

## Abstract

- **Aim**

The aim of this study was to find out if student nurses feel comfortable in **providing emotional support and information** for adolescents who identify as Lesbian, Gay, Bisexual or Questioning and what factors may influence their level of comfort.

- **Background**

Research has shown that nurses and nursing students do experience varying levels of comfort when caring for adults who identify as **Lesbian, Gay, Bisexual** and **Questioning**: adult patients feel that **nurses** attitudes change towards them once they disclose their sexuality. There has been minimal research to date on **nursing** attitudes to working with adolescents who are **Lesbian, Gay, Bisexual or Questioning**.

- **Design**

**Both quantitative and qualitative methods were used in this phenomenological study. Questionnaires were completed by 152 nursing students and 9 took part in semi-structured focus groups.**

- **Method**

SPSS (version 23) was used to analyse the questionnaires. Thematic analysis was used to identify the emerging themes arising from the focus groups. Data was collected between August 2013 and July 2014.

- **Results/Findings**

The results and findings of the study were that student nurses felt discomfort in using language related to **Lesbian, Gay or Bisexual** sexuality with adolescents in professional situations and that the level of discomfort was influenced by personal beliefs and the perceptions of others. However, all students had a positive attitude towards LGB adolescents.

- **Conclusion**

More needs to be done to raise awareness and improve the level of knowledge in relation to **Lesbian, Gay and Bisexual** issues amongst student nurses. Educational institutions and practice areas need to recognise this fact and reflect this in their educational programmes.

## Summary Statement

### Why is this research needed?

- Adolescents who are **Lesbian, Gay, Bisexual or Questioning** are at an increased risk of self-harm, depression, being bullied and misusing alcohol.
- Factors such as self-harm and depression can increase the likelihood for healthcare interventions and support.
- This research is needed to find out whether student nurses feel comfortable in **providing information and emotional support** for those adolescents who are **Lesbian, Gay, Bisexual or Questioning**.

### What are the key findings?

- The levels of comfort in student nurses when caring for **Lesbian, Gay, Bisexual and Questioning** adolescents were influenced by personal beliefs, the use of language and the level of knowledge of **Lesbian Gay and Bisexual** issues.
- Student nurses' practice was influenced by the perceived perceptions of the **Lesbian, Gay, Bisexual and Questioning** adolescent's family and nursing colleagues **of their interactions**.
- Whilst student nurses recognised that some attitudes of colleagues may be questionable they lacked the confidence to challenge these attitudes especially if they were expressed by qualified nurses.

### How should the findings be used to influence practice and education?

- More needs to be done to increase self-awareness and challenge personal beliefs in relation **to providing emotional support for Lesbian, Gay, Bisexual and Questioning adolescents through education**.
- Lesbian, Gay and Bisexual issues need to be addressed both in educational institutions and practice areas to increase student nurses' knowledge.

- Student nurses need to be helped to develop the skills necessary to challenge negative attitudes in practice.

**Keywords:** adolescent, lesbian, gay, bisexual, nursing care, student nurses, comfort, attitude

## Introduction

The process of identifying as Lesbian, Gay or Bisexual (LGB) occurs over a period of time, which can begin in early adolescence through to adulthood (Troiden 1989). Adolescents who are LGB or Questioning their sexuality are at risk of being bullied, stigmatised and isolated (Bakker *et al* 2003, Davis *et al* 2009). These experiences increase the chances that they will suffer from a variety of health problems such as depression, self-harm, increased alcohol and substance abuse and attempted suicide (Hatzenbuehler 2011, Guasp *et al.* 2012). At these points in their lives when they are at their most vulnerable it is essential they are treated with dignity and compassion. In order for this to happen all nurses including student nurses providing care for these adolescents need to feel “emotionally comfortable” in that role.

To provide comfort can be defined as treating a person with dignity, to console, to ease and alleviate distress (Oxford Dictionary 2015). Nurses who feel uncomfortable providing support for LGBQ adolescents may lack skills in providing competent nursing care, in that the above criteria of consoling and alleviating distress may be affected. The care provided to adult LGB patients has been recognised as problematic due to what could be described as a lack of “comfort” on the part of the nurses caring for them (Röndahl 2009). Reasons given for a lack of comfort in providing care are due to prejudice, a lack of self-awareness, lack of knowledge of LGB issues and poor communication skills: such as the use of appropriate language and poor non-verbal communications (Röndahl *et al.* 2006). It could be argued that for adolescents who are questioning their sexual orientation the situation could be more problematic due to their level of development and the stage they are at in coming to terms with their sexuality; both of which require a particular level of support and sensitivity (Keighley 2002, Bakker and Cavender 2003, Glasper and Richardson 2006, DoH 2007, Richardson 2009, UNESCO 2012). In the United States of America (USA) this need has been recognised and a mission statement has been written by the Society for Adolescent Health and Medicine (2013) which highlights the need for health professionals working with LGBQ adolescents to have specific knowledge and skills, such as the ability to communicate effectively. It has been recognised that

these issues need to be addressed in pre-registration nursing programmes (Irwin 1992). Student nurses learn from their mentors, registered nurses and educators as to how to comfort and provide support their patients: providing competent care for LGB adolescents (Christensen 2005, Felstead 2013).

Attitudes towards transgender adolescents were not included in this study, even though they are often grouped together with LGBQ adolescents, their needs and concerns are unique and different. The focus of the study is sexual identity, and how attitudes towards sexual identity can influence feelings of emotional comfort not gender identity.

## **Background**

Sexuality is an essential part of a person's life and although sexual orientation can change throughout life it can be argued that it is during the period of adolescence that it has the most impact on identity; "adolescence, or the second decade of life, is a period in which an individual undergoes major physical and psychological changes: alongside this, there are enormous changes in social interactions and relationships" (WHO 2012 pg. 1). Therefore this period of life can be especially challenging and confusing for LGBQ adolescents. It has been recognised that when LGB adults access healthcare, they experience problems in communication and feelings of isolation and vulnerability (Barbara *et al.* 2001, Röndahl 2009). Due to their youth, LGBQ adolescents can experience greater challenges in finding appropriate support and advice. When accessing health care services, for example after self-harming or feeling suicidal, LGBQ adolescents have expressed concerns about the interpersonal skills of health providers and their ability to provide support (Hoffman *et al.* 2009).

A literature review carried out by Fidelano *et al.* (2016) concerning nursing student's attitudes towards LGBT people found that less than 50% of the research suggested that nursing student's attitudes were improving, however it was the older studies that highlighted more concerns. Studies carried out into the attitudes of nurses towards working with adult LGB patients and the

experiences of adult LGB patients of the nursing care they receive have highlighted concerns. One descriptive comparative study from Sweden that used self-administered questionnaires concerning the attitudes of the registered nurses, assistant nurses, nursing students and assistant nursing students (n=165) found that 36% (n=55) would refrain from nursing homosexual patients if they had the choice, 22% (n=36) of the participants had a non-Swedish background and they expressed more concerns about homosexuality than those from Swedish backgrounds (Röndahl *et al.* 2004a). However, A further study undertaken in Sweden by the same researchers and using the same method found that 58% (n=124) of the participants had a positive attitude, but this seemed to be related to the belief that homosexuality was congenital (Röndahl *et al.* 2004b). Röndahl (2009) found in an explorative study using semi structured interviews that adult LGB patients' (n=27) experiences of nursing care was less positive in that they felt insecure after disclosing their sexuality, with some staff being perceived as being more distant after disclosure. Several participants expressed their concerns about being nursed by; older nurses, nurses who were openly religious and being nursed by immigrant nurses but this was due to their behaviour after disclosure; these feelings may have a basis in reality as evidenced in the studies cited above (Röndahl 2004a).

A study by Jones *et al.* (2002) in Australia explored the attitudes of health care students (n=1132) from a variety of disciplines towards LG patients and the degree of comfort they felt when asking about sexual orientation. A questionnaire was used to collect information; the findings were that between 27% and 30% of the participants would feel uncomfortable if working with a lesbian or gay client, with variances related to the gender of the students. More than 50% of the participants stated they would feel uncomfortable asking about a client's sexual orientation. A further study in Australia used focus groups to gather data, both practitioners and LGBT clients (n=67) took part; findings indicated that discrimination in the form of homophobia can go unchallenged and that staff often make negative and inappropriate remarks about LGB clients (Bowers *et al.* 2006).

## **THE STUDY**

### **Aim**

The aim of this study was to identify if student nurses studying in the child field of nursing feel a lack of comfort in providing support for adolescents who are LGBQ and what factors may influence their comfort level.

### **Design**

This study used mixed methods of data collection. Part 1 involved a questionnaire which was designed to explore a) the level of comfort, b) sense of professional responsibility and finally c) the students' attitude toward caring for LGBQ adolescents. In part 2 of the study students were invited to take part in focus groups to explore the issues identified in part 1 of the study in greater depth.

### **Participants**

A convenience sampling approach was taken to the recruitment of the participants, who were student nurses studying for a BSc (Hons) Nursing Degree (Child Field). Students from each year of training, including finalists were invited to participate in Part 1 of the study. However, only those continuing to study on the programme were invited to participate in Part 2. Details and demographics of the groups are shown in *Table 1*. Initial contact was following lectures, participation was voluntary and anonymous in that the researchers were not aware who participated and who did not.

In part 1 of the study all students (n=162) were invited to participate. The overall participation rate was 95% (n=152). The average age of the participants was 25 years of age; 80% (n=122) were 28 years of age or younger; 95% (n=145) participants were women, 96% (n=146) of the participants stated they were heterosexual. The demographic data showed that 61% (n=93) of the participants had a non-White British ethnic origin i.e. Black British, Black Caribbean, Black African, Bangladeshi, Pakistani, Nepalese, Italian, Irish, German, Czech, Spanish, French and Brazilian referred to as "Ethnicity: Other". The data showed that 68% (n=103) identified as being religious, the biggest groups being Christians (n=56) and Muslims (n=22).

### **Data Collection**



### Part 1: Survey questionnaire

A Likert scale questionnaire (with 1 equalling strongly disagree and 5 equalling strongly agree) was designed to assess; what factors may influence the students' level of comfort in working with LGBTQ adolescents, their sense of professional responsibility in relation to these groups and their general attitudes towards LGB sexuality. The data in part 1 was collected from August - December 2013.

### Part 2: Focus group interviews

Those participants who were still studying on the programme and had completed the questionnaire were invited to attend a focus group. An invitation was sent by e-mail to these students (n=134); 13% (n=18) responded, with 16% (n=3) declining the invitation due to prior commitments. 84% (n=15) students accepted the invitation and of this number, 50% (n=9) students attended. The 9 participants were divided to form focus groups 1 and 2, each focus group consisted of a mixture of 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> year student nurses. The small size of the groups aimed to increase the opportunity for all participants to contribute to the overall discussion (Joyce 2008). Semi-structured questions were used, that evolved from the questionnaire in part 1 of the study to guide and prompt the discussion (Joyce 2008). The data in part 2 was collected during July 2014.

### **Ethical considerations**

The research study was reviewed and approved by the University Health and Education Ethics Committee. Participants were provided with a participant information sheet (PIS), informed consent was obtained and all participants were reminded both verbally and with the written PIS, that they may withdraw consent at any time during the study. Students were told that confidentiality was assured.

### **Data analysis**

#### Part 1: Survey questionnaire

The quantitative data were analysed using SPSS (statistical package for social sciences version 23).

Demographic data and comments (including categorized comments) were analysed using descriptive statistics. Dimensional reduction was achieved by carrying out a factor analysis. Internal consistency was measured using Cronbach's alpha. Between- group comparisons are carried out with an analysis of variance (ANOVA). Paired- samples t-test and repeated- measures ANOVA is used for within- subjects comparisons. Only significant findings are reported.

## Part 2: Focus group interviews

Two focus groups were held and each lasted between 60 to 90 minutes, questions were only used to prompt students or to encourage them to explore an issue in more depth. The discussions were taped and transcribed. Thematic analysis was used to review the data and the researchers followed the principles proposed by Braun and Clarke (2006, 2013). Each researcher reviewed the material independently and then together until the identification of two overarching themes: Personal Concerns and Professional Concerns were identified, five sub-themes were identified in the professional concerns theme; Age and Development, Sexual Confidence, Giving Advice, Level of Knowledge and the Mentor/Student role. Whilst the content of the focus groups has been presented under specific themes there was often a cross over between personal and professional concerns. Quotes from the focus groups will be used to illustrate the findings.

## **Validity, reliability and rigor**

### **Results: Part 1**

The questions were categorized into three sections: comfort, professional responsibility and attitude and they formed the groupings for the results.

#### **Comfort (A)**

Student nurses were asked to answer questions related to the degree of comfort or discomfort they may feel when working with adolescents exploring their sexuality and identifying as LGB. Data are

mean  $\pm$  standard deviation, unless otherwise stated. In general the students felt comfortable discussing issues related to sexuality ( $4.17 \pm 0.65$ ) [A1], however they felt discussing issues related to LGB more difficult ( $3.62 \pm 0.96$ ) [A2]. But they would feel comfortable asking a young person about their sexuality if they felt it was helpful for the young person ( $3.58 \pm 0.85$ ) [A3]. The students felt comfortable using language related to sexuality when talking to adolescents in their personal life ( $3.85 \pm 0.87$ ) [A4], and they would not find discussing sexuality too difficult in their personal life ( $2.33 \pm 0.98$ ) [A5]. However, the students were not sure whether adolescents would discuss issues about sexuality with them in their personal life ( $3.25 \pm 1.17$ ) [A6].

Students felt comfortable using language related to sexuality when talking to adolescents in their role as a student nurse ( $3.82 \pm 0.78$ ) [A7], however they are not sure whether they would feel comfortable discussing issues related to LGB issues difficult in their role as a student nurse ( $2.60 \pm 1.00$ ) [A8]. The students felt that adolescents would feel comfortable discussing issues related to sexuality with them in their role as a student nurse ( $3.67 \pm 0.84$ ) [A9]. *Table 2* presents the mean values for the comfort section.

A paired-samples t-test was used to determine whether there were statistically significant differences between two dependent variables. The differences considered were whether the type of sexuality and the role of the student nurse (general, personal life and student nurse) had an impact on mean values. Two significant mean differences were detected. Student nurses felt more comfortable discussing issues related to sexuality in general [A1] than issues relating to LGB [A2], a statistically significant increase of  $0.56 \pm 0.82$ ,  $t(148)=8.32$ ,  $p<0.001$ . Furthermore, student nurses felt it was more difficult for them to discuss issues relating to LGB with adolescents in their role as a

student nurse [A8] than in their personal life [A5], a statistically significant increase of  $0.28 \pm 0.97$ ,  $t(147)=3.53$ ,  $p<0.001$ .

A two-way ANOVA was conducted to examine the effects of ethnicity and religion on the degree of comfort or discomfort a student nurse may feel when working with adolescents exploring their sexuality and identifying as LGB. There were no statistically significant interactions between ethnicity and religion. Therefore an analysis of main effects was carried out. All pairwise comparisons were run with p- values Bonferroni adjusted. There was a statistically significant main effect of religion for discomfort when using language related to sexuality when talking to adolescents in their personal lives [A4] score,  $F(1,144)=3.90$ ,  $p=0.05$ . The unweighted marginal means were  $4.09 \pm 0.16$  for non-religious and  $3.72 \pm 0.10$  for religious student nurses, a statistically significant mean difference of 0.36.

### **Professional Responsibility (B)**

Student nurses disagreed with the question that “It is not their role as a student nurse to discuss issues related to sexuality” including LGB sexuality ( $1.91 \pm 0.83$ ) [B1]. The students would not want to avoid situations where such issues may arise ( $2.14 \pm 0.87$ ) [B2]. They disagreed with the question that “they would prefer not to work with young LGB people if they had the choice” ( $1.44 \pm 0.71$ ) [B3]. However, students were not sure whether they had enough knowledge about issues related to sexuality to support adolescents who may be questioning their sexuality ( $3.17 \pm 1.11$ ) [B4]. They would want to care for adolescents who were questioning their sexuality ( $3.95 \pm 0.76$ ) [B5]. It was of no concern to the students if the adolescent was LGB ( $4.48 \pm 0.88$ ) [B6] since they think that it is natural for adolescents to question their sexuality ( $4.12 \pm 0.85$ ) [B7]. Students were not sure whether it is the role of the qualified nurse to discuss sexuality with adolescents ( $3.15 \pm 1.15$ ) [B8]. *Table 3* shows the mean values for professional responsibility and Cronbach’s alpha for the categorized comments.

A two-way ANOVA was conducted to examine the effects of ethnicity and religion on the professional responsibility of the student nurses. There were no statistically significant interactions between ethnicity and religion. Therefore, an analysis of main effects was carried out. All pairwise comparisons were run with p- values Bonferroni adjusted. There was a statistically significant main effect of ethnicity on lack of knowledge related to sexuality to support adolescents who may be questioning their sexuality [B4] score,  $F(1,143)=7.67$ ,  $p=0.006$ . The unweighted marginal means were  $2.83 \pm 0.15$  for White-British and  $3.47 \pm 0.18$  for ethnicities other than White-British, a statistically significant mean difference of 0.65.

### **Attitude (C)**

Student nurses think that it is natural for adolescents to explore their sexuality ( $3.78 \pm 0.85$ ) [C1], they think that adolescents are mature enough to know if they are LGB ( $2.07 \pm 0.79$ ) [C2]. The students think that being LGB is just another way of living ( $3.66 \pm 1.05$ ) [C3], therefore they should have the same rights as and be treated no differently to heterosexuals. They do not consider LGB as being a problem, it is society's attitude ( $4.31 \pm 0.83$ ) [C4]. The students do not think that LGB people are disgusting ( $1.38 \pm 0.75$ ) [C5]. They do not think that being LGB is a sin or that LGB sex is wrong ( $1.83 \pm 1.26$ ) [C6]. The mean values for attitudes and Cronbach's alpha for categorized comments are presented in *Table 4*.

A two-way ANOVA was conducted to examine the effects of ethnicity and religion on attitudes towards sexuality.

There was a statistically significant interaction between ethnicity and religion in relation to the question "Being LGB is a sin, LGB sex is wrong" [C6],  $F(1,142)=6.70$ ,  $p=0.01$ . Therefore, an analysis of simple main effects was performed. All pairwise comparisons were run for each simple main effect with p- values Bonferroni adjusted within each simple main effect. For religious and non-religious student nurses whose ethnicity was other than White-British, the mean [C6] score for religious was

2.4 ± 1.44 and 1.1 ± 0.32 for non-religious student nurses, a statistically significant mean difference of 1.3,  $F(1,142)=12.07$ ,  $p=0.001$ . For White-British and other ethnicities, student nurses who identified themselves as being religious, the mean [C6] score for White-British was 1.22 ± 0.67 and 2.4 ± 1.44 for other ethnicities than White-British, a statistically significant mean difference of 1.18,  $F(1,142)=20.02$ ,  $p<0.001$ .

There were no significant interaction effects between religion/White-British ( $p=0.84$ ) and non-religious/ethnicity ( $p=0.89$ ).

Furthermore an analysis of main effects was carried out. All pair wise comparisons were run with p-values Bonferroni adjusted. There was a statistically significant main effect of ethnicity on [C6] score,  $F(1,142)=5.52$ ,  $p=0.02$ . The unweighted marginal means for [C6] score were 1.19 ± 0.15 for White-British and 1.75 ± 0.19 for ethnicities other than White-British, a statistically significant mean difference of 0.56,  $p=0.02$ .

Furthermore there was a statistically significant main effect of religion on [C6] score,  $F(1,142)=8.07$ ,  $p=0.005$ . The unweighted marginal means for [C6] score were 1.13 ± 0.20 for non-religious and 1.81 ± 0.13 for religious student nurses, a statistically significant mean difference of 0.68.

## **Findings: part 2**

**Two overarching themes and five sub-themes were identified in the second overarching theme.**

### **Personal**

Those students that discussed LGB issues in their personal lives had mixed views on how comfortable they felt. Students who stated that discussing such issues in their personal lives was difficult recognised that it was influenced by their beliefs and culture.

“Well, in my personal life I have no difficulty in talking about that sort of thing with friends and family or other people because I have lots of gay friends. My younger relatives and cousins and stuff sometimes ask me questions like that and I have no problem talking about it with them.” (S2 - WB/NR)

“Oh, it’s just because I moved to this country, my parents are very strict and very conservative and we don’t talk about certain things. Back home you just don’t talk about things. It was a bit of a shock when I came here. People just really talk, and we don’t do that back home.”(S9 EO/R)

### **Professional**

The majority of the student’s discussions related to their professional lives: what would and would not cause discomfort for them when they worked with LGB adolescents, their experiences in the work place and their anxieties about their role as a student nurse in providing support. It was clear at times that the students felt conflicted, between their personal beliefs and professional responsibilities which led to some statements being made in which the students seemed to contradict themselves.

### **Age and Development.**

It was clear that “age” was a major concern, working with younger LGB adolescents causing the most discomfort. There were two reasons identified for this, firstly the student’s concerns about what type of language should be used when answering questions. Secondly, if the young person was underage, that is younger than 16 (the age of consent for sexual activity in the UK) they were concerned they may be viewed as condoning or encouraging them to be LGB or to be sexually active by the family of the adolescent or others.

“Because you would have to change your language, you know a twelve year old might say something and your language would be different than with a sixteen year old, so that would have a big impact on me.”(S8 - EO/R)

“I think I would be looking at age, you know to see if there were any guidelines. If you were talking to a thirteen year old about their sexuality or sexual experiences, you know, you could be seen as condoning underage sex.”(S2 - WB/NR)

### **Sexual confidence**

Sexual confidence on the part of the adolescent caused a high level of discomfort for the students. When discussing caring for adolescents who were confident or open about their identity as LGB the students said they would feel uncomfortable. However, it was clear that if the adolescent was confused and seeking support that students would be more comfortable in working with them.

“I think I would feel less comfortable with that than I would be talking about their confusion and their seeking answers, rather than somebody who is just advertising their rainbow pyjamas and I can’t explain it more than that, but yes, I’d have more difficulty with that, with a 15 year old who just wants to tell the world and what effect would that have on the other people on the ward.”(S4 - WB/R)

“I think I would be happier or more comfortable talking to someone who feels upset, confused, questioning and wanting reassurance or who was having a problem with their sexuality.”(S4 – WB/R)

### **Giving advice**

When students discussed LGB adolescents talking about their concerns regarding their sexuality in the clinical areas there was a noticeable level of discomfort. This was related to how the students



felt that professional boundaries may be crossed and their role in giving advice, such as when and where to have conversations.

“I have not really come across anything like this on any of my placements but if I was to come across it to be honest I wouldn’t know how to approach that person, advice wise and I think that is due to me being a practising Christian.”(S5 – EO/R)

“I think it’s just that being in a ward situation or clinical situation is more difficult because you’re in a professional role and you are responsible and accountable for what you say and the advice that you give because whoever you give that advice to would be more likely to listen to you and take that advice into account. So as I was saying, if something happened because of what you’d said then it could come back to you and people could have an issue with what you’d said and so it is completely different in your own life than in your professional life. It’s very different.”(S5 – EO/R)

## **Conflict**

Students that had experienced situations in which staff expressed negative views about LGB people commented on how difficult that was and that they lacked the confidence to challenge other staff about their views.

“I think it is an ongoing issue, people in their own life have their own personal beliefs and that can sometimes impact on how they are in clinical practice. Because obviously, professionally you have to respect everyone’s rights and individuality but if their life choices conflicts with that person’s own beliefs it can sometimes put up barriers, if that makes sense and make it more difficult for them to sort of be professional, does that make sense?” (S1 – EO/R)

“When I have raised something before somebody said to me sometimes it is better not to say anything as a student.”(S2 - WB/NR)

## **Mentor /Student role**

When discussing their role in supporting adolescents in clinical settings who are questioning their sexuality there was a consensus amongst the students that they would refer the issues to their mentors, although there were students who felt that their mentors would not necessarily know what to say or do. It was clear that none of the students would ignore the issue and that it was important to give help.

“But I would try and see if I could help even though I am a student, I could be of some help. I think maybe a member of staff would feel as uncomfortable as I would feel.”(S1 - EO/NR)

“Oh, well, in that situation that would make a difference, if you are saying that the reason for the self-harm was their confusion, then that immediately is an issue because if they are causing harm to themselves we would have to take steps to give them the proper support that they need.”(S3- EO/R)

## **Discussion**

This study has shown that the student nurses who participated in the study are willing to care for adolescents who are questioning their sexuality or who identify as LGB. However, they feel they may not be the best people to provide support due to a lack of knowledge, this is different from studies in Australia (Jones *et al.* 2002) and Sweden (Röndahl 2004) which found between 30% to 45% of participants, would either be unwilling to provide care or refrain caring for LGB patients given the choice. It is difficult to draw direct comparisons between the studies due to differences in the questionnaires and the focus of the studies. In this study cultural and religious factors influenced the level of comfort in caring for LGB adolescents, students who identified as coming from non White-British backgrounds and who described themselves as religious expressed higher levels of discomfort. These findings were similar to the study in Sweden by Röndahl (2004a), in which nursing students from backgrounds other than Swedish expressed higher levels of discomfort in working with LGB

patients (Röndahl 2004). In Sweden the high levels of discomfort were related to feelings of hostility whereas this study found they related to the students' feelings lack of knowledge of LGB issues. Students who took part in the focus groups and who identified as having religious beliefs found discussing sexuality difficult and LGB sexuality more so, the latter finding was also found in part 1 of the study, where the majority of the students of whatever background felt they did not have the "language" to discuss LGB sexuality.

Levels of discomfort became more apparent when discussing **support** for younger adolescents, as students felt their interactions may be questioned by colleagues and the families of the adolescents. This finding may be unique in working with adolescents as they do not have the same autonomy as adults and there are different legal implications in working with them. However, one of the roles of nurses working with adolescents is to act as an advocate for them and to help them support them in accessing health care (RCN 2007, 2008). This unique aspect of providing **support** would be difficult if the students were not comfortable with LBG issues. Concerns were also expressed about caring for adolescents who were considered to be "too confident" in their LGB sexuality by students who identified as being religious. When exploring these concerns students found it hard to explain why except that it made them uncomfortable. Students in both parts of the study would refer LGB adolescents to their mentors for advice, despite the fact they felt the mentors would not be comfortable in caring for them.

### **Limitations**

The unique design of the questionnaire presents difficulties in drawing direct comparisons other studies assessing the attitudes towards LGB sexuality. The small number of participants who took part in Part 2 of the study cannot truly represent the questionnaire sample and can only provide some insight into levels of comfort, sense of professional responsibility and attitude in relation to working with adolescents who identify as LGB or who are questioning their sexuality. Both researchers were well known to the students and this may have influenced their responses.

Anecdotally students said they had not volunteered to take part in the focus groups because they did not know enough about the issues.

## **Conclusion**

Results and findings from part 1 and 2 of the study indicate that some student nurses do experience a lack of comfort in caring for adolescents who identify as LGB or who are questioning their sexuality. It is necessary to address this issue as nurses are increasingly coming from culturally diverse backgrounds and as LGB culture becomes more visible; increased visibility may encourage LGB adolescents to disclose their sexuality when accessing health care and if they do it is essential they receive the right support. Røndahl (2009) has shown that some LGB patients felt through non-verbal and verbal communications that some nurses were not comfortable providing care for them. Saunamaki *et al.* (2010, 2013) have identified that whilst registered nurses recognise the need to discuss sexuality with patients they do not always do so, due to a lack of confidence. Therefore it cannot be assumed by educational institutions that students will develop the necessary skills in practice, particularly in relation to discussing LGB sexuality with adolescents.

The question is what can be done to support student nurses in increasing their levels of comfort. Firstly, it is important for educational institutions to raise self awareness and increase confidence in nursing students by ensuring LGB issues are taught in nursing curricula. Secondly, it is important to provide a safe environment to explore concerns and to challenge negative assumptions and stereotypes. Hopefully, these steps will improve the nursing care provided to adolescents who may be seeking support when they may be particularly vulnerable. One issue that needs further exploration is how LGB adolescents being cared for by nurses feel and what it is they want from the nurses caring for them. Increased comfort levels in students when working with LGB adolescents could improve future practice and as the students of today are the nurses and mentors of tomorrow it may also have a positive impact in the development of skills in practice.

## **Conflict of interest**

No conflict of interests have been declared by the authors.

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