Review Article

A Qualitative Approach to Exploring the Impact of the Gay Identity Formation Process

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Abstract

Background: Most gay men experience difficulty in coming to terms with their sexual orientation, with their health, well-being, and quality of life potentially affected by unpleasant experiences often associated with the formation of their gay identity. It is therefore important for nurses to understand the needs of gay men so that they can accompany them and provide quality care during and after the identity formation process.
Objective: The aim of the study was to explore and describe the identity formation and coming out experiences of gay men.
Methods: A qualitative design with a constructivist naturalist approach was used. Data were collected through in-depth semi-structured interviews with five gay men with experience of the gay identity formation process, and data were analyzed using a thematic analysis method.
Results: The results show that the men needed support, as they reported feeling different and alone during the identity formation and coming out process, and that their mental health was affected. Fear of rejection, negative reactions, and disappointing people were the reasons that led the men not to disclose their sexual orientation to family, while those who had come out defined a feeling of liberation.
Conclusions: The gay identity formation process has potential impacts on health, wellbeing, and quality of life. Nurses need cultural competence training to be able to understand the needs of gay men, accompany them in the identity formation process, and provide individualized and non-heteronormative care. Nurses also need to participate in dismantling a heterosexist social structure.

Keywords

gay men, health, identity formation, mental health, qualitative research, sexual orientation

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Background

There is evidence to suggest that lesbian, gay, bisexual, transsexual, queer, and intersexual (LGBTQI+) people experience specific health-related problems (Rodzinka & Pawlęga, 2020; Zeeman et al., 2019), with needs that derive from a social context governed by paradigms of heterosexuality, and where the care benchmark is fundamentally heterosexual. In addition, the lack of information, training, and knowledge regarding sexual differences and the realities of the lives of LGBTQI+ people are the basis for many of their problems.

Gay men more frequently report poor general health compared to their heterosexual peers (Branström et al., 2016;

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Jackson et al., 2016). The lack of personal, family, and social acceptance regarding their sexual orientation affects their mental health, safety, and wellbeing (Toomey & Russell, 2016), with gay men documented to be at a higher risk of depression and anxiety than heterosexual men (Ross et al., 2018; Wittgens et al., 2022). Various studies point to specific problems at different life stages, namely, psychological suffering and suicide risk in adolescence and early youth (Hottes et al., 2016), drug, alcohol, and psychoactive substance abuse in adulthood (Bourne & Weatherburn, 2017; Gomes & Lopes, 2023), and social isolation and a lack of social services in old age (Freedman & Nicolle, 2020).

Review of Literature

The sexual identity formation process in gay men is complex, unique, and significant, and is quite different from that of heterosexual men (Floyd & Stein, 2002; Rosario et al., 2001; Savin-Williams & Vrangalova, 2013). This process, in which gay men reject labels imposed by a heterosexist society and assume their own sexual identity, begins in adolescence and typically ends at around the age of 20 years (Åkerman et al., 2019; Savin-Williams & Vrangalova, 2013), although in some cases, it may continue into later adulthood.

Sexual identity self-affirmation by gay men is described as having two main stages (Cass, 1979; Troiden, 1988): a first stage characterized by attitudes and feelings of identity denial; and a second stage characterized by coming out to friends and parents.

Coming out, where by a person becomes aware of their non-heterosexual identity and reveals it to their main social circle, needs to be understood as a process and not as a single event (Manning, 2015). Considered to be the final stage of the identity formation process, some authors have described it as one of the most stressful experiences of gay men (Savin-Williams & Diamond, 2000). Other authors have described this stage as an essential component for successful gay identity formation and integration (Cass, 1984; Rosario et al., 2001).

The sexual identity formation process for gay men supposes an increase in health problems, given the psychological conflicts associated with social prejudice in acknowledging oneself to be gay, with the corresponding feelings of anguish and confusion ultimately hindering full sexual and personal development (Badgett et al., 2019; ILGA, 2023). Men who fail to successfully navigate this process may experience post-traumatic stress, homophobia (Metin-Orta & Metin-Camgöz, 2020), and lack of social support (Hill et al., 2022), all of which will negatively affect their health. Previous research suggests that stressors that may influence the health of gay men include prejudice, stigma, harassment, and discrimination based on sexual orientation, internalized homophobia (Meyer, 2003, 2013), and concealment of sexual orientation (de Miguel et al., 2018).

Gay identity formation is an important enough issue that needs to be taken into account by nurses and other healthcare providers, as the associated social difficulties and individual needs can affect the proper functioning of gay men's lives, as well as their health, wellbeing, and quality of life. However, despite the importance and impact of the gay identity formation process, nurses generally do not have the knowledge or skills to understand and assess gay men's needs, and so be able to accompany them in this process (Cicero et al., 2019; Enson, 2015). When nurses lack training in care for gay men, as well as for other sexual minorities, not only do they bolster stereotypes, they also potentially provide inappropriate heteronormative care.

Nurses, in their position of proximity to people, need to be aware of the realities and life stories of gay men during their identity formation process, so that they can establish a supportive relationship and provide suitable care.

Purpose of the Study

The aim of this study was to explore and describe the identity formation and coming out experiences of gay men in order to understand, and suitably inform nurses, regarding their particular healthcare needs and wellbeing and quality of life implications.

Methods

Design

A generic qualitative design with a constructivist naturalist approach (Taylor et al., 2015) was chosen with the purpose of obtaining a better understanding of gay men's experiences of the identity formation and coming out process, their needs, and the implications for their care. A qualitative methodology offers the possibility of understanding the complexity of a phenomenon from the differing points of view of informants (Taylor et al., 2015), while a generic focus represents an opportunity for researchers to play with boundaries, use tools as provided by established methodologies, and develop research designs that fit their epistemological stance, discipline, and particular research questions (Kahlke & Hon, 2014).

Population and Sampling

Eight gay men were selected through snowball sampling of the Spanish male gay population, an approach previously used in research with minority sexuality populations (Di Marco et al., 2015). In this type of sampling, which is effective when the population is difficult to recruit, participants are selected according to explicit criteria such as the ease and accessibility of contact with the participants (Berenguera et al., 2014).

Inclusion/Exclusion Criteria

Study inclusion criteria were to be gay, male, aged over 18 years, to have experienced the gay identity formation process, and to have assumed their sexual orientation. Excluded were bisexual men and men who did not speak Spanish fluently.

Data Collection and Procedures

Although eight gay men meeting the inclusion criteria were initially invited to participate in the study, data saturation was obtained with five participants. Saturation levels in our study was based on the new information threshold method, meaning that the lower the new information threshold, the less likely an important number of themes would remain undiscovered in later interviews if data collection were stopped on reaching the new information threshold (Guest et al., 2020). Sociodemographic data for the participants were collected to characterize the sample. Interviews were in-depth, semi-structured, flexible, and dynamic, and were conducted using a specifically structured interview script (Table 1) that was developed drawing on documented evidence of the gay identity formation process as discussed and reviewed by the research team. This interview script was piloted in an in-depth interview with one participant, resulting in no modifications being made.

The interviews were conducted by one member of the research team, an expert in qualitative methodology. Following the recommendations of Brinkman and Kvale (2018), face-to-face interviews lasting 45–70 min were conducted in a comfortable setting free of stimuli and were audio-recorded for later transcription.

Table 1. Interview Script for Men who Have Experienced a Gay Identity Formation Process.

Stage 1: Gay identity formation	
1. How did you live the experience from when you recognized that your sexual orientation may be non-heterosexual to the point when you acknowledged to yourself that you were gay?	
2. How did you feel during that phase of your life?	
3. What experiences marked you in that phase?	
4. What support did you receive during that phase?	
5. What needs did you have throughout that phase?	
Stage 2: Coming out	
1. Have you come out to your family and/or close friends?	
2a. If you have not come out:	Why have you not come out?
	What do you think would happen if you did?
2b. If you have come out:	What led you to come out?
	What did you feel when you came out?

Institutional Review Board Approvals

This study explored a social reality of a group of persons, that it is considered to be crucial to improve nursing practices as the person's experiences of life can have a huge impact in their health. This research was performed under the approbation by the Faculty of Nursing and the University of Girona.

Conventional research ethics principles, as formulated in the Declaration of Helsinki (World Medical Association, 2013) and Data Protection Organic Law 3/2018 in Spanish legislation, were followed, taking into account information and confidentiality. Participants were informed of the aim of the study, that participation was voluntary, that they could withdraw their participation without explanation, that data would be kept confidential, and that the participants' identity was protected. Informed written consent was obtained from all participants before starting the interviews. Collected data were stored in a secure place accessible only to the study researchers.

Data Analysis

Two members of the research team independently analyzed the transcribed interviews following the six thematic analysis phases described by Braun and Clarke (2013): transcription, reading and familiarization, coding, searching for themes, reviewing themes, defining and naming themes, and finalizing the analysis.

The analysis consisted of breaking down the text corpus into units that were later recomposed according to defined categories that grouped and ordered units in a way that enabled global understanding of the phenomenon. The information was then organized descriptively, and codes were assigned so that the data could be grouped according to similarity criteria, resulting in the analysis categories.

The Standards for Reporting Qualitative Research (O'Brien et al., 2014) checklist was used to ensure research trustworthiness and rigor. Among other items, the researchers applied the reflexivity criterion, involving reflection on approach, methods, and theoretical positioning. The researchers were also required to record, in a fieldwork diary, personal motivations, assumptions, theoretical positions, and personal histories that would lead them to pose specific research questions and acquire an analytical perspective on exploring the data (Caelli et al., 2003).

Results

Sample Characteristics

The five interviewed men identified as gay and acknowledged that they had accepted their sexual orientation at the time of the interview. Mean (SD) age was 28.4 (3.28) years. One participant had a partner, and the rest were single. Regarding education, three had university studies,

Table 2. Participant Sociodemographic Data.

Participant	Gender	Age	Occupation	Education	Out as gay	
					To family	To friends
P1	Man	26	Hairdressing	Secondary	Yes	Yes
P2	Man	28	ICT	University	No	Yes
P3	Man	35	Healthcare	Secondary	Yes	Yes
P4	Man	27	Healthcare	Secondary	Yes	Yes
P5	Man	26	Lecturer	University	No	Yes

ICT = information and communications technology.

Table 3. Topics and Categories Identified in the Thematic Analysis.

	Theme 1 Gay identity formation	Theme 2 Coming out
Categories	Needing help Feelings Personal consequences	Negative aspects Positive aspects

and two had secondary vocational training. All five interviewees were employed. Regarding coming out to their closest circle (friends and parents), all five had come out to friends, and three of the five had come out to their parents (Table 2).

Study Themes

We divided the analysis into two areas reflecting the two stages of the sexual identity formation process: (1) gay identity formation; and (2) coming out. Table 3 describes the themes and categories that emerged after analyzing the interviews.

1. Gay identity formation
   1.1. Needing help

The interviewees recalled their experience of forming their gay identity as a very complicated phase in their lives, when they needed help, but did not seek it for fear of being discovered.

> I felt I needed someone (…) at some point, something is missing and you don't know what it is (P1—26 years old)

> It helps in relationship issues to make contact with people who are also gay and such, and in health issues, more in prevention planning than anything to do with relationships and information (P2—28 years old)

When asked who they would have gone to for help if they had decided to seek it, they affirm that they would have asked a friend, not their family for fear that their sexual orientation would be revealed.

> (….) With a friend who may have experienced a situation like yours or any problems, you know that you'll have more support (…) (P1—26 years old)

> (…) I do not bring up intimate issues with my family, nor do I expose myself to things for them to help me with if I sometimes have a small problem… in terms of help, maybe friends help me more than my family (…) (P2—28 years old)

> It's that, in theory, part of my family, my parents, are older, and of course, depending on the topic, you cannot talk to them (…) You cannot expose them, depending on whatever issue, because they do not understand (…) (P3—35 years old)

Of the aspects that stand out, especially in the early formation phases, was the lack of reference figures and contact with people with the same sexual orientation, and also a lack of social support and information on issues that made the interviewees perceive themselves as different from others.

> (…) Yes, it was a feeling of being totally different because I didn't have… mmmm… anyone I could say things to, no one to express myself to, no gay friends (…) (P1—26 years old)

> At that time, I didn't know of other homosexuals, or of homosexual groups, or of help or support groups for homosexuals, so I didn't know who to turn to (P4—27 years old)

One of the interviewees especially underlined the importance of recognizing that gay adolescents may have different needs to their heterosexual peers.

> From my own experience, the needs of a homosexual adolescent are not the same as those of a heterosexual (P3–35 years old)

1.2. Feelings

During the interviews, the men described the feelings and emotions that emerged during the process of

developing their identity, agreeing that it was a complicated process.

> (…) At first it was difficult (…) I had a really bad time for a while and of course you try to hide it, but people don't ask you either… I mean, they don't ask you because they have no idea what you're going through (…) (P2—28 years old)

> (….) It was like assimilating everything a little at a time. It was a matter of finishing clarifying myself, and at the same time dealing with a shock wave… (…) Of course, it was very hard. I don't think anyone who hasn't been through it can understand that (P3—35 years old)

> When you're 15 years old, you think: me, why me? I wanted to have a girlfriend, to be happy… but no… I like this, not that. And of course, it's very difficult, it's very complicated, for me it was very difficult to have to accept it (P5—26 years old)

In the early phases of the process, the interviewees said that they denied what they were feeling. They refused to accept that they could be gay, believing that, at some point, the situation would resolve itself.

> There was a period of denial. I told myself no, not me (…) When I was younger I disapproved of gays, the further away the better (…) (P2—28 years old)

> (…) Before accepting that I myself was homosexual, the connotations were negative for me… it was also my age, because of course I was 16 or 17 years old, and at that age, you don't know much (P3—28 years old)

> …Someday it will go away, one of these days it will go away, like everything else, it's a nonsense of the moment (P5—26 years old)

One of the participants even reported having lived through such complicated situations that, if he had the chance, he would change his sexual orientation.

> If, on being born again, I was given the possibility of being heterosexual, I would say yes. In other words, without thinking about it, I would say yes (P5—26 years old)

Of the emotions that emerged during the process, most frequently mentioned in the interviews were fear and terror —of being rejected, of not being accepted, and of what society and their immediate social circle would say about them as gay men.

> Rejection, rejection by society, being singled out, and being the weird kid …. because it is not normal or what society says is normal, and of course fear of being singled out, fear of rejection, fear of reactions (…) (P2—28 years old)

> (…) Since you have paid such a price, you always have to think, will they accept you? (…) What if at work my colleagues don't accept me? (…) You always have that residual fear (…) I think that it is never accepted, and I do not want to be pointed to as the queer teacher, so if I can prevent my students from knowing that I am homosexual, then, to be honest, I avoid it (P5—26 years old)

1.3. Personal consequences

The identity formation process had personal consequences for the interviewed gay men, mainly related to mental health and wellbeing, and especially in terms of anxiety and psychological repercussions.

> (…) I suffered from anxiety, psychological problems, my world was turned upside down… I was still with girls … and realizing that you like a boy, that was a very big conflict (P1—26 years old)

> Sometimes psychologically you go crazy and become obsessed (P5—26 years old)

Other important aspects that influenced their psychological stability were the perception of feeling marginalized.

> As a child, yes, you feel marginalized because it's somewhat obvious. You're always with the girls and there are comments that do a lot of damage (…) It's energy that you have to dedicate to something that other people don't need to be concerned with. Problems that make you stop doing other things, and you get depressed and that's surely not good (P2—28 years old)

The interviewees also referred to the loneliness experienced during the process.

> (…) I look on it as a lousy mess, because it's something you go through alone and for which you're not prepared…(…) Many falls by the wayside (P3—28 years old)

One of the interviewees explained how, since he could not bear to face the complications of handling the situation in his social circle, he opted to escape by going abroad.

> (…) When I went to London, after I finished my degree, it was two years after being with the first boy and I went, like, I needed to disconnect, I didn't know how to deal with this, so I had to go. I was noticing how everything was getting out of control (…) and I disappeared for nine months. I didn't know where to turn, and it was partly due

to the acceptance process. I mean, it affected me on a professional level as well as on a personal level (P2—28 years old)

2. Coming out

2.1. Negative aspects

In coming out, both the three men who had come out to their close family and the two who had not at the time of the interview described issues such as fear of negative reactions, mainly from parents.

Hey, at first, mostly I think…for fear of the reactions they might have (…) (P1—26 years old)

And the reaction especially from the male part of the family, that is, my father (…). Basically, that is the fear. Telling my mother means telling my father and he will obviously be angry with me and will blame my mother (…). My father is very traditional. My father will look for a culprit because he did not raise me like this. Fear of reactions and fear of feeling alone or abandoned (…) you're exposing your life (P5—26 years old)

I was afraid of my parents' reaction. It was very clear to me that I was not going to say anything until I left home (P3—28 years old)

Apart from rejection by parents and family, there was the fear of parents feeling disappointed for having a gay son.

For fear of reactions and rejection I suppose. Yes, rejection basically, the rejection of the family (P4—27 years old)

(…) I think it's a bit the fear that they might be disappointed (…) When you hide something from someone for so long, it's normal for them to feel disappointed. And I would understand that. All these years of me doing things that I had not shared (P3—28 years old)

You hear derogatory comments from the town and even from the family. (…) I would feel very bad if my grandmother, for example, was walking around town and they made some comment to her (P2—28 years old)

2.2. Positive aspects

Both interviewees who had and who had not come out agreed that revealing their gay identity to those around them was a moment of personal liberation, from when they would be able to live their identity as normal and without a weight on their shoulders.

(…) [relief] when it comes to expressing yourself, your feelings, and when you can feel free about yourself (P1—26 years old)

(…) I would feel liberated. But bad at first, sure. In fact, when you talk to people they tell you that a weight was lifted from their shoulders and that it was the best thing they had done (P2—28 years old)

(…) the fact of communicating always helps (…), from then on you can act freely without thinking (…) I think it was the best thing I did, since I freely entrusted myself to them and I made them feel good for having explained myself to them. From then on I felt better, in fact, the very next day I felt totally free and calm (P4—27 years old)

I mean, the reaction may be good or may be bad, but in the end, you have offloaded it, you have offloaded the burden (P5—26 years old)

Discussion

In this study, we explored some of the difficulties experienced by gay men during their sexual identity formation process, so as to identify the needs of the men and the implications for healthcare providers.

Our interviewees agreed that the period from forming a gay identity until acceptance was complicated. Sexual identity formation is considered one of the most challenging processes faced by sexual minorities, since the individuals face unique challenges not faced by their heterosexual peers.

The pathway to acceptance as gay is a stressor that frequently impacts on the wellbeing and health of gay men (Iwasaki & Ristock, 2007; Riggle et al., 2009; Savin-Williams, 2016). The gay identity formation process is characterized by varying degrees of denial and acceptance (Bregman et al., 2013). Confirming findings by authors such as Cass (1984) and Troiden (1989), all our interviewees described a period when they refused to accept their identity. Along with denial, our interviewees also expressed fears during the identity formation process, mostly related to fear of rejection by people close to them, i.e., friends and family; they also referred to stigmatization, victimization, social isolation, loneliness, and a feeling of being different. Research confirms that such factors are a threat to satisfactorily living and experiencing one's identity (Legate et al., 2012), and also result in ongoing stress that affects health (Meyer, 2003, 2013).

More specifically, loneliness or the perception of aloneness is an aspect that has been studied in sexual minority men and is associated with poor mental health in young people, adolescents (Brown et al., 2020; Westefeld et al., 2001), and adults (Mereish & Poteat, 2015). A study by Salway et al. (2021) reported that 24% of sexual minority men felt lonely most or all of the time. According to some

research, this feeling may be associated with experiences of rejection and marginalization (Kuyper & Fokkema, 2010), corroborating reports by our interviewees.

The interviewees confirmed that their identity formation process had caused them health problems, specifically, mental health issues such as anxiety and psychological distress. Research has shown that a sexual minority status (Meyer, 2003, 2013; Pachankis et al., 2015), along with negative public attitudes, have a deleterious effect on the mental health of gay men (McCann & Sharek, 2014; Morrison et al., 2019; Pachankis et al., 2015), causing frustration, distress, and depression (Liu et al., 2018; McCann & Sharek, 2014) that usually begins in adolescence and possibly extends into adulthood (Cohen et al., 2016).

Another aspect highlighted by our interviewees was their need for help and support during the identity formation process. Previous research points to a relationship between social support and a lower incidence of mental health problems in gay men (Cohen et al., 2016), and also shows that social support is positively and causally related to protection from negative social stereotypes (Veenhoven, 2008).

However, for fear of revealing their sexual orientation, none of our interviewees sought help in the more difficult moments of identity formation, possibly explained by their broader underuse of health resources (E.E.C.C., 2017), combined with a lack of specialist resources aimed at LGTBQI+ individuals (Bell et al., 2019). Undoubtedly useful would be health providers sensitive to the particular problems of this group of individuals, and especially nurses, given their closer contact with the community (Zabalegui, 2019).

Our interviewees further acknowledged that if they sought help, they were more likely to do so from a friend rather than from the family. This finding is consistent with reports that sexual minorities receive more social support from friends than from family, while the opposite is true for heterosexual people (Domínguez-Fuentes et al., 2012). All five of our interviewees had disclosed their sexual orientation to friends, but only three to family, a finding consistent with previous findings that gay men generally disclose their sexual orientation to friends first, approximately 2 years before they do so to parents and immediate family (Floyd & Stein, 2002; Frost et al., 2016).

Fears of rejection, negative reactions, and disappointing people were the main reasons given by our interviewees for not disclosing their sexual orientation before they did. There is ample evidence on the impact on perceptions of personal safety during the coming out process (Maschi et al., 2016; Sedlovskaya et al., 2013). In addition, according to Ryan et al. (2015), negative reactions to disclosure impact greatly on wellbeing, and are associated with a high rate of depression and low self-esteem. The impact on wellbeing is aggravated if negative reactions originate in key relationships, whether with parents (Baiocco et al., 2015), siblings (Pistella et al., 2020), or close friends (Ryan et al., 2015).

Two of our interviewees had not yet disclosed their sexual orientation to their parents. This crucial issue of disclosure to parents especially affects the development of mental health problems. Psychological wellbeing is also challenged by the concealment of sexual orientation and the thought of having to eventually come out to parents and close family members (Nordqvist & Smart, 2014). The three other interviewees who had come out to their parents reported a feeling of great liberation that marked a new beginning in terms of living a full life. Related to this aspect, studies consistently report that coming out to family may protect against psychological distress and promote positive mental health (Juster et al., 2013), while concealment has been reported to reduce long-term wellbeing (Nordqvist & Smart, 2014).

Our study reveals certain realities of gay men forming their sexual identity. Specific needs have emerged, such as for help, reference figures, and accompaniment throughout the process.

Nurses have a particularly important role to play in understanding and monitoring gay men's needs in the identity formation process. This requires nurses to be knowledgeable regarding sexual identity and orientation, evidence on health-related inequalities among gay men and their lack of access to inclusive care, social stigma, and fear of disclosure (Bell et al., 2019). Nurses need, furthermore, to be capacitated to address these needs in a culturally competent way (McEwing, 2020). Cultural competence means recognizing the unique experiences and challenges of gay men. It is reflected in empathic communication and is demonstrated by the ability to ask questions and listen, making it possible to establish relationships of trust (Bell et al., 2019). Given their importance, nurses need to lead the design and implementation of community-based actions aimed at ensuring quality care for both gay men and other sexual minorities (Bleich & Jones-Schenk, 2018; Muwanguzi et al., 2023).

Strengths and Limitations

As a strength, the qualitative approach centered on interviews has provided better in-depth insights into the way of life and experiences of gay men than would be obtained using a quantitative approach. However, while our study adds to the growing body of knowledge regarding the challenges facing gay men, it has some limitations. One limitation was the small sample size. Although the depth of data acquired in qualitative research necessitates smaller sample sizes, it also potentially limits its transferability. However, the specific and personal nature of this study meant that the smaller sample size allowed the researchers to establish trust and fully engage with the participants.

Another limitation was that we explored the experiences of men from the same setting and of a similar age who shared the same sociodemographic and cultural context; consequently, certain gay profiles were not represented in this study. More qualitative studies with more heterogeneous

participants are needed that explore different realities and experiences based on other variables, such as culture, age, and place of residence.

Conclusions

The gay identity formation process is a key stage in the life trajectory of gay men, given the personal consequences, mainly in terms of the impact on their mental and social health. Gay identity formation causes psychological distress in gay men, and also generates conflicts that translate into personal anguish and confusion that ultimately affect relationships.

Gay men tend to delay disclosing their sexual orientation for fear of rejection and of disappointing those around them. However, while coming out to the immediate social circle generates personal and relational conflicts, it is also perceived as liberating.

Implication for Practice

Given the implications for health and wellbeing, nurses need to learn how to accompany and help gay men in their sexual identity formation process, and so need to receive training that will not only ensure quality individualized care for gay men but also help to dismantle a heterosexist social structure. Healthcare bodies likewise need to commit to guaranteeing inclusive care environments.

Availability of Data and Materials

The datasets generated and analyzed during the current study are available on reasonable request from the corresponding author.

Author Contributions

Conceptualization: D.C.-L., M.G.-C., G.R.-G., and D.B-F.; data curation: M.G.-C., G.R.-G., and L.S.-D.; formal analysis: D.C.-L., M.G.-C., and D.B.-F.; investigation: D.C.-L., M.G.-C., L.S.-D., C.F.-P., and D.B.-F.; methodology: D.C.-L., M.G.-C., D.B.-F., and G.R.-G.; visualization: D.C.-L., M.G.-C., and G.R.-G.; writing—original draft: D.C.-L., M.G.-C., and G.R.-G.; writing—review and editing: D.C.-L., M.G.-C., G.R.-G., L.S.-D., C.F.-P., and D.B.-F. All authors have read and agreed to the published version of the manuscript.

Declaration of Conflicting Interests

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Ethical Considerations

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