

LGBT Nurses' Experiences of Homophobia: Examples, Effects and Solutions

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Abstract

LGBT nurses experience homophobia in the form of physical violence, verbal abuse, social ostracization and institutionalized discrimination. This homophobia not only negatively affects LGBT nurses, but also patients and heterosexual nurses. Proposed solutions include providing better support for LGBT nurses, encouraging LGBT nurses to be out at their workplaces, and implementing institutional changes to combat homophobic work environments.

In 2003, a gay male nurse in the UK was beaten and left unconscious by his own hospital colleagues because of his sexuality (Harrison, 2006). While the vast majority of lesbian, gay, bisexual and transgender (LGBT) nurses will never experience physical violence due to homophobia, other manifestations of homophobia remain widespread within healthcare systems. This discrimination affects not only LGBT nurses, but also negatively impacts patients and heterosexual nurses. Therefore, strategies aimed at supporting LGBT nurses and those aimed at challenging a homophobic workplace culture benefit everyone.

Manifestations of Homophobia

Interpersonal Homophobia

Compared to other employment sectors, healthcare is the 'least tolerant' of LGBT people, according to the gay rights organization Stonewall (Harrison, 2008). Reports of blatant homophobia toward LGBT nurses in the hospital are commonplace; when one female nurse came out as a lesbian, her co-workers ostracized her and would not allow her to catheterize female patients (Harrison, 2006). Such prejudice is also present in nursing academia, as evidenced by a lesbian nursing professor who was explicitly instructed not to discuss her sexual orientation amongst the faculty (Chinn, 2008).

However, most instances of homophobia affecting nurses are far less blatant. For LGBT nurses, overhearing or directly receiving inappropriate remarks about their sexuality remains a common occurrence (Harrison, 2008). When nurses do file complaints about homophobic discrimination, they are often not taken seriously by managers, leaving the victim on their own to attempt to avoid future instances

of discrimination (Bowers, Plummer, McCann, McCannaghy, & Irwin, 2006).

Institutionalized Homophobia

While homophobia is experienced on an individual level, systemic and institutional homophobia is often at the root. Many institutional causes of homophobia are not healthcare-specific, but instead apply to all places of employment. For example, in the United States, it is legal to fire or deny a promotion to an LGBT person on the basis of their sexual orientation in 29 states, and legal to do so on the basis of gender identity or expression in 38 states (Miller, 2009). Additionally, employers are not required to provide medical or other benefits to a same-sex partner of an employee in states without same-sex marriage or civil union. In states that do not provide marriage rights or employment protection to LGBT people, it is up to individual institutions' policies as to whether these rights will be granted.

Effects of Homophobia

Effects on LGBT nurses

LGBT nurses who experience homophobia in their workplace feel less safe, less valued, and have lower job satisfaction than nurses who do not (Irwin, 2007; Bowers et al., 2006). Whether or not a nurse is personally a victim of homophobia, a workplace culture or atmosphere that tolerates homophobia discourages LGBT nurses from being "out" in the workplace. In their study, Rondahl, Innala, & Carlsson (2007) found that while some LGBT nurses are open about their sexual orientation, many nurses feel that they need to hide their sexual orientation at work, even if they are out in other areas of their lives. This created ongoing stress in the lives of closeted nurses, who

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work in fear that a co-worker or manager will discover their sexual orientation. Some of these closeted nurses hid the fact that they had a same-sex partner by referring to their partner by an incorrect or gender neutral language, while others denied to their co-workers that they had a partner. These obstacles may cause closeted nurses to socialize less with their co-workers, leading to a form of exclusion even in the absence of explicit homophobia (Chinn, 2008).

Effects on Patients

While the most direct impact of homophobia directed at LGBT nurses is felt by LGBT nurses themselves, effects are also felt by the patients for whom they care. No study exists comparing the outcomes of patients cared for by LGBT nurses who experience homophobia in the workplace to those who do not. However, a nurse who is regularly affected by an additional significant stressor at work, like homophobia, may perform less well than a comparable nurse without the same stressor. As explained by the UK's National Health Service Employers' head of equality and diversity Carol Baxter, "If people are not able to be themselves in a job, they will under perform. It is essential for patient care that our staff are happy in their working environment" (Harrison, 2008, p. 12).

Effects on All Nurses

Homophobia affects not only the patients of LGBT nurses, but those of heterosexual nurses as well. In a homophobic environment, any nurse may fear being labeled as homosexual, regardless of his or her real sexual orientation. Female nurses risk being labeled as lesbian if they act too assertively (Chinn, 2008). Fear of fulfilling this stereotype can stand in the way of a nurse being an affective patient advocate. Advocating for LGBT patients may also come with the risk of being labeled LGBT, again, regardless of the real sexual orientation of the nurse-advocate (Bowers et al., 2006). Additionally, a culture that accepts homophobia amongst nurses lends itself to discrimination directed at patients as well. As stated by Darren Skinner, founder of the Royal College of Nurses' group RCN OUT!, "If that is the way nurses can treat colleagues, just think of how they could be treating patients" (Harrison, 2006, p. 20). Homophobia directed at patients from nurses is a well-researched area beyond the scope of this paper.

Proposed Solutions

Support for LGBT nurses

Many proposed solutions to problems caused

by homophobia amongst nurses focuses on better supporting LGBT nurses. Some employers, such as Bromley Primary Care Trust, choose to ask all employees about their sexual orientation. Bromley Primary Care Trust's equality and diversity lead Ian Haylock stated:

By knowing someone's sexuality it is easier to see whether they are being bullied. They may be experiencing subtle harassment ... but do not feel as though it is hard evidence. We are able to track their progress and intervene if something is not right (Harrison, 2008, pp. 12-13).

The creation of networks specifically for LGBT nurses is also beneficial. Many national organizations, such as the American College of Nurse-Midwives and the Oncology Nursing Society, have taken steps to recruit and support specific groups of minority nurses. Through scholarships, mentoring programs, and online communities, many specialty nursing associations create a safe, welcoming environment for their LGBT members (Hinz, 2009). The Gay and Lesbian Medical Association, though originally started as a physician organization, now provides a network of support for LGBT nurses (Chinn, 2008).

Out LGBT Nurses

Some authors suggest that it is the responsibility of LGBT nurses to be out to their co-workers (Chinn, 2008; Miller, 2009). These authors maintain that remaining closeted at work implies an agreement that non-heterosexual orientations are indeed shameful, or that homophobic co-workers will only have an opportunity to work through their prejudice by knowing a gay man or lesbian personally (Chinn, 2008; Miller, 2009). While getting to know a gay or lesbian nurse may indeed reduce the prejudice of nursing co-workers, this benefit comes at a significant risk to the LGBT person. It is imperative that each LGBT nurse decides for him or herself how great the risk of workplace discrimination or termination is, and whether that risk is personally acceptable.

Changing Cultures of Homophobia

While supporting LGBT nurses mitigates the harm done by a homophobic work environment, these actions must be done in conjunction with institutional changes which improve the work environment itself. Institutional support of a homophobia-free work environment starts with the inclusion of real or perceived sexual orientation and gender identity and expression in the institution's non-discrimination policy (Bowers

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et al., 2006). Other relevant institutional policies, such as health insurance coverage, should also be changed or extended to be inclusive of same-sex relationships (Blackwell, 2008; Harrison, 2008). LGBT employees in workplaces with non-discrimination policies that include them have higher levels of job satisfaction, and are more likely to be open about their sexual orientation at work (Blackwell, 2008).

Educating nurses on LGBT issues, both in school and through continuing workplace education, demonstrates institutional support for LGBT students or staff and communicates information important to the care of LGBT patients (Bowers et al., 2006). Combined, these strategies have the power to improve the lives of all nurses and patients, regardless of sexual orientation.

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Introduction

All patients entering a healthcare environment have the possibility of feeling apprehensive about how their medical concerns will be assessed, diagnosed, and, hopefully, treated. However, lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQQ) patients have the added concern of whether healthcare providers will assume they are heterosexual, whether they will be judged or discriminated against by staff, and whether the provider will know the best health recommendations for members of their community (Kitts, 2010). This anxiety creates a barrier between the patient and the receipt of adequate care, which poses a major health risk to the patient (Kitts, 2010).

In nursing, this concern is especially significant, since a patient often relies on the nurse for daily care and coordination of the care team. If the nurse displays any level of discomfort during patient interactions, this could highly affect the level of care received by the patient. The nurse's personal presumptions and biases may lead to less-than-optimal care. Blatant discrimination is even more damaging to delivering care, and it is still common in the medical setting. The purpose of this paper is to examine the biases and prejudices present in the nursing sector from a patient perspective and assess ways to improve access to and comfort during care for the LGBTQQ community.

Heterosexism in Healthcare

Heterosexism or heteronormativity can be defined as the belief that everyone already is or should be heterosexual (Irwin, 2007; Corbett, 2007). Built into this belief is also a dismissal of other alternative sexualities, whether it be conscious or subconscious, in this case, on the part of the provider (Irwin, 2007). Irwin (2007) suggests that when heterosexism is part of a health care encounter, it can put pressure on patients who are not heterosexual and alienate them. Corbett (2007) interviewed 17 women and 10 men between the ages of 23 and 65 and asked about their experiences with nursing care. Corbett's (2007) and Irwin's (2007) findings are similar in asserting that LGBTQQ patients are often immediately alienated by the brochures in health care offices and the heteronorma-

tive forms that must be completed. In Irwin's (2007) article, she further discusses the relationship between heterosexism and health care of LGBTQQ patients by explaining the Australian Medical Association's view that homophobia itself is the health issue rather than homosexuality, thus refuting the idea that homosexuality creates the biological or health hazard for the patient. Additionally, a self-reported questionnaire from a study by Klitzman and Greenberg (2002) revealed that discrimination towards LGBTQQ patients causes them to underutilize services, since they view disclosure as a risk and fear receiving subpar care when they do seek it out. For many heterosexual couples, a husband/wife/partner would be a good support system during healthcare crises, but for homosexual couples, partners attempting to support their loved ones often receive negative non-verbal communication from nurses due to their sexuality (Corbett, 2007). These sorts of reactions cause unnecessary discomfort for patients and add undue stress during a difficult time (Neville and Henrickson, 2006).

Discrimination in Nursing

The decision to disclose sexual orientation to healthcare providers is often a stressful situation for individuals in the LGBTQQ community. Patients can be anxious about facing discrimination, which then impacts their decisions to provide private information to members of the care team. Polek, Hardie, and Crowley (2008) conducted research based in Delaware, for which they recruited 96 lesbian and bisexual women from LGBTQQ. Each woman completed a questionnaire about a variety of experiences related their sexual orientation, including healthcare encounters. Many women in this study, especially bisexual women, reported discomfort with disclosing all aspects of their sexuality to healthcare providers (Polek et al., 2008). This is a clear barrier to receiving adequate care and to conversing openly with the nursing staff.

Rondahl's (2009) study of gay men and lesbians in Sweden found that lesbian and gay patients also feared discrimination or hostility if they were to disclose their sexual orientation. Many of the LGBTQQ patients Rondahl (2009) interviewed expressed