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DR PERNILLA GARMY (Orcid ID: 0000-0003-1643-0171)

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Lesbian, gay and bisexual parents' experiences of nurses' attitudes in child health care – a qualitative study

Anna-Eva Andersen, MSN, RN^{1,*}; Catherine Moberg, MSN, RN^{1,*}; Anita Bengtsson Tops, Professor, PhD, RN¹; and Pernilla Garmy, PhD, RN^{1,2}

¹Department of Health Science, Kristianstad University, Kristianstad, Sweden

²Department of Health Science, Clinical Health Promotion Center, Lund University, Lund, Sweden

*Equal contribution as first author

Corresponding author:

Pernilla Garmy, Department of Health Science, Kristianstad University, 291 88 Kristianstad, Sweden Telephone: +46 44 2503877. E-mail: pernilla.garmy@hkr.se

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Contributions

Study design: AEA, CM, ATB, PG; data collection: AEA, CM; data analysis: AEA, CM, ATB, PG; manuscript preparation: AEA, CM, PG; final approval: AEA, CM, ATB, PG.

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ABSTRACT

Aims and objectives: To describe lesbian, gay and bisexual parents' experiences of nurses' attitudes in child health care.

Background: Lesbian, gay and bisexual people are often reluctant to disclose their gender identity for fear of discrimination. This fear may lead to avoidance of healthcare for themselves or their children and may negatively affect families' health and well-being.

Design: A qualitative inductive design was employed.

Methods: Semi-structured interviews were conducted with 14 lesbian, gay or bisexual parents (11 mothers and 3 fathers) with child health care experiences in southern Sweden. Interviews were analysed using qualitative content analysis.

Results: Two themes were identified. One, a 'sense of marginalization', included lesbian, gay and bisexual parents' experiences of heteronormative attitudes among child health care nurses which led them to feel alienated and questioned as parents. Another, 'being respected for who you are', included experiences of being respected and included at child health care appointments.

Conclusions: Findings paint a complex picture of lesbian, gay and bisexual parents' interactions with child health care nurses in that they experienced both positive and negative attitudes. Knowledge gaps about lesbian, gay and bisexual families within the child health care field must be filled.

Relevance to clinical practice: Child health care nurses should work with the entire family to provide the best care for the child; however, discrimination in health care is common and often caused by a lack of knowledge. The number of children living with same-sex parents has increased more than ten-fold since the end of the 1990s. It is therefore important to explore lesbian, gay and bisexual parents' experiences with child health care nurses' attitudes to improve quality of care.

Key words: child health care, child health services, experiences, parents, lesbian, gay, bisexual, heteronormativity, nurses' attitudes

What does this paper contribute to the wider global clinical community?

- The LGB parents interviewed experienced both positive and negative attitudes among CHC nurses.
- Knowledge gaps about LGB families within the CHC field must be filled.

INTRODUCTION

Research has shown that many lesbian, gay and bisexual (LGB) parents are unwilling to discuss their gender identity for fear of discrimination (Neville & Henrickson 2009, Shields *et al.* 2012). This fear may cause them to avoid seeking healthcare for themselves and their children (Röndahl 2009, Chapman *et al.* 2012a, Chapman *et al.* 2012b). In this paper, we intend to describe LGB parents' experiences with child health care (CHC) nurses.

BACKGROUND

Child health care in Sweden is provided free of charge from birth to age six (Sundelin *et al.* 2005) during which time CHC teams are led and organised by a CHC nurse. Nurses working in CHC have specialist nursing education in paediatrics or public health nursing, which includes internships within healthcare settings for children and adolescents. Child health care nurses work independently with families in close collaboration with CHC teams, which include physicians, psychologists, dieticians and speech therapists (Lefèvre 2016). These CHC teams prioritize the best interests of the child, and their work is based on the UN Convention of the Rights of the Child (UNICEF 1989).

A CHC nurse should work with the entire family to provide the best care for the child (Shields *et al.* 2006). The concept of what a family is has changed, and today, it often consists of same-sex parents, stepchildren, stepparents, grandparents and close friends. According to Statistics Sweden (2016), the number of children living with same-sex parents has increased more than ten-fold since the end of the 1990s. Family-focused nursing is extra important with LGB parents because they fall outside the heteronormative matrix. Butler (2011) defines the heteronormative matrix as society's assumption that everyone is heterosexual and that this is the natural order. Heteronormativity is the expectation that opposite sex relationships is the norm/ socially acceptable. Maleness and femaleness is about gender expression and the fact that much of society views gender through a binary lens (Hayman & Wilkes, 2017). According to the heterosexual perspective, we are either women/feminine or men/masculine, and nothing between exists (Butler 2011). Healthcare personnel unconsciously presume this view when meeting patients and relatives (Röndahl *et al.* 2006).

In healthcare, discrimination against LGB parents is commonly caused by a lack of knowledge among providers (Chapman *et al.* 2012c, Chapman *et al.* 2012d, Nicol *et al.* 2013). The equality principle implies not that everyone is the same but that every individual is unique, and differences should be treated with respect. Often, LGB people experience problems in their encounters with the healthcare system. Therefore, LGB families face the risk of marginalization in health care, which can negatively affect the health and well-being of their families (Neville & Henrickson 2009, Chapman *et al.* 2012a). When a person exists in two cultures but not feel entirely connected to either one, marginalisation might occur, and can result in low self-esteem and vulnerability to emotional stress, and feelings of isolation and exclusion (Hayman, Wilkes, Halcomb, & Jackson, 2013). Although we find few studies concerning LGB parents' experiences in accessing health care services for their children (Neville & Henrickson 2009; Chapman *et al.* 2012a; Shields *et al.* 2012; Röndahl *et al.* 2009), we find none investigating LGB parents' experiences with CHC. To address this gap, we devised this study to describe LGB parents' experiences of nurses' attitudes during CHC.

METHODS

Design

We adopted a qualitative inductive design. The goal of qualitative research is to understand the experiences, thoughts and behaviours of individuals (Polit & Beck 2012). Semi-structured interviews (Kvale & Brinkman 2009) were conducted with LGB parents who had experiences visiting CHC nurses with their child/children, and they were audio recorded then transcribed verbatim. Data were analysed using qualitative content analysis (Graneheim & Lundman 2004).

Participants and setting

Parents self-identified as a lesbian, gay, bisexual, transgender or queer (LGBTQ), and having experience taking their child to a CHC setting were invited to take part in the study. Although the study initially aimed to include LGBTQ parents, no participants identified themselves as transgender or queer; therefore, we addressed LGB parents rather than LGBTQ parents. Informants were recruited through the Swedish Federation for LGBTQ rights (RFSL), a non-profit organization founded in 1950, representing a diverse group of people. The organization has 70 000 members in 38 branches across Sweden, and it runs many activities, such as a crime victim support unit and an educational and certifying unit (RFSL 2016). Informants lived in rural and urban areas in southern Sweden. The number of inhabitants in the included municipalities varied from 15 000 to 325 000 (Statistics Sweden 2016).

Data collection

The initial strategy for recruiting participants was purposive sampling, but ultimately, convenience sampling and snowball sampling were used because of difficulties in recruiting (Polit & Beck 2012). The chairpersons of two RFSL branches were contacted by e-mail but did not respond despite repeated attempts. Therefore, the administrator of the RFSL Facebook site for each branch was contacted to gain permission to post information about the study so that interested LGBTQ parents could ask for more information (convenience sampling). Responses from one branch was received, and from that branch, seven LGB families fulfilled the inclusion criteria. Written information was sent by e-mail to all seven, and two declined to participate. The remainder provided contact information for four other families who subsequently agreed to participate after receiving information via email (snowball sampling).

The parents decided the times and places for interviews, which took place in their homes, workplaces or a café from June to August 2016. Each lasted 40 to 90 minutes during which time oral and written information about the study was conveyed. Written informed consent was obtained from all participants. Four interviews were conducted with the parents in a pair/trio, and five were conducted with each parent individually. Before each interview, informants were instructed to write down demographic data: age, sex, education level, country of birth and number of children born during their relationship. The interview then began with a question about their first meeting with a CHC nurse and continued with questions regarding positive and negative experiences. Supplementary questions were: 'How did you feel in that situation?' or 'Please tell me more about that situation.'

Analysis

Qualitative content analysis was used to analyse the transcribed interviews (Krippendorff 2013). This method is useful for interpreting different kinds of texts and is relevant when the goal is to identify differences and similarities and then describe variations in the content (Graneheim & Lundman 2004). The steps taken were: 1. The transcripts were read several times to gain a sense of the entire body of content. 2. The research team met and discussed interview content. 3. Meaning units, responding to the study aim, were extracted. 4. Meaning units were condensed (i.e., shorten text without losing its essential meaning). 5. The condensed meanings were coded to describe the content of the meaning unit. 6. The codes were ordered into themes. The analysis was discussed, reviewed and revised several times through the analysis process, and the steps were processed forward and backward multiple times (Graneheim & Lundman 2004). Finally, two themes were identified: *sense of marginalization*, and *being respected for who you are*.

Ethical considerations

The study was conducted in accordance with Swedish legislation and the Helsinki Declaration (WMADH, 2013). Ethical approval was obtained from Kristianstad University (2017-232-196) prior to recruitment.

FINDINGS

In total, nine interviews were conducted with 14 informants, which included three fathers and eleven mothers aged 33 to 49 years from nine families. Their children ranged in age from 2½ months to 5 years. One of the families included three parents: one man and two women. All other families included two same-sex parents. Eleven informants had university or college degrees, and three graduated from upper-secondary schools. Three informants were born in a country other than Sweden. Some informants were on their parental leave at the time of the interview, whereas the others were working. None had visited the same CHC nurse, but some families had experienced several CHC nurses.

Findings show that LGB parents had mixed experiences with CHC nurses' attitudes. Data analysis revealed both positive and negative experiences and two themes. In the first theme, *sense of marginalization*, parents described experiences that left them with negative feelings. In the second, *being respected for who you are*, parents described their experiences of being treated as unique individuals and of being considered a family.

Sense of marginalization

Some LGB parents experienced marginalization when meeting CHC nurses, which they thought originated from a lack of knowledge about LGB families on the part of the nurses. Some nurses assumed that a family should consist of one mother and one father and nothing more; this perspective led to feelings of exclusion among LGB parents. The parents also felt marginalized by the written material provided by the CHC nurse, which they perceived as heteronormative. The CHC nurse delivers to the family 'The Child's Health Booklet' during the first home visit when the baby is about one week old. The LGB parents stated that they could not identify with this book because it adopted a very traditional view about what a family is with a heteronormative language:

I have not read so much of it, but I have reacted to some things while reading it. And it is from the CHC. It is kind of heteronormative. (Mother 8)

Lesbian, gay and bisexual parents also felt marginalized when CHC nurses showed a lack of knowledge regarding what an LGB family might look like. Some stated that the nurses

took for granted that the parent who accompanied the child on the visit was the biological parent or that the parent had knowledge about the child's biological parents:

They want to map the height of the parents to make some calculation about how tall the child will grow. Well, it became a bit... It is difficult for them, because they do not know... we do not know the height of the donor. So it was a little... 'No, eeh... is there a dad?' 'No, there is no dad.' (Mother 2)

Parents also felt marginalized when they perceived that they had to be extremely clear about their relationship to their child and their parenting role. They perceived that the nurses were nonchalant and disrespectful. They also felt marginalized when they perceived that the CHC nurse did not listen to them. They felt that the nurse found it odd that the child had, for example, two mothers, and the parents felt marginalized when the CHC nurse assumed that one of the parents was a relative or a friend:

It was a disrespectful approach because she did not listen to us at all... Then, to assume that the older woman has to be a grandmother... it is, to use a strong word, it is offensive. (Mother 5)

The non-biological parents perceived marginalization in another sense: They were not viewed to be as important as the other parent during the visit. Some CHC nurses addressed only the parent they perceived to be the biological parent:

She was kind of nonchalant and disrespectful, because we repeated several times [that we were two mothers] and I was kind of irritated... I asked questions, but she only responded to the questions from my wife. I don't think she was homophobic, no, it was only that I did not exist. It is difficult to know if she did it consciously or not, but it was really weird. (Mother 9)

At the CHC, I think it was a little bit different for my wife since she did not carry the children. I think that the CHC nurses encounter her... they find it easier to criticize her because she did not carry the children. (Mother 2)

It was also perceived as inconvenient to be forced to 'come out' (i.e., LGB parents were compelled to discuss their gender identity or sexual orientation more than other parents). This led to inconvenient experiences. For example, in a parental education group, a CHC nurse carelessly broke confidentiality regarding their sexual orientation. However, the sense of marginalization eased over time when, for example, the CHC nurses were open minded, showed a genuine interest and saw them as a family.

Being respected for who you are

Being respected for who you are means being treated as a unique individual. For the informants in this study, this meant being respected by CHC nurses. Some LGB parents had experiences with CHC nurses who made an effort to not be offensive in their speech and actions.

Well, sometimes the CHC nurses don't know how well they want! (Mother 10)

Yes, they are very concerned about not making a fool of themselves. You can see how they are sweating so that it won't be embarrassing and weird. (Mother 11)

They felt respected for who they were when the nurses were eager about including all parents in parenthood and accepted their family as a family. In these cases, the LGB parents stated that CHC nurses treated them with sensitivity, professionalism and acceptance.

...she did not even stutter... As I often experience that when you tell someone, well, I do not have a husband, I have a wife, and then it is always a pause. But she was, kind of, oh well, and then she continued to talk. So she did not say the wrong thing even once, and it felt very convenient because I was not expecting that when we moved to the countryside. (Mother 3)

Some LGB parents stated that the CHC nurses were respectful from the start even if they did not expect it, especially when they moved from the city to the countryside. Some parents experienced concerns regarding heteronormative treatment from the rural CHC nurse. These concerns were, however, assuaged, and the nurses seemed to find nothing odd about same-sex parents. This attitude allowed the parents to feel validated and accepted in their parental roles:

The CHC was kind of a waterhole because it was there we were... We were kind of accepted there, if you put it so. At the CHC, there were no questions of 'Is this really your child?' Instead, we were completely at home there immediately. (Father 1)

It was a great security for us in this carousel with authorities that we had good contact with the CHC and that the children were well... the meetings with the CHC nurse felt relaxed and natural. (Father 2)

In many situations, LGB parents found the CHC nurses to be eager to use correct vocabulary, such as by using the word 'partner', and not to assume that the family was composed in a certain way. Another example was when a CHC nurse corrected the brochures so that the parents could identify with them. The parents perceived these efforts as respectful treatment, even though they sometimes happened to use incorrect words. Some parents did not perceive a nurse's use of incorrect words as disrespectful because they thought that she meant well.

Some LGB parents felt the CHC nurses were respectful when they showed empathy and sensitivity for their unique situation and their wishes. The parents felt seen and heard and did not find that the CHC nurse questioned them in their parenting:

I also thought that she was good for not putting a gender on us or our child... well, we have put a gender on our child, but she had such an ... open, sensitive, I think, in how we approach our child and try to approach her in the same way. I thought it was nice. (Mother 1)

Later, the LGB parents described how they felt accepted when the CHC nurse included all parents (e.g., inviting both lesbian mothers individually to the depression screening talk, which is a health visit that focuses on identifying postpartum depression for mothers).

Well, it was kind of fun when the CHC nurse offered the mother talk [depression screening talk for mothers] ... well she said it in a good way, but she did not really know... She did it in a nice and good way, but we could notice that she was not used to how to present it, if she should ask both of us, or how she should do. (Mother 6)

Some LGB parents described how the CHC nurse had sufficient knowledge about their unique situation. This created a positive feeling because they received the same support and help from the CHC nurse as any other family:

She said herself that I know that the law kind of discriminates you [a family with three parents]... we will still do like this... she said at once that I know how it is, but we are still going to do it this way. We shall have information about all of you—the civic

numbers and so on; and then, of course, she has to know who is regarded as juridical parents, but that was very nice. (Mother 4)

It is not like they are sitting there as lawyers in some kind of case and that they have to treat everybody alike. Rather, you get a kind of relationship. This has felt really good. I don't think we have been positively or negatively treated. (Father 1)

Some LGB parents noted that although their family constellation was relatively uncommon during CHC visits, they found the CHC nurse to have professional knowledge and respect for them as unique individuals.

DISCUSSION

These findings paint a complex picture of LGB parents' experiences with CHC nurses' attitudes, which were perceived as humiliating and heteronormative in some cases but respectful and inclusive in others. The parents often found CHC nurses to have heteronormative views of families and to lack knowledge regarding LGB family issues. This led to a feeling of marginalization. A lack of knowledge about various lifestyles might cause healthcare staff to ask inappropriate questions and perform inadequate assessments (Röndahl 2005). This heteronormative view increases the risk of insufficient communication, which can affect the quality of care children of LGB parents receive. It can also lead these parents to feel obliged to defend their identities and to inform others about their way of living (Malmquist 2015).

Parents stated that heteronormativity was communicated through the booklet entitled 'The Child's Health Booklet' that is delivered by a CHC nurse when a baby is born. Heterosexual norms and values are also communicated verbally and non-verbally through written material in waiting rooms and through the absence of representation of LGB families in the physical environment (e.g., in paintings and symbols). This can cause LGB parents to feel excluded (Röndahl *et al.* 2009). Weber (2009) suggested that the environment (e.g., magazines, books and posters) should be adapted to show support for various family structures, demonstrating a broad diversity of family types.

Several studies have been conducted in which lesbian couples highlight the importance of healthcare staff approving of them as a family (Wilton & Kaufmann 2001, Röndahl *et al.* 2009, Dahl *et al.* 2013, Hayman *et al.* 2013). This study supports that finding and included gay parents as well. Dahl *et al.* (2013) found that non-biological mothers see themselves to be as much of a mother as their partners and that it is important to be regarded and treated as the child's other parent. In this study, some parents were found to perceive that CHC nurses neglected the parent who did not carry the child.

Nurses have an ethical obligation to pay attention to and accept diversity among humans (International Council of Nurses 2012). If the entire family is not respected, then healthcare could be insufficient (Shields *et al.* 2006). Some parents in this study stated that CHC nurses made an effort to treat them correctly and respectfully. In some cases, even when a CHC nurse failed, the parents felt well-treated and appreciated her efforts. Malmquist (2015) described how LGBTQ parents cope with humiliation and discrimination by either describing it as an exception or whitewashing it to excuse the behaviour. In this case, parents diminished the importance of flaws in treatment by saying that the CHC nurse did her best and that she meant well. Malmquist *et al.* (2014) suggested that lesbian women reject negative experiences to protect their positive ones, and according to Röndahl (2005), they explain poor treatment as a lack of personal chemistry rather than discrimination.

When treatment flaws are excused by the parents, the responsibility for healthcare service can easily be overlooked. Therefore, CHC nurses should be extra attentive to LGB parents to ensure they receive respectful and inclusive treatment.

Strengths and limitations

The inclusion criteria were LGBTQ parents with CHC experiences; however, no transgender or queer parents were recruited, and as a result, only LGB parents were represented in this study. The informants were recruited via convenience sampling through the Facebook site of the Swedish non-profit organization for LGBTQ people's rights, RFSL. This sampling was then complemented with snowball sampling, in that those recruited via convenience sampling were asked to suggest others to take part in the study. A drawback of these types of sampling schemes is that informants may not be representative of all LGB parents (Polit & Beck 2012). Recruitment through a specific organisation introduces a risk of skew in regard to education, financial stability and cultural background. However, this type of sampling is useful when populations are marginalized because individuals might be more willing to participate if they have been referred by another member of their group (Kvale & Brinkman 2009).

This study's strengths lie in its inclusiveness. The informants lived in both urban and rural areas, and they were both mothers and fathers, whereas earlier studies focused primarily on lesbian mothers and not gay/ bisexual fathers. This study also demonstrates strength in that semi-structured interviews were conducted with open-ended questions, allowing the informants to speak freely about the topic while ensuring that all were asked the same questions (Kvale & Brinkman 2009).

CONCLUSION

These findings show that LGB parents experienced positive and negative treatment from CHC nurses. One possible explanation for negative treatment is a lack of familiarity with and knowledge of the special needs of LGB families on the part of the CHC nurses. However, they must reflect on their pre-understandings and personal knowledge in the treatment of LGB families. By investigating LGB parents' experiences of treatment by CHC nurses, this study brings knowledge gaps to light. Therefore, this study could be used for quality improvement in CHC. Further research and education for CHC staff are needed to create a common understanding of how LGB families should be treated.

RELEVANCE FOR CLINICAL PRACTICE

This study highlights areas where CHC could be improved to make LGB families feel welcome and respected. Nurses providing CHC must improve their knowledge regarding LGB families' lives and needs, thereby creating a safe space for both parents and staff. The heteronormative matrix remains prevalent during CHC visits, and it creates a sense of exclusion among LGB families. However, this can be remedied by tailoring the terminology and language in written material and by creating a physical environment that represents minority groups.

ABBREVIATIONS

CHC	Child health care
LGB	Lesbian, gay and bisexual
LGBTQ	Lesbian, gay, bisexual, transgender and queer
RFSL	The Swedish Federation for lesbian, gay, bisexual, transgender and queer rights

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