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Nurses Attitudes Toward Caring for LGBTQ Patients and the Factors that Influence Them

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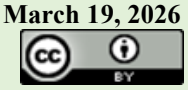

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Abstract: The lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations face persistent health disparities due to stigma, societal norms, and gaps in provider competence. Nurses' attitudes and training influence care quality, yet cultural sensitivity and personal beliefs may limit inclusivity, especially in Nepal. This study aimed to assess nurses' attitudes toward LGBTQ patients and the factors shaping these attitudes. A descriptive cross-sectional study was conducted in Bhaktapur, Nepal. A total of 422 nurses were selected through the census method from four hospitals chosen by purposive sampling, and data were collected using a self-administered questionnaire. Data were analyzed using SPSS 20 with descriptive and inferential statistics to summarize findings and identify associated factors. Findings indicated that most respondents were young nurses aged 18–27 years (54%), female (98.1%), with PCL Nursing qualifications (64%) and working in wards (62.3%). Knowledge about homosexuality was low (53.6% scored <60%), while attitudes showed stigma alongside some support, 60% viewed homosexuality as immoral, yet 52.1% agreed LGBTQ patients deserve equal care. Regression analysis indicated that general attitudes (β = 0.355), homophobic behavior (β = 0.279), and stereotypes (β = –0.363) explained 66% of variance in care attitudes, while knowledge had minimal impact (β = 0.064). Therefore, these findings highlight the need for targeted interventions to promote LGBTQ-inclusive healthcare.

Keywords: *Attitudes, Influencing Factors, LGBTQ, Nurse, Patient Care*

Declaration: There is no conflict of interest, and the research was conducted by adhering to all research ethics.

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Introduction

Health disparities among lesbian, gay, bisexual, transgender, and queer (LGBTQ) populations remain a major global concern, despite growing policy attention and advocacy (Lim & Hsu, 2016; Morris et al., 2019). Leading organizations, including the Institute of Medicine and Healthy People 2020, emphasize the need for culturally informed and inclusive care to address the unique health challenges faced by LGBTQ individuals (IOM, 2011). These disparities are reinforced by structural stigma and societal norms that privilege heterosexual identities, creating barriers to healthcare access, discriminatory practices, and gaps in provider competence (Kubota & Phelps, 2015; Rondahl, 2009). Nurses frequently encounter these challenges in clinical settings, where their attitudes, knowledge, and comfort levels significantly influence patient experiences. Evidence shows that negative perceptions and limited training continue to hinder equitable care for LGBTQ patients, even as societal acceptance gradually increases (Dorsen, 2012; Stewart & O'Reilly, 2017). In Nepal, discussing sexuality remains culturally sensitive, and LGBTQ individuals continue to face stigma despite major legal reforms that recognize and protect their rights (GoN, 2015; Pant et al., 2007).

This cultural backdrop contributes to a notable disconnect between the theoretical emphasis on inclusivity within nursing education and the practical challenges students and professionals face in real clinical environments. Research indicates that personal beliefs, cultural expectations, and insufficient experiential learning can influence nurses' attitudes and ultimately affect their ability to deliver respectful and competent care to LGBTQ patients (Lim & Hsu, 2016; Strong & Folse, 2015). Exploring these attitudes is crucial for strengthening patient-centered care, particularly in societies where stigma remains embedded in social interactions and professional practice. By understanding the factors shaping nurses' perceptions and behaviors, the healthcare system can better promote equity, foster cultural competence, and ensure safe, dignified care for all individuals. Therefore, the objective of this study is to assess nurses' attitudes towards LGBTQ patients and the factors that influence them.

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Methodology

This study employed a descriptive cross-sectional design to examine nurses' attitudes toward providing care to LGBTQ patients, using a quantitative approach for data collection. The study was conducted in Bhaktapur, Bagmati Province, Nepal, among nursing staff from various hospitals. Four Hospitals were selected through purposive sampling, and data were collected from all nurses in the selected hospitals using the census technique, resulting in a sample of 422 participants. Nurses aged 18 years and above with at least six months of work experience were included, while those who declined participation were excluded. Quantitative data were collected using a self-administered questionnaire through a survey method. The collected data were coded, entered, and analyzed using SPSS version 20, with descriptive statistics (frequencies, percentages, mean, and standard deviation) used to summarize the data, and inferential analyses, including correlation and regression, employed to identify factors associated with nurses' attitudes.

Results and Discussion

Table 1: Socio-demographic, educational and professional characteristics of the respondents

Socio-demographic variables		Frequency (N)	Percent (%)
Age	18-27	228	54.0
	28-37	135	32.0
	38-47	53	12.6
	48-57	4	0.9
	58 and above	2	0.5
Gender	Male	8	1.9
	Female	414	98.1
Sexual orientation	Heterosexual	422	100
Ethnicity	Brahmin/Chettri	221	52.4
	Adhibasi/Janajati	182	43.1
	Madhesi	7	1.7

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	Dalits	12	2.8
Religion	Hinduism	357	84.6
	Buddhism	62	14.7
	Christianity	3	0.7
Marital status	Married	205	48.6
	Unmarried	217	51.4
Level of education	ANM	35	8.3
	PCL	270	64.0
	Bachelor/PBN	107	25.4
	Masters and above	10	2.4
Area of work	OPD	38	9.0
	Ward	263	62.3
	Emergency	39	9.2
	OT	40	9.5
	ICU	42	10.0
Working experience	1-2 years	223	52.8
	2-5 years	112	26.5
	5 years and above	87	20.6

Table 1 presents the socio-demographic, educational and professional characteristics of the respondents. Most participants were aged 18–27 years (54.0%), followed by 28–37 years (32.0%) and 38–47 years (12.6%), with only 1.4% aged 48 and above. Females made up the overwhelming majority (98.1%), and all respondents identified as heterosexual. In terms of ethnic, the majority were Brahmin/Chettri (52.4%) and Adhibasi/Janajati (43.1%), with minimal representation from Madhesi (1.7%) and Dalits (2.8%). The sample was largely Hindu (84.6%), followed by Buddhism (14.7%) and Christianity (0.7%), and marital status was nearly evenly split between unmarried (51.4%) and married (48.6%).

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Most participants had completed PCL Nursing (64.0%), followed by Bachelor/PBN (25.4%), ANM (8.3%), and a small proportion holding a master's degree or higher (2.4%). Regarding work areas, the majority were employed in wards (62.3%), with representation from ICU (10.0%), OT (9.5%), Emergency (9.2%), and OPD (9.0%). In terms of professional experience, over half had 1–2 years of work experience (52.8%), 26.5% had 2–5 years, and 20.6% had more than 5 years, indicating that the sample mainly consisted of early-career nurses with PCL-level education, predominantly working in ward settings.

Table 2 Respondents' knowledge about homosexuality

Knowledge Level	Frequency (N)	Percentage (%)
Low Knowledge (0-7, <60%)	226	53.6
Moderate Knowledge (8-10, 60-79%)	159	37.7
High Knowledge (11-13, ≥80%)	37	8.8

Table 2 presents the respondents' level of knowledge about homosexuality. The data reveal that more than half of the participants (53.6%) demonstrated a low level of knowledge, scoring between 0 and 7 (below 60%). A considerable proportion, 37.7%, exhibited a moderate level of knowledge, with scores ranging from 8 to 10 (60–79%). Only a small fraction, 8.8%, achieved a high level of knowledge, scoring between 11 and 13 (80% and above). These findings indicate that the overall knowledge about homosexuality among respondents is relatively low.

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Table 3 The Riddle Scale: Attitudes towards LGBTQ People Survey

S.N.	Statements	Response	Frequency (N)	Percent (%)	Mean	S.D.
1.	Homosexuality is unnatural and immoral. LGBTQ people are emotionally or psychologically ill.	Strongly Disagree	9	2.1	4.33	1.005
		Disagree	26	6.2		
		Neutral	34	8.1		
		Agree	100	23.7		
		Strongly Agree	253	60.0		
2.	LGBTQ people should participate in reparative therapy or any other treatment available to them to fix their sexual orientation or gender identity disorder.	Strongly Disagree	15	3.6	4.00	1.050
		Disagree	32	7.6		
		Neutral	46	10.9		
		Agree	174	41.2		
		Strongly Agree	155	36.7		
3.	We should have compassion for LGBTQ people. They can't be blamed for how they were born.	Strongly Disagree	36	8.5	3.75	1.358
		Disagree	64	15.2		
		Neutral	45	10.7		
		Agree	100	23.7		
		Strongly Agree	177	41.9		
4.	LGBTQ people did not choose to be the	Strongly Disagree	44	10.4	3.17	1.167
		Disagree	71	16.8		

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	way they are. If they could somehow become heterosexual, they would surely do so.	Neutral	130	30.8		
		Agree	123	29.1		
		Strongly Agree	54	12.8		
5.	Having same-sex attractions and showing non-gender conforming behaviors is a phase that many people go through and most people outgrow.	Strongly Disagree	41	9.7	3.01	1.091
		Disagree	81	19.2		
		Neutral	179	42.4		
		Agree	76	18.0		
		Strongly Agree	45	10.7		
6.	LGBTQ people need our support and guidance as they struggle with the many difficult issues associated with their lifestyle.	Strongly Disagree	171	40.5	2.36	1.438
		Disagree	90	21.3		
		Neutral	57	13.5		
		Agree	48	11.4		
		Strongly Agree	56	13.3		
7.	I have no problem with LGBTQ people, but see no need for them to display their sexual orientation or	Strongly Disagree	69	16.4	3.10	1.343
		Disagree	78	18.5		
		Neutral	93	22.0		
		Agree	106	25.1		
		Strongly Agree	76	18.0		

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	transgender identity publicly.					
8.	What LGBTQ people do in the privacy of their own bedroom is their business.	Strongly Disagree	27	6.4	3.66	1.333
		Disagree	84	19.9		
		Neutral	55	13.0		
		Agree	94	22.3		
		Strongly Agree	162	38.4		
9.	LGBTQ people deserve the same rights and privileges as everybody else.	Strongly Disagree	49	11.6	3.94	1.414
		Disagree	33	7.8		
		Neutral	42	10.0		
		Agree	70	16.6		
		Strongly Agree	228	54.0		
10.	Homophobia and heterosexism is wrong. Society needs to take a stand against anti-LGBTQ bias.	Strongly Disagree	41	9.7	3.47	1.302
		Disagree	66	15.6		
		Neutral	82	19.4		
		Agree	118	28.0		
		Strongly Agree	115	27.3		
11.	It takes strength and courage for LGBTQ people to be	Strongly Disagree	41	9.7	3.86	1.308
		Disagree	36	8.5		
		Neutral	41	9.7		
		Agree	129	30.6		

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	themselves in today's world.	Strongly Agree	175	41.5		
12.	It is important for me to examine my own attitudes so that I can actively support the struggle for equality that LGBTQ people have undertaken.	Strongly Disagree	45	10.7	3.41	1.260
		Disagree	57	13.5		
		Neutral	90	21.3		
		Agree	139	32.9		
		Strongly Agree	91	21.6		
13.	There is great value in our human diversity. LGBTQ people are an important part of that diversity.	Strongly Disagree	38	9.0	3.46	1.290
		Disagree	67	15.9		
		Neutral	96	22.7		
		Agree	104	24.6		
		Strongly Agree	117	27.7		
14.	It is important for me to stand up to those individuals who demonstrate homophobic attitudes.	Strongly Disagree	44	10.4	3.50	1.282
		Disagree	56	13.3		
		Neutral	74	17.5		
		Agree	143	33.9		
		Strongly Agree	105	24.9		
15.	LGBTQ people are an indispensable part of our society. They have contributed much to our world	Strongly Disagree	16	3.8	3.53	1.119
		Disagree	69	16.4		
		Neutral	107	25.4		
		Agree	136	32.2		

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	and there is much to be learned from their experiences.	Strongly Agree	94	22.3		
16.	I would be proud to be a part of LGBTQ organization, and to openly advocate for the full and equal inclusion of LGBTQ people at all levels of our society.	Strongly Disagree	31	7.3	3.75	1.337
		Disagree	68	16.1		
		Neutral	51	12.1		
		Agree	96	22.7		
		Strongly Agree	176	41.7		

Table 3 presents respondents' attitudes toward LGBTQ people using the Riddle scale, revealing a predominance of negative perceptions alongside some emerging support. A significant portion viewed homosexuality as unnatural or immoral, with 60.0% strongly agreeing and 23.7% agreeing, producing the highest mean score (M = 4.33, SD = 1.005). Similarly, 41.2% agreed and 36.7% strongly agreed that LGBTQ individuals should undergo reparative therapy (M = 4.00, SD = 1.050), reflecting persistent stigma and misconceptions. Some respondents also expressed partial acceptance, such as 25.1% agreeing and 18.0% strongly agreeing that LGBTQ people should not publicly display their orientation (M = 3.10, SD = 1.343).

At the same time, several findings indicate growing empathy and support. Statements on compassion (M = 3.75, SD = 1.358), equality (M = 3.94, SD = 1.414), and recognizing the courage of LGBTQ individuals (M = 3.86, SD = 1.308) received substantial agreement, suggesting increasing endorsement of rights and understanding. Moderate agreement with self-reflection (M = 3.41, SD = 1.260) further highlights willingness to reconsider personal attitudes, while disagreement with the need for guidance (M = 2.36, SD = 1.438) shows rejection of patronizing perspectives. Overall, the results depict a coexistence of conservative beliefs and emerging tolerance, pointing to a gradual shift toward more inclusive attitudes.

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Table 4 Respondents' attitudes on providing care to LGBTQ patients

Statements	Response	Frequency (N)	Percent (%)	Mean	S.D.
I would prefer not to provide nursing care for LGBTQ patients.	Strongly Disagree	18	4.3	4.35	1.099
	Disagree	26	6.2		
	Neutral	20	4.7		
	Agree	83	19.7		
	Strongly Agree	275	65.2		
I would refuse to care for an LGBTQ patient if I were aware that they identify as LGBTQ.	Strongly Disagree	36	8.5	4.14	1.289
	Disagree	25	5.9		
	Neutral	34	8.1		
	Agree	77	18.2		
	Strongly Agree	250	59.2		
When meeting a patient for the first time, I feel comfortable asking what pronoun they use.	Strongly Disagree	26	6.2	3.13	1.158
	Disagree	111	26.3		
	Neutral	135	32.0		
	Agree	81	19.2		
	Strongly Agree	69	16.4		
LGBTQ populations have unique health risks and health needs.	Strongly Disagree	44	10.4	3.19	1.218
	Disagree	75	17.8		
	Neutral	130	30.8		

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	Agree	101	23.9		
	Strongly Agree	72	17.1		
LGBTQ patients deserve the same level of quality care from medical institutions as heterosexual patients.	Strongly Disagree	32	7.6	3.96	1.330
	Disagree	48	11.4		
	Neutral	45	10.7		
	Agree	77	18.2		
	Strongly Agree	220	52.1		
Physicians in all settings have a responsibility to treat LGBTQ patients.	Strongly Disagree	50	11.8	3.62	1.380
	Disagree	43	10.2		
	Neutral	84	19.9		
	Agree	87	20.6		
	Strongly Agree	158	37.4		
As a health care provider, I feel it is important for me to know about my patients' sexual orientation, sexual practices, and gender identity.	Strongly Disagree	54	12.8	3.37	1.328
	Disagree	62	14.7		
	Neutral	76	18.0		
	Agree	132	31.3		
	Strongly Agree	98	23.2		
There are legitimate and acceptable reasons for a patient to choose NOT	Strongly Disagree	39	9.2	3.38	1.233
	Disagree	58	13.7		
	Neutral	123	29.1		

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to disclose certain gender or sexuality information.	Agree	107	25.4		
	Strongly Agree	95	22.5		
I feel I would speak up for colleagues who identify as LGBTQ in order to cultivate an inclusive workplace	Strongly Disagree	39	9.2	3.59	1.204
	Disagree	33	7.8		
	Neutral	95	22.5		
	Agree	151	35.8		
	Strongly Agree	104	24.6		
I am motivated to seek out opportunities to learn more about LGBTQ-specific health care issues.	Strongly Disagree	36	8.5	3.77	1.280
	Disagree	40	9.5		
	Neutral	70	16.6		
	Agree	117	27.7		
	Strongly Agree	159	37.7		

Note: SD - Strongly Disagree, D - Disagree, N - Neutral, A - Agree, SA - Strongly Agree

Table 4 illustrates respondents' attitudes toward providing care to LGBTQ patients, revealing a notable reluctance among many participants. A majority indicated unwillingness to provide care, with 65.2% strongly agreeing and 19.7% agreeing that they preferred not to care for LGBTQ patients (mean = 4.35, SD = 1.099). Similarly, 59.2% strongly agreed and 18.2% agreed that they might refuse care if aware of a patient's LGBTQ identity (mean = 4.14, SD = 1.289).

In contrast, respondents showed moderate knowledge and comfort in clinical interactions with LGBTQ patients. Comfort in asking a patient's pronoun during initial meetings scored a mean of 3.13 (SD = 1.158), while awareness of unique LGBTQ health needs scored 3.19 (SD = 1.218), indicating partial understanding but some hesitancy. Most participants acknowledged the importance of equity and professional responsibility, with 52.1% strongly agreeing that LGBTQ

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patients deserve equal care (mean = 3.96, SD = 1.330) and a moderate-to-high motivation to learn more about LGBTQ health issues (mean = 3.77, SD = 1.280). Additionally, 60.4% expressed willingness to support LGBTQ colleagues, reflecting recognition of workplace inclusivity. Overall, while negative attitudes persist, respondents demonstrated moderate awareness, responsibility, and motivation toward LGBTQ-inclusive care.

Table 5 Descriptive Statistics of Nurses' Knowledge, Attitudes, Behaviors, and Stereotypes toward LGBTQ Patients

Descriptive Statistics	Scale Type	Mean
Knowledge about homosexuality	0–1 (proportion correct)	.5591
Attitudes towards LGBTQ People	1–5 (Likert)	3.5187
Attitudes on providing care to LGBTQ patients	1–5 (Likert)	3.6502
Homophobic Behavior	1–5 (Likert)	3.3507
Stereotypes about LGBTQ individuals	1–5 (Likert)	3.0265

Table 5 presents the descriptive statistics for nurses' knowledge about homosexuality, attitudes toward LGBTQ people, attitude on providing care to LGBTQ patients, homophobic behavior, and stereotypes about LGBTQ individuals. The mean score for knowledge about homosexuality was 0.5591 (on a 0–1 scale), indicating that, on average, nurses correctly answered just over half of the knowledge items. Attitudes toward LGBTQ people had a mean of 3.5187, and attitudes on providing care scored slightly higher at 3.6502 on a 1–5 Likert scale, reflecting generally positive attitudes among nurses toward LGBTQ individuals and inclusive patient care.

For behavioral and belief measures, the mean score for homophobic behavior was 3.3507, suggesting a moderate level of such behaviors, while stereotypes about LGBTQ individuals had a mean of 3.0265, indicating the presence of some stereotypical beliefs. Overall, these results suggest that while nurses generally demonstrate positive attitudes and moderate knowledge, there

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is still room for improvement in reducing homophobic behaviors and stereotypes. This highlights the need for targeted educational interventions and training to enhance cultural competency and promote more inclusive care for LGBTQ patients.

Table 6 Correlations among Knowledge, Attitudes, Behaviors, and Stereotypes toward LGBTQ Patients

Correlations						
		Knowledge about homosexuality	**Attitudes towards LGBTQ People**	**Attitudes on providing care to LGBTQ patients**	**Homophobic Behavior**	**Stereotypes about LGBTQ individuals**
Knowledge about homosexuality	r	1	.434**	.303**	.379**	.058
	p-value		.000	.000	.000	.236
Attitudes towards LGBTQ People	**r**	.434**	1	.743**	.591**	-.539**
	p-value	.000		.000	.000	.000
	r	.303**	.743**	1	.577**	-.600**

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Attitudes on providing care to LGBTQ patients	**p-value**	.000	.000		.000	.000
Homophobic Behavior	**r**	.379**	.591**	.577**	1	-.177**
	p-value	.000	.000	.000		.000
Stereotypes about LGBTQ individuals	**r**	.058	-.539**	-.600**	-.177**	1
	p-value	.236	.000	.000	.000	
**. Correlation is significant at the 0.01 level (2-tailed).						

Table 6 presents correlations among knowledge, attitudes, behaviors, and stereotypes toward LGBTQ patients. Knowledge about homosexuality was positively associated with attitudes toward LGBTQ people ($r = .434$, $p < .001$), attitudes on providing care ($r = .303$, $p < .001$), and homophobic behavior ($r = .379$, $p < .001$), indicating that greater knowledge relates to more positive attitudes and behaviors. However, knowledge was not significantly related to stereotypes ($r = .058$, $p = .236$).

Attitudes showed strong associations with both behaviors and stereotypes. Positive attitudes toward LGBTQ people correlated strongly with attitudes on providing care ($r = .743$, $p < .001$) and moderately with homophobic behavior ($r = .591$, $p < .001$), while both types of attitudes were negatively correlated with stereotypes ($r = –.539$ and $–.600$, $p < .001$), suggesting that favorable attitudes reduce prejudiced thinking. Homophobic behavior also had a weak negative correlation

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with stereotypes (r = –.177, p < .001). Overall, higher knowledge and positive attitudes are linked to more inclusive behaviors and lower prejudice toward LGBTQ patients.

Table 7 Regression analysis between nurses' demographic characteristics and their attitudes on providing care to LGBTQ patients

Predictor	**Attitude on providing care to LGBTQ patients**
Model Summary	
R^2	.048
F	2.625
Sig.	.008
Standardized Coefficients (Beta)	
Age	.131 (p = .016)
Gender	-.087 (p = .096)
Ethnicity	-.072 (p = .160)
Religion	-.070 (p = .169)
Marital status	-.090 (p = .081)
Level of education	.000 (p = .994)
Area of work	.012 (p = .808)
Working experience	-.028 (p = .608)

Table 7 illustrates the regression analysis explored the relationship between nurses' demographic characteristics and their attitudes toward providing care to LGBTQ patients. The overall model explained 4.8% of the variance in attitudes (R^2 = .048), indicating that while demographics have some influence, the majority of attitude variation is explained by other factors. The model was statistically significant (F = 2.625, p = .008), confirming that, collectively, these demographic

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factors have a modest but meaningful effect on attitudes, though their explanatory power is limited compared to psychosocial or workplace influences.

Looking at individual predictors, age (β = .131, p = .016) was positively and significantly associated with favorable attitudes, suggesting that older nurses are slightly more likely to hold supportive views toward providing care to LGBTQ patients. Gender (β = –.087, p = .096), marital status (β = –.090, p = .081), ethnicity (β = –.072, p = .160), and religion (β = –.070, p = .169) showed negative trends but were not statistically significant, indicating they do not reliably predict attitudes in this sample. Other variables, including level of education (β = .000, p = .994), area of work (β = .012, p = .808), and working experience (β = –.028, p = .608), were also not significant predictors.

Table 8 Regression analysis between attitudes on providing care to LGBTQ patients and predictors such as knowledge about homosexuality, attitudes towards LGBTQ people, homophobic behavior, and stereotypes about LGBTQ individuals

Predictor	**Attitude on providing care to LGBTQ patients**
Model Summary	
R^2	.662
F	204.348
Sig.	.000
Standardized Coefficients (Beta)	
Knowledge about homosexuality	.064 (p = .062)
Attitudes towards LGBTQ People	.355 (p = .000)
Homophobic behavior	.279 (p = . 000)

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Stereotypes about LGBTQ individuals	-.363 (p = .000)

The regression analysis assessed how knowledge about homosexuality, general attitudes toward LGBTQ people, homophobic behavior, and stereotypes about LGBTQ individuals influenced nurses' attitudes toward providing care to LGBTQ patients. The model demonstrated strong explanatory power ($R^2 = 0.662$, $F = 204.348$, $p < 0.001$), indicating that approximately 66% of the variance in care-related attitudes could be explained by these predictors. This finding confirms that the combined effect of personal beliefs, behaviors, and stereotypes substantially shapes healthcare attitudes toward LGBTQ patients.

Among the predictors, general attitudes toward LGBTQ people had the strongest positive effect ($\beta = 0.355$, $p < 0.001$), showing that nurses with more favorable attitudes were more likely to provide supportive care. Homophobic behavior also significantly influenced attitudes ($\beta = 0.279$, $p < 0.001$), with lower homophobia corresponding to more inclusive care. Stereotypes negatively impacted care attitudes ($\beta = -0.363$, $p < 0.001$), highlighting how prejudicial beliefs hinder equitable healthcare delivery. Knowledge about homosexuality showed a weak and non-significant effect ($\beta = 0.064$, $p = 0.062$), suggesting that awareness alone is insufficient to foster positive care attitudes.

Discussion

The majority of respondents in this study demonstrated low knowledge of homosexuality, with very few showing high understanding, indicating significant gaps in awareness. This pattern mirrors findings among Italian nurses, who scored moderately on the Knowledge about Homosexuality Questionnaire (Della Pelle et al., 2018), suggesting that limited understanding of LGBTQ issues among nurses is a widespread challenge.

Respondents exhibited a complex mix of attitudes toward LGBTQ individuals, with many still perceiving homosexuality as unnatural and supporting reparative therapy, yet simultaneously

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showing empathy, support for equal rights, and recognition of LGBTQ courage. Compared to Khadka (2022), where most participants rejected claims of immorality and endorsed equal rights, these findings reveal that while societal and professional acceptance is growing, residual stigma, particularly regarding reparative therapy and certain social interactions persists. Notably, reluctance to provide care based on sexual orientation remains a concern, underscoring the importance of targeted education, training, and policy measures to strengthen inclusive practices and reduce biases in healthcare settings.

The study revealed a notable reluctance among nurses to provide care to LGBTQ patients, with many indicating unwillingness or potential refusal when aware of a patient's LGBTQ identity. This reflects persistent stigma and bias in healthcare, consistent with national research in Nepal showing discrimination and limited access to quality care for sexual and gender minority individuals (Khadka, 2023; Ojha, 2025). Internationally, studies indicate that while clinicians often report comfort in treating LGBTQ patients, gaps in knowledge of LGBTQ-specific health needs and clinical confidence contribute to hesitancy and unequal care (Mezzalira et al., 2025; Nowaskie & Sowinski, 2019). Moderate comfort in using pronouns and awareness of unique health needs in this study suggests that knowledge alone does not ensure inclusive practice. Encouragingly, participants recognized the importance of equity and demonstrated motivation to learn about LGBTQ health issues, highlighting potential for improvement.

Nurses generally hold positive attitudes toward LGBTQ individuals and inclusive care, yet exhibit only moderate knowledge alongside some homophobic behaviors and stereotypes. A cross-sectional study of nurses similarly reported many positive attitudes while highlighting gaps in understanding and competencies needed for effective LGBTQ care (Khadka, 2023). Integrative reviews of nursing literature also note a spectrum of attitudes and beliefs, with persistent negative perceptions and knowledge deficits, emphasizing the need for education that reduces heteronormative biases and fosters cultural competence (Dorsen, 2012; Stewart & O'Reilly, 2017).

Nurses' attitudes and stereotypes were stronger predictors of inclusive care for LGBTQ patients than knowledge. Positive attitudes were closely linked to inclusive behaviors ($r = .743$) and

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inversely related to homophobic behaviors and stereotypes, whereas knowledge had only modest associations and was non-significant in regression analyses. Similar patterns have been observed internationally: in Italy, knowledge correlated with attitudes, but overall attitudes remained only moderately positive (Della Pelle et al., 2018); reviews in the U.S. and Turkey similarly report that biases and personal attitudes, rather than knowledge alone, influence care (Aynur et al., 2020; Dorsen, 2012) and in South Asia, Philippine nursing students showed generally positive attitudes despite variable knowledge levels (Oducado, 2023). These findings suggest that improving inclusive care requires interventions that target attitudes, reduce stereotypes, and promote empathy, rather than focusing solely on knowledge enhancement.

The regression results showing that age was the only significant demographic predictor of nurses' attitudes toward providing care to LGBTQ patients, while variables such as gender, marital status, ethnicity, religion, education level, area of work, and experience were not significant, reflect patterns reported in prior research. Some studies indicate that demographic influences on attitudes are often modest, with factors like age and personal exposure sometimes associated with more positive attitudes but generally explaining only a small proportion of variance in attitudes (e.g., age, empathy, and personal contact explaining limited variance in attitude models) (Topal et al., 2024). Similarly, research on nurses' and students' attitudes toward LGBTQ patients found moderate attitudes overall and highlighted that demographic characteristics alone do not consistently predict attitudes, suggesting that other influences such as education, cultural competence, and personal experiences may play stronger roles in shaping caring attitudes and inclusive behaviors toward LGBTQ individuals (Nikitara et al., 2024).

The regression analysis indicated that nurses' attitudes, homophobic behaviors, and stereotypes significantly influenced their willingness to provide care to LGBTQ patients, whereas knowledge alone had no significant effect. This suggests that simply providing factual information about LGBTQ health needs is insufficient to change care practices. Consistent with previous studies, heteronormative beliefs and implicit biases more strongly shape care behaviors than knowledge alone (Nowaskie & Sowinski, 2019; Stewart & O'Reilly, 2017). Therefore, nursing education and

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professional development should go beyond knowledge delivery to actively address attitudes, promote empathy, and reduce biases, fostering truly inclusive care (Morris et al., 2019).

Conclusion

Despite generally positive attitudes toward LGBTQ individuals, this study reveals that nurses' knowledge about homosexuality is limited, and persistent homophobic behaviors and stereotypes negatively influence their willingness to provide inclusive care. Attitudes and beliefs, rather than factual knowledge alone, emerged as the primary determinants of care practices, with older nurses showing modestly more supportive views. These findings emphasize that improving LGBTQ-inclusive care requires interventions that address attitudes and behaviors through targeted education, sensitivity training, and institutional support, alongside knowledge enhancement, to foster empathy, reduce prejudice, and ensure equitable healthcare delivery.

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