, negative and neutral responses were grouped into nursing students and medical students, and categorised into areas such as *LGBT in Education*, *Reactions* and *Openness about Student's Own Sexual Orientation*.
4. The different categories were analysed separately and specific concepts were identified. These concepts yielded subcategories. An example of a category and one of its subcategories are: *LGBT in Education* (category) and *Responsibility* (subcategory).
5. The fifth step constituted an analysis performed to find whether it was possible to raise the level of abstraction to theme, before a summary of the content was made. All of the interview materials were then read again and raised to the overall theme *Heteronormativity*.

The data were analysed by me and an independent senior researcher, separately. The resulting was then reviewed by both, together, until agreement was achieved. Revisions of the classifications/categories/subcategories were made throughout the five steps of the analysis process. Finally, the informants were given the opportunity (by e-mail) to comment on the interpretation of the material, but no one did.

Findings

The findings are presented as a descriptive summary of the informants' responses and are organised in a way that best contains the interview data, which is a method of choice when pure description of the phenomena is desired. Summaries are valuable primarily as end products, and secondarily as entry points for further study (Sandelowski, 2001). As pure description of the information was desired, the findings are presented by using descriptive and representative quotations from the interviews. The theme Heteronormativity is a consistent overall theme but also described under a separated heading.

LGBT in education

The informants discussed the existence of LGBT information in the theoretical part of their education as well as in the clinical component (i.e. practical training) of their nursing or medical education. The informants also discussed how and where LGBT issues may be included to increase LGBT knowledge, and who should be responsible for implementing this.

None of the informants could recall any specific lectures, day of study or seminars dealing with LGBT. The only mention of gay men in the teaching context was made in connection with lectures on sexually transmitted diseases such as HIV and Hepatitis C. Neither did the informants recall receiving any specific information about lesbians except that as of 2005 Swedish law allows lesbian couples to undergo artificial insemination. In their clinical education, none of the students experienced any discussions of LGBT with their supervisors or any other personnel. The students described the clinical part of their education as totally asexual, i.e. no sexual aspects were mentioned, irrespective of sexual orientation.

The informants felt that LGBT persons were an invisible group in all medical care sectors and that discussion of LGBT issues was complicated and difficult to conduct due to prejudices and fear rooted in a lack of awareness. The informants discussed the consequences of the invisibility of LGBT in their education:

> "...It feels as if no one takes this seriously, that no one thinks it's important, it's like 'well, great that you brought this up...' and then nothing changes...It's degrading that they're always so politically correct with all the other groups like immigrants, religious minorities and so on, where you're supposed to be so correct and then when it comes to us, nothing ever changes...It's a bit funny or strange that they're not as politically correct with LGBT. It's something that you can just sweep under the carpet and pretend it doesn't exist...It's bloody cowardly really." (Nursing student)