

Exploring the Knowledge and Attitude of Nurses towards Lesbian, Gay, Bisexual, and Transgender (LGBT) Patients in a Hospital: A Cross-Sectional Study

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Keywords	Abstract
LGBT, Nurses, Knowledge, Attitudes, Healthcare Settings, Discrimination.	<p><i>The lesbian, gay, bisexual, and transgender (LGBT) community constitutes a diverse group of individuals with varying sexual orientations and gender identities within the broader gay culture. Unfortunately, this group encounters a disproportionate level of anxiety, fear, stigma, and discrimination in healthcare settings. The aim of this study was to evaluate the knowledge and attitudes of nurses toward LGBT patients at Nepalgunj Medical College Teaching Hospital in Banke. A descriptive cross-sectional study was carried out using a quantitative approach among 56 participants, who were chosen through non-probability purposive sampling. Data was collected via a semi-structured questionnaire and analyzed using SPSS version 20. The results showed that the majority of participants (92.9%) had a satisfactory level of knowledge regarding LGBT patients, while only a small proportion (1.8%) had poor knowledge. With regard to attitudes, over half of the respondents (58.9%) demonstrated a positive attitude toward LGBT patients, whereas less than half (43.1%) exhibited a negative attitude. These findings highlight the significance of improving nurses' knowledge and competencies to deliver high-quality care to LGBT patients devoid of discrimination, decrease fear and uncertainty, and encourage positive behaviors among healthcare staff. Furthermore, addressing gaps in professional knowledge can assist in narrowing the disparities in healthcare that the LGBT community experiences.</i></p>

INTRODUCTION

The LGBT (Lesbian, Gay, Bisexual, and Transgender) community constitutes a distinctive group within the realm of sexual orientation and gender identity. Due to their unique healthcare needs, LGBT individuals are vulnerable to healthcare disparities, necessitating advanced human rights protections to prevent the discrimination and disparity. Despite the advent of technologies in healthcare institutions, there is still evidence of the development of homophobic attitudes among nurses, attributed to the lack of knowledge and negative attitudes towards the LGBT community. LGBT individuals experience higher rates of anxiety, fear, stigma, and discrimination and are susceptible to smoking, alcohol consumption, eating disorders, mental illness, and suicidal tendencies. According to research, 3.5% of the U.S. adult population identify as lesbian, gay, or bisexual, with 0.3%, or 700,000, identifying as transgender. While Nepal, Pakistan, India, and Bangladesh legally recognize transgender people,

homosexuality remains taboo in Nepal, where an estimated 900,000 LGBT individuals still face harassment and discrimination in the various aspects of life (Gates, 2011).

Rationale for the Study

LGBT individuals continue to face numerous challenges when accessing appropriate healthcare services, including limited availability of tailored healthcare options and a dearth of empathetic healthcare professionals, particularly nurses (Eliason et al., 2010).

A study of 824 nurses in Italy revealed that their attitudes towards lesbian and gay patients were only moderately positive, with women exhibiting more favorable attitudes than men. Nevertheless, male nurses displayed a greater awareness of their preparedness to provide care for LGBT individuals (Della Pelle et al., 2018).

Research conducted in North America and Western Europe has demonstrated that medical students lack knowledge about the healthcare needs of LGBT individuals and do not feel sufficiently equipped to care for them. This includes the discomfort in discussing sexual practices and obtaining a sexual history, with inadequate training being the primary barrier to acquiring adequate knowledge and skills (Wahlen et al., 2020).

According to an online study conducted in California, an appropriate balance between negative attitudes and skills is necessary to ensure effective care for transgender patients (Tidwell, 2017). Similarly, a study of primary care practitioners (PCPs) within the Veterans community indicated that 51.1% of respondents felt competent in providing LGBT care, while 15.5% disagreed. Male PCPs reported lower levels of confidence in providing LGBT care compared to their female counterparts (Rowe, 2017).

Healthcare and social care professionals, including direct care providers, have reported inadequate confidence in their ability to address the unique needs of LGBT service users due to factors such as a lack of professional knowledge, cultural competency, and affirming behaviors (Somerville, 2015).

The aforementioned studies indicate a notable deficit in professional knowledge among nurses regarding LGBT patients, with a significant proportion harboring negative attitudes towards this population due to a variety of factors, including limited competency, knowledge gaps, cultural insensitivity, fear, uncertainty, and a lack of affirmative behaviors. Despite the importance of this issue, there is a paucity of international research on LGBT healthcare, and no studies have been conducted to date regarding Nepalese nurses' knowledge and attitudes towards LGBT patients. Accordingly, the researcher aims to investigate this topic by examining the knowledge and attitudes of nurses towards LGBT patients in a selected hospital.

Objectives of the Research

1. To evaluate the level of knowledge regarding LGBT patients possessed by nurses.
2. To assess the attitudes exhibited by nurses towards LGBT patients.

Research Questions

The present study sought to answer the following research questions:

1. To what extent do nurses possess knowledge regarding LGBT patients?
2. What are the attitudes of nurses towards patients who identify as LGBT?

REVIEW OF LITERATURE

According to a study conducted among 45 primary care providers (PCPs) in four community-based outpatient clinics affiliated with the Veterans Affairs (VA) healthcare system, it was discovered that 51.1% of the PCPs agreed that they were proficient in providing LGBT care, whereas 15.5% disagreed. The proportion of male PCPs who acknowledged their competence (50%) was marginally lower than that of their female counterparts (51.8%) (Rowe et al., 2017).

A cross-sectional descriptive correlational study was conducted using pretest/posttest methodology, involving a convenience sample of 111 registered nurses who were currently employed in four different hospitals located in the Southwestern Pennsylvania metropolitan region. The primary objective of the study was to assess the knowledge and attitudes of registered nurses towards LGBTQ health and to evaluate the effectiveness of an educational intervention in improving their competency to care for LGBT individuals. The study found that, overall, registered nurses held a moderately positive attitude towards LGBT individuals and had a certain level of cultural competence in providing care for them (Traister, 2018).

A qualitative descriptive design was employed to conduct semi-structured interviews with eleven Nurse Practitioners (NPs) in the northeastern United States in 2016, aiming to explore their knowledge, attitudes, and beliefs when caring for transgender patients and describe their overall experiences in rendering care in the clinical setting. The study identified four main themes and six subthemes: personal and professional knowledge gaps, fear and uncertainty, caring with intention and pride, and creating an accepting environment (Paradiso and Lally, 2018).

A cross-sectional study was conducted in Italy, which involved multiple centers and employed a data collection tool consisting of three validated questionnaires and a socio-demographic form to evaluate the knowledge and attitudes of Italian nurses towards LGBT individuals. The study involved 824 nurses, and the results showed that attitudes towards lesbian and gay patients were only moderately positive. Female nurses displayed a more favorable attitude towards LGBT patients compared to male nurses. Further analysis showed that greater knowledge of homosexuality was associated with female gender, moderate political affiliation, and affirmative behaviors, while male nurses were found to have a greater sense of preparedness to care for LGBT individuals (Della Pelle et al., 2018).

A cross-sectional study was carried out in a hospital in the northern region of Turkey to investigate the attitudes of 358 nurses towards LGBT individuals. The study aimed to determine the extent of knowledge of LGBT individuals among nurses and explore the relationship between knowledge, education, acquaintance, and homophobic attitude. The results revealed that a majority of nurses (70.1%) had insufficient knowledge about LGBT individuals, and a vast majority (80.7%) reported that their nursing education did not include any mention of LGBT individuals. The study concluded that the level of education, familiarity with LGBT individuals, and knowledge of LGBT individuals significantly impacted the homophobic attitudes of nurses (Soner & Altay, 2020).

According to research conducted in North America and Western Europe, medical students exhibit insufficient knowledge regarding the healthcare requirements of LGBT individuals, do not feel completely prepared to provide care for them, and are uncomfortable discussing sexual practices and taking a sexual history. The primary obstacle to obtaining an adequate sexual history is lack of proper training (Wahlen et al., 2020).

LGBT individuals require healthcare services that are provided with respect, equality, and without discrimination. However, studies have indicated that nurses may exhibit the professional knowledge gaps, insufficient training on LGBT health, display homophobia, and harbor negative attitudes when providing nursing care to LGBT patients. Knowledge and attitudes towards LGBT patients are influenced by several factors, including age, religion, educational level, working experience as a nurse, and sources of information. Although some nurses may demonstrate positive attitudes and adequate knowledge of LGBT patients, further training and educational interventions are necessary to increase their understanding and knowledge. Currently, no research has been conducted in Nepal to assess the knowledge and attitudes of nurses towards LGBT patients.

RESEARCH METHODOLOGY

A descriptive cross-sectional study using a quantitative approach was conducted to examine the knowledge and attitudes of nurses towards LGBT patients. The research was performed at Nepalganj Medical College's Teaching Hospital in Kohalpur, which is a 750-bed healthcare facility situated in Ward No. 11 of the Banke district in the Lumbini province. The study population included registered nurses employed at NGMC Kohalpur in Banke. Non-probability purposive sampling was utilized as the sampling method.

Based on the parameters of $z = 1.440$, $p = 0.5$, $e = 0.08$, and $N = 182$, a sample size of 56 was calculated using the formula for determining sample size in a finite population. The desired confidence level was set at 85%. The inclusion criteria for the study were the availability and willingness of respondents to participate during the data collection period. The sample was drawn from the nursing staff employed at NGMC Kohalpur in Banke. Non-probability purposive sampling was employed as the sampling method.

A semi-structured questionnaire was created for the research, utilizing input from subject matter experts, conducting a literature review, and analyzing comparable studies to establish the structure. The questionnaire, as developed in English, was divided into three sections. Part I consisted of semi-structured inquiries related to socio-demographic variables and sources of information. Part II included semi-structured questions to evaluate knowledge of LGBT patients, while Part III employed the modified semi-structured Likert Scale of ATPLS to determine nurses' attitudes towards LGBT patients.

To ensure content validity, the questionnaire was subjected to extensive review by subject matter experts, research advisors, statisticians, and peers, and modifications were made based on their valuable feedback. A pretest of the instrument was conducted on 6 respondents, which accounted for 10% of the total sample. The pretested respondent was excluded from the study, and the questionnaire was modified accordingly.

Ethical considerations were taken into account prior to data collection. However, the written approval was obtained from Nepalgunj Nursing Campus, and permission was granted by NGMC Kohalpur, Banke. The participants were informed of the study's objectives, and written as well as informed consent was obtained before data collection. The participant anonymity was ensured by using code numbers instead of participant names, and the data was only used for the study.

Data Collection Procedure

After obtaining an approval from the Nepalgunj nursing campus and formal permission from the relevant hospital authority, data collection was conducted. Informed consent was obtained from each participant after explaining the study's objectives. The participants were selected without discrimination based on ethnicity, location, education, marital status, socio-economic status, or religion. The researcher collected the data herself within a specific time frame, allocating 15-20 minutes to each participant.

Data Analysis Procedure

After the data collection process, the collected data was reviewed for completeness and accuracy on a daily basis. Subsequently, it was edited, coded, categorized, and analyzed according to the research objectives. The Statistical Package for Social Sciences (SPSS, version 20) was used to analyze the data, and both descriptive and inferential statistical methods were employed for data interpretation. The study findings were presented in tabular form. The descriptive statistics, such as frequency and percentage, were utilized to describe the socio-demographic characteristics of the 56 respondents who participated in the study and their knowledge and attitudes towards LGBT patients among nurses in a specific hospital.

INTERPRETATION AND ANALYSIS OF DATA

The present section focuses on the analysis and interpretation of data collected from 56 respondents regarding their knowledge and attitudes towards LGBT patients among nurses in a specific hospital. The collected data was analyzed in accordance with the study's objectives. Descriptive statistics such as frequency and percentage were used to describe the participants' socio-demographic characteristics.

Table 1: Respondents' Socio-Demographic Characteristics

Variables	Frequency(n)	Percentage(%)
Age (Years)		
20-25	26	46.4
25-30	26	46.4
30-35	2	3.6
35-40	2	3.6
Religion		
Hindu	54	96.4
Christians	2	3.6
Educational Level		
ANM	2	3.6
PCL Nursing	49	87.5

Bachelors in Nursing	5	8.9
Working Experiences		
0-3years	23	41.1
4-6years	25	44.6
7-10years	7	12.5
11oraboveyears	1	1.8

n=56

Table 1 shows nearly half (46.4%) of the respondents were 20-25 and 25-30 years old, and the least (3.6%) of them were between the ages of 30-35 and 35-40 years old. The majority (96.4%) of respondents followed the Hindu religion, and only (3.6%) of respondents were Christian. The majority (87.5%) were PCL nursing, and the fewest (3.6%) of them were ANM and Bachelor in Nursing. Almost half (44.6%) had 4-6 years of working experience, and the least (1.8%) had over 11 years of working experience.

Table 2: Respondents' Sources of Information

Responses	Frequency(n)	Percentage (%)
Provided Care to LGBT Patient Previously		
Yes	32	57.1
No	24	42.9
Mass Media (Television, Radio, Podcaster Movies)		
Yes	43	76.8
No	13	23.2
Professional Books or Magazines		
Yes	5	8.9
No	51	91.1
Friends		
Yes	8	14.3
No	48	85.7

n=56

Table 2 illustrates that over half (57.1%) of respondents had provided care to LGBT patients previously, and almost half (42.9%) had not provided care. Regarding sources of information, most (76.8%) of respondents were informed from mass media (television, radio, podcast or movie), and the least (8.9%) of them were informed through professional books or magazines.

Table 3 (a): Respondent's Knowledge regarding LGBT Patient

Responses	True n(%)	False n(%)
LGBT refers to distinct group within the gay culture, which includes both sexual orientation and gender identity.	52(92.9)	4(7.1)
Lesbian is woman who is emotionally and sexually attracted to other men.	10(17.9)	46(82.1)
Gay is a sexual orientation that describes a person who is emotionally or sexually attracted to people of their own gender, commonly used to describe men.	47(83.9)	9(16.1)
Bisexual is a person who is emotionally or sexually attracted with own gender.	21(37.5)	35(62.5)
Transgender is a person whose gender identity differs from the sex they were assigned at birth.	52(92.9)	4(7.1)

Sex and gender have a same meaning.	44(78.6)	12(21.4)
Sexual orientation is established at an early age.	32(57.1)	24(42.9)
Homosexuality is caused by a chromosomal abnormality.	33(58.9)	23(41.1)
Homosexual men always act and dress in a feminine way.	12(21.4)	44(41.1)
Homosexual women always dress and act in a masculine way.	25(44.6)	31(55.4)
Homosexual are usually identifiable by their appearance and mannerism.	44(78.6)	12(21.4)
Boys breast typically grow during puberty.	23(41.1)	12(21.4)
A transgender person should be addressed using pronouns of the Preferred gender, rather than biological sex.	40(71.4)	16(28.6)
LGBT patients do not seek medical treatment as early as heterosexuals because of fear of discrimination.	44(78.6)	12(21.4)

n=56

Table 3a presents the findings on the knowledge of respondents regarding LGBT patients. The majority (92.9%) of the respondents gave a true response that they knew about LGBT patients' distinct sexual orientation and gender identity, while only 7.1% of them gave a false statement. Additionally, the majority (82.1%) of the respondents knew that lesbian women are attracted to women, while 17.9% of them were not aware. Similarly, the majority (83.9%) of respondents knew that gay men are attracted to their own gender, while 37.5% of them were not aware that bisexuals are attracted to both sexes. Moreover, the majority (92.9%) of respondents knew that transgender is a gender identity that is assigned at birth, while 7.1% of them were not aware.

Regarding knowledge about sex and gender, most (78.6%) of the respondents knew that sex and gender do not have the same meaning, while 21.4% of them were not aware. Moreover, more than half (57.1%) of the respondents believed that sexual orientation is established at an early age, while almost half (42.9%) did not know. Additionally, more than half (58.9%) of respondents knew that chromosomal abnormality is the cause of homosexuality, while almost half (41.1%) were not aware.

Regarding attitudes towards LGBT patients, most (78.6%) of respondents knew that homosexual men do not always act and dress in a feminine way, while 21.4% of them were not aware. Moreover, more than half (55.4%) of the respondents knew about the legal rights of LGBT patients, while almost half (44.6%) were not aware. Additionally, most (78.6%) of the respondents gave a true response that LGBT patients are identifiable by their appearance and mannerism, while a quarter (21.4%) of them were not aware.

Regarding medical treatment-seeking behavior, most (78.6%) of the respondents knew that LGBT patients do not seek medical treatment because of fear of discrimination, while a quarter (21.4%) of them gave a false statement.

Table 3 (b): Respondents' Knowledge regarding LGBT Patients

Responses	True n(%)	False n(%)
LGBT experience greater psychological distress with higher levels of depression, anxiety, body image and debating disorders due to lack of social acceptance than the general population.	49(87.5)	7(12.5)

LGBT are vulnerable to poor health and social outcomes because of marginalization, stigma and normative pressure against sexual and gender minorities.	35(62.5)	21(37.5)
LGBT patients experience barriers in access to adequate healthcare due to a lack of specific knowledge and/or heterosexist attitudes on the part of health professionals.	52(92.9)	4(7.1)
It is important to conduct a suicide assessment when working with LGBT patients.	16(28.6)	40(71.4)
In the world, the most common mode of transmission of HIV is through gay male sex.	34(60.7)	22(39.3)
Lesbian patients do not need PAP smears as frequently as heterosexual women.	44(78.6)	12(21.4)
LGBT adolescents are more likely to use alcohol, tobacco or other psychoactive substances than other adolescents.	18(32.1)	38(67.9)
Gay and lesbian people have a higher prevalence of anxiety and depression compared to heterosexual people.	48(85.7)	8(14.3)
Most healthcare providers automatically make the assumption that their patient is heterosexual if they have not specifically addressed sexual orientation.	33(58.9)	23(41.1)
Providers need to be sensitive and well-informed regarding the optimal provision of health care and preventive services to sexual and gender minorities.	53(94.6)	3(5.4)

n=56

Table 3b presents the findings related to respondents' knowledge and attitudes towards LGBT patients among nurses in a selected hospital. The majority (87.5%) of respondents had a true understanding that LGBT individuals experience greater psychological distress due to lack of social acceptance, while only a minority (12.5%) gave a false response. Over half (62.55%) of respondents truly understood that LGBT individuals are vulnerable to poor health due to normative pressure and gender minorities. The majority (92.9%) of respondents knew that LGBT patients face difficulties in accessing adequate healthcare due to a lack of specific knowledge among healthcare professionals, whereas only a minority (7.1%) disagreed. Most respondents (71.4%) did not know about conducting a suicide assessment, while a quarter (28.6%) agreed with this statement. Over half (60.7%) of the respondents gave a true response, while a quarter (39.3%) gave a false response regarding the common mode of transmission of HIV through gay male sex. Only a minority (21.4%) of respondents knew that heterosexual women also need frequent PAP smears, while most (78.6%) were unaware. A quarter (32.1%) of respondents knew that LGBT adolescents mostly use alcohol, tobacco, and other psychoactive drugs compared to other adolescents, while most (67.9%) gave a false response. The majority (85.7%) of respondents gave a true response regarding LGBT individuals having a higher prevalence of anxiety and depression compared to heterosexuals, while only a minority (14.3%) gave a false response. Over half (58.9%) of respondents gave a true response regarding healthcare providers automatically assuming that all patients are heterosexual, while almost half (41.1%) gave a false response. The majority (94.6%) of respondents gave a true response that healthcare providers need to be sensitive and well-informed regarding optimal provision of healthcare and preventive services to sexual and gender minorities, while only a minority (5.4%) gave a false response.

Table 4: Respondents' Level of Knowledge

Knowledge Level	Frequency(n)	Percentage (%)
Good Knowledge (>75%)	3	5.4
Satisfactory Knowledge (50-75%)	52	92.9
Poor Knowledge (<50%)	1	1.8

n=56

Table 4 reveals the majority (92.9%) of the respondents have a satisfactory level of knowledge, and only (1.8%) have poor knowledge.

Table 5 (a): Respondents' Attitude regarding LGBT Patients

Responses	Strongly Disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly Agree n(%)
Homosexuality is immoral.*	10(17.9)	37(66.1)	4(7.1)	5(8.9)	0(0)
Changing an individual's sex (hormones and/or surgery) is against moral values.*	2(3.6)	33(58.9)	7(12.5)	6(10.7)	8(14.3)
LGBT patients do not have any specific health needs.*	30(53.6)	21(37.5)	0(0)	3(5.4)	2(3.6)
It is more challenging to conduct a physical examination with a patient who identifies as LGBT than with a heterosexual patient.	3(5.4)	35(62.5)	9(16.1)	8(14.3)	1(1.8)
I feel I would be unable to talk with a patient who identifies as LGBT in a sensitive and appropriate manner.*	17(30.4)	18(32.1)	2(3.6)	19(33.9)	0(0)
I think the nursing curriculum should include information about LGBT's health and their needs.	5(8.9)	2(3.6)	4(7.1)	16(28.6)	29(51.8)
I would be comfortable telling my friends and family that I cared for LGBT patients.	2(3.6)	6(10.7)	2(3.6)	16(28.6)	30(53.6)
Identifying as transgender should be considered a psychiatric illness.*	34(60.7)	15(26.8)	3(5.4)	3(5.4)	1(1.8)

n=56, * Indicate negative statement

Table 5(a) presents the results indicating that the majority (66.1%) of respondents disagreed with the statement that homosexuality is immoral, and the least (7.1%) were neutral. More than half (58.9%) of the respondents disagreed strongly that changing an individual's sex (hormones and/or surgery) is against moral values, and the least (3.6%) strongly disagreed. Similarly, more than half (53.6%) of the respondents strongly disagreed that LGBT patients do not have any specific health needs, and the least (5.4%) agreed. The majority (62.5%) of respondents disagreed with the statement that it is more challenging to conduct a physical examination on an LGBT patient than on a heterosexual patient, and the least (1.8%) strongly agreed. A quarter (33.9%) of respondents agreed with the statement that they are unable to talk with a patient who identifies as LGBT in a sensitive and appropriate manner, and the least (3.6%) were neutral. More than half (51.8%) of the respondents strongly agreed that the nursing curriculum should include information about LGBT health and their needs, and the least (3.6%) disagreed. More than half (53.6%) of the respondents strongly agreed that they are comfortable telling friends and family that they care for LGBT patients, and the least (3.6%) strongly disagreed or were neutral. The majority (60.7%) strongly disagreed with the statement that identifying as transgender should be considered a psychiatric illness, and the least (1.8%) strongly agreed.

Table 5 (b): Respondents' Attitude regarding LGBT Patients

Responses	Strongly Disagree n(%)	Disagree n(%)	Neutral n(%)	Agree n(%)	Strongly Agree n(%)
As a nurse, I think it is important to include questions about the personal and sexual life, sexual orientation and gender identity of patients.	3(5.4)	11(19.6)	21(37.5)	11(19.6)	10(17.9)

Being transgender is a natural expression of gender identity in men and women.	3(5.4)	4(7.1)	8(14.3)	29(51.8)	12(21.4)
LGBT people still need to protect equal rights.	4(7.1)	4(7.1)	0(0)	15(26.8)	33(58.9)
I would refuse to care for LGBT patients if I were aware they were LGBT.*	37(66.1)	10(17.9)	3(5.4)	5(8.9)	1(1.8)

n=56, * Indicate negative statement

Table 5b displays the results of a survey in which respondents were asked questions related to the personal and sexual life, sexual orientation, and gender identity of patients. Approximately 37.5% of the respondents reported feeling neutral towards these questions, while only 5.4% strongly disagreed. Regarding the natural expression of gender identity in men and women, more than half (51.8%) of the respondents agreed, and again only 5.4% strongly disagreed. In terms of the need for protecting the equal rights of LGBT individuals, the majority (58.9%) of the respondents strongly agreed, with only 7.1% strongly disagreeing or disagreeing. Finally, a significant proportion (66.1%) of the respondents strongly agreed with the idea of refusing to care for LGBT patients if they were aware of their sexual orientation or gender identity, while only 1.8% strongly disagreed.

Table 6: Respondents' Level of Attitude

Attitude Level	Frequency(n)	Percentage (%)
Positive Attitude ($\geq 75\%$)	33	58.9
Negative Attitude $< 75\%$	23	41.1

n=56

Table 6 presents data on the attitudes of respondents towards the care of LGBT patients. Specifically, the table indicates that more than half (58.9%) of the respondents reported having a positive attitude towards LGBT patient care, while nearly half (41.1%) reported having a negative attitude towards this type of care.

DISCUSSION

The study found that the majority of respondents had a satisfactory level of knowledge regarding LGBT patients. Similar results were found by a study conducted in Turkey (Soner & Altay, 2020). The findings are also in line with other previous studies (Stewart & O'Reilly, 2017; Rowe et al., 2017; and Wahlen et al., 2020).

The present study reveals that more than half of the respondents have a positive attitude, while almost half of the respondents have a negative attitude towards LGBT patient care. These findings are supportive of the previous study on the topic (Dearing & Hequembourg, 2014; Della Pelle et al., 2018; Tidwell, 2017; and Traister, 2018).

CONCLUSION

The results of the current study indicate that a significant proportion of the participants possess a satisfactory level of knowledge and a positive attitude towards the care of LGBT patients. This study could contribute towards enhancing the competency level of nurses by providing them with the necessary knowledge and skills to provide quality care to LGBT

patients, without discrimination. Moreover, it could help in filling the gap in professional knowledge regarding LGBT healthcare needs, which could lead to less fear, uncertainty, and negative attitudes towards LGBT individuals among healthcare personnel. Ultimately, this could lead to affirmative behaviors and attitudes towards LGBT individuals, resulting in better healthcare outcomes for this population.

Implications, Recommendations and Limitations

The findings of the study would serve as a valuable contribution to the existing body of knowledge on the topic. This study would establish a baseline for future research in this area and serve as a reference source for researchers. Emerging students can effectively use the findings of this study as a resource for their own research purposes. The study's results provide nurses with valuable information about caring for LGBT patients, which can help change care providers' attitudes and promote best practices.

Based on the study findings, the following recommendations are suggested: Development and implementation of educational programs on LGBT patient care should be considered for nurses to increase their knowledge and competence. Further research on this topic with a larger and more diverse population should be conducted to increase the generalizability of the findings.

The study was conducted solely at Nepalganj Medical College, limiting the generalizability of the findings to other settings. Furthermore, due to the limited time of the respondents, the data collection process posed difficulties for the researcher.

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