

# 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.

**L**ESBIAN, GAY, BISEXUAL, transgender, and queer/questioning<sup>1</sup> (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

<sup>1</sup>There 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

positive attitudes than nurses who thought it is acquired or learned (35%; Røndahl, Innala, & Carlsson, 2004b). In a qualitative study of 27 gay male and lesbian patients about their experiences with nursing care, nearly all the informants reported that nursing situations were heteronormative: "They take for granted that I'm heterosexual until I say that I'm not, and then everything comes to a halt" (p. 376). Partners were rendered invisible: "I wasn't told anything, nothing... they only spoke to X, didn't even look at me. I didn't exist" (Røndahl, Innala, & Carlsson, 2006, p. 378). Finally, Røndahl (2009) surveyed 90 nursing students in their final semester about knowledge of LGBT health care needs, and 90% failed to receive a passing score of 70% correct.

### Experiences of LGBTQ Nurses

Given the prevalence of negative attitudes among heterosexual nursing colleagues, it is likely that LGBTQ nurses might be concerned about disclosing their sexuality to coworkers (Deevey, 1993). Rose (1993) surveyed 44 lesbian nurses and found that 25% were not out to anyone at work. Half of those who were open about their sexuality at work reported that coming out had been a very difficult process. Many had witnessed discriminatory behaviors by their nurse coworkers, including refusal to care for an LGB person (25%). One nurse in this study commented, "I have experienced other nurses/doctors refusing to give a gay man a painkilling suppository in case 'he enjoyed it'" (p. 51). Giddings and Smith's (2001) research on the experience of lesbian nurses revealed seven themes in the stories of their workplace experiences: (a) closeting of lesbianism in nursing, (b) isolating and hiding from self and others, (c) living a double life, (d) self-loathing and shame, (e) experiencing discrimination from others, (f) keeping safe, and (g) being perceived as a threat to other nurses who were closeted. They concluded that the experiences of the nurses they interviewed point to a double standard where nurses claim to embrace diversity but fail to respect the differences represented by lesbian experience.

There is little conclusive evidence that we can draw from these few studies because they have small samples from highly localized settings. Most of the studies have focused on attitudes about lesbians, with a smaller body of literature that lumps lesbians and gay men or lesbians, gay men, and bisexual individuals together. Thus far, none of the studies have separately examined attitudes about transgender people, and few of the studies assessed both individual attitudes and institutional practices of discrimination. In 2006, the Gay and Lesbian Medical Association (GLMA) collected information from LGBTQ nurses to determine their needs and assess what they would like from a national LGBTQ health advocacy agency. The survey also contained questions about experiences in the workplace and what makes a workplace accepting or rejecting of them as LGBTQ people.

### Method

In 2005–2006, Sharon Deevey, PhD, RN, a board member of GLMA, drafted an online survey for LGBTQ nurses, with the primary purpose of gathering information about how the organization could better serve nurses. The survey included demographic information, workplace information, and several open-ended questions about what made the workplace LGBT friendly or unfriendly, and it was distributed to all nurses in GLMA's membership and newsletter lists. The GLMA staff did not keep information on how many LGBTQ nurses originally received the e-mail inviting them to complete the survey, so we cannot calculate a response rate. Dr. Deevey, with the support of GLMA, requested the assistance of the four other authors to analyze parts of the survey that had broad national significance. Subsequently, the GLMA staff downloaded the data file and sent it to the first author without names or other identifying information. The institutional review board of the first author's university gave the project exempt status, considering it as a secondary data analysis.

Close-ended questions about demographics, education, and workplace issues are reported via descriptive statistics below, and the open-ended questions were subjected to a content analysis performed separately by two of the authors (M. E. and J. D.) and reviewed and validated by the other three authors. The pertinent open-ended questions on the survey that formed the foundation for the current study of workplace climate were the following:

- Do you work in what you consider to be an LGBT-friendly environment?
  - If yes, what has helped to make it friendly?
  - If no, what's unfriendly about it?
- What is your most positive experience with LGBT issues in the nursing profession?
- What is your most negative experience with LGBT issues in the nursing profession?
- In your opinion, what are now, or will be in the future, the most important issues pertaining to LGBT people (both professionals and patients) and nursing?

### Sample Characteristics

A total of 261 nurses responded to the GLMA nurses' survey. Of those, 89% reported that they were currently practicing as a nurse; 20% ( $n = 53$ ) stated that they were currently a student. Of those students, 58.5% were already nurses. By gender, 54.5% of the sample were female, 44.4% were male, and 1.2% ( $n = 3$ ) reported that they were transgender. Participants reported that they were lesbian (43%), gay (43%), bisexual (6%), heterosexual (3%), and other (5%). Three nurses noted that they used the term *queer* (1.2%). Of the three transgender nurses, two identified as lesbian and one as heterosexual.

A total of 234 nurses indicated their practice area. These were highly varied, and the most common response (4.6%) was "faculty." The practicing nurses

were queried about how long they had been in their current nursing position. Of the 227 nurses who responded, 13% stated it had been less than 1 year; 36%, 1-4 years; 22%, 5-9 years; 13%, 10-14 years; 8%, 15-19 years; and 9% had been in the same position for 20-plus years. Twenty-eight participants indicated that they were not practicing as a nurse at the time of the survey, and most of them reported that they were nursing students ( $n = 23$ ). Most of the respondents (67%) reported that they were RNs, 61% stated that they had a bachelor of arts/bachelor of science, 35% had a masters' degree, and 11% had a doctorate. Several participants reported that they were advanced practice nurses: 21% were nurse practitioners (NPs), 5% were clinical nurse specialist, 1% were midwives, and 2% were nurse anesthetists (certified registered nurse anesthetist). Twenty-one percent checked "other," with the most common responses being licensed practical nurse (4%), associate degree in nursing (3%), and diploma nurses (2%).

### Results

#### Being Out in the Workplace

Participants were asked how "out" they were to friends, family, coworkers, employers, and patients. The choices for response included "out to all," "out to most," "out to a few," "not out at all," and "N/A." Most reported that they were "out to all" people in their personal lives, with a range of 57% out to all of their coworkers to 78% out to all of their friends, but few were out to any of their patients. Information on "outness" is depicted in Figure 1.

#### The LGBT-Friendly Workplace

When asked if their workplace was LGBT friendly, 73% ( $n = 187$ ) reported yes, 22% said no ( $n = 56$ ), and 5% ( $n = 12$ ) reported both yes and no. There were many open-ended comments about what made a workplace LGBTQ "friendly." Participants noted that the workplace climate was influenced on the macro level by facility policies and on the microlevel of the unit/classroom by interactions with colleagues and clients. At the intersection of the macro- and microenvironments were the attitudes, statements, and behaviors of others and how those were tolerated by those "in charge" in the facility. External geography, such as the

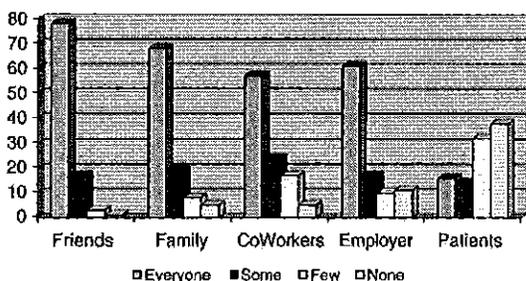


Figure 1. How "out" LGBT nurses were in their lives: percentage who were out.

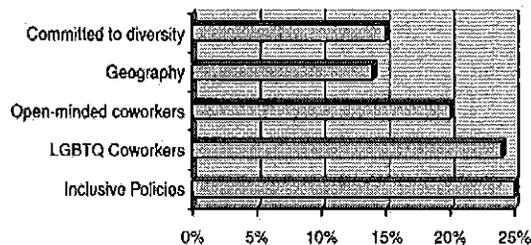


Figure 2. Factors that make a work environment LGBTQ friendly: percentage of respondents who mentioned each factor.

section of the country and the size of the population, had an impact on nurses' experiences at work. Others mentioned that the type of facility had an effect, for example, a faith-based hospital, or whether the setting was a hospital, clinic, or education setting. Several participants said that their own nursing competence, personality, and comfort with being who they were had a positive effect on others. Figure 2 shows the most common themes identified in respondent comments about what made their workplace LGBTQ friendly.

Those who reported positive experiences ( $n = 198$ ) primarily described acceptance and support of others including faculty, coworkers, administrators, and clients. Geography was a factor, although respondents generally said things like, "Of course because I work in New York City..." to indicate why the place that they now worked was more supportive without elaborating on why that location would be more LGBTQ friendly. About 7% of the sample reported that they worked in an LGBTQ-specific work setting.

Some of what made the environment "friendly" included community standards such as "the overall diversity of the community and the prevalence of LGBTQ individuals in all spheres of the community, government, and infrastructure" (P 20, bisexual female). Several others talked about the influence of the community in demanding that facilities be sensitive, open, and relevant. Several participants mentioned facility-specific contributions, such as inclusive language; LGBTQ-positive policies, such as domestic partner benefits; covering the children of domestic partners; and specific hiring policies (e.g., "that sexual orientation is not discriminated against," P 37, lesbian female). Other supports from the facility were noted, including having diversity statements, diversity training, a diversity council, a committee, a task force, and a workplace where "overt homophobia is not tolerated" (P 88, gay male), and "sexual orientation had been identified as a 'protected class' of employee" (P 164, bisexual female). Another participant (P 93, lesbian female) noted that "It's built into the culture. It's part of the company values." Several participants noted, however, that it was not only the facility policies that governed their acceptance and indicated that the climate could vary from one unit or department to another in the same institution. For example, Participant 157, a lesbian female, stated, "The psychiatry department in particular is very accepting.

However, when I worked in the OR at the same hospital it was quite a different experience." Other nurses were very clear that their own behavior had a great deal to do with their acceptance within the institution, for example, P 187, a gay male, said, "my continually being out and making sure that everyone knows." Another underlined how important visibility was: "While everyone else that I work with is straight, and I think carry a fair amount of heterosexism, they are totally accepting of me and my family. For many of them, I am the only gay person they know, and I think that my being out and open about my life has helped them open their minds" (P 45, gay male).

### Caveats to the Friendly Environment

Although more than 70% initially said that their work environment was LGBTQ friendly, their responses about what makes it friendly suggested that many participants may have had somewhat low expectations for an LGBTQ-friendly environment. For example:

I guess it's not that it's friendly so much as not hostile. For the most part, people just accept things and do the work that needs to be done. (P 12, gay male)

People know and are not hostile about it. Also, they know about my partner and include her in conversations. I am not sure that this makes it a friendly environment, but I am not threatened that others know. (P 37, lesbian female)

A tolerant group of people except for a few who make off the cuff remarks without thinking. (P 38, lesbian female)

The question is hard to answer. Nobody disdains me, or anyone else. But it is not an open environment where it is discussed as easily as any other topic. For example, I have no idea who else is GLBT in the organization. It is just not talked about. (P 169, gay male)

Basic tolerance...I would not go overboard in calling it friendly, however. (P 175, lesbian female)

Yes and no, it's an environment of don't ask don't tell. (P 178, gay male)

### The LGBTQ-Unfriendly Environment

Although there were fewer participants who reported negative experiences ( $n = 57$ ), those responses were broad in scope, including many reports of noninclusive policies in their facilities, and examples of homophobic comments and behaviors from coworkers. A few reported serious consequences from being "outed," for example, a few nurses reported job loss after years of stellar reviews. There were several respondents who reported seeing LGBTQ clients/patients being ridiculed, their privacy invaded, and being physically abused. The following are

examples of those who reported that their work environment was unfriendly:

I was told by colleagues when I wanted to do research on lesbian issues that I would "be boiled in oil" and that I had a "Jesus Christ complex," critics may have been closeted themselves. (P 161, lesbian female)

I lost my job after posting my wedding in the local paper, after over a decade at the same job. Never underestimate the power of a Catholic hospital. (P 174, gay male)

A resident doctor who made fun of an effeminate male nurse; when that guy tried to commit suicide, the resident merely said, "He was a pansy." (P 193, lesbian female)

Being outed by a colleague at a faculty party. Although all of my evaluations had been excellent and I had just completed my master's I did not have my contract renewed. I had been teaching in the program for 9 years. It may have had nothing to do with me being gay but it was awfully coincidental. (P 32, bisexual female)

The expectation that as a gay man in nursing, that I am only interested in sexual health issues. (P 34, gay male)

Received e-mail from nurse manager that included a "you should repent" type of message. (P 59, lesbian female)

I have a senior coworker who has been here 20+ years who deems it necessary to harass me about my sexual identity. Particularly making sexual comments and then covering with, "You know I'm kidding, right?" (P 12, gay male)

Several participants noted that the political atmosphere of their geographic location was important, for example, P 25, a lesbian female, said that "my state is very conservative about LGBT issues, but my city is fairly liberal; legal and political issues are barriers." Again, facility issues surfaced; several participants noted the lack of partnership benefits and a "don't ask, don't tell attitude" (P 31, gay male). Other issues within the facility included lack of education, such as "We have not had any training in how to work with GLBT families. Our 'paperwork/assessment work' is not gay friendly, for example, everything (sic) assumes you are working with a heterosexual couple, that is, 'who is the mother, who is the father'" (P 23, heterosexual female who did not indicate gender identity). Another facility-related issue that was mentioned by several nurses was working at an institution affiliated with a formal religion. Participant 32, a bisexual female, said that the environment was unfriendly because it was "very religious. Catholic

organization. No visibility whatsoever. I keep to myself. Very closeted. Scared to talk about it."

Managers and other staff were frequently mentioned in relationship to an unfriendly atmosphere, and some nurses identified a supervisor with negative attitudes. For example, one participant reported a "homophobic boss. Many derogatory statements are made on a weekly basis" (P 28, gay male). However, several participants made a distinction between an environment that was not acknowledging, such as "heterosexual assumptions, lack of awareness of LGBTQ culture and community" (P 33, gay male), and that which was overtly hostile, for example, "a federal prison is very hostile to LGBT people, issues, etc." (P 45, gay male). Confronting the behavior of others was not always productive, and one participant stated:

I was working as a circulating nurse and the anesthesiologist and surgeon were making negative comments on gay marriage. I came out to them and let them know how inappropriate their comments were and was mocked later in the case...the man they were operating on happened to be gay. When I brought this to the attention of my supervisor, I was not encouraged to pursue any action. (P 54, lesbian female)

Other nurses reported that they had received anonymous negative e-mails (e.g., P 63, gay male) and believed that the "perception that if people knew I am a lesbian they would not want me examining their children." (P 55, lesbian female)

Only three respondents were transgender nurses, but other respondents noted that heterosexual nurse coworkers often had negative attitudes about transgender clients, for example:

...how to fit transgendered individuals into the tight little boxes of health care information systems related to "sex" or "gender." (P 129, lesbian female)

Care of trans people is a major concern—trans friends I know NEVER go to MDs or NPs because of fear of intolerance/hatred/discrimination. They would rather die, literally. (P 183, lesbian female)

...F2M [female-to-male transgender] issues around childbirth/breastfeeding and how nurses can disseminate correct information for this growing population. (P 197, gay male)

We had a TG/MF [transgender male to female] on the floor that was very ill and the nurse caring for him made many many comments about how his identity didn't matter in her caring for him, but it seemed to me it did in that she couldn't quite get over her fascination. (P 21, lesbian female)

when we had the first transgendered patient who was a pre-op mtf [male to female] some of the

straight nursing assistants were not very nice. She was sedated and intubated but I explained to them that she hears and feels anyway. Educating the doctors on the correct pronoun was also a struggle. Unfortunately, she died of a gunshot wound which is very upsetting. (P 256, lesbian female)

I actually transitioned on the job a year ago (from female to male). My supervisors met with me privately, issued a memo to everyone, and have been instrumental in modeling use of my new name and proper gender pronouns. Again, my peers have been warm and accepting—and they talk about my transition openly and without shame. (P 233, male transgender) but this same respondent also noted:

despite their declaring their comfort with my transition, most of my coworkers have a very difficult time with pronouns, now 9 months later. I "pass" as male with strangers, have facial hair and a deep voice, and yet my coworkers very often refer to me as "she" or try to do without pronouns altogether. The hard part is playing pronoun police, and their embarrassed reactions to me drawing attention to their misuse. (P 223, male transgender)

Working for VA had my medical records passed around the hospital which contributed great hostility and led to life threatening situation. (P 187, lesbian male transgender)

### Involvement in Professional Nursing Organizations

Most of the participants (64%) stated that they were members of at least one nursing organization: The most common organizations were Sigma Theta Tau, 29%; the American Nurses' Association, 23%; Association of Nurses in AIDS Care, 10%; and the American Association of Critical Care Nurses, 8%. There is currently no LGBTQ professional nursing organization, nor is there an LGBTQ division, task force, or committee within a major nursing professional organization.

Participants were asked to rate the importance of certain activities of a hypothetical LGBTQ nursing organization, including public policy advocacy, referral database, educating the general community, providing information to LGBTQ health care consumers, network opportunities, a quarterly newsletter, and opportunities to earn continuing education units credit. The two activities related to education were rated "of highest importance." A referral database, influencing public policy, and networking were rated "quite important." See Figure 3 for more information about respondents' wishes for an LGBTQ nursing organization.

### Perceptions of Issues Affecting LGBTQ Health Care

When asked about their opinion about the most important issues now or in the future pertaining to LGBTQ people (both professionals and patients) and

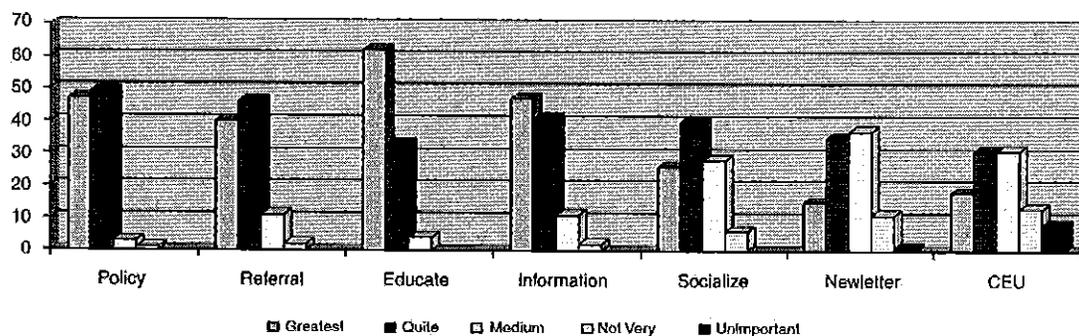


Figure 3. Perceived importance of potential LGBTQ nursing organization activities reported in percentage.

nursing, most of the responses highlighted the need for equality in access, experience, resources, and outcomes in health care and the need for broader national and local nondiscrimination policies. Related comments included the need for acceptance and respect of both LGBTQ nurses and patients. The most frequently identified need was for education about LGBTQ issues for health care professionals as well as for the general public. Several respondents noted the need to consider the aging LGBTQ population and the need for research on health disparities to identify potential gaps in care. Four respondents made comments about the legacy of the history and prevalence of heterosexism and/or homophobia in the nursing profession and the need to challenge it.

### Discussion

Our findings suggested that although most LGBTQ nurse respondents reported that they worked in a friendly environment, this did not necessarily mean that it was a welcoming or inclusive environment. By "friendly," many of the respondents appeared to mean that the environment was not overtly hostile. Many LGBTQ nurses reported that the lack of inclusive policies and benefits and the negative attitudes and behaviors among some of their coworkers and patients contributed to an unfriendly environment. Some respondents reported serious negative consequences, such as loss of job and fear of being out on the workplace. Further research is needed to explore the effects of an unwelcoming or unfriendly environment, such as experiences of stress or negative health consequences.

Our study has limitations. We were unable to determine the response rate, as the survey was not originally designed to be a research study and staff members at the organization were not trained in research procedures. The sample cannot be considered representative of LGBTQ nurses because the sample was drawn from an LGBT advocacy organization, and 7% worked for an LGBTQ-specific setting. We suspect that nurses on this mailing list may be more likely to be "out" and more politically aware than nurses who do not belong to an LGBTQ advocacy organization. However, the fact that it was a nationwide sample and represented a broad variety of nursing settings suggests

that the findings can be useful in supporting further research and in efforts to change the nursing curriculum, nursing organizations, and hospital/health care institution policies and procedures.

### Nursing Implications

Currently, no national nursing organization and only a few state nursing organizations (e.g., California) or specialty organizations (e.g., Oncology Nursing Association) specifically include sexual orientation and/or gender identity in their human rights statements; have committees, interest groups, or task forces for LGBTQ nurses; or acknowledge the presence of LGBTQ nurses in their documents or Web sites. When nursing organizations address diversity, sexual orientation and gender identity are rarely mentioned. LGBTQ nurses are a substantial subgroup within the nursing profession, and it is time for the profession to acknowledge the social justice ramifications of the historic lack of attention to LGBTQ education and the discrimination that has occurred in nursing education and nursing workplaces. Participants in this study rated education within the nursing profession and of the general population as the most pressing need. To address this need to educate the nursing workforce, we developed a nursing continuing education program on LGBTQ health care available on Lippincott's Nursing Center. ([http://www.nursingcenter.com/library/journalarticle.asp?Article\\_ID=859840](http://www.nursingcenter.com/library/journalarticle.asp?Article_ID=859840)). The book (separate from the continuing education examination) would also be useful as an introduction to LGBTQ health in nursing graduate and undergraduate courses. Materials suitable for use in nursing classrooms are being compiled on another Web site ([www.lavenderhealth.org](http://www.lavenderhealth.org)). Finally, organizations like GLMA and the National Coalition for LGBT Health have information on their Web sites for making the environment more welcoming and inclusive.

The second most commonly identified need was for policy change. This includes adding sexual orientation and gender identity to human rights or nondiscrimination policies, client/patient rights statements, and diversity statements. In addition, it means enforcing human rights policies and not allowing discriminatory behavior to occur in the nursing workplace. Policy change goes hand-in-hand with education, as all health care staff

members need education about LGBTQ issues to provide the highest quality of care to all of their patients. A first step would be for nursing organizations to add content related to LGBTQ issues on their Web sites and encourage members to seek inclusive policies where they work. National nursing organizations can sponsor bills for LGBTQ inclusion and advocate on behalf of LGBTQ nurses.

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