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SELF-AWARENESS, IDENTITY AND BEING IN THE WORLD WITH OTHERS: MEANING OF BEING AN LGBTI NURSING STUDENT IN A NURSING COLLEGE IN SOUTH AFRICA

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Abstract

LGBTI nursing students experience a plethora of challenges in higher education institutions like nursing colleges. In addition they have to contend with growth and development changes. The main aim of this study was to interpret the meaning of being an LGBTI nursing student at a nursing college in Gauteng, South Africa. An interpretive phenomenological inquiry was conducted among 11 undergraduate diploma nursing students aged 21-35 years, recruited through snowballing at a nursing college in Gauteng. In-depth face to face and telephonic individual interviews were conducted. Being LGBTI in this study was constructed from the participants' understanding of themselves in a form of being different with a 'unique' childhood identity and experience. Findings revealed that LGBTI nursing students have had to contend with stigma which was exacerbated by religious and cultural beliefs inherited from their families, the nursing college and clinical facilities, despite the fact that they could not change their identity. In conclusion, LGBTI nursing did not require special treatment but expected recognition, sensitivity towards their identity and sexual orientation, support and a safe space at the college, in order to reach their full potential and thus attain academic success. It is recommended that gender and sexuality awareness orientation should be promoted to ensure an inclusive and an LGBTI friendly environment in the nursing fraternity.

Keywords: *LGBTI, interpretive phenomenological, nursing student, nursing college, South Africa*

Introduction

The reality of the LGBTI community being part of this noble profession, is undeniable (Walker, 2022). Increased visibility of LGBTI community in society, has led to the concomitant increased visibility of LGBTI nursing students. As societal policies and laws that influenced heterosexist beliefs and heteronormativity have changed Russell and Fish (2019), the nursing profession like all other institutions has to conform and readjust its mindset to these inclusive beliefs, and adapt its' attitudes and care rendered towards the queer community, to be in line with current societal demands (Nama, MacPherson, Sampson & McMillan, 2017). Ignorance and negative attitudes, however, have been reported at some health care institutions and nursing colleges alike, as most of them have not yet fully embraced the LGBTI community, as this supposedly challenge their own beliefs and attitudes (Eliason, DeJoseph, Dibble, Deevey & Chinn, 2011; Eliason, 2017).

Human rights of LGBTI community as with all other individuals, are equally important. The World Health Organization (WHO, 2015) urges for all nations to uphold these rights and protect LGBTI individuals against abuse, violence, and discriminatory practices, as failure to do so may negatively impact progress towards achieving Sustainable Development Goals (SDG) 2030. Furthermore, the South African Constitution of 1996, the first in the world to include provisions for non-discrimination of individuals based on sexual orientation (Section 9 of the South African Constitution 1996), requires all institutions of learning to protect the rights of all students, including minority and vulnerable groups such as LGBTI students (Muller, 2016).

In South Africa, the majority of students entering the nursing profession are within the age range of 18-35 years, situated between adolescence and adulthood (Walker, 2022). These developmental stages are associated with a high risk of psychological and adjustment challenges, as well as opportunities to demonstrate coping strategies in the face of adversity (Alessi, Sapiro, Kahn & Craig, 2017). This generation of students is tech-savvy and able to project their identities freely through social media (Li, 2022; Nguyen, 2019), without much regard for the reputation of the profession. However, they also fear the potential stigma and discrimination that may be directed towards them as individuals, exacerbating the already-deteriorating public perception of nursing care. This background lead to this statement of the problem.

Problem Statement

Students identifying as LGBTI continue to face hostile environments at their respective institutions (Pitcher, Camacho, Renn & Woodford 2018; Rothmann 2018) due to their sexual orientation. Discrimination can range from emotional, verbal, and physical abuse to general victimisation (Jacobson, Matson, Mathews, Parkhill & Scartabello, 2017; Meyer, 2016). Stigma, intolerance, harassment, and occasional violence, all contribute to a range of health disparities, including physical, mental, and social challenges (Stall, Matthew, Friedman, Kinsky, Egan, Coulter & Markovic, 2016). As a result, nurses including nurse educators in nursing colleges, are expected to adapt their care and attitudes towards sexual minority individuals in accordance with current societal demands. This problem lead to the following research question.

Research Question:

What is it like to be an LGBTI nursing student in a nursing college in South Africa?

Theoretical Review

This study used a conceptual framework comprising three major concepts that emerged as part of findings to the study. These included (1) stigma theory, (2) self –awareness and (3) self-identity theories. The theoretical review section briefly presents these major concepts in the following manner:-

Stigma Theory as proposed by Link and Phelan, (2001) in (Yang et al., 2007) was used as a frame of reference. According to Link and Phelan, (2010) and Deakin, Fox & Matos, (2022) labelling human differences to dominant cultural beliefs and negative stereotypes, results in stigma being socially dependent, relational, and contextual. In terms of stigma theory there are 5 inter-related components, namely: (1) labelling, (2) stereotyping, (3) separation, (4) status loss and (5) discrimination, which will not be discussed in detail in this article. In this study, stigma was evident in LGBTI nursing students' findings of labelling, negative attitudes and stereotypes from onlookers at the college. Negative consequences affected their personal lives including the experience of fear, low self-esteem, isolation and depressive state. This had a potential negative consequence of withdrawal from the nursing training if no interventions were instituted. Self – awareness is the ability of one to perceive and understand the things that make up one self as a unique individual including their personality, actions, values, emotions and thoughts. This is an essential psychological state in which the self becomes the focus of attention (Cherry, 2024). Self-identity is how a person defines and identify him/ herself based on their perception of their traits, qualities, abilities and characteristics.

Methods

A qualitative interpretive phenomenological study was conducted to understand the meaning of "being LGBTI nursing student" in a nursing college in Gauteng, South Africa. Qualitative research is useful in studying phenomena not well-conceptualised to gain a detailed understanding thereof, (Houser, 2018; Creswell & Poth, 2018, LoBiondo-Wood & Haber, 2018).

Research setting

The study was conducted in a specific nursing college in Tshwane, Gauteng Province, South Africa, which according to Creswell & Poth, (2018) and Polit & Beck, (2021), is a physical and conditions where the study was carried out. This is 1 of 4 nursing colleges in the province of Gauteng which offered a 4-year undergraduate Diploma in Nursing and Midwifery leading to registration as a registered nurse with the South African Nursing Council (SANC) in terms of the Nursing Act No 33 as amended of 2005. The nursing college admits approximately 100 students annually.

Participants' Demographic Characteristics

Eleven (11) participants who were in the 2nd – 4th year of training were recruited using snowballing sampling technique. Table 1 illustrates participants' demographic profiles.

Table 1 Demographic profile of LGBTI nursing student participants

Gender	Age	Race	Level of training	Preferred identification	Identification code
Female	24	Black	4	Lesbian	P1
Female (Transgendering)	30	Black	4	Male	P2
Male	26	Black	4	Gay	P3
Female	21	Black	3	Lesbian	P4
Female	29	Black	4	Lesbian	P5
Female	24	Black	3	Bisexual	P6
Male	29	Black	4	Gay	P7
Male	28	Black	2	Bisexual	P8
Male	29	Black	4	Bisexual	P9
Female	22	Black	4	Bisexual	P10
Female	35	Black	4	Bisexual	P11

Population and Sample

The first participant who was known to the researcher due to being open about her sexual identity, lead the researcher to other participants. As indicated earlier in this paper, the sample comprised 11 LGBTI nursing students who identified themselves as indicated in the above table. They were between the ages 21 and 35 years, and were selected to participate in the study through

snowball sampling technique, due to the sensitivity of the topic and the assumed difficulty of finding participants (Creswell & Creswell, 2018).

Ethical considerations

Ethical approval of the study was obtained from the Department of Health Studies Research Ethics Committee at the University of South Africa with a reference number HSHDC/1019/2020. Furthermore permission was also sought from the Department of Health in Gauteng, specifically from the Gauteng Health Research Committee, as well as from the Principal of the nursing college where the study was conducted. Ethical principles of beneficence, respect for human dignity, justice were observed. Consent from all participants before collecting data was obtained, participants were assured of confidentiality, protection from harm, anonymity, and privacy of information shared and were also awarded the right to withdraw from the study at any stage if so desired, without any form of penalty.

Data Gathering and Analysis

Data were collected using in-depth individual face-to-face and telephonic phenomenological interviews including field notes. Data collection occurred between the months of February and August 2021. The interviews were conducted in English and vernacular languages that are commonly spoken by participants in vicinity of the college (isiZulu and Sepedi). A voice recorder was used to capture the discussions between the researcher and the study participants. Interpretive phenomenology was crucial as it offered the researcher(s) an opportunity to explore participants' meaning of being LGBTI, at this particular nursing college. In addition to interviews, field notes were collected as records of non-verbal cues like body language and facial expressions that were documented to enrich data analysis (Phillippi & Lauderdale, 2018).

All tape-recorded interviews were transcribed verbatim including field notes. Silences and long pauses were recorded by using dots (...) in the text. Field notes where non-verbal responses, such as affect, mood, and anger, were recorded and indicated in brackets. Vernacular expressions were bracketed and translated from Zulu to English. The interpretive engagement with the data was informed by the hermeneutic data analysis and circular process of going back and forth to the data as proposed by Heidegger and Gadamer. Van Manen's lifeworld existentials and six steps analysis method, as illustrated by Flemming et al., (2003) in Alsaigh & Coyne, (2021) guided the development of themes by the researchers. Manual analysis of data including patterns, regularities, categories and themes were noted in an effort to make sense of the large amounts of data at hand (Cohen, Manion & Morrison, 2018). The researcher and an independent co-coder, engaged in an iterative coding and re-coding process using interpretive focused coding to generate codes, Larsen & Adu, (2022), until consensus was reached.

Findings and discussion

Two main themes emerged during data analysis in this study. These themes described the participants' understanding and definition of being LGBTI, how they became aware of being 'different', and how being in the world with others, was like for them. The themes and sub- themes of participants understanding of themselves as being LGBTI are presented in Table 2 below.

Table 2 Theme and sub-theme

Theme	Sub-theme
1. Self-awareness and self- identity	1.1. A sense of 'being different' 1.2. Sexual orientation awareness 1.3. Dress code- a means of expressing sexual identity as LGBTI 1.4. Experiencing an array of emotions
2. Being in the world with others	2.1. Peers and college community's attitudes 2.2. Stigmatizing spaces 2.3. Shifting mindsets 2.4. Interaction with Student Counselling department 2.5. Interactions with nurse educators and with clinical facilities (staff and patients)

Theme 1: Self-awareness and self-identity as being LGBTI: Defining own identity of being LGBTI

LGBTI nursing students seemed to have carried an awareness and identity of being 'different' from early childhood into adulthood. For most participants, this identity seemed innate while for others, the experience dated as far back as early childhood years. This theme was discussed within the self-awareness and identity theories. According to Cherry, (2024) self-awareness involves recognising how you are seen by others and how you affect them. In this study, LGBTI nursing students portrayed deep awareness of themselves in relation to others. For instance them recognising that they were different from their peers in the nursing college in terms of dress code, sexual orientation and emotions.

A sense of 'being different'

Participants recalled 'unique' childhood moments, in comparison to their peers. These included being comfortable dressing up as the opposite sex, female participants preferred and were comfortable playing soccer as young girls, feeling uncomfortable in girls clothes, an experience that could not be outgrown as it proceeded into late teens and their present training period. For some, this experience was often accompanied by feelings of discomfort when being referred to as 'boys' by community members. Some participants described cross-dressing experiences as follows:

> *'I am much more comfortable in boys clothes than I am in female clothes' (P1). 'The way my parents were dressing me up... you don't know what were they thinking!' (P2).*

Participants reflected on being mislabelled during teenage years ,primarily due to their physical appearance, or dress style. This realisation, lead to a participant contemplating the possibility of being bisexual as the participant commented:

> *'When I was young, I used to get that question a lot" are you a boy or a girl?' ... also, my grandmother used to cut my hair, I looked like a boy, my mother would always say: 'you look like your father'! (P6).*
>
> *'I have a little bit of masculine features, so that also contributed to me thinking that I might be belonging to the other team' (P6).*

Mislabelling impacted negatively on the participant's self-awareness whilst growing up, resulting in questioning their sexual orientation.

Being raised predominantly as a boy by both parents, one participant who was undergoing hormone therapy, commented on how this encouraged engagement in activities typically associated with boys, as the participant believed he was a boy despite being born a girl.:

> *'So, I always thought I was a boy, but then when puberty started, that's when I was like...wow!. I got a shock of my life that wow!, I thought wrong..' (P2).*

While another participant, also with a sense of being 'different', acknowledged being born a male however, experienced a sense of being a 'different boy', added:

> *'I knew from a very young age that I am different, I could tell that I was different from other boys and the activities I liked were a bit different from the ones like your normal boy would entertain' (P9).*

Puberty seemed to have been an "aha" moment for most participants as it was riddled with confusing thoughts about their actual identity of who they really were, as articulated by the participant:

> *'During puberty, that's when it really hit that this is where I actually belong, but I was not really sure, I could tell that I am more comfortable around boys, I didn't know how to explain those feelings, I ...I kept on suppressing it ' (P9).*

Alluding to the sense of being different ,confirmation by onlookers added to participants' confusion and doubts about their identity, as mentioned:

> *'Sometimes back in high school, I had tomboy tendencies, I was never a girly girl, I used to do haircuts like 'German' cuts, and*

sometimes a new teacher mistook me for a boy ,I would be like "No!".. I am not a boy!", so I think I have a little bit of masculine features ,so that also contributed to me thinking that I might be belonging to the other team... ' (P6).

Sexual orientation awareness

Participants' awareness of sexual orientation seemed to be innate rather than acquired during growing up. This realisation appeared at various stages as evidenced by participant 9, who identified as bisexual, discovered his sexual orientation during puberty, despite uncertainty about feelings for other boys. The participant stated:

'During puberty that's when it really hit, that this is where I actually belong, but I was not really sure, I could tell that I am more comfortable around boys... ' (P9).

For some participants, the confusing experience happened during middle school years as commented by the participant:

'I would play with boys but would not be myself, when I am with girls I would be myself, it would be nice, I would prefer girl's company, so I grew up boys calling me names like ('stabane') , meaning a boy who sleeps with same sex partner, and that phrase, I grew up with, even now, it still happens, someone would just call me "stabane'!, out of the blue, but then it does not hit hard because I have accepted myself now' (P3).

Dress code – a means of expressing one's sexual identity as LGBTI

Most participants expressed and derived comfort through wearing clothes that did not align with their sexual orientation, from childhood to date. This act constituted their 'everydayness', or way of 'being-in -the- world' as articulated by Heidegger as one's ability to be present in the world in an everyday manner. One participant who identified as a lesbian, stated:

'Because I don't want to be referred to as a male, I am a female but like dressing in this way,... I feel comfortable that way' (P1).

Another participant commented:

'People pointed it out to me to say: 'why don't I ever see you in skirts?'... for me, I was just being myself and being comfortable in the clothes that I wear', (P10).

The other participant who finally felt liberated transitioning from female to male gender identity, which he described as emancipating, stated:

'It's like every day, I'm happy, it's freedom, it is what I needed ,...when you are part of the LGBTI, a simple thing like waking up and deciding : 'what am I gonna put on', it's difficult' (P2).

Experiencing an array of emotions

Participants experienced a range of emotions with negative mental health outcomes Fear of being rejected caused them to act in pretence, to gain acceptance and belonging from onlookers, as stated by these participants:

'Having to act or portray something that you are not..., if you are around people who don't know anything about your social orientation, you have to shield your true self in order to accommodate them, to prevent yourself from not being judged '(P9).

A participant who had intense fear of being rejected due to sexual orientation, stated :

'I am not sure if they are homophobic or not, so I am afraid that if maybe I disclose, they are gonna reject me, but I don't think it can get to that extent. ' (P6).

Another participant ,anticipating negative judgement in addition to low self-esteem, commented:

'I can't even accept compliments, when someone says: 'you are beautiful', I always say... 'ah... but I have this and that' (P6).

One participant, expressed how low self-esteem may have stemmed from early childhood years, resulting in her being shy and not free to interact with fellow students, commented:

'I already have a low self-esteem, so it made it to go even lower, made me wear a hoodie all the time so I can hide myself. Low self-esteem stems from my grandmother who preferred to do things for my sister more than me because, I acted differently as compared to her, she acted more girly, I became so shy and I did not love myself, because I thought I was doing something wrong and I knew there was nothing I could do to change that, I did not feel like I was enough to be loved, cos I was not shown enough love that time' (P4).

One participant who grew up being shy but finally accepted himself and was free, articulated this freedom as follows:

'I was so shy...even now I am amazed at the person I have become as I grew up being a shy person, I used to be afraid of people, like I would hear voices like people are saying: 'You are Gay... you are Gay!"(P3).

A participant who had fear of being judged, expressed how he lost all his 'straight' friends due to being open about his sexuality, for fear of having sexual desires towards them, explained this experience as follows:

'until I finished Matric, that's when I started being free, I even lost friends, who thought that I am straight like all of them, now that I am Gay as they thought I want them or want to pursue them now (P3).

Being depressed to having suicidal thoughts was another negative emotional response experienced by some participants due to negative views of self, resulting from constant rejection by others. Participants expressed this negative emotion this way:

Ok, during that time...I didn't know anything about your mental health, mental illness, but if I can take it back and just check how I was behaving, I can say, it sort of put me through a minor depression ,I would cry at night yoooo! ..It was bad... ' (P9).

Another participant, alluding to the depressive state, mentioned :

'If someone lives in the closet, you get stress to a sense that ,you want to kill yourself. Even myself, I had those suicidal ideations, but then I was able to get support from home and friends, ' (P3).

Religion was viewed as another reason for depression and suicidal ideation as it regarded LGBTI identity as the biggest sin ever ,according to participants.

'I wanted to commit suicide because ,you know at Church, they tell you that Gay is sin, and people like most Christians like to pretend as if Gay, is the biggest sin ever, but it's not even sin, do you understand? '(P3).

The other participant, adding to depression and suicide, stated this:

'I've heard people who were going through depression at the college, but our Counselling Department did not help them. People are failing at the college, and it's mostly due to depression, anxiety. (P7).

The theme highlighted participants' unique childhood experiences which defined their sexual orientation and gender identity they grew into.

Theme 2: Being in the world with others

Some participants in the study reported incidences of subtle discrimination and judgemental attitudes during their training at the college, including interactions with the Student Counselling department, nurse educators, peers and clinical staff at placement institutions.

Peers and college community's attitudes

"I am not sure if they are homophobic or not, so I am afraid that if maybe I disclose, and they gonna reject me, but I don't think it can get to that extent." (P6)

So they were able to accommodate me, so ever since first year, I have been free, I've been myself, everybody in class knows about my sexuality, except the lecturers don't know because we don't interact that much, so yes, they welcomed me, even the previous group, they welcomed me, because I was myself,

everybody loved me, I've never encountered any problem or discrimination against me, or something like that, ..."(P3).

"Having to portray something that you are not... if you are around people who don't know anything about your sexual orientation, so...., you have to sort of shield your true self in order to accommodate them, or in order to prevent yourself from not being judged or... yah." (P9)

Peers are among the most important sources of social support for LGBTI individuals during their youth, Gato et al., (2020), and are crucial for maintenance of positive mental well- being for LGBTI individuals (Pullen Sansfaçon et al., 2020).

Stigmatising and victimising spaces

Participants regarded the college as being an unsafe ,stigmatizing space partly due to the religious practices that prevailed, which participants viewed discriminatory.

'So what you do is just keep quiet, obviously you don't live in peace around the college, you try as possible to act straight because you know that it's not that kind of space, because people will always judge, people will always alienate or something like that' (P11).

"Ok, what I can say is that there wasn't a safe space at the College, for people like...me or the LGBTQ+ community. So, what you do when you get to an area like that, and you know that you are going to spend 4 years of your life here, and you are seeing that the space isn't comfortable or the space is not safe, so what you do is just keep quiet, and just... obviously you don't live in pretence, but you just... get there and tell yourself that, ok, I am here for my Diploma and around College, you try as possible to act straight (laughing), you try as possible to act straight because you know that it's not that kind of space, because people will always judge"(P7).

'I feel like if I am performing bad academically, or I am missing work or have a bad attitude, they should deal with me according to the behaviour, not according to who you are or what you do, they should n 't say that Gay is doing 1, 2,3 , so, I feel like if people are less judgemental then, everything will be fine' (P11).

'I've seen how others that came before me, how the space was not so good for them, because they came out, and everybody at the college knew, so they'll always be laughed at, or not even be taken seriously so what I did for myself was, I kept quiet, kept it a secret for myself, because I saw how the college wasn't so accommodating for such people' (P7).

Participants in stigmatizing and victimizing spaces, reported some fears of being victimized, leading to concealment of their sexual identity with consequences such as adverse effects on their mental health, such as social isolation, depressed mood which could lead to poor academic performance.

'In the LGBTI community, there are many challenges, especially if you don't have support ,(for those who are still in the closet), most of them kill themselves, they have depression ,there is a lot of depression here...,among the LGBT' '(P4).

I've seen how others that came before me, how the space was not so good for them, because they came out, and everybody at the college knew, so they'll always be laughed at, or not even be taken seriously so what I did for myself was, I kept quiet, kept it a secret for myself, because I saw how the college wasn't so accommodating for such people' (P7).

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* **Shifting mindsets**

Participants reported enjoying being welcomed and embraced, not treated any different from fellow heterosexual students. They viewed this experience

as a mindset shift towards accommodating and embracing diversity among students. One participant mentioned:

> *'My experience at Res(students' nurses home), because the people I go to class with are my family, they welcomed me, they know that I am Gay' (P3). 'People's mindsets have shifted, it's no longer that of back then, when they used to hate homosexual people' (P6).*

* **Interactions with Student Counselling department, nurse educators and clinical facilities' staff and patients.**

Views on the Student Counselling department varied for example, some participants resorted to consulting the department only for academic reasons, while others preferred to rather confide in a friend, if necessary.

> *'Going to Student Counselling is not the first thing .When they have problems, they rather speak to friends, and most of them at home, they already speak to their families. So, I think if maybe someone was not open about it and had problems, then maybe the only thing they could do is to support them" (P1).*

> *'I think there are occasions where I would go when I wasn't sure what's in the Test cos of some reason maybe I missed it , most of the time that's what I went there for' (P2).*

> *No, I've never had to..., I only went for academic reasons or other personal reasons but nothing to do with my sexuality '(P5).*

Some participants expressed their dissatisfactions about the Student Counselling department as follows:

> *'I don't think it caters for such issues..., for me, our Counselling department has always been mostly for academic problems, rather than personal struggles that students go through, or are hiding, because I've heard people who were going through depression..., but our Counselling department did not help them. People are failing at the college, and it's mostly due to depression, anxiety...these kinda things..., so I've always felt that Counselling department is mostly about academic issues, and does not really prioritise other issues..., other personal issues as well .(P7).*

* **Interactions with nurse educators and clinical facilities (staff and patients)**

Nurse educators support individual students facing psychosocial challenges and, when necessary, refer them to the Student Counselling department in accordance with college policies. However, some participants expressed discomfort and hesitancy in discussing sexuality issues, particularly in a classroom setting. They preferred not to be singled out or participate in group discussions, or role plays due to fear of being mocked, ridiculed, as one participant stated.

> 'With class, with the students, I am comfortable but then, I would always pray that Mam should not choose me, like in class, because of my 'squirky' voice because I would be expected to be audible (P3).

> 'I didn't see the need for me to share with any of the nurse educators,(P9).

Some participants expressed reservations regarding discriminatory treatment encountered from nurse educators and peers, which left them feeling judged, as mentioned:

> *'It was not a comfortable area because some lecturers would prefer you to be more girly and would not understand that you are not that particular person, you are more boyish than girlish, so...that's the only thing that I had a problem with ,other than that everything was fine' (P4).*

> *'There would be 1or 2 lecturers who would say a silly joke about Gay men or Gay women at the podium, you don't know what that does to a Gay man who is sitting there' (P7).*

> *'Fellow students and lecturers would also judge you; treat you differently, hence I am saying ,it was not a safe space" (P7).*

Adding to the negative treatment received from nurse educators ,lack of confidentiality about their sexual orientation was another challenge that

LGBTI students faced, especially those who were still in the closet, as mentioned by this participant:

> *'I once had a bad experience by telling somebody in one of the facilities at the college about it, and they were like "this is not the lifestyle that you should be living'...,so they were judgemental, so I thought, it's no use talking to any of the people at the college, I thought they would all have the same sentiments like... 'you should just change to avoid all the stress' (P11).*

Clinical placement inflicted some anxieties for participants due to uncertainty regarding reception by both staff and patients, considering public perception of LGBTI communities. Participants focused on maintaining a professional demeanour and refrained from mixing the two. Some participants were perceived as being inquisitive and intrusive. These experiences were expressed as follows:

> *'I don't talk about my sexuality anymore...so even if they approach me, I just try to tell them it's unprofessional, I respect my job title and I make sure I am with someone so that the person can protect me from these people' (P4).*

> *'When there's a Gay person... everybody would want to chat and be with that person, when I arrived at the hospital, I would act straight, be professional ,be who I am. I was afraid of exposing myself to the sisters, as I did not want them to get used to me and all that," (P3).*

Participants' ways of coping with such curiosity and maintaining safety from both patients and staff members was explained as follows:

> *'I don't like people paying attention to me so I just deal with it by hiding behind a colleague, so that I can maintain my safety' (P4).*

A participant undergoing hormone replacement therapy from female to male, undisclosed to the nurse educators responsible for clinical placement, commented on how students' sexual or gender identity was not considered during placement :

> *'There were times when I was placed in male wards without having interaction with anyone asking me anything, so I don't know if someone asked someone or there was a discussion..., which also I was actually glad about that' (P2).*

> *'I found it more comfortable in a female ward because with males, even if they notice that I am a Lesbian, they would want to try their luck so they can prove that I am not what I say I am, so working with females is much better because they accept me as a female ' (P3).*

Some participants expressed reservations regarding discriminatory treatment encountered from nurse educators and peers, which left them feeling judged.:

Discussion

The meaning of being LGBTI nursing student at a nursing college in Gauteng, South Africa, has been explored in this study. One of the key findings to emerge is that LGBTI identity cannot be denied or wished away, as evidenced by the struggles faced by LGBTI students. LGBTI nursing students had to contend with a unique childhood and a sense of being different from their peers, similar to a study by Robertson, (2019), who found many young adults identifying as 'queer', had a sense of something different about them. This led to negative impacts on their mental well-being, including feelings of low self-esteem and social isolation, similar to findings by Glazzard et al., (2020), who discovered that LGBTI individuals are at an increased risk of experiencing a range of emotions that may lead to stress and negative mental health outcomes .Additionally, coming out to parents, peers, nurse educators, and the broader community has been challenging for LGBTI nursing students. This was mainly due to stereotypes often rooted in culture and religion, evidenced by LGBTI students' experiences with culture and tradition which regarded this identity as unacceptable Brewster et al. (2021), Lee & Ostergard, (2017), are of the view that strong religious beliefs and traditional values in families, may make acceptance of the child's

sexual orientation difficult, reciprocally influencing one's gender expression, as alluded to by (Kinney, 2021).

Despite these difficulties, resilience developed by LGBTI nursing students ,enabled them to excel academically. The findings suggest that LGBTI nursing students do not require special treatment, but rather expect recognition, sensitivity towards their gender identity and sexual orientation, and similar treatment as their heterosexual peers. Furthermore, it is important for the nursing college to be a safe space, where LGBTI nursing students can reach their full potential and achieve academic success.

It is worth noting that LGBTI identity is still often seen by society at large, as a Western influence and therefore un-African. However, findings of this study suggest that this identity is a reality for many individuals who are constrained by societal prejudices, beliefs, and spirituality. The nursing profession should recognise the diversity of its student body, which includes predominantly millennials, who regard sexuality as being fluid, but are also committed to providing high quality, ethical care to health care users.

The study contributes to the body of knowledge Mc Dermott, Hughes & Rawlings, (2018); Matsumunyane & Hlalele, (2020); Lane, (2021); Kiguwa & Langa, (2017); Mendos, (2019) in Tshilongo & Rothman, (2019); and Nduna, Mthombeni, Mavhandu-Mudzusi & Mogotsi (2017), that highlights the negative impact of stigma on the personal lives of LGBTI students. The findings may discourage LGBTI youth from pursuing a career in nursing due to fear of stigmatisation and discrimination on the basis of sexual orientation and gender identity, thereby exacerbating the existing shortage of nurses in the country.

Limitations and recommendations of the study

The study examined lived experiences of LGBTI nursing students at a specific nursing college in Gauteng, South Africa, and is subject to certain limitations typical of qualitative research designs, particularly those employing a phenomenological approach. The limited sample size hindered generalizability of findings to other settings. The researcher's position, a nurse educator who taught some of the participants, may have influenced their openness to disclose certain experiences and challenges with nurse educators, for fear of retaliation.

First-year students were excluded due to limited experience at the nursing college however, exclusion does not negate the importance of their lived experiences. COVID-19 lockdown, impeded continuation of face-to-face data collection methods, necessitating use of telephonic methods, which limited the researcher's ability to document field notes and observe participants' non-verbal cues during the interviews.

Availability of nurse educators was a challenge as some were accompanying students at clinical facilities and thus unavailable for interviews during scheduled times, extending the data collection period, which led to some withdrawing from the study due to time constraints. The sensitive nature of the topic may also have contributed to some nurse educators' reluctance to participate. Finally, data analysis of nurse educator participants was more descriptive in nature rather than interpretive, as their participation inclined more on perception of the phenomenon than living the phenomenon.

Recommendations

In light of these findings, there is a clear need for support of LGBTI nursing students, both personally and academically. The nursing education sector has lagged behind in its efforts to meet the needs of a diverse student body and must take steps to prevent challenges faced by LGBTI nursing students in future. Mandatory sensitivity training may be required to provide information about LGBTI related matters to nurse educators and the rest of the college community, to approach LGBTI students with understanding, respect, and dignity, and may assist in mitigating stigma, making the environment LGBTI friendly.

Conclusion

This inquiry was qualitative, interpretive and contextual. The study findings highlighted the adverse emotional and psychological challenges that were exacerbated by stereotypes and untoward

remarks directed to LGBTI nursing students from some members of the college community. This does not promote an enabling and conducive environment that promotes learning and academic success.

Authorship

PN was involved in article write-up, TR was involved in article critique and guidance as a supervisor.

References

Abu, V.K. and Moorley, C.R., 2023. Social justice in nursing education: A review of the literature. *Nurse Education Today,* p.105825.

Alessi, EJ, Sapiro, B, Kahn, S & Craig, SL. 2017. An assessment of campus climate among sexual minority college students. *Research in Higher Education Journal* 33:1-10.

Alsaigh, R., & Coyne, I. (2021). Doing a hermeneutic phenomenology research underpinned by Gadamer's philosophy: A framework to facilitate data analysis. *International Journal of Qualitative Methods, 20,*1-10. https://doi.org/10.1177/16094069211047820

Brewster, K.L., Tillman, K.H., & Holway, G.V. (2021). Timing of first sexual experience with a same sex partner: *A life course approach. Archives of Sexual Behaviour, 50,* 3587-3599. https://doi.org/10.1007/s10508-021-02043-3

Cherry, K., (2024). How to boost your self-awareness: here's why knowing yourself is so important-plus, how to improve it. Self-Improvement

Cohen, L., Manion, L., & Morrison, K. (2018). *Research methods in education.* Oxon: Routledge.

Creswell, J.W., & Creswell, J.D. 2018. *Research design. Qualitative, quantitative & mixed methods approaches.* 5th edition. Los Angeles: SAGE.

Creswell, J.W., & Poth, N. 2018. Qualitative inquiry and research design. Choosing among five approaches. Thousand Oaks CA: Sage.

Deakin, J., Fox, C., & Matos, R. (2022). Labelled as 'risky' in an era of control: How young people experience and respond to the stigma of criminalized identities. *European Journal of Criminology, 19(4),*653-673. https://uk.sagepub.com/en-gb/journals-permissions

Eliason, M.J., DeJoseph, J., Dibble, S., Deevey, S., & Chinn, P. (2011). Lesbian, gay, bisexual, transgender, and queer/questioning nurses' experiences in the workplace. *Journal of Professional Nursing, 27(4),* 237-244. doi:10.1016/j.profnurs.2011.03.003

Eliason ,M.J. (2017). The gender binary in nursing. *Nursing Inquiry, 24,* Article 12176, DOI:10.1111/nin.12176.

Flemming, V., Gaidys, U., & Robb, Y. (2003). Hermeneutic research in nursing: Developing a Gadamerian-based research method. *Nursing Inquiry, 10(2),* 113-120.

Gato, J, Leal, D, Moleiro, C, Fernandes, T, Nunes, D, Marinho, I, Pizmony-Levi, O & Freeman, C. 2020." The worst part was coming back home and feeling like crying": Experiences of Lesbian, Gay, Bisexual and Trans students in Portuguese schools. *Frontiers in Psychology* 10(2936):1-10. 10:2936.doi:10.3389/fpsyg.2019.02936.

Glazzard, J., Jindal -Snape, D., & Stones, S. (2020). Transitions into, and through, higher education: The lived experiences of students who identify as LGBTQ+. *Frontiers in Education, 5* (81), 10.3389/feduc.2020.00081

Hodges, T., Seibenhener, S. and Young, D., 2021. Incorporating health care concepts addressing the needs of the lesbian, gay, bisexual, and transgender population in an associate of science in nursing curriculum: Are faculty prepared?. *Teaching and Learning in Nursing, 16*(2), pp.116-120.

Houser, J. (2018). *Nursing research: Reading, using and creating evidence.* 4th edition. Burlington, MA: Jones & Bartlett Learning.

International Council of Nurses. The ICN Code of Ethics for Nurses. 2021. Available from:http://www/icn.ch/images/stories/documents/about/icncode_english.pdf (accessed 11 November 2022).

Jacobson, AN, Matson, KL, Matthews, JL, Parkhill, AL & Scartabello, TA. 2017. Lesbian, gay, bisexual and transgender inclusion: Survey of campus climate in colleges and schools of pharmacy. *Currents in Pharmacy Teaching and Learning* 9:60-65.

Kiguwa, P., & Langa, M. (2017). So I decided not to invade straight black men's space: Exploring heteronormative spaces on campus. *South African Journal of Higher Education 31(4),* 53-71. http://dx.doi.org/10.20853/31-4-878

Kinney, K. 2021. "Learning to thrive in a binary world. Understanding the gendered experiences of non-binary individuals and ways to bolster well-being". *Electronic Dissertations.* Bloomington: Indiana University. Accessed on 14 November 2021 https://www.proquest.com.

Lane, J. (2021. Using queer phenomenology to disrupt heteronormativity and deconstruct homosexuality. *Journal of Homosexuality 68,* (13), 2169-2188. https://doi.org/10.1080/00918369.2020.1733353

Larsen, H.G., & Adu, P. (2022). The theoretical framework in Phenomenological research. *Development and application.* New York: Routledge.

Lee, C., & Ostergard Jr, R.L. (2017). Measuring discrimination against LGBTQ people: A cross- national analysis. *Human Rights Quarterly, 39*(1), 37-72. DOI:10.1353/hrq.2017.0001

Li, M. 2022. Influence for social good: exploring the roles of influencer identity and comment section in Instagram- based LGBTQ- centric corporate social responsibility advertising. *International Journal of Advertising 41*(3):462-499.

Link, B.G., & Phelan, J.C. (2001). Conceptualizing stigma. *Annual Review of Sociology 27*(1), 363-385.

Link, B.G, & Phelan, J.C., Scheid, T.L., & Brown, T.N (Eds.). (2010). Labelling and stigma, in A handbook for the study of mental health. *Social contexts, theories, and systems.* 2nd edition. University Press.

LoBiondo-Wood, G & Haber, J. 2018. *Nursing Research. Methods and Critical Appraisal for Evidence-Based Practice.* 9th edition. New York: Elsevier.

Matsumunyane, K., & Hlalele, D. (2020). Sexual diversity and social vulnerability in Lesotho. *Gender and Behaviour, 18(2),*15237-15246.

McDermott, E., Hughes, E., & Rawlings, V. (2018). Norms and normalisation: understanding lesbian, gay, bisexual, transgender and queer youth, suicidality and help-seeking. *Culture, Health & Sexuality, 20(2),* 156-172. https://doi.org/10.1080/13691058.2017.1335435

Meyer, IH. 2016. Does an improved social environment for sexual and gender minorities have implications for a minority stress research agenda? *Psychology of Sexualities Review 7*(1):81-90.

Mendos, L.R. (2019). *State sponsored homophobia.* 13th edition. Geneva: ILGA.

Muller, A., (2014). Professionalism is key in providing services to lesbian, gay, bisexual, transgender and intersex South Africans. SAMJ: *South African Medical Journal,104(8),* 558-559.

Muller, A., (2016). Health for all? Sexual orientation, Gender identity, and the implementation of the Right to access to health care in South Africa. *Health and Human Rights Journal,18(2),*195-208.

Nama, N, MacPherson, P, Sampson, M & McMillan, HJ. 2017. Medical students' perception of lesbian, gay, bisexual, and transgender (LGBT) discrimination in their learning environment and their self-reported comfort level for caring for LGBT patients: a survey study. *Medical Education Online 22:* https://doi.org/10.1080/10872981.2017.1368850.

Nduna, M., Mthombeni, A., Mavhandu-Mudzusi, A.H., & Mogotsi, I. (2017). Studying sexuality: LGBTI experiences in institutions of higher education in Southern Africa. *South African Journal of Higher Education, 31(*4),1-13. http://dx.doi.org/10.20853/31-4-1330

Nguyen, THL. 2019. Reading the YouTube sitcom My best gay friends: what it means to be gay in Vietnam. *Continuum 33*(5):540-553. DOI:10.1080/10304312.2019.1634179

Pitcher, EN, Camacho, TP & Renn, KA & Woodford, MR. 2018. Affirming policies, programs, and supportive services: Using an organisational perspective to understand LGBTQ+ college students' success. Journal of Diversity in Higher Education 11(2):117-132.Russell, ST & Fish, JN. 2019. Sexual minority youth, social change, and health: A developmental collision. *Research in Human Development 16(1)*:5-20 DOI:10.1080/15427609.2018.1537772

Phillippi, J., & Lauderdale, J. (2018). A guide to field notes for qualitative research: Context and conversation. *Qualitative health research, 28* (3): 381-388. https://doi.org/10.1177/1049732317697102

Polit ,D.F., & Beck ,C.T. (2021). Nursing research: Generating and assessing evidence for nursing practice. 11th edition. Philadelphia: Wolters Kluwer Health, Williams & Wilkins

Pullen Sansfaçon, AP, Kirichenko, V, Holmes, C, Feder, S, Lawson, ML, Ghosh, S, Ducharme, J, Temple Newhook, J & Suerich-Gulick, F. 2020. Parents' journeys to acceptance and support of gender-diverse and trans children and youth. *Journal of Family Issues 41(8):*1214-1246. DOI:10.1177/0192513X19888779.

Robertson, M. 2019. Review of Growing up Queer: Kids and the remaking of LGBTQ identity. *Social Forces, 98(4),* 1-2 https://doi.org/10.1093/sf/soz118

Rothman, J. 2018. A social constructionist approach to resilience for lesbian, gay, bisexual, transgender, intersex, queer and/or questioning academics and students in South African universities. *Transformation in Higher Education 3(0):*1-8.

South Africa. 1996. *Constitution of the Republic of South Africa.* Pretoria: Government Printer.

South African Nursing Council. 2005. *Nursing Act, no. 33,* 2005. Pretoria: Government Printer.

Stall, R, Matthew, DD, Friedman, MR, Kinsky, S, Egan, JE, Coulter, RW & Markovic, N. 2016. The continuing development of health disparities research on lesbian, gay, bisexual, and transgender individuals. *American Journal of Public Health 106:*787-789.

Walker, GR. 2022. Sexual diversity and local values in a rural South African university town.*Gender and Education 34(4):*379-393.

WHO. 2015. Ending violence and discrimination against lesbian, gay, bisexual, transgender, and intersex people. UN statement 2015.From https://www.who.int/news/item/29/09/2015-(accessed 17 August 2022).

Yang, LH, Kleinman, A, Link, BG, Phelan, JC, Lee, S & Good, B. 2007. Culture and stigma. Adding moral experience to stigma theory. *Social science & medicine, 64(7):*1524-1535.