

A review of Our Handicapped Area of Care Process for, LGBTI

Bakım Sürecinde Zorlandığımız Alan LGBTİ'ye Yönelik Bir Gözden Geçirme

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SUMMARY

The Universal Declaration of Human Rights declares that every human being is born free and equal in dignity and rights. Lesbian, gay, bisexual, transgender, and intersexual (LGBTI) people are represent a population of which society is not aware and tries ardently to avoid. Some a day from the past, it has been abusing the fact of everyone is dignified and equal. The literature of in the sampling of this group indicates that the processes of birth, health, illness, life and, even death are not come through them equal and comfortable; hereby how they important to cannot be missed and under a high risk. This conflict has sharper bends and barriers in more traditional and conservative societies like Turkey. This review has been written to clarify current conceptions which recently touched from nurses in nationally, to address LGBTI's life difficulties with basic headings in consideration of the historical, philosophical and theoretical approaches that can develop empathy and cognition and to discuss professional suggestions in this concept.

Keywords: Care; LGBTI; nursing; public.

ÖZET

Birleşmiş Milletler İnsan Hakları Evrensel Bildirgesi ile vurgulandığı üzere bütün insanlar onur ve haklar bakımından özgür ve eşit doğar. Lezbiyen, gey, biseksüel, transeksüel ve interseks (LGBTİ) bireyler toplumun duymadığı ve duymaktan da özenle uzak durmaya çalıştığı bir nüfusu oluşturmaktadır. Tarihin bir sürecinden itibaren bütün insanların onurlu ve eşit olduğu gerçeği bu kapsamda ihlal edilmiştir. Bu grubu örneklem alan alanyazın; doğum, sağlık, hastalık, yaşam ve hatta ölüm sürecinin bile bu bireyler için adalet ve gerekli konforla gelmediğini; bu nedenle de özellikle psikiyatri hemşireliği açısından neden gözden kaçırılmayacak kadar önem taşıdığını ve nasıl bir risk altında olduklarını ortaya koymaktadır. Türkiye gibi daha geleneksel ve muhafazakar toplumlar için bu mücadele çok daha keskin dönemeç ve engelleri sahiptir. Hemşireler için ülkemizde henüz nadiren dokunulmaya başlanmış bu alanda mevcut kavramları netleştirmek, empati ve kavrayışı geliştirebilecek tarihi, felsefi ve kuramsal yaklaşımlar ışığında bu bireylerin yaşadıkları zorluklara genel başlıklar halinde bakmak ve bu kapsamda bakım için mesleki önerileri tartışabilmek için bu derleme kaleme alınmıştır.

Anahtar sözcükler: Bakım; LGBTİ; hemşirelik; toplum.

Introduction

As emphasized in Universal Declaration of Human Rights of United Nations, all people born free and equal in terms of honour and rights.^[1] However, lesbian, gay, bisexual, transsexual, and intersexual (LGBTI) persons comprise a population that is not listened to and avoided to be heard by society; that these people have honor and are equal to others have been violated within this scope. In association with this group that changes the routine in terms of thoughts, attitudes, and behavior, and other people feel threatened that they disturb the social order, international literature reveals that birth, health, illness, life, and even death processes do not come with the justice and comfort required for these individuals. The international studies and sociopolitical movements practiced in developed societies through a modern western thinking progress aim to take these persons out of the minor-

ity,^[2,3] whereas traditional and conservative communities like Turkey still have sharp attitudes and pose obstacles to this challenge.^[4,5] Through our cultural and anthropological heritage, we provide a logical cause associated with insufficiency of national data.

International and several national sociological, psychological, and psychiatric research publications have gradually increased during recent years, revealing the importance of these persons in terms of psychiatric nursing an opportunity to provide a unique, valuable, and honorable life and understand the risks that they face.^[6-14] There is a concern about different types of self-caused violence and aggression treatment when not managed efficiently; such issues take the present topic beyond an individual healthcare requirement to an important step in terms of mental health of society.^[15]

During our professional journey we start with this set of commitments "In the full knowledge of the responsibilities I am undertaking, I promise to care for my clients with all the knowledge, skills and understanding I possess, without regard to race, color, creed, politics, social status, ... I will respect, at all times, the dignity and religious beliefs of the patients under my care" An effort to work properly with these LGBTI people would fulfil the responsibility of the promise that we have made.

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Some Concepts Required to be Known Before Talking About LGBTI

Gender is a concept that cannot to be explained using only one approach. Considering genetic, physiological, and biological characteristics, the biological gender (sex) concept classifies human nature as either “woman” or “man”. Biological gender deals with body morphology. This classification has been started to be adopted along with emotions, thoughts, and behaviors. Such an approach has generated the concept of “gender” by providing a social balance derived not only from biological classifications.^[16] Gender is defined with some designations such as “feminine” (femme) and “masculine” (butch); it has a flexible and variable structure in terms of culture as well as politics and economics. Communities have adopted certain patterns and adaptations defined as gender roles for the sexes much like those we experience during the ageing process.^[16-18] Biologically, being born with a vagina has been accepted as an indicator for a healthy body and soul, and thus that a woman should adopt the norms expected by the community. Healthy and unhealthy adaptations in term of both medicine and other social sciences have changed and will change.^[19] The gender concept today includes a statement that matches with biological sex through strict rules and ignores the exceptions accordingly, whereas in developed and modern societies, it is a conceptualization that does not force people to choose between two options and does not see possible differences as exceptions. In the those communities, people are not limited only by being a man or women, but also have a gender identity and orientation that aligns with their emotions, thoughts, and behaviors in whole.^[16-20]

Sexual orientation is an emotional and sexual affinity, and despite a conscious tendency like that evoked by the word “orientation”, it is a personal characteristic that the individual cannot alter. The adaptation that orientation would only be between opposite sexes has been left behind; today, three orientation types have been defined as orientation to same sex (homosexuality), orientation to any individual from any sex (bisexuality), and orientation to the opposite sex (heterosexuality).^[21] In colloquial language, homosexuality is usually defined as lesbianism if the orientation is between women and as gay if it is between men.

Gender identity is an important building block for sexual orientation. This concept may be considered as “the gender felt/to be belonged to”.^[21] The transsexualism means “feeling like the opposite sex” as a gender identity and has become integrated with the ego. The orientation based on appearance (i.e. dressing style, attitudes) is called transvestism/transvestitism; the individuals who orient to gender identity by intervening in this appearance socially or medically are identified as transgender/trans. Some people also have born with biological characteristics of both sexes. This is known

as intersexuality (born with atypical sex characteristics, hermaphroditism); one body may have anatomic and genetic inheritance from both sexes in this case. This heritage cannot be evaluated as having a certain rate or percentage. An individual who has mental and cognitive competencies may have the biological characteristics of the gender adopted through a surgical procedure upon request. Intersexuality would not prevent having an exact gender identity; and it should be noted that even a surgical procedure may not build an exact identity for these individuals.^[17,20,22]

The Historical and Philosophical Infrastructure About Scope of the Concepts

Review of the gender and gender-based issues within a medical scope would ignore the big picture. During history, medical as well as social, political, theological, and economic aspects of this issue have been discussed by important philosophers and experts.^[23-25] Through a determinist approach, the conjugal union (institution of marriage) is naturally the key element of social structure, control and production and capital. Modern epistemology provides us with different classifications so that we can more easily understand and manage the human nature and human.

The definition of normal and abnormal is historically dynamic and is based on answers to the questions about: what is the human being; how is human/what is our essential nature; and how the human would be defined as self through philosophy. Human beings live with images; to adopt an image as male or female is expected once created. The culture is the building block for these images. It is expected today that each abnormal case that creates a sense of chaos would be assessed differently in past or future historical periods. Based on the aforesaid approach, all sexual actions beyond heteronormativity have different effects on the community at a given time. In Anatolia, Mesopotamia, and especially in the Middle East territories, there are evidences about generality of the “buggery” that has not been considered extraordinary, and homosexuality travels to the east and tourism of this orientation during Old Greek and Roman epochs.^[19,26,27] Although biology, psychology, and philosophy have tried to provide answers through many approached for this antithetic (“queer”) existence, which began to be defined as a sin and a fault to be punished by moving to monotheistic religions. These behaviors were controlled by the sanctions of these religions, and certainties could not be achieved. The authenticated and partially accepted theories about the states of being a woman or a man include the Freud theories as the phallic stage; by Jungian psychology as anima and animus archetypes; by Adler as masculine protest; and by biology with dihydrotestosterone synthesized by estrogenic hormones and the 5 alpha-reductase enzyme. However, our current knowledge is not at a stage that would indicate the

initial biological conditions that determine the direction of our sexuality.

The biological approach that classifies all creatures morphologically is not problematic for animals and plants; however, such a classification remains insufficient to identify a human who has reached a bio-psycho-social integrity. The essence of biology is created by categorical/classified thinking; therefore, sexual identity and gender have had to be explained biologically, and similar classifications have provided the comfort to speak a common language.^[28] The concepts of normal and abnormal thereby have been matched with concepts of health and disease. Presently, the decision about what is normal and healthy in a culture is and what is abnormal and unhealthy goes through a social agreement process.^[19]

According to Grosz (2011), one of the most significant innovations that Foucault revealed was the notion that the gender did not have a real and (biological/natural) basis where “the gender” and “sexuality” suprastructures would be added. “According to him, the concept of gender itself which is given to subjectivity and creates a basis for subjectivity is a product or outcomes of a social-discursive sexual regimen.”^[29] That statement may be interpreted as roles not having created sexes, but that the roles required for a social order created the sexes. Butler (2010) does not find it logical that there is a basis and order where the sex and gender are born. Supporting Foucault, she expresses the notion that the identities and bodies gain a gender through cultural expectations and repetitive actions, and therefore, sex has been established by a political will in as much as was gender.^[30] One of the most prominent examples for this is changing the house-dependent role as female to money-making female along with the male, and the normalization of this concept. Biological and categorical classifications of sexes and genders have remained insufficient against the dynamics such as developing technology, globalizing world, forcing power of the changing cultural structure; this has generated new approaches, such as feminist or queer theory.

The word queer has been adopted in language to humiliate gay men with stigmatizing meanings like weird and strange, whereas it has been commonly used by LGBTI individuals to identify themselves since the early 1990s.^[16] The concept of queer is grounded on the slave-master dialectics of Hegel and expresses the notion that queer thought would not exist longer when slaves do not exist.^[31] The queer theory developed in line with the queer movement has been generated and developed as a criticism against the concept of “normal”. Although the aforesaid theory may carry out a discussion on existence of all moral, political, epistemological, and ontological dualisms or classifications,^[29] it is associated with criticism of normal adaptation of the society and

a strong dissociation of the heterosexual settlement emphasized by heteronormativity (heterosexism) during last twenty years. This theory assumes that the gender is shaped only by context, is not fixed, and that the definition may change with changes in culture and time.^[16] Heteronormativity emphasizes that heterosexuality may be accepted as a general norm for individuals and that the communities assume every individual as heterosexual until she/he would express no difference in her/his orientation.^[32]

Reinforcement of the heteronormative presumption is effectively continued at each stage from education, law, and healthcare services to economics through awareness or unawareness of individuals and governments. All terminology used in culture including books used in schools, laws, media, and marketing developed and solidified under heteronormativity.^[6,33,34] Considering that cultural changes would only be realized with small steps, the struggle to change this approach should progress through patience and by focusing on each basis of culture.

The Process of Carrying LGBTI into Healthcare Field

Candansayar (2011) states that the assessment of all sexual orientations except heterosexuality as medical diseases has been within last one hundred and fifty years; these orientations were not considered as a sin or guilty previously, and that there were periods with no discrimination of such difference in any definition.^[19] The homosexuality that has been acknowledged as guilt previously has been derived from religion by defining it as a disease. However, despite gaining a cultural and social basis, it has been medicalized and treatment seeking appeared to cure such abnormality. Homosexuality has been first defined as a disease by use of the term ‘homosexual’ in 1869. The Diagnostic and Statistical Manual of Mental Disorders I (DSM I, 1952) classified it as sexual deviations that were a subgroup of sociopathic personality disorder, whereas DSM II (1968) classified it as a sexual orientation disorder. Homosexuality was removed from the disease classifications within the scope of DSM IV in 1974, and when it was decided not to be a mental disorder within International Classification of Diseases in 1992. Today, the World Health Organization (WHO) defines sexual health as a state of physical, mental, and social well-being in relation to sexuality, which requires a positive and respectful approach to sexuality and sexual relationships as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination, and violence. The individual should have self-respect, self-confidence, self-belief, and self-acceptance for a healthy sexual life.^[21]

The adaptations related to normal–abnormal, health–disease has brought together the changes about treatment-seeking and approach changes. The treatment was first done

through biological interventions (hormonal and hypothalamus surgery) for LGBTI individuals. The behaviorist, exposurist, electroconvulsive methods that were thought to provide the change through strengthening suppression of sexual desire and drive and apomorphine administration under the names of “sickening”, “conversion”, and “repair-replacement therapy” were accepted as treatments at that point in time.^[23] Spitzer has suggested that ex-gay therapies provided scientific evidence about functionality on the individuals who were accepted as having a sexual orientation disorder in 1973 and stated that all homosexual individuals needed to receive apologies. The evidence that Spitzer provided would not be acceptable as a basis for scientific research, and in 2012 he still has professional regret because of such a faulty article.^[35] Furthermore, the World Psychiatric Association has shared an opinion in the meeting report by participation of 138 associations from 118 different countries in May 2016 that there is no evidence for effectiveness of a treatment that would convert LGBTI individuals to heterosexuality. Moreover, treatment-seeking for LGBTI individuals has found to be harmful because of its characteristics of pre-judging and discriminating against human nature.^[18]

There is evidence that the actual disease or abnormality is homophobia, which is harboring anger, anxiety, and doing violence against this difference, rather accepting that there could be a natural condition that is not compliant with heterosexuality.^[7] As a matter of fact, Freud (1911), as conveyed by Hocquenghem, stated: “We should tend to say that the characteristically paranoid behavior is to say this type is sick by illusion of cruelty through removing a phantasy which is full of desire”; that revealed the actual pathology in not acting, rather than acting.^[23]

Today’s interventions performed under the name of “affirmative therapies” focus on the approaches that provide making peace with the process, acceptance, and state of well-being, and are not a treatment as such. Although the homosexuality is not considered a mental disease any more under the light of scientific findings, this is not internalized by all persons, as well as by experts at similar levels. Therefore, it is possible to meet scientists who claim to treat the homosexual orientation in and outside of the territory of our country. Although such claims barely discriminate against sexual orientation, they become unreal at the gender transformation stage. To believe in the curability of this state requires accepting the unrealistic thesis that homosexuality can be converted into heterosexuality and that heterosexuality may revive homosexual desires.

Difficulties of a LGBTI Life

The process of challenging socially designed rules and expectations forces taking two options: adaptation to or being against expectations.^[12,13] As a result, a common social

exclusion appears both in the community (school, business life etc.) and in the familial processes that is the core element of the community. Many LGBTI individuals consider running away from the cities where they have grown up and have families because of the problems that they experience, and they do not want to ever return.^[36,37]

When this unfair world emphasis combines with social processes such as isolation and marginalization, it causes anger and violence, desperation, regret, and a sense of guilt to the person and the others. The homophobia that is internalized through the aforesaid emotions creates a basis for many significant psychiatric disorders such as alcohol or drug abuse, suicide, and anxiety disorders.^[8,36-39] The LGBTI individuals face 2.5-fold higher risk of suicide; a 1.5-fold higher risk of alcohol or drug abuse, and a 1.5-fold higher rate of anxiety and depression. Although the effects of gender differences are not expressed in the entire heterosexual community, LGBTI women have a greater risk of alcohol or drug abuse, and LGBTI men have greater risk of suicide.^[9,10,40]

Goregenli (2003) defined the concept of hate crime as “Crimes, usually including violence to an individual or a group because of pre-judgement, such as race, language, religion, gender, and sexual orientation”; that author includes homophobia within this definition.^[41] The negative structuring against homosexuality has settled on the basis of social structure and led people into the center of a conflict by separating them into two different sides. No settlement of such conflicts through mutual understanding and sanity would result in an undischarged anger and violence. Although the violence against LGBTI individuals is implemented individually or in an organized manner, the attitude in military service, education, health, and penal institutions is particularly very high, and an increase in this attitude in government institutions is also noticeable. The ‘Human Rights Violations of Lesbian, Gay, Bisexual and Transgender (LGBT) People in Turkey: A Shadow Report’ prepared by LGBT organizations in Turkey with the International Gay and Lesbian Human Rights Commission (IGLHRC) showed that Turkey is the country in second place in the world for hate crimes.^[42]

Research reveals that the homophobic attitude and severity of the violence to LGBTI individuals is not similar for each of these homosexual orientations. Lesbians are criticized with a more flexible approach when compared with gays; they are found to be less disturbing, and they experience a very limited number of hate crimes.^[43] One possible explanation for causes of this is Plato’s statement: “She always should be deemed same, because she takes all and does not go away from her nature (dynamis)” which Butler (1993) tried to explain as follows: “The female function is to receive, accept, meet, include, and even comprehend, and this receiver principle (physis) cannot be defined. Plato divests the female

from the shape. The female was reduced a series of function as a nurse, mother, and uterus.”^[25] Therefore, emulating and comparing a male body to a woman’s is unacceptable and criticized more in a realm of masculine honor. Candansayar (2011) suggests that behind the general view of lesbianism being less harmful than being gay is the relieving effect of two women who try to live sexuality, not being men. He stated that unless one woman has a masculine entrance to the other, these lesbian relationships may be accepted by many men as a desired object.^[19] Therefore, gay individuals are exposed to severe physical violence as the leading act of the relationships that get reaction; in most cases, the victims are unwilling to apply to security forces because of the concern of being stigmatized.^[44,45]

Like social arenas, many LGBTI individuals become victims of violence in healthcare organizations. Along with attitudes like stigmatizing, blaming, someone investigating violence against LGBTI individuals faces the risk of normalization among healthcare staff. Ford et al. (2013) revealed the seriousness and a summary in a way when they detected in their research that the healthcare staff suggested homosexual men who were violated by their partners to “Respond in the same way”.^[40] Common communication problems during a process that starts by assuming everybody is heterosexual; stigmatizing or a violent attitude among the healthcare staff; or the necessity to receive care from healthcare staff members with insufficient knowledge and experience in a healthcare field are deemed as the key problems in the healthcare system in providing care for LGBTI individuals. International research suggests that not only the individuals, but also their families face problems when they apply for services.^[46-49]

Healthcare professionals are unwilling to work with LGBTI individuals, and they feel desperate.^[49] Although the research shows that the knowledge and experience with treating LGBTI individuals are insufficient, engendering a negative attitude and approach among healthcare staff,^[40] it is shown promise that nurses have a positive and healthy attitude.^[50]

Although the principle in the Universal Declaration of Human Rights by United Nations (1948) has been adopted for 70 years that “Everyone, as a member of society, has the right to social security and is entitled to realization, through national effort and international co-operation and in accordance with the organization and resources of each State, of the economic, social and cultural rights indispensable for his dignity and the free development of his personality.”^[1] and legal regulations defend the equality of all person, the experiences presented by the media and in legal proceedings show that LGBTI individuals suffer economic inequality and injustice in comparison with their peers. The information about the government officers who have been fired because

of their orientation, private sector employees who have been discharged, and LGBTI individuals who have been forced to retire earlier may be obtained from international and national press upon request (the news from Karakas in June 2014 may be reviewed as a sample for current lawsuits). Furthermore, these individuals feel hopeless and desperate to find a job to make a living, and to feel free and safe at work.^[36]

Considering all these current problematic areas, it is understood that the LGBTI population is under more risk in terms of physical and psychological disease when compared with the rest of population. Despite that condition, Yılmaz and Demirbas (2015) stated settlement of the awareness and agenda on this issue as well as their hopes of development in their review about history of LGBTI rights in TBMM (Grand National Assembly of Turkey).^[34]

Status of the Nursing about LGBTI Awareness

Although nursing philosophy focuses on care to be provided in “every condition”, the nursing approach has developed its strength and orientation through religious adaptation. Therefore, the approach to the concepts of health and disease was shaped by adaptation and flexibility of current religions. Along with the change in definitions of disease since the 1970s, the requirement to update nursing terminology and current approach has surfaced.^[43]

The change in such structuring is painful in traditional countries. For instance, in the Religion Council IV convened by the Turkish Directorate of Religious Affairs in 2009, homosexuality was defined as a “sexual behavior disorder” and it was stated that homosexuality become disturbingly common. The responses and reaction of Islam has not changed against; it sees homosexuality as unacceptable and against human nature and that it should be removed without targeting and humiliating the homosexual individuals. It is inevitable that such approach, which lacks scientific accuracy, would affect nurses at a collision point with their religious values. However, despite the rigidity of religion, humanity itself creates the culture, terminology, and expression; and change of a single nurse would in time bring change to the nursing profession.

Thoughts and attitudes of individuals are transmitted through their language and terminology to others. The communication step that will create the basis for quality of nursing care and satisfaction of the patient through verbal and non-verbal can fail in their communication and in the services provided to the patient. Many LGBTI individuals complain that no data is collected about their orientation, requirements, or problems when they are referred for healthcare services, or that such data is not asked from them.^[32] There is also the perception that the feedback of their orientation is usually homophobic in nature and lacking the required respect.^[22,51-53] Research reveals that homophobia is common

among healthcare staff.^[54,55] Being married, the opinion that homosexuality is a disease, not having a family member who is LGBTI, and not experienced service-providing to LGBTI persons are associated with negative homophobic attitudes in healthcare staff and students.^[14,56,57]

The most important nursing tool is dialogue and the therapeutic effect that is possible with the proper communication to be developed through these dialogues.^[58] To communicate effectively with LGBTI individuals, the nurses need to develop their communication skills to be more functional while working with them.^[54] In the first article that appeared in the literature on LGBTI and nursing, Understanding the Homosexual Patient (1964), Juzwiak terminology is found sexist and homophobic attitudes in terms of defining homosexual orientation and suggestions made to work with these individuals.^[59] Current publications show that attitudes of the nurses have become flexible over time; however, they still have negative thoughts and attitudes to overcome. Although there are studies suggesting the awareness of the nurses about this topic, several nursing research efforts done in our country are insufficient, although promising.

LGBTI in Nursing Training

The desperation that the nurses feel to be able to work with LGBTI individuals and to provide an effective care is a result of the communication problems mentioned in the previous statements, as well as the deficiency in the education system in the nursing field. A heteronormative approach is usually carried out at any stage of undergraduate education and in all faculties and schools that are responsible for educating healthcare professionals. As a result, student nurses graduate without having knowledge that differences in lifestyle and by transferring inappropriate prejudgments into nurses' professional life may affect human health.^[46,51,52,60] Training and courses about LGBTI individuals' lives increase the nurses' awareness and create positive changes in their attitudes and approaches.^[61-63] However, the curriculum of nursing training does not have a specific course for LGBTI individuals; the program is frequently included the courses where such individuals are associated with infectious diseases or mental disorders. The students who are expected to have lower academic awareness than their elders complain that the lecturers and the administrators tend to stay passive when it comes to LGBTI individuals, and the education system ignores this group.^[57-60] Current research reports that young adults of college age usually have a negative attitude against LGBTI individuals, and that this is so severe that hate crimes may occur,^[15,64,65] almost half of nursing students, especially in our country, harbor a homophobic attitude at a high level.^[57,66]

The student themselves and the system they are in are far

distant from a qualification that may gain an appropriate approach for professional care. Randall (1989) showed that the academicians who are responsible for nurses' training have similar negative thoughts and attitudes about LGBTI individuals, like those of their students.^[67]

Some suggestions have been provided to assist LGBTI individuals to develop awareness and qualification within this scope: addition of courses allocated to specialized topics; organization of panels and conferences where the students can come into contact with LGBTI individuals; providing the opportunity to establish an empathy with LGBTI individuals by writing essays about their own sexual maturation process; making associations on the concepts related to LGBTI and surveys to determine personal belief; having courses on professional ethics; utilization of literature, cinema, and musical performances to be able to adopt the experiences and the processes of these individuals; and enabling clinical experience in field of application to work with these individuals, if possible.^[11,68-73]

LGBTI in Nursing

Although the nurses accept sexuality and the place of sexual health in healthcare, to work with LGBTI individuals means to attempt a difficult journey for the nurses who struggle to evaluate the non-threatening part of sexuality within normal limits.^[69] To start such a journey requires taking responsibilities and being proactive for LGBTI individuals during each stage that overlaps essential nursing roles. The "Born Free and Equal" declaration of Sexual Orientation and Sexual Identity report in International Human Rights Law released by office of the United Nations high commissioner for human rights in 2012 suggests the importance of a systematic approach that will take place in 5 stages:

Protection: To protect the people from homophobic and transphobic violence. Efficient systems should be installed to record and report hate crimes.

Prevention: Any maltreating of the government officers should be investigated, and the responsible individuals should be brought to the justice.

Cancellation: Cancellation of all laws that deem homosexuality a crime, including the laws that deem confidential and volunteer sexual intercourse of the adults of the same gender. Individuals should not be exposed to an ungrounded and humiliating physical examination to detect their sexual orientation.

Prohibition: Prohibition of sexual orientation and gender-based discrimination. Non-discrimination should be assured, including employment and healthcare services, Education and training should be provided to prevent stigmatization and discrimination of LBGT and intersex individuals.

Assurance: Assurance of freedom of expression, organization, and peaceful assembly rights of LGBTs and intersex individuals. Any restriction that may be applied to these rights should be compliant to the law and should not be discriminative.

The nurse should be able to assess their own responsibilities for each stage of this approach; they may be able to convert their awareness into the action. Nurses should have the power to decide and implement the decisions for functionality in all these stages. Organizations and actions are essential for this. There is no national governmental organization working for LGBTI rights and appropriate nursing care in an organized way, in as much as can be learned from the Internet and social media, although there are several small organizations with regional civil society organizations. An organized challenge with non-governmental organizations that have achieved national power and togetherness would be an important step, both for providing the nursing care required within the scope of human rights and for further professionalization of the nursing profession.

Conclusion

International and national literature revealed that LGBTI individuals are under risk for healthcare options, just as they are at each stage of social life. First, the nursing education for professionalism of the care has a conservative, traditional, and heteronormative structure. As a result, nurses have lower awareness against subjective requirements of LGBTI individuals and lower confidence on the care that they provide, with low satisfaction of the nursing care received by these individuals. The cause for that is nurses also having similar prejudgments as a member of the community. Nurses should be relieved of prejudgments and present a professional approach. An important improvement in this field is a definition to allow homosexual, gay, and lesbian couples in a more appropriate manner (such as man-to-man relationships, ‘men who married to men’, ‘women who have intimacy with persons of their sex’) in modern literature and research topics.

Psychiatric nurses are prominent professionals who have the responsibility to affect the requirements and problems of service receivers and service providers and to challenge with stigmatization. Protection of the mental health of the individuals in this group at high risk is essential during all developmental periods. Integrative care should be provided within the scope of consultation liaison services, not only for psychiatric care-seeking in secondary healthcare services. The professional team that has concerns and insufficient understanding to work with this group may feel confident when the individuals receiving service are better understood and could have the sense that their requirements are met without prejudgment in a realistic manner.

The essential approach is to increase the quality of life, not prolongation of biological life. Health requires satisfaction, enjoyment, and having a general sense of wellbeing with a mental and body integrity during every moment of life, not a life with only perfect operation of each body part. The nursing that puts the human in the center of science not as an object, but also as a subject should notice its place in such challenges and approach these individuals with an existentialist value without forgetting that everyone is a value both for herself/himself and for the society. It should be remembered that “Liberation of homosexuals would free also heterosexuals.”

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