Article

Psychosocial Experiences of Sexual and Gender Minority Nursing Students in a South African College

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Abstract

Tertiary students frequently report mental health concerns such as anxiety, depression and burnout. Sexual and gender minority (SGM) students enrolled in healthcare-related programmes face additional stressors, including stigma, discrimination, identity concealment and social isolation. Transgender and non-binary students, in particular, report heightened distress, often due to institutional and peer-level discrimination. Despite growing societal awareness, SGM students continue to experience marginalisation and high emotional distress. These negative psychosocial experiences can impair mental health, hinder interpersonal relationships and limit academic achievement in high-pressure environments. SGM youth are also at greater risk of homelessness, substance misuse and academic failure due to a lack of familial and institutional support. Student counselling services are integral to promoting psychological well-being, offering psychotherapy, crisis intervention and referrals. However, many SGM students encounter barriers such as heteronormative assumptions, stigma and untrained staff, which diminish the efficacy of these services. Early access to inclusive mental healthcare can mitigate the long-term impact of psychological distress.

Keywords: psychosocial experiences; sexual and gender minority; nursing students; college; South Africa

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Objective: To explore and interpret the perceptions of SGM nursing students regarding the student counselling services offered at a nursing college in Gauteng, South Africa.

Methods: This qualitative study used an interpretive phenomenological approach. Eleven SGM nursing students were purposively sampled through snowballing. Data were collected via in-depth, semi-structured interviews and analysed using interpretive phenomenological analysis.

Results: A central theme emerged: mixed perceptions of student counselling support. Participants highlighted both positive and negative experiences. Concerns included breaches of confidentiality, judgmental attitudes by counsellors and a general lack of tailored support for SGM students.

Conclusion: Findings underscore the critical need for student counsellors to be trained in providing culturally competent, affirming care to SGM students. Participants recommended the establishment of an SGM resource centre and the appointment of dedicated counsellors to address gender and sexual identity-related concerns. These measures can promote inclusivity and psychological safety within nursing education settings.

Introduction

Sexual and gender minority (SGM) students in healthcare education face unique psychosocial stressors, including stigma, discrimination and identity concealment, which hinder their mental well-being and integration into academic communities.

Tertiary students frequently report mental health concerns such as anxiety, depression and burnout (Backhaus et al. 2022, Baik et al. 2019; Magier et al. 2023, Dopmeijer 2021). SGM students enrolled in healthcare-related programmes face additional stressors, including stigma, discrimination, identity concealment and social isolation (Chu et al. 2022; Brink 2021; Sumbane et al. 2023, and Matsuno et al. 2022). Transgender and non-binary students, in particular, report heightened distress, often due to institutional and peer-level discrimination (Chu et al. 2022).

Despite growing societal awareness, SGM students continue to experience marginalisation and high emotional distress (Brink 2021; Sumbane and Makuwa 2023; Matsuno et al. 2022).These negative psychosocial experiences can impair mental health, hinder interpersonal relationships and limit academic achievement in high-pressure environments (Matsuno et al. 2022). SGM youth are also at greater risk of homelessness, substance misuse and academic failure due to lack of familial and institutional support (Rendina et al. 2019; Fraser et al. 2019).

Student counselling services are integral to promoting psychological well-being, offering psychotherapy, crisis intervention and referrals (LeViness et al. 2017; Holland et al. 2024; Etengoff 2020 ; Harrison and Gordon 2021). However, many SGM students encounter barriers such as heteronormative assumptions, stigma and untrained staff,

which diminish the efficacy of these services (Holland et al. 2024; Harrison and Gordon 2021). Early access to inclusive mental healthcare can mitigate the long-term impact of psychological distress (La Mott and Martin 2019).

This study explores the experiences and support needs of SGM nursing students in accessing counselling services at a South African nursing college. It aims to identify barriers and suggests improvements in mental health services to foster inclusivity and academic success for minority students.

Research Question
What is it like to be a member of sexual and gender minority nursing student in a nursing college in South Africa?

Theoretical Framework
This study is situated within the stigma theoretical framework by (Link and Phelan 2010) and (Deakin et al. 2022) which define human differences as dominant cultural beliefs and negative stereotypes, resulting in stigma being socially dependent, relational and contextual.

The stigma theory comprises five interconnected components: labelling, stereotyping, separation, status loss and discrimination. This study highlighted stigma in SGM nursing students, who sought dedicated counsellors to address labelling and called for support programmes, as they often faced mental health challenges like depression and suicidal thoughts.

Methodology

Study Design

An interpretive phenomenological approach was employed to deeply explore and understand the lived psychosocial experiences of sexual and gender minority (SGM) nursing students within a South African nursing college. This qualitative methodology was designed to capture the rich, subjective meanings that participants attach to their experiences with institutional support services; especially student counselling. The approach allowed the study to uncover how SGM students interpret and navigate the support systems available to them, shedding light on the impact of these services on their mental health, academic engagement and overall well-being.

Setting

The study was conducted at a nursing college located in Gauteng, South Africa. This institution is one of four public nursing colleges in the province that offer a comprehensive four-year Diploma in Nursing and Midwifery, known as the legacy programme. This diploma qualifies graduates for professional registration with the South African Nursing Council (SANC) in accordance with the Nursing Act No. 33 of 2005 (as amended). The programme combines theoretical coursework with practical

clinical training, preparing students to meet both national healthcare standards and the complex demands of nursing practice.

The college admits approximately 100 students each year, creating a relatively small but diverse student body. The student population reflects a broad range of cultural, racial and socio-economic backgrounds, predominantly serving learners from the surrounding urban and peri-urban communities. This setting provides a relevant context for exploring the experiences of sexual and gender minority (SGM) nursing students, particularly in relation to how institutional support services – such as student counselling– address their unique psychosocial needs within a historically conservative healthcare education environment.

The college has established student support structures, including a student counselling department designed to provide academic and personal assistance. However, the extent to which these services are perceived as accessible, inclusive, and affirming by SGM students remains underexplored, making this setting particularly appropriate for an in-depth qualitative investigation.

Sampling

A purposive sampling strategy was used to recruit participants who self-identified as SGM nursing students across various levels of training. This enabled the inclusion of diverse perspectives within the SGM spectrum, reflecting differences in gender identity, sexual orientation, age and academic standing. The sample was limited to students currently enrolled in the nursing college to ensure relevance and immediacy of experiences.

Eleven nursing students who self-identified as belonging to sexual and gender minority groups participated in the study, with ages ranged from 21 to 35 years. The sample size was based on the study's scope, research question, information needs and participant quality. Snowball sampling was used due to the sensitive nature of the topic and challenges in identifying openly SGM individuals in this context, despite limitation of the sample being likely homogenous and not representative of the wider population. Initial recruitment began with a participant who was open about her sexual identity and who then referred peers to the researcher. Participants were guaranteed confidentiality and anonymity and assured that the power dynamic of the researcher being their lecturer would not work against them.

Data Collection Method

Data were collected through in-depth, semi-structured interviews that provided a flexible yet focused framework for participants to share their personal narratives and reflections. The interviews explored students' experiences with the student counselling department, perceived challenges in accessing support and suggestions for improving

services. Confidentiality and sensitivity were prioritised to create a safe space encouraging open and honest dialogue.

Data were collected between February and August 2021 using in-depth, individual interviews conducted face-to-face and telephonically. Interviews were held in English and local languages such as isiZulu and Sepedi. A digital voice recorder was used, and field notes were taken to capture non-verbal cues such as facial expressions and body language. All interviews were transcribed verbatim, with pauses and emotional expressions annotated. Vernacular phrases were translated and indicated in brackets.

Data Analysis Method

Data analysis followed the principles of interpretive phenomenological analysis (IPA), involving multiple readings of transcripts to identify emergent themes and patterns. The process included coding for significant statements, clustering related codes into themes, and interpreting these themes within the broader context of psychosocial support and institutional culture. The coding process in interpretive phenomenology (hermeneutics) is a creative and intuitive approach that does not adhere to strict research rules. It involves an ongoing engagement with data, informed by hermeneutic analysis and a circular process as proposed by Heidegger and Gadamer, while theme development follows Van Manen's lifeworld existentials. Reflexivity was maintained throughout to account for researcher biases and enhance the credibility of findings.

Ethical Considerations

Ethical approval for this study was obtained from multiple authoritative bodies to ensure compliance with rigorous research ethics standards. The primary clearance was granted by the Health Studies Higher Degrees Committee at the University of South Africa (Ref: HSHDC/1019/2020), reflecting the university's commitment to uphold the protection of research participants' rights and welfare. Additional approvals were secured from the Gauteng Department of Health, which oversees healthcare education and practice within the province, and from the administration of the nursing college where the study was conducted. These layers of authorisation ensured that the study met local and institutional ethical requirements and was sensitive to the sociocultural context.

Prior to participation, all nursing students were provided with detailed information about the study's purpose, procedures, potential risks and benefits. Informed consent was obtained in writing from each participant, emphasising voluntary participation and their autonomy throughout the research process. Participants were assured of strict confidentiality; all data were anonymised to protect their identities, with unique codes assigned instead of personal identifiers. The study guaranteed that no identifiable information would be disclosed in any reports or publications.

Moreover, participants were explicitly informed of their right to withdraw from the study at any point without penalty or loss of benefits. This commitment to respecting

participants' autonomy and well-being was integral to fostering a trusting research environment, particularly given the sensitive nature of exploring psychosocial experiences related to sexual and gender minority (SGM) identities within a nursing educational setting.

Results

Demographic Characteristics

The sample included 11 SGM nursing students in their second to fourth years of training, all enrolled in the four-year Diploma in Nursing and Midwifery (R.425). It comprised 11 black SGM nursing students, aged 21 to 35, with varied sexual orientations and gender identities. Most were in their final year (level 4), and bisexual participants formed the largest group (5), followed by lesbian (3), gay (2) and one transgender-identifying participant.

Participants represented diverse sexual and gender identities as shown in table 1 below, which also indicates their identities as illustrated by the alphabet "P" and the participants' number.

Table 1: Demographic profile of SGM nursing student participants

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

Emergent Themes: Mixed Perceptions of Student Counselling Support

Participants described varied experiences with the student counselling department. Some acknowledged the department's intent to support students but expressed dissatisfaction with execution. Key concerns included:

- **Confidentiality breaches:** Several students feared that personal disclosures might be shared with faculty or peers.
- **Judgmental attitudes:** Participants recounted experiences where counsellors expressed heteronormative biases or trivialised their struggles.
- **Lack of tailored support:** Students felt that counsellors lacked the cultural competence to address SGM-specific concerns.

Despite these challenges, some participants valued the idea of counselling and recommended improvements, including appointing a dedicated SGM counsellor and establishing an SGM-friendly resource centre.

Participants reported mixed experiences with the student counselling department, noting a lack of tailored support for SGM issues, low visibility of services and a perception that the department prioritises academic rather than psychosocial concerns. Some students preferred peer or family support over formal counselling.

Table 2: Themes, categories and sub-categories

Theme	Category	Sub-category
How could we be supported as SGM students? (Relationality)	Perceptions of SGM students regarding the Student Counselling department as a support system	Designated counsellor dealing with students' gender and sexuality challenges Well-being of SGM students ignored

Theme: How could we be supported as SGM students?

The various challenges including discrimination that SGM nursing students face in the college and clinical settings led to certain proposals to address predicament, as will be shown in the following section. Most participants were in concert with regard to the effectiveness of the student counselling department and suggestions of how the department can improve.

Perceptions of SGM Nursing Students Regarding the Student Counselling Department as a Support System

Participants had mixed opinions about the student counselling department at the college as a support system for student well-being. It is often the first place, after nurse educators, that students seek help for academic and personal challenges before being referred to outside resources. Participants shared their perceptions of the department as follows:

> Counselling department should also be open to people who identify differently. When we are having counselling sessions in class, they should also make it fun so that even if you like to associate differently, you don't have to be in the closet, they should make it comfortable for students to come to the counselling department to tell their stories, or if they are struggling with something, you hardly ever find students using that counselling that we have at the college because I don't think they promote it well in class, so if they encourage people to come for counselling, and make counselling fun, then maybe students would use the service. (P10; female 22 years; bisexual)

Designated Counsellor Dealing With Students' Gender and Sexuality Challenges

Participants shared their preferences for counselling services offered by the student counselling department to better address their needs.

> Maybe there can be a counsellor who will specifically be dealing with this group, in case they are having any problems, and then, maybe if there can be programmes whereby, they just support this group.(P9; male 29 years; bisexual)

> Within the SGM group, there are many challenges especially if you don't have support, especially those still in the closet, most of them commit suicide…even depression, there's a lot of depression. (P3; male 26 years; gay)

The participants highlighted challenges faced by the SGM community, particularly the lack of support. They noted that SGM individuals and students are prone to suicidal thoughts and mental health issues, like depression. Emphasising the need for support, the participants advocated for helping SGM students to navigate these challenges and complete their education.

Well-being of SGM Students Ignored in Student Counselling Department

Participants noted that the student counselling department was not their primary source of help. Two participants expressed dissatisfaction with the support for SGM students, in particular. Participants P7 and P11 reported negative experiences with the counselling department, including confidentiality concerns, judgmental attitudes and inadequate support overall.

Some participants had neutral views of the counselling department. For instance, participants P1, P2 and P5 indicated they would seek academic help there. However, P1 preferred confiding in a friend rather than consulting the department.

> Most of the ones that I know, we are ok, we don't have any problems, so going to Student counselling is not really the first thing. When they have problems, they would rather speak to friends, and most of them, already speak to their families at their homes, I think maybe if someone was not open about it and they had problems, then maybe the only thing they could do is to support them. (P1; female 24 years; lesbian)

Participants stressed the need for strategies to help SGM students access tailored health and mental health services, pointing out the importance of socio-cultural and policy changes within the college. They shared the following:

> If I had been publicly known as gay, I mean I was in SRC, I was in leadership positions, I was in peer tutoring…I was 'that guy', I was 'that' student at the college, but I feel like had I come out and everybody knew who I was…I wasn't gonna be able to achieve that, obviously because of the stigma and how people don't take you seriously and they don't even respect you! (P7; male 29 years; gay) (saying this with emphasis).

> I don't think it caters to such issues …, for me, our counselling department has always been about academic problems rather than personal struggles that students go through or are hiding because I've heard people that were going through depression, but our counselling department did not help them. People are failing grades at college, and it's mostly due to depression, anxiety … these kinda things … so I've always felt that the counselling department is mostly about academic issues and does not really prioritise other personal issues as well. (P7; male 29 years; gay)

> I think I would go and consult, cos there are occasions where I would go, but mostly I went 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 for … (P2; male 30 years; transgender)

> No, I've never had to … no, I've only gone for academic reasons or other personal reasons but nothing to do with my sexuality. (P5; female 29 years; lesbian)

In most cases, students are referred to student counselling departments for poor academic performance and absenteeism.

Student counsellors are often seen as support structures, advocates for change, and agents of social justice, actively involved in policy decisions that protect minority populations, including SGM students. Participants expressed this in the following comments:

> I think there are a lot of students who are in the closet and are fearful, if the counselling department can give out brochures for people to reach out … like in the case of 'identity confusion', as others say and it's not identity confusion, that's why some students feel that they are oppressed, or feel the need to … or are fearful of critics, others feel that maybe they are not yet ready to deal with these issues. (P8; male 28 years; bisexual)

> With my colleagues, they also need to be taught that there are these people that you are gonna come across, you need to accept them, put them in your groups so that they could be more comfortable cos most of the people that are SGM, they kill themselves, they are very suicidal because they cannot be accepted. (P4; female 21 years; lesbian).

Discussion

The college environment fosters trust between nursing students and the community, promoting learning and safety, which are vital for students' knowledge, plans and career success. Safer, inclusive campuses can prevent SGM student victimisation through SGM groups, anti-discrimination policies and gender identity training for educators and staff. The student counselling department plays a key role in providing academic, social, psychological and financial support, fostering inclusion by dispelling myths and addressing challenges students face (Rendina et al. 2019). Confidential student files are accessible only to counsellors, who are the first point of contact before referrals. While some participants reported limited access to formal support and sought alternative help, others viewed the department neutrally or relied on friends. Institutions with dedicated counsellors see higher use of confidential support by SGM students for sexuality and gender identity concerns (Abreu et al. 2018). The student counselling department provides valuable support for SGM students, offering a non-judgmental space to address sexuality and gender identity issues (Abreu et al. 2018).

While referrals are often for academic concerns like poor performance or absenteeism, gender-related issues are less frequently the primary reason (Couture 2017). Counsellors should inform students about available support and seek consent for external referrals if needed. Inclusive care for SGM nursing students is essential to reduce stigma and address their specific needs, regardless of personal beliefs (Manzer et al. 2018). However, a lack of preparedness among counsellors, sometimes influenced by religious or moral objections, can limit support for SGM students (Couture 2017).

The findings highlight the importance of tailored support strategies for SGM students facing minority challenges including stigma. These include access to mental health services, socio-cultural improvements and enhanced college policies. Appointing a dedicated individual to establish resources like an SGM centre is critical. Addressing gender and sexual identity issues while fostering safety and support from student counsellors is also beneficial (Abreu et al. 2018). Recognising diversity within the nursing community is vital to reducing stigma and promoting inclusivity. SGM nursing students face unique challenges, and their well-being depends on acceptance and care, core to the nursing philosophy (Manzer et al. 2018). Policies fostering safe, inclusive spaces and addressing harassment, such as gender-inclusive redesigning are crucial. Findings highlight training student counsellors to support gender and sexual minority students (Abreu et al.2018; Etengoff, 2020).

Summary of Discussion of Findings

The demographic profile highlights a diverse yet under-supported population of black SGM nursing students – mostly final-year – facing unique psychosocial and institutional challenges. Participants' identities and experiences underscore the intersectionality of race, gender, sexuality and educational level in shaping their needs.

Consistent with literature, the student counselling department was often seen as academically focused, inadequately advertised and not inclusive of SGM issues. Students, especially bisexual and gay males voiced concerns over stigma, fear of disclosure and a lack of dedicated mental health resources. This is in concert with studies indicating that SGM students often bypass institutional resources in favour of informal support systems due to fears of discrimination and breach of confidentiality.

Participants emphasised the urgent need for designated SGM-competent counsellors and broader institutional reforms. The insights show that academic stress is compounded by unaddressed identity-based pressures, calling for a holistic, inclusive student support model that embraces diversity and safeguards mental health.

Conclusions

This study highlights the psychological and institutional challenges faced by SGM nursing students, revealing that black SGM students – particularly those in advanced training – are especially vulnerable to mental health struggles due to identity-based stigma, inadequate counselling services and limited institutional responsiveness. Their psychosocial needs often go unmet because of structural invisibility and unpreparedness among counsellors.

To foster inclusive and affirming academic environments, nursing colleges should implement the following structural changes:

- Train counsellors in cultural competence related to gender and sexual diversity.
- Establish dedicated support structures for SGM students.
- Promote visibility and inclusivity through resource centres and peer-support programmes.

Integrating gender and sexual diversity into counselling services and campus culture is essential to reduce emotional distress, prevent academic underperformance and support the overall well-being of SGM students in healthcare education.

Recommendations and Implications

To ensure a more inclusive, supportive and psychologically safe environment for SGM nursing students, several structural and policy-level interventions are essential. First, it is critical that student counselling departments appoint counsellors who are specifically trained to support SGM students, as indicated in the study findings on a dedicated counsellor, to reduce stigma experienced by SGM nursing students. These dedicated professionals should offer confidential, identity-affirming support that acknowledges the unique mental health challenges SGM students face.

In addition, all student counsellors, academic staff and nurse educators must undergo mandatory training in gender and sexual diversity. This training should aim to build cultural competence, challenge biases and foster inclusive attitudes across the academic and clinical environments, thus minimising stigma and mental health challenges emanating from labelling and isolation.

Creating safe and affirming spaces within nursing colleges is also essential. This can be achieved by establishing SGM peer support groups and resource centres, where students can connect, share experiences and access relevant information in a non-judgmental setting. These support structures play a vital role in mitigating the emotional and psychological impact of stigma and social exclusion.

To increase awareness and accessibility, counselling services must be actively promoted within classrooms and across the campus using inclusive language and communication strategies. Brochures, digital platforms and peer advocacy should be used to reach students who may otherwise feel invisible or reluctant to seek help.

Moreover, the well-being of SGM students must be embedded within institutional policies – both academic and clinical – with regular reviews to ensure that these policies are responsive and inclusive. This includes a commitment to anti-discrimination measures and clear pathways for addressing exclusion or harassment.

Regular, anonymous surveys should be used to monitor student mental health outcomes and assess perceptions of the support offered. Feedback gathered through these tools must be systematically integrated into service design and continuous improvement initiatives.

Finally, all support systems must adopt a student-centred and intersectional approach. It is essential to recognise how race, sexuality, gender identity and educational pressures intersect to influence mental health outcomes. Only by acknowledging and addressing this complexity can nursing colleges ensure the holistic support and success of SGM students in healthcare education.

Limitations

The potential limitations of the proposed institutional interventions, such as dedicated sexual and gender minority (SGM) counsellors and resource centres, may include cost factors arising from the limited budgets of public sector institutions. Additionally, there may be challenges related to the lack of training and preparedness among suitable counsellors, as well as existing cultural and religious beliefs surrounding issues of gender and sexuality.

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