

Homophobic Attitudes and Gay Affirmative Practices Among Nursing Students

Joel Cecilio¹, Jea Vanice Novabos², Rhodie Mae Ephteen Javier^{3,*}, Jane Rodriguez⁴

^{1,2,3,4}Adventist University of the Philippines, Philippines

*Corresponding author: rmemjavier@aup.edu.ph

Abstract

Worldwide, there is a rise in homosexual acceptance in society. However, there have been no studies done in the Philippines about homophobic attitudes and gay affirmative practices in the healthcare field. Thus, the researchers determined the relationship between homophobic attitudes and gay affirmative practices in the healthcare field. This descriptive-correlation research was conducted on 121 students in the College of Nursing in a private institution using purposive sampling. They answered adapted and modified questionnaires on the Homosexual Attitude Scale (HAS) and Gay Affirmative Practice (GAP). Data gathered were analyzed using descriptive and inferential statistics such as mean, standard deviation, Pearson's correlation coefficient, analysis of variance (ANOVA). Results revealed that there was a *low homophobic attitude* of the respondents and *fair* in terms of gay-affirmative practices. Correlational analysis revealed that homophobic attitudes and gay affirmative practices were *moderately negatively related*. Furthermore, there was *no significant difference* in the gay-affirmative practices of the respondents in terms of age, gender, and religion; however, there was a *significant difference* between homophobic attitudes and nationality, in which Filipinos had more tendencies of having homophobic attitudes. Moreover, there was *no significant difference* in the gay-affirmative practices of the respondents in terms of age, gender, nationality, and religion. This study will contribute to future researchers' knowledge about the presence, or lack thereof, of homophobia within the scope of a Christian community. The researchers will then be able to relay their studies to further acceptance within the healthcare field.

Keywords: Homophobic Attitudes, Gay Affirmative Practices

INTRODUCTION

There has been an enormous amount of information for both the LGBT (lesbian, gay, bisexual, and transgender) community and nurses, but very little on nursing care to the LGBT community. Every client walking in a hospital should be treated as people, each having their own set of care plans. The sexual orientation of the patient should not affect the care of the nurse (Nesbitt, 2014).

In the late 19th century, a German psychologist, Karoly Maria Benkert, created the word "homosexuality." Although the word was new, the idea of "homosexuality" has been around for a while. This term describes the idea of same-sex desirability and serves as an umbrella term for the LGBT population (Pickett, 2015). Throughout history, there have been accounts of

homosexual acts – widely man to man. The idea is accepted based on culture, society, region, and values. In the Western part of the world, homosexual acts started becoming an issue due to the rise of the Roman Empire. In the year 370 AD, the Roman Church viewed men having sexual acts with men as a crime and was punished by burning (Wilhelm, 2014).

Mis (2014) conducted a survey in the Philippines about the acceptance of LGBT in society. She found that among the other South-East Asian countries, the Philippines had the highest acceptability rate of homosexuality in society (73%), whereas China was 21%, Malaysia 9%, and Indonesia 3%. But, when asked a different question about the same topic, 65% of Filipinos answered that it was immoral to be a homosexual. This 65% statistic is supported by the population of the Philippines identified as Roman Catholic.

Although there have been laws concerning the discrimination of LGBT individuals in the Philippines, one of which states that homosexual individuals have the right to the highest standard of health care and protection from medical abuses (Committee on Women & Gender Equality, 2017), there has been, however, no reports of strong enforcement of the said law.

It has recently been established that the LGBT community has been expanding, but there is only a small amount of information found in the nursing care within the community. The reason for such small information was due to the staff not accepting the submissions they received and showing little interest in the topic. Another factor is that there is a need for the LGBT community's participation to gain more evidence for nursing practices in order to provide the basis for interventions to improve nurses' readiness to care for the population (Jackman, 2017).

There were no studies done about homophobic attitudes and gay affirmative practices within the healthcare area. Thus the researchers explored more on this topic. Since it is the patient's right to have access to the highest standard of health care, the researchers determined if there is a presence of homophobic attitudes among nursing students and the extent of their gay-affirmative practices.

METHODOLOGY

Research Design

The main setting of the study is in the College of Nursing in a private institution for this quantitative – descriptive correlational study. They measured the homophobic attitudes of the respondents and the extent of their gay-affirmative practices. The descriptive study describes the nursing student's homophobic attitudes and the extent of the gay-affirmative practices. A correlational study is done to describe the statistical association between two or more variables. The correlational study was utilized in order for the researchers to determine the relationship of age, gender, nationality, and religion to homophobic attitudes and gay affirmative practices. Moreover, it also provides the researchers a leeway to identify which variables affect the gay-affirmative practices.

Population and Sampling Technique

This study was conducted among the 121 enrolled College of Nursing students in a private university who have been through at least one year of clinical exposure. There were 40 nursing students in the second-year level, 28 third-year students, and 53 fourth-year students, both with clinical exposure, irrespective of age, gender, nationality, and religion. The 121 students are derived from the six variables in the study multiplied by 20 respondents per variable.

Instrumentation

The researchers are using questionnaires adapted from Catherine Crisp and Mary E. Kite. The questionnaire is divided into three parts. The first part is the demographic profile of the respondents. The respondents were requested to provide data such as age, gender, nationality, and religion.

The second part of the questionnaire is the Homosexuality Attitude Scale (HAS) by Mary E. Kite and Day Deaux. It is a 21-item questionnaire that measures the homophobic attitude of the respondents. The last 21 items for the HAS will be in a five-point Likert scale from: 5 = Strongly Agree, 4 = Agree, 3 = Neutral, 2 = Disagree, 1 = Strongly Disagree. The mean scores for the respondents were categorized as follows: 4.50-5.00 = Very High; 3.50-4.49 = High; 2.50-3.49 = Average; 1.50-2.49 = Low; 1.00-1.49 = Very Low.

The third part of the questionnaire is the Gay Affirmative Practice (GAP) Scale by Catherine Crisp. It is a 15-item questionnaire that measures the extent of a healthcare provider's treatment with gay and lesbian clients. The 15 items of the GAP Scale will be in the five-point Likert scale from: 5 = Always, 4 = Usually, 3 = Sometimes, 2 = Rarely, 1 = Never (Crisp, 2006). The mean scores for the respondents were categorized as follows: 4.50-5.00 = Very Good; 3.50-4.49 = Good; 2.50-3.49 = Fair; 1.50-2.49 = Poor; 1.00-1.49 = Very Poor.

The GAP Scale's 15-items that dealt with behavioral practices have an alpha Cronbach of .94, whereas the HAS's 21-items that dealt with homophobic attitudes have alpha reliability of .92.

Data Gathering Procedures

After the approval of the Ethical Review Board, the surveys were distributed during the inter-semester of the academic year 2018-2019 in a private institution among nursing students.

There was informed consent before the questionnaires emphasizing the reason for the study with signatures from the study's advisers and the researchers. Before the respondents answered the questionnaire, the researchers explained the mechanics and ensured that any questions that the respondents may have had been answered. The confidentiality of the data and the anonymity of the respondents were ensured by instructing the respondents not to write their names. The student researchers retrieved 121 questionnaires.

Analysis of Data

After the gathering of the data, the student researchers worked closely with the statistician in analyzing the data. The basis of the significant data is 0.05.

For the first two research questions, the researchers used descriptive statistics, which uses the mean and standard deviations of the entirety of the respondents' answers. In the first research question, the results determined whether or not the respondents have a low or high homophobic attitude. For the results of the second research question, the extent of gay-affirmative practices of the respondents is determined in the range of very poor to very good.

The third research question utilized the Pearson correlation to measure the statistical relationship between homophobic attitudes and the extent of the respondents' extent of gay-affirmative practices. This type of statistical analysis is used when determining the relationship between two quantitative variables.

The last research question was answered by the ANOVA test. This test determined the significant differences in the homophobic attitudes and gay affirmative practices when the moderating factors of age, gender, nationality, and religion were considered.

Ethical Considerations

With the topic of this study, there are ethical concerns that are to be dealt with. For example, the words used in this study may be offensive and insulting to a select few. In this study, being a sensitive topic, especially in a Christian university, the researchers were mindful and sensitive in their approach. Utilizing therapeutic communication techniques and emphasizing confidentiality was the approach of the student researchers while gathering data from the respondents.

RESULTS AND DISCUSSIONS

Homophobic Attitude of the Respondents

This section describes the homophobic attitude of the respondents. The following criteria were set at the start of the study. For the scale of five-point Likert scale:

4.50 – 5.00 = Very high	1.50 – 2.49 = Low
3.50 – 4.49 = High	1.00 – 1.49 = Very low
2.50 – 3.49 = Average	

The fear of being surrounded or around people who identify themselves as lesbian, gay, bisexual, transgender, or any other non-heterosexual orientation or the fear of becoming such sexual orientations are previous meanings of the word “homophobia.” Presently, the word is commonly used as a person that derogates, degrades, or even attempts to “change” the homosexual counterpart into the “normal” sexual orientation (Good Therapy, 2016).

As presented in Table 1, the respondents answered *disagree* on the following items: (3) *I won't associate with known homosexuals if I can help it* (mean = 2.3554); (4) *I would look for a new place to live if I found out my roommate was gay* (mean = .2562); (5) *homosexuality is a mental illness* (mean = 2.4628); (7) *gays dislike members of the opposite sex* (mean = 2.1157); (9) *homosexuals are more likely to commit deviant sexual acts, such as child molestation, rape, and voyeurism than heterosexuals* (mean = 2.1653); (10) *homosexuals should be kept separate from*

the rest of the society (mean = 1.7190); (11) *two individual of the same sex holding hands or displaying affection in public is revolting* (mean =2.3306); (16) *homosexuals should be forced to have psychological treatment* (mean = 2.1983). However, the respondents answered *somewhat agree* on the following items: (12) *the love between two males or two females is quite different than the love between two persons of the opposite sex* (mean = 3.1074); (17) *the increasing acceptance of homosexuality in our society is aiding in the deterioration of morals* (mean = 3.0248). The grand mean of the homophobic attitude using the HAS was 2.4416, with a standard deviation of 0.66924. This means the homophobic attitude of the respondents is low.

Table 1: Homophobic Attitude Scale (N=121)

Statements	Mean	SD	Scaled Response	VI
3. I won't associate with known homosexuals if I can help it.	2.3554	1.04473	Disagree	Low
4. I would look for a new place to live if I found out my roommate was gay.	2.2562	1.24183	Disagree	Low
5. Homosexuality is a mental illness.	2.4628	1.32314	Disagree	Low
7. Gays dislike the opposite sex.	2.1157	1.04235	Disagree	Low
9. Homosexuals are more likely to commit deviant sexual acts, such as child molestation, rape, and voyeurism, than heterosexuals.	2.1653	1.10565	Disagree	Low
10. Homosexuals should be kept separate from the rest of society.	1.7190	0.96801	Disagree	Low
11. Two individuals of the same sex holding hands or displaying affection in public is revolting.	2.3306	1.18595	Disagree	Low
12. The love between two males or two females is quite different than the love between two persons of the opposite sex.	3.1074	1.32163	Somewhat Agree	Average
16. Homosexuals should be forced to have psychological treatment.	2.1983	1.12264	Disagree	Low
17. The increasing acceptance of homosexuality in our society is aiding in the deterioration of morals.	3.0248	1.26197	Somewhat Agree	Average
Grand Mean	2.4416	0.66924	Disagree	Low

Legend: 1.00-1.49 = *strongly disagree*, 1.50-2.49 = *disagree*, 2.50-3.49 = *somewhat agree*, 3.50-4.49 = *agree*, 4.50-5.00 = *strongly agree*

The item “*the increasing acceptance of homosexuality in our society is aiding in the deterioration of morals*” has the highest mean of 3.0248. This implies that the respondents are aware that there is a progression of activities in terms of the LGBT community to have more civil liberty. The LGBT movement’s main goal is to have the same access and rights as their

heterosexual counterparts; however, the implication of these rights may be overstepping moral boundaries. The results of the study show that the respondents were somewhat not agreeable to the LGBT community's desire to have an equal society due to the implication of the overstepping of moral boundaries (Feldman, n.d.).

However, for item 10, *Homosexuals should be kept separate from the rest of the society* has the lowest mean with 1.7190 – along with the majority of the questions towards homophobia, the respondents answered *disagree*, this implies that the majority of the respondents do not think badly about the LGBT community. Research done by the William Institute at the University of California – Los Angeles shows that since 1980, social acceptance of the LGBT community has been steadily increasing due to the access to information and freedom of the press. With the increase of acceptance, there are also implications on the country's economic development policies – policies and programs that mainly help with the reduction of violence and discrimination against the LGBT community (Dowd, 2018).

These findings support the literature, which states that the Philippines has a low homophobic attitude and that the country is accepting of the LGBT movement. In recent Philippine news, in 2018, there have been attempts to pass bills concerning same-sex marriages; however, it is met with strong opposition by the Catholic Church because of the values that it upholds. With the Philippines being a Catholic country, the Church still holds some political influence in the country (Tan, 2018).

Extent of Gay Affirmative Practices

This section describes the extent of the respondents' gay affirmative practices. The following criteria were set at the start of the study. For the scale of five-point Likert-scale:

4.50 – 5.00 = Very good	1.50 – 2.49 = Poor
3.50 – 4.49 = Good	1.00 – 1.49 = Very poor
2.50 – 3.49 = Fair	

In Table 2, the respondents sometimes answered the following questions: (22) *I help my clients reduce shame about homosexual feelings (mean = 2.9174)*; (23) *I help gay/lesbian clients address problems created by societal prejudice (mean = 3.4298)*; (24) *I inform clients about gay-affirmative resources in the community (mean = 3.0165)*; (25) *I acknowledge to clients the impact of living in a homophobic society (mean = 3.2314)*; (27) *I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation (mean = 3.4050)*; (29) *I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation (mean = 3.1074)*; (31) *I help clients identify their internalized homophobia (mean = 3.2562)*.

However, respondents answered *usually* for the following questions: (26) *I respond to a client's sexual orientation when it is relevant to treatment (mean = 3.5787)*; (28) *I provide interventions that facilitate the safety of gay/lesbian clients (mean = 3.4025)*; (30) *I demonstrate comfort about gay/lesbian issues to gay/lesbian clients (mean = 3.5620)*; (32) *I educate myself about gay/lesbian concerns (mean = 3.6116)*; (33) *I am open-minded when tailoring treatment for gay/lesbian clients (mean = 4.0000)*; (34) *I create a climate that allows for voluntary self-*

identification by gay/lesbian clients (mean = 3.6529); (35) I discuss sexual orientation in a non-threatening manner with clients (mean = 3.9339); (36) I facilitate appropriate expression of anger by gay/lesbian clients about the oppression they have experienced (mean = 3.7190). The grand mean of the respondents' gay-affirmative practices using the GAP Scale is 2.4904, with a standard deviation of 0.97087. This means that the respondents' gay-affirmative practices are *fair*.

Table 2: Gay Affirmative Practice Scale

Statements	Mean	SD	Scaled Response	VI
22. I help my clients reduce shame about homosexual feelings.	2.9174	1.40586	Usually	Good
23. I help gay/lesbian clients address problems created by societal prejudice.	3.4298	1.27034	Usually	Good
24. I inform clients about gay-affirmative resources in the community.	3.0165	1.40821	Sometimes	Fair
25. I acknowledge to clients the impact of living in a homophobic society.	3.2314	1.27646	Sometimes	Fair
26. I respond to a client's sexual orientation when it is relevant to treatment.	3.5787	1.23661	Usually	Good
27. I help gay/lesbian clients overcome religious oppression they have experienced based on their sexual orientation.	3.4050	1.28179	Sometimes	Fair
28. I provide interventions that facilitate the safety of gay/lesbian clients.	3.7025	1.23588	Usually	Good
29. I verbalize that a gay/lesbian orientation is as healthy as a heterosexual orientation.	3.1074	1.30257	Sometimes	Fair
30. I demonstrate comfort about gay/lesbian issues to gay/lesbian clients.	3.5620	1.20342	Usually	Good
31. I help clients identify their internalized homophobia.	3.2562	1.24853	Sometimes	Fair
32. I educate myself about gay/lesbian concerns.	3.6116	1.27392	Usually	Good
33. I am open-minded when tailoring treatment for gay/lesbian clients.	4.0000	1.11803	Usually	Good
34. I create a climate that allows for voluntary self-identification by gay/lesbian clients.	3.6529	1.20907	Usually	Good
35. I discuss sexual orientation in a non-threatening manner with clients.	3.9339	1.13824	Usually	Good
36. I facilitate appropriate expression of anger by gay/lesbian clients about the oppression that they have experienced.	3.7190	1.06633	Usually	Good

Grand Mean	2.4904	0.97087	Sometimes	Fair
-------------------	--------	---------	-----------	------

Legend: 1.00-1.49 = *never*, 1.50-2.49 = *rarely*, 2.50-3.49 = *sometimes*, 3.50-4.49 = *usually*, 4.50-5.00 = *always*

According to Healthy People (n.d.), there is a lack of information on just how many people identify themselves as part of the homosexual community; however, there is research that strongly states that the LGBT community's health problems are related to the societal opinion, discrimination, and the rejection of their civil and human rights. The problems that the LGBT community faces greatly are psychiatric disorders, substance abuse, and suicide. There are also instances of violence and physical abuse.

Among the questions for gay affirmative practices, question 33 *I am open-minded when tailoring treatment for gay/lesbian clients* has the highest mean of 4.0000, which can be described as *fair*. This statement implies that the respondents are willing to gain other opinions and inputs while planning for care for a homosexual patient. The elimination of biases towards the LGBT community will ensure that homosexual patient is getting the standard quality care and lead to an increase in their mental and physical well-being (Healthy People, n.d.).

The grand *mean* of 2.4904 with a verbal interpretation as *fair* implies that the respondents are not performing above the norm of health care but rather just staying on a typical standard of health care. However, for 2019-2022, the Health Resources and Services Administration (HRSA) put out objectives for ensuring the underserved and vulnerable populations to having better access to health care. Another objective is enhancing the quality of care and increasing the access to necessary services for those in need (HRSA, 2019).

Relationship between Homophobic Attitude and Gay Affirmative Practices

The results of the relationship between the respondent's homophobic attitude and gay affirmative practices are presented in Table 3. The table reveals that for the 121 respondents, there is a -0.525 relationship between homophobic attitude and gay affirmative practice. This implies that the higher the homophobic attitude of the respondent, their gay affirmative practice would be lower. Thus, the hypothesis of "there is no significant relationship between homophobic attitudes and gay affirmative practices among nursing students" can be rejected because homophobic attitude does impact the gay affirmative practice of an individual.

Table 3: Relationship between Homophobic Attitude and Gay Affirmative Practice (N=121)

		Variables		
		Gay		
		Homophobic	Affirmative	VI
		Attitude	Practices	
Homophobic	Pearson	1	-0.525**	S
Attitude	Correlation			
	Sig. (2-tailed)		0.000	
Gay	Pearson	-0.525**	1	S
Affirmative	Correlation			
Practice	Sig. (2-tailed)	0.000		

** Correlation is significant at the 0.01 level (2-tailed)

Relationship Interpretation: ± 1 = perfect positive/negative, ± 0.90 - ± 0.99 = very high positive/negative, ± 0.70 - ± 0.89 = high positive/negative, ± 0.50 - ± 0.69 = moderate positive/negative, ± 0.30 - ± 0.49 = low positive/negative, ± 0.10 - ± 0.29 = very low positive/negative, ± 0.00 - ± 0.09 = markedly low, negligible positive/negative.

Resulting in a moderately negative relationship, which implies that with high homophobia comes poor treatment towards the client. This result is supported by the programs and laws that the American government is trying to set up to protect the LGBT community from hate crimes. Hate crimes are harsh actions done by a perpetrator that targets a certain person because of their affiliation with a certain social group (LGBTMAP, n.d.).

In fact, a study done by the Center for American Progress in 2017 emphasized that LGBT people have been refused treatment by their healthcare providers due to their sexual orientation or gender identity. There has been a cry to the legislative branch that is a patient should come first before healthcare providers look on at their sexual orientation. With the known fact that there is a presence of discrimination in the health care field, members of the LGBT community tend to shy away from seeking care (Human Rights Watch, 2018).

Along with this, there was a group of conservative religious organizations that challenged a law concerning non-discrimination in the healthcare field, stating that it would require healthcare professionals to give out care that violates their values and religious beliefs (Mirza & Rooney, 2018).

Difference in Homophobic Attitudes with Corresponding Dimensions

Tables 4 – 8 show the difference in the respondents' homophobic attitudes considering age, gender, nationality, and religion.

Age

In Table 4, the researcher categorized respondents' age as 18-19, 20-21, and 22-above years old. The table supports the null hypothesis of "there is no significant difference in the homophobic attitudes when age is considered" because of the p-value is .127.

Table 4: Homophobic Attitude when Age is Considered

Age	N	Mean	SD	F-Value	Sig.	VI
18-19	13	2.5897	.87601			
20-21	70	2.3361	.66171	2.102	.127	NS
22-above	38	2.5852	.58067			
Total	121	2.4416	0.66924			

Legend: S = Significant, NS = Not Significant, VI=Verbal Interpretation

The overall population of the respondents belongs to early adulthood. This group has seen and witnessed the start and social struggles of the LGBT movement. This group also has just finished physical changes such as puberty and growth and has been through some time in formal education. Selecting a mate, making new life-long friendships, and getting their lives together are the goals of those in early adulthood. It can be considered as a new kind of freedom (Beck, 2016).

Furthermore, as the results show, respondents who are 20-21 years old have less homophobic attitudes than 18-19 years old and 22 years old and above. According to Ring (2017), there have been studies done that supported the results that Generation Z people are more accepting of the LGBT community, and they are the ones who tend to be identified as LGBT. In addition to this, it is greatly thought that understanding and acceptance among the younger generations can lead to far greater things in society's future.

On the other hand, a recent study done in June of 2019 by GLAAD, an organization with recent updates about LGBT advocacy through the use of media and culture, showed that young adults are now starting to become uncomfortable due to the broadening and spread of the LGBT spectrum, and the younger generation finds this confusing due to the different labels and the need to be politically correct. These young people who have duly supported the LGBT movement are not becoming detached allies (Suleman, 2019).

Gender

In Table 5, the null hypothesis is supported. There is no significant difference in the homophobic attitudes when gender is considered due to the p-value being .555.

Table 5: Homophobic Attitudes when Gender is Considered

Gender	N	Mean	SD	F-value	Sig.	VI
Male	45	2.6148	1.04300			
Female	76	2.4167	0.92473	0.351	0.555	NS

Since there is no significant difference in the homophobic attitudes when gender is considered, this finding suggests whether males or females have the same homophobic attitude.

A study was done by male respondents in Australia (21%) who agreed that it was difficult for them to treat individuals who identify themselves as part of the LGBT community the same way as they would treat a heterosexual. This study was specifically for the male gender because they tend to hold a much more harmful view of homosexual individuals (Davey, 2015).

Furthermore, the use of social media as a platform to express one's feelings has a positive effect on society. Through data analysis, since 2012, the use of the phrase "no homo" (short for "I am not homosexual") has been used more than 14 million times on the social media platform Twitter. The majority of the tweets that bore this phrase were used by males as their defense to protect their masculinity (Halnon, 2019).

In addition, around the 1930s, there was a rise in fears of being identified as lesbian. Women athletes were sure to present a feminine façade and emphasize their heterosexuality. However, those women were struggling to find a perfect combination of sports and feminism because of society's fear of women becoming manly (Blakemore, 2018).

Nationality

In Table 6, the null hypothesis of "there is no significant difference in the homophobic attitudes when nationality is considered" can be rejected due to the p-value of .010. There is a significant negative difference between homophobic attitudes and nationality, as indicated by an F-value of 4.790. This means that Filipinos tend to be more homophobic than other nationalities.

Table 6: Homophobic Attitudes when Nationality is Considered

Nationality	N	Mean	SD	F-value	Sig.	VI
Filipino	92	2.3618	.68080			
American	10	2.3714	.43109	4.790	.010	S
Others	19	2.8647	.57060			

Table 7: Homophobic Attitudes when Nationality is Considered

(I) Nationality	(J) Nationality	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
Filipino	American	-.00963	.21612	.999	-.5226	.5034
	Others	-.50286*	.16356	.007	-.8911	-.1146
American	Filipino	.00963	.21612	.999	-.5034	.5226
	Others	-.49323	.25357	.131	-1.0951	.1087
Others	Filipino	.50286*	.16356	.007	.1146	.8911
	American	.49323	.25357	.131	-.1087	1.0951

*. The mean difference is significant at the 0.05 level

According to Grimwald (2015), in Filipino society, even though the media claims that the country is progressing to accepting more homosexuals in society, the stigma is still present. Because of this, individuals who identify themselves as homosexual individuals are still hesitant to “come out of the closet” or to proudly out themselves to society to avoid discrimination. There are quite a few celebrities in the media that outwardly show their gender identity; however, most of the LGBT community believe that the way those celebrities portray themselves is not an accurate representation of the LGBT community.

With the wide acceptance of the LGBT community in the Philippines society, they are still the main target of gender discrimination. Being a majorly Roman Catholic country, there has been a strong opposition to LGBT equality in the Senate that has kept attempts in passing an anti-LGBT discrimination bill (Conde, 2018).

The study results negate the survey done in the Philippines, and it resulted in 73% of Filipinos believing that homosexuals should still be accepted by society. This statistic puts the Philippines in second place, after Australia, which has the highest rate of acceptance of homosexuals at 79%. Despite the high levels of religiosity, Filipinos are more tolerant towards homosexual individuals and practices (Salaverria, 2018).

Religion

Table 8 supports the null hypothesis of “there is no significant difference in the homophobic attitudes when religion is considered,” with the p-value being .116. This implies that no matter the religion, whether it is Seventh-day Adventist or not, there is an equal tendency between the two groups to have homophobic views.

Table 8: Homophobic Attitudes when Religion is Considered

Religion	N	Mean	SD	F-value	Sig.	VI
SDA	100	2.4867	.63591			
				2.505	.116	NS
Non-SDA	21	2.2268	.79181			

In the United States of America, there are studies resulting in a negative relationship between regular, active participation in church activities and the disapproval of homosexuality. Irrespective of religious affiliation, homosexual acts are frowned upon. But when the individual gets convicted of doing so, ministers are ready to “pray the gay away” – which is done with the help of others through meditation, prayer, and retraction from the past sexual acts, a homosexual individual can be able to change their sexual orientation (University of California-Santa Barbara, 2017).

Moreover, there is a thought that the Church has the right to practice its own doctrine without the government interfering. World churches have become aware of the increasing acceptance of the LGBT community in society, so they have the need to be more powerful in exercising their doctrines. There are still a handful of countries around the world that think of sexual acts as illegal and are considered a capital offense if caught doing so, and these places are mostly Muslim countries (Wood, 2017).

Furthermore, according to Massie (2016), the crux of LGBT discrimination is religion. Unlike what the study revealed, there have been reforms in the world churches – in which they have changed their theology and affirm that homosexual acts are not sinful. These churches are also emphasizing the difference between faith and sexuality, wherein faith should not have a basis in gender identity.

Difference Between Gay Affirmative Practices with Corresponding Dimensions

Table 9 shows the difference in the respondents’ gay-affirmative practices considering age, gender, nationality, and religion.

Age

In Table 9, the results support the null hypothesis of “there is no significant difference in the gay-affirmative practices when age is considered,” with the p-value being .529.

Table 9: Gay Affirmative Practices when Age is Considered

Age	N	Mean	SD	F-value	Sig.	VI
18-19	13	2.2462	1.11135			
20-21	70	2.4781	.92285	.640	.529	NS
22-above	38	2.5965	1.01756			

Based on the study's results, it implies that irrespective of age, the student nurses can still practice gay-affirmative nursing care. According to a 2015 article in the *Journal of Nursing Management*, patients feel more comfortable and would have a better experience when the nurse is around the same age. Healthcare professionals know how to deal with more types of situations if they have been on the job for so long. There's a better patient-nurse understanding (University of Texas-Arlington, 2017; American Nurses Association, n.d.).

In addition, older nurses have more advantages in terms of knowledge and skills than their younger counterparts due to the experience they have already gone through and the dedication and loyalty they have for their job. Experienced nurses gain satisfaction with patient contact and establish rapport with the patients (Urthaman, Chua, & Ang, 2016).

Gender

Table 10 supports the null hypothesis of “there is no significant difference in the gay-affirmative practices when gender is considered,” with the p-value being .323.

Table 10: Gay Affirmative Practices when Gender is Considered

Gender	N	Mean	SD	F-value	Sig.	VI
Male	45	2.6148	1.04300			
				.984	.323	NS
Female	76	2.4167	.92473			

Table 10 reveals whether males or females have the same gay-affirmative practices. A study done at the University of Arizona discusses how there is a difference between gender differences and social behaviors. Women are more caring, expressive, and nurturing – women were born with a need to care; whereas, men were born to be independent, assertive, and aggressive. There is also a carried stigmatization in how male nurses care for the patient. As the study shows, the general population trusts female nurses more because they are seen with the therapeutic use of touch, which can be thought of as caring and loving for females, but when male nurses use the therapeutic use of touch, it is more seen as a type of harassment (Kronsberg, Bouret, & Brett, 2018).

Historically, nursing is considered a women's field because of their innate caregiving attributes; however, in the mid-19th century, men came into the nursing field and were relied on for their physical strength and bravery in taking care of patients during epidemics. Based on the General Social Survey, there is a progressive, positive attitude towards gender roles. But as stated previously, male nurses tend to take up jobs that showcase their masculinity, whereas women stay at the bedside (Advisory Board, 2018; West et al., 2016).

Nationality

With the p-value of .164, the null hypothesis of “there is no significant difference in the gay-affirmative practices when nationality is considered.”

Table 11: Gay Affirmative Practices when Nationality is Considered

Nationality	N	Mean	SD	F-value	Sig.	VI
Filipino	92	2.3978	.94454			
American	10	2.8733	1.43345	1.833	.164	NS
Others	19	2.7368	.74617			

Based on the results shown in Table 11, there is no difference in gay affirmative practices when nationality is considered, which implies that gay affirmative practice among the respondents will still be provided irrespective of their nationalities.

The statement above is negated with a survey done by the American Association of Colleges of Nursing revealing there always has been a presence of racial inconsistency in the nursing field due to 30% of the nurses identifying that they are “non-white” and less than 20% of the nurses belong in minority groups. The result shows that many nurses are unaware of the ways other cultures deal with health issues (Louisiana State University-Alexandria, 2017).

On the other hand, Landry (2016) published an article conceptualizing a way for healthcare providers to have a more culturally competent provision of care. According to her studies, it shows that health care providers typically have a basic understanding and terminology of the LGBT community. She concluded that by being aware of the different cultures and practices, especially to the LGBT community, the population would have their mental and physical needs met by the health care providers.

In Filipino culture, nurses who are caring for individuals who identify themselves as part of the LGBT community will be facing a much more difficult situation when it comes to gay-affirmative practices. In the Filipino culture, a client’s family would want to know about the client’s status, even before the healthcare provider gets a chance to speak with the client. These cultural practices have to be respected to avoid conflict with the client (Mullahy, 2015).

Religion

Table 12 supports the null hypothesis of “there is no significant difference in the gay-affirmative practices when religion is considered,” with the p-value being .443

Table 12: Gay Affirmative Practices when Religion is Considered

Religion	N	Mean	SD	F-value	Sig.	VI
SDA	100	2.5880	.97102			
				.591	.443	NS
Non-SDA	21	2.0254	.84472			

These results reveal that when religion is considered, the gay-affirmative practices of the respondents are not affected. Healthcare organizations are investing in providing education for staff about the different religions in the world to gain awareness of the differences in values and traditions. This education will enhance the individualization of care to every patient. As long as

there is an open line of communication between the patient and the healthcare provider, religion can be infused into the care plan, which will enhance trust and build a great patient-nurse relationship (Cultural Link, 2018).

Healthcare providers deciding which procedures to perform can be a threat to everyone's health and well-being because it deals more with personal beliefs. There have been accounts where healthcare providers have been fired for giving care to patients but go against the religious values of the affiliated hospital. The journal argues that the patient's well-being must come before the personal values and beliefs of the healthcare professional. If not, then there will be a grave consequence to those who are refused treatments (Movement Advancement Project, 2018).

There has been a pulling away of federal healthcare anti-discrimination bills. This anti-discrimination bill increases religious exemptions for healthcare providers to refuse LGBT people from gaining access to healthcare services (Thoreson, 2018).

Summary of the Findings

The homophobic attitude of the respondents is *low*. The majority of the respondents described their gay-affirmative practices as *fair* since they sometimes answered questions that asked about gay-affirmative practices.

There is a *significant moderately negative relationship* between homophobic attitudes and gay affirmative practice among the respondents. This implies that when there is a low homophobic attitude, then there will be a much higher quality of gay-affirmative practices among nursing students.

There is a significant difference in the homophobic attitudes of the respondents when nationality is considered. Filipinos tend to be more homophobic than those non-Filipinos are.

CONCLUSION

Based on the findings of the study, it was concluded that the respondents described their homophobic attitude as *low*. The gay affirmative practices of the nursing students are *fair*. Between the two variables, homophobic attitudes and gay affirmative practices, there was a negative relationship. There was a significant difference in homophobic attitudes when nationality was considered.

REFERENCES

- Advisory Board. (2018, January 9). *How being a male nurse became so stigmatized – and what's being done about it*. Retrieved from <https://www.advisory.com/daily-briefing/2018/01/09/male-nurses>
- Alessi, E., Dillon, F., and Kim, H. (2015, February). Determinants of Lesbian and Gay affirmative practice among heterosexual therapists. *American Psychological Association*. 52(3), 298-307. [doi: 10.1037/a0038580](https://doi.org/10.1037/a0038580)

- Allen, L., Bromdal, A., Quinlivan K., Rasmussen, M., Sanjakdar, F. (2015). Homophobia, transphobia, young people, and the question of responsibility. *Studies in the Cultural Politics of Education*. doi: [10.1080/01596306.2015.1104850](https://doi.org/10.1080/01596306.2015.1104850)
- American Nurses Association. (N.d.). *Workforce*. Retrieved from <https://www.nursingworld.org/practice-policy/workforce/>
- Beck, J. (2016, January 5). *When are you really an adult?*. Retrieved from <https://www.theatlantic.com/health/archive/2016/01/when-are-you-really-an-adult/422487/>
- Bianchi, M., Carnaghi, A., Cavallero, C., Di Blas, Hunt, C., L., Hvastja-Stefani, L., Pelamatti, G., and Piccoli, V. (2016). Adolescents' appraisal of homophobic epithets: the role of individual and situational factors. *Journal of Homosexuality*, 63(10), 1422-1438. doi: [10.1080/00918369.2016.1158000](https://doi.org/10.1080/00918369.2016.1158000)
- Blakemore, E. (2018, August 2). *Homophobia in women's sports*. Retrieved from <https://daily.jstor.org/homophobia-in-womens-sports/>
- Cherry, K. (2019, March 20). *Cognitive Behavioral Therapy*. Retrieved from <https://www.verywellmind.com/what-is-cognitive-behavior-therapy-2795747>
- Clark, C., McLaughlin, W., Moody, B., Simon, S., and Walters, C. (2018). Gay Affirmative Practice: A Model for Counseling LGB Youth. Retrieved from <https://digitalcommons.georgiasouthern.edu/ccec/2018/2018/12/>
- Cohn, J., Love, M., Lyall, S., Mullins, J., Smith, A. (2015, April 1). Exploring the relationship between gay affirmative practice and empathy among mental health professionals. *Journal of Multicultural Counseling and Development*, 43(2). doi: [10.1002/j.2161-1912.205.00066.x](https://doi.org/10.1002/j.2161-1912.205.00066.x)
- Committee on Women & Gender Equality (2017, February 7). *Prohibiting discrimination on the basis of sexual orientation or gender identity*. Retrieved from http://www.congress.gov/ph/legisdocs/first_17/CR00101.pdf
- Conde, C. (2018, June 5). *Philippine city passes law against LGBT discrimination*. Retrieved from <https://www.hrw.org/news/2018/06/05/philippine-city-passes-law-against-lgbt-discrimination>
- Crisp, C. (2006). The Gay Affirmative Practice Scale (GAP): A new measure for assessing cultural competence with gay and lesbian clients. *Social Work*, 51(2), 115–126.
- Cultural Link. (2018, October 17). *The impact religion can play in healthcare*. Retrieved from <https://theculturalink.com/2016/10/17/the-impact-religion-can-play-in-healthcare/>
- Davey, M. (2015, March 31). *Homophobia among teenage boys at frightening level, says Beyondblue*. Retrieved from <https://www.theguardian.com/world/2015/mar/31/homophobia-among-teenage-boys-at-frightening-levels-says-beyondblue>
- Dowd, R. (2018, April 18). *Acceptance of LGBT people and rights has increased around the world*. Retrieved from <https://williamsinstitute.law.ucla.edu/press/press-releases/lgbt-acceptance-increases-press-release/>

- EurekaAlert. (2019, January 22). *The feminization of men leads to a rise in homophobia*. Retrieved from https://www.eurekaalert.org/pub_releases/2019-01/udg-tfo012219.php
- Feldman, K. (N.d.). *Straight vs. gay; is morality the only issue?*. Retrieved from <https://www1.cbn.com/biblestudy/straight-vs.-gay%3A-is-morality-the-only-issue%3F>
- Garcia, J. (2013). Kritika Kultura Ateneo. *Nativism or universalism: situating LGBT discourse in the Philippines*, 20. 48-69. Retrieved from <https://journals.ateneo.edu/ojs/index.php/kk/article/view/KK2013.02003/840>
- Good Therapy (2016, May 17). *Homophobia*. Retrieved from <https://www.goodtherapy.org/blog/psychpedia/homophobia>
- Grimwald. (2015, January 21). *Homophobia in the Philippines and why it persists to this day*. Retrieved from <https://www.getrealphilippines.com/2015/01/homophobia-in-the-philippines-and-why-it-persists-to-this-day/>
- Halnon, E. (2019, April 17). *Men often use homophobic tweets to protect masculinity*. Retrieved from <https://phys.org/news/2019-04-men-homophobic-tweets-masculinity-article.html>
- Health Resources and Services Administration. (2019, May). *Improve access to quality health care and services*. Retrieved from <https://www.hrsa.gov/about/strategic-plan/goal-1.html>
- HealthyPeople. (N.d.) *Lesbian, Gay, Bisexual, and Transgender Health*. Retrieved from <https://www.healthypeople.gov/2020/topics-objectives>
- Hopkins, N., Kalinauskaite, M., Wakefield, J. (2016, June 4). The nation and the family: the impact of national identification and perceived importance of family values on homophobic attitudes in Lithuania and Scotland. *Sex Roles*, 75(9-10), 448-458. doi: 10.1007/s11199-016-0641-y
- Human Rights Watch. (2018, July 23). *US: LGBT people face healthcare barriers*. Retrieved from <https://www.hrw.org/news/2018/07/23/us-lgbt-people-face-healthcare-barriers>
- InterNations (2014, February 6). *Homophobia and hate crimes*. Retrieved from <https://www.internations.org/usa-expats/guide/29460-safety-security/racism-and-discrimination-in-the-us-16290/homophobia-and-hate-crimes-2>
- Jackman, M (2016, July 22). *Culture, Health, & Sexuality*. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5213255/>
- Kite, E. & Deaux, D. (1986) Attitudes Toward Homosexuality: Assessment and Behavioral Consequences, *Basic and Applied Social Psychology*, 7:2, 137-162, doi: 10.1207/s15324834basp0702_4
- Kronsberg, S., Bouret, J., and Brett, A. (2018) Lived experiences of male nurses: dire consequences for the nursing profession. *Journal of Nursing Education and Practice*, 8(1). doi: 10.5430/jnep.v8n1p46
- Landy, J. (2017). Delivering culturally sensitive care to LGBTQI patients. *The Journal for Nurse Practitioners*, 13(5). doi: 10.1016/j.nurpra.2016.12.015

- Lelutiu-Weinberger, C. and Pachankis, J. (2017, October 5). Acceptability and preliminary efficacy of a lesbian, gay, bisexual, and transgender-affirmative mental health practice training in a highly stigmatizing national context. *LGBT Health* 4(5), 360-370. [doi:10.1089/lgbt.2016.0194](https://doi.org/10.1089/lgbt.2016.0194)
- LGBTMAP. (N.d.). *Talking about: inclusive hate crimes laws*. Retrieved from <http://www.lgbtmap.org/file/talking-about-inclusive-hate-crime-laws.pdf>
- Louisiana State University-Alexandria. (2017, March 30). *How does culture affect healthcare?* Retrieved from <https://online.lsu.edu/articles/healthcare/does-culture-affect-healthcare.aspx>
- Massie, V. (2016, June 15). *LGBTQ religion activist: it's time to talk about America's faith based homophobia problem*. Retrieved from <https://www.vox.com/2016/6/15/11932454/orlando-shooting-LGBTQ-homophobia-religion>
- McLeod, S. (2019). *Cognitive Behavioral Therapy*. Retrieved from <https://www.simplypsychology.org/cognitive-therapy.html>
- Mirza, S. and Rooney, C. (2018, January 18). *Discrimination prevents LGBTQ people from accessing health care*. Retrieved from <https://www.americanprogress.org/issues/lgbt/news/2018/01/18/445130/discrimination-prevents-lgbtq-people-accessing-health-care/>
- Mis, M. (2014, May 16). *Is the Philippines really Asia's most gay-friendly country?*. Retrieved from <http://news.trust.org/item/20140516162146-jipm9/>
- Movement Advancement Project. (2018, March). *Religious refusals in health care: a prescription for disaster*. Retrieved from <http://www.lgbtmap.org/file/Healthcare-Religious-Exemptions.pdf>
- Mueller, E. (N.d). *Homosexuality in history*. Retrieved from <https://www.adventistbiblicalresearch.org/sites/default/files/pdf/Homosexuality%20in%20History.pdf>
- Mullahy, C. (2015, May 6). *New case management opportunities for minority nurses*. Retrieved from <https://minoritynurse.com/category/lgbt-nurses/page/2/>
- Muller, A. (2016). *Health and Human Rights Journal. Health for all? Sexual orientation, gender identity, and the implementation of the right access to health care in South Africa, 18(2)*, 195-208. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5395001/pdf/hhr-18-195.pdf>
- Nesbitt, V (2014) *LGBT Health*. Received from https://journals.lww.com/ajnonline/Fulltext/2014/09000/LGBT_Health.3.aspx#pdf-link
- Nkosi, S (2017). *Christianity and homosexuality: contradictory or complimentary? A qualitative study of the experiences of Christian homosexual university students*. Retrieved from <http://www.journals.ac.za/index.php/sajhe/article/view/891>
- Papadaki, E., Papadaki, V., Plotnikof, K. (2013). Social work students' attitudes towards lesbians and gay men: the case of the social work department in Crete, Greece. *Social*

- Pickett, B. (2015, July 5). *Homosexuality*. Retrieved from <https://plato.stanford.edu/entries/homosexuality/>
- Ring, T. (2017, April 1). *Study: millennials most likely to be LGBT or accepting*. Retrieved from <https://www.advocate.com/politics/2017/4/01/study-millennials-most-likely-be-lgbt-or-accepting>
- Salaverria, L. (2018, July 1). *PH LGBT-friendly, but 61% oppose same-sex marriage*. Retrieved from https://newsinfo.inquirer.net/1005757/ph-lgbt-friendly-but-61-oppose-same-sex-marriage?utm_expid=.XqNwTug2W6nwDVUSgFJXed.1
- Sanders, C. (2017). *Assessing Predictors of Homophobic Attitudes in Female College Students in a Socially Conservative State*. Retrieved from https://shareok.org/bitstream/handle/11244/317256/oksd_sanders_HT_2017.pdf?sequence=1&isAllowed=y
- Santossa, A. and Tognasso, G. (2017, June 1). *Attitudes toward homosexuality in adolescence: an Italian study*. *Journal of Homosexuality*, 65(3), 361-378. doi:10.1080/00918369.2017.1320165
- Smith, D. (2017, May 12) *Homophobic and Transphobic violence against youth: The Jamaican Context*. Received from <https://www.tandfonline.com/doi/full/10.1080/02673843.2017.1336106>
- Suleman, N. (2019, June 25). *Young Americans are increasing 'uncomfortable' with the LGBT community, GLAAD study shows*. Retrieved by <https://time.com/5613276/glaad-acceptance-index-lgbtq-survey/>
- Tan, R. (2018, June 19). *In the fight for gay marriage in the Philippines, Duterte could be an unlikely ally*. Retrieved from https://www.washingtonpost.com/news/worldviews/wp/2018/06/19/in-the-fight-for-gay-marriage-in-the-philippines-duterte-could-be-an-unlikely-ally/?utm_term=.18ed85470717
- Thoreson, R. (2018, July). *"You don't want second best": anti-LGBT discrimination in US health care*. Retrieved from <https://www.hrw.org/report/2018/07/23/you-dont-want-second-best/anti-lgbt-discrimination-us-health-care>
- United States Department of Health and Human Services. (2015). *Advancing LGBT health & well-being*. Retrieved from <https://www.hhs.gov/sites/default/files/dhhs-lgbt-2015-annual-report.pdf>
- University of California-Santa Barbara. (2017, February 17). *Homosexuality and religion*. Retrieved from <https://sexinfo.soc.ucsb.edu/article/homosexuality-and-religion>
- University of Texas-Arlington. (2017, January 3). *Importance of addressing ageism in nursing*. Retrieved from <https://academicpartnerships.uta.edu/articles/healthcare/importance-of-addressing-ageism-in-nursing.aspx>
- Urthaman, T., Chua, T., and Ang, S. (2016). *Older nurses: a literature review on challenges, factors in early retirement and workforce retention*. *Proceedings of Singapore Healthcare*, 25(1). doi:10.1177/2010105815610138

- West, M., Wantz, D., Campbell, P., Rosler, G., Troutman, D., Muthler, C., (2016, January 21). Contributing to a quality patient experience: applying evidence-based practice to support changes in nursing dress code policies. *The Online Journal of Issues in Nursing*, 21(1). doi: [10.3912/OJIN.Vol21No01Man04](https://doi.org/10.3912/OJIN.Vol21No01Man04)
- Wilhelm, A. (2014, May 8). *A timeline of gay world history*. Retrieved from <https://www.galva108.org/single-post/2014/05/08/A-Timeline-of-Gay-World-History>
- Wood, K. (2017, July 7). *The greater the religious fervency, the greater the homophobia*. Retrieved from <https://www.secularism.org.uk/opinion/2017/07/the-greater-the-religious-fervency-the-greater-the-homophobia>
- Youn, G. (2018). Attitudinal changes toward homosexuality during the past two decades (1994-2014) in Korea. *Journal of Homosexuality*, 65(1). doi: [10.1080/00918369.2017.1310](https://doi.org/10.1080/00918369.2017.1310)