

CORRELATES OF ATTITUDES TOWARD HOMOSEXUALITY AND INTENTION TO CARE FOR HOMOSEXUAL PEOPLE AMONG PSYCHIATRIC NURSES IN SOUTHERN TAIWAN

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This study examined the association between attitudes toward homosexual individuals and intention to provide care and demographic and occupational factors, sexual orientation, knowledge about homosexuality, and experiences of contact with homosexual people among psychiatric nurses in southern Taiwan. In total, 133 psychiatric nurses from a medical center, three regional teaching hospitals, and one psychiatric hospital in southern Taiwan were recruited into this study. Their attitudes toward homosexual people as recorded on the Attitudes Toward Homosexuality Questionnaire, intention to provide care to homosexual individuals, and related factors were examined. The results revealed that psychiatric nurses who had a bachelor's or master's degree, higher level of knowledge about homosexuality, and friends or relatives with a homosexual orientation had a more positive attitude toward homosexuality. These psychiatric nurses, with more positive attitudes, and who worked in the medical center or regional teaching hospitals had a higher intention to care for homosexual people. The factors related to attitudes toward homosexuality and intention to care for homosexual people identified in this study should be taken into consideration when intervening in psychiatric nurses' attitudes toward homosexuality and intention to care for homosexual people.

Key Words: attitude, homosexuality, intention to care, psychiatric nurses
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The mental health of people with a homosexual orientation is an important issue for clinical service and research [1]. Due to sociopolitical issues, statistics on

the prevalence of homosexual behavior and identity remain to be defined [2]. One international study found that 8.6-11.6% of females and 7.9-8.7% of males report same-sex attraction after the age of 15 years [3]. Although it is not rare or unusual for people to have a homosexual orientation, they often encounter prejudice from multiple sources at home, school, and work [4,5]. The term "homophobia", which was first mentioned in 1967, indicates an irrational negative

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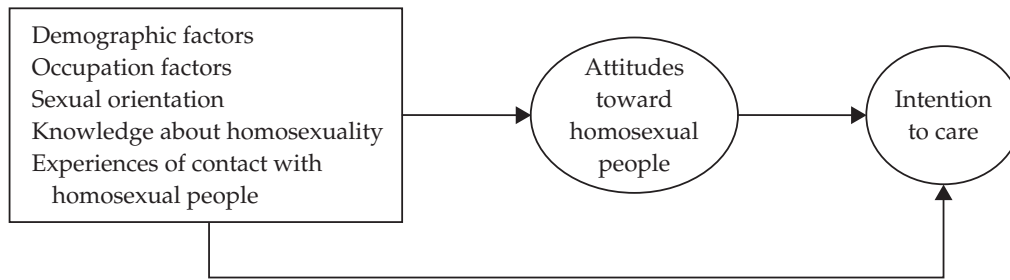


Figure. Research framework of attitudes toward homosexuality and intention to care for homosexual people among psychiatric nurses.

attitude toward people with a homosexual orientation [6]. They are frequently exposed to discrimination and become victims of physical and verbal abuse by their families and strangers [7–11]. These negative encounters may partially account for the fact that the prevalence of depressive disorder among gay men is 2.7–3 times higher than that in the general population [12,13]. The proportion of people who attempt suicide is higher in those with a homosexual orientation than in the general population [7,14–18]. Psychiatric nurses have many opportunities to come into contact with homosexual people and to provide care to them; therefore, it is necessary for psychiatric nurses to know about the issues related to homosexuality.

Studies in Western societies have found that negative attitudes toward homosexuality clearly exist among medical doctors [19], psychiatric faculty [20], family practice residents [20], psychologists [21], nursing educators [22], and social workers [23]. People with a homosexual orientation may feel that they have to deal with prejudiced health professionals [24]. A study has found that 44% of gay men will not reveal their sexual orientation and 44% of HIV-infected gay men will not reveal their infection to their family physician due to the fear of rejection [25]. Negative attitudes, which correlate with the delivery of care that is less adequate and less compassionate than that given to other patients, have real impact on the relationship between patient and healthcare provider [26]. For example, psychologists might incorrectly evaluate a patient's severity of psychopathology because of the patient's sexual orientation [27,28]. Nurses might have less motivation to provide home care to HIV-infected patients who are homosexual than to those who are heterosexual [29]. However, no study has examined the correlates of the intention to provide care to people of homosexual orientation. If psychiatric nurses are to provide quality care to homosexual

people, they must closely examine their attitudes toward them [30]. Identification of the correlations between attitudes toward homosexual people and intention to provide care to them is of clinical benefit. Adequate training interventions, such as experiential or rational training [31], should be provided for psychiatric nurses with negative attitudes toward homosexuality. However, these issues have seldom been addressed among psychiatric nurses, even though they frequently have contact with and care for people with homosexual orientations. These issues have also seldom been examined among non-Western medical staff and medical students [32]. The aim of this correlational study was to examine the association between psychiatric nurses' attitudes toward homosexual individuals and their intention to provide care, and demographic and occupational factors, sexual orientation, knowledge about homosexuality, and experiences of contact with homosexual people. The research framework is shown in the Figure.

METHODS

Participants

In total, 133 psychiatric nurses from a medical center ($n=32$), three regional teaching hospitals ($n=46$), and one psychiatric hospital ($n=55$) in southern Taiwan were recruited into this study. We invited each psychiatric nurse to anonymously complete two questionnaires between June and July 2005.

Survey instruments

Attitudes Toward Homosexuality Questionnaire (ATHQ): The ATHQ was originally designed by Beere [33] and was revised by LaMar and Kite [34]. This five-point, 46-item questionnaire examines four dimensions of concepts toward homosexuality: condemnation/tolerance

(11 items), morality (13 items), contact (18 items), and stereotypes (4 items). The degree of agreement with each item is represented by a score of 1 (strongly disagree) to 5 (strongly agree). A higher score indicates more negative attitudes toward homosexuality. Cronbach's alpha values for the four dimensions of the ATHQ ranged from 0.68 to 0.80, and the 1-week test-retest reliability (r) ranged from 0.62 to 0.74.

Questionnaire on Knowledge about Homosexuality (QKH): We developed a four-point, seven-item QKH to determine psychiatric nurses' subjective evaluation of their level of knowledge about homosexuality and people of homosexual orientation. QKH includes the definition and etiology of homosexuality, the proportion of gay men and lesbians in the community, distress of gay men and lesbians due to their own sexual orientation, distress of gay men and lesbians due to rejection by family and peer groups, psychiatric nurses' skills in helping people with their homosexual orientation, and routes of transfer for further consultation. A higher total score indicates that the nurse considers himself/herself to understand homosexuality-related issues well. Cronbach's alpha was 0.81, and the 1-week test-retest reliability (r) was 0.70.

Participants labeled their level of intention to care for people with a homosexual orientation on a 100-point scale, in which 0 indicates no intention and 100 indicates full intention. Participants also labeled their sexual orientation on a 100-point scale, for which 0 indicates absolute heterosexuality and 100 indicates absolute homosexuality. A participant was considered to be "absolutely heterosexual" if his/her sexual orientation was labeled 0 and "not absolutely heterosexual" if not labeled 0. We also asked participants if they have friends or relatives with a homosexual orientation, and whether or not they have ever provided care to homosexual patients. Participants' demographic and occupation characteristics were also collected.

Statistical analysis

The mean scores on the four dimensions of the ATHQ and intention to provide care to homosexual people were calculated. The associations of attitudes toward homosexuality with demographic and occupation data, sexual orientation, knowledge about homosexuality, and experiences of contact with gay men and lesbians, as well as the associations of intention to provide care with attitudes toward homosexuality, demographic and occupation data, sexual orientation,

knowledge about homosexuality, and experiences of contact with homosexual people were examined using stepwise multiple regression analysis. A p value of less than 0.05 was considered to be statistically significant.

RESULTS

The demographic and occupation data, sexual orientation, knowledge about homosexuality, experiences of contact with gay men and lesbians, attitudes toward homosexuality, and intention to care for homosexual patients among the participants are shown in Table 1. All participants were female, with a mean age of 29.6 years (SD, 6.2 years) and a mean duration of being a psychiatric nurse of 7.1 years (SD, 6.2 years). Sixty-five participants (48.9%) had a bachelor's or master's degree. Eighty-one participants (60.9%) had cared for homosexual people and 38 (28.6%) had friends or relatives who were homosexual. Sixty-five participants (48.9%) considered themselves to be absolutely heterosexual. The mean score on the four dimensions of the ATHQ ranged from 2.3 to 2.7 (SD, 0.5–0.6). Because the scores on the four dimensions of the ATHQ were correlated with each other (Pearson's correlation, 0.479–0.792; $p < 0.001$), the total scores on the ATHQ were used to represent participants' attitudes toward homosexuality. The median ATHQ score was 124 (mean, 123.0; SD, 24.2; range, 53–184).

The association of attitudes toward homosexuality with demographic and occupation characteristics, sexual orientation, knowledge about homosexuality, and experiences of contact with gay men and lesbians were examined by stepwise multiple regression analysis, and the results are shown in Table 2. The results revealed that psychiatric nurses who had a bachelor's or master's degree, higher level of knowledge about homosexuality, and friends or relatives with a homosexual orientation had more positive attitudes toward homosexuality ($F_{3,129} = 9.643$; $p < 0.001$). In addition, R^2 for this model indicated that approximately 16.4% of the variance was accounted for by the three independent variables. Age, marriage, religiosity, duration of being a psychiatric nurse, having experience in caring for patients with a homosexual orientation, type of hospital served in, and sexual orientation were not associated with attitudes toward homosexuality.

The association of intention to provide care with attitudes toward homosexuality, demographic and

Table 1. Participants' demographic and occupation characteristics, sexual orientation, knowledge about homosexuality, experiences of contact with homosexual people, attitudes toward homosexuality, and intention to care for homosexual people ($n = 133$)

	Mean (SD)	Range	n (%)
Demographic factors			
Age (yr)	29.6 (6.2)	21–52	
Gender: female			133 (100)
Married			56 (42.1)
Educational level: bachelor's or master's degree			65 (48.9)
Regular attendance of religious activities			74 (55.6)
Occupation factors			
Duration of being a nurse (yr)	7.1 (6.2)	0.1–26.5	
Have cared for homosexual patients			81 (60.9)
Type of hospital			
Medical center			32 (24.1)
Regional teaching hospital			46 (34.6)
Psychiatric hospital			55 (41.4)
Sexual orientation: absolutely heterosexual			65 (48.9)
Knowledge about homosexuality	16.7 (3.7)	7–28	
Have homosexual friends or relatives			38 (28.6)
Attitudes toward homosexuality			
Condemnation/tolerance	2.3 (0.5)	1–3.2	
Morality	2.5 (0.6)	1–4.3	
Contact	2.6 (0.6)	1–4.1	
Stereotypes	2.7 (0.5)	1.1–4.0	
Negative attitude group			71 (53.4)
Positive attitude group			62 (46.6)
Intention to provide care for homosexual people			
Mean of intention score	68.1 (17.4)	0–100	
High intention group			73 (54.9)
Low intention group			60 (45.1)

Table 2. Correlates of attitudes toward homosexuality: stepwise multiple regression analysis

	β	t	p
Knowledge about homosexuality	-0.232	-2.881	0.005
Education (1 = bachelor or above; 0 = graduated from junior college or vocational school)	-0.276	-3.460	0.001
Have homosexual friends or relatives	-0.216	-2.673	0.009

Table 3. Correlates of intention to provide care: stepwise multiple regression analysis

	β	t	p
Attitudes toward homosexuality	-0.232	-2.881	0.005
Type of hospital (1 = psychiatric hospital; 0 = medical center or regional teaching hospital)	-0.276	-3.460	0.001

occupation data, sexual orientation, knowledge about homosexuality, and experiences of contact with gay men and lesbians were also examined using stepwise multiple regression analysis, and the results are

shown in Table 3. The results revealed that psychiatric nurses who had more positive attitudes toward homosexuality and who worked in the medical center or regional teaching hospitals had higher intention to

care for homosexual people ($F_{2,130} = 18.905; p < 0.001$). In addition, R^2 for this model indicated that approximately 21.3% of the variance was accounted for by the two independent variables. Other factors were not associated with intention to care for homosexual people.

DISCUSSION

This study found that psychiatric nurses who had higher educational levels (a bachelor's or master's degree) and higher level of knowledge about homosexuality had more positive attitudes toward homosexuality. Higher educational levels might have provided psychiatric nurses with an opportunity to be aware of their own values toward sexual orientation. Mims and Swenson [35] also suggested that graduate education is required to enable nurses to design educational programs and conduct research on homosexual issues. Adequate education may reduce ignorance that may result in discrimination toward and fear about homosexuality. This study also found that psychiatric nurses who had positive attitudes toward homosexuality were more likely to have high intention to provide care for homosexual people. Improving psychiatric nurses' attitudes and knowledge about homosexuality with educational programs may be one strategy to increase intention to provide care for homosexual people.

In line with the results of previous studies [36–38], we found that nurses with homosexual relatives or friends were more likely to have positive attitudes toward homosexual people. Although educators may not assist psychiatric nurses in making friends with homosexual individuals, it is necessary to reduce mental barriers between psychiatric nurses and homosexual individuals. It would be beneficial clinically to invite homosexual individuals to join a group discussion with psychiatric nurses to share their experiences of contact with medical providers. There is evidence that experience with gay and lesbian faculty members and participation in small group discussions with them may influence students to develop more favorable attitudes toward homosexual people [39].

We found that psychiatric nurses with negative attitudes toward homosexual people were more likely to have less intention to provide care to them. In the Mims and Swenson Sexual Health Model [35], which

provides a framework for nursing education, practice, and research in sexual health, both nurses' destructive and intuitively helpful behaviors toward homosexual people were influenced by society's stereotypical responses to sexual orientation. Nurses need to be aware of their own values toward sexual orientation, and integrate those with their personal and professional values in order to enhance their practice skills [37]. Previous studies have found that nurses' attitudes toward homosexuality can be changed through sex education [40,41]. Including issues of sexual orientation as a curricular element would be clinically beneficial [22,42].

It is noteworthy that the psychiatric nurses who worked in the psychiatric hospital had less intention to care for homosexual people than those who worked in the medical center and regional teaching hospitals. Psychiatric nurses who work in psychiatric hospitals may encounter homosexual individuals with psychologic distress and their intention to care will influence their performance. Educational programs that focus on these psychiatric nurses may increase their intention to provide care to people with homosexual orientations.

Some potential limitations of this study should be considered. First, the cross-sectional nature of this study limited our ability to draw conclusions about the causal relationship between attitudes toward homosexual people and intention to care for them and associated factors. Second, we did not separate attitudes toward gay men from attitudes toward lesbians. LaMar and Kite found that attitudes toward gay men were more negative than attitudes toward lesbians [34]. Third, further studies are necessary to examine the validity of the QKH constructed in this study and the ATHQ in the Taiwanese population. Fourth, this study assessed psychiatric nurses' attitudes toward homosexuality by using an explicit scale, and participants' implicit attitude may not be accurately measured [43].

The results of this study revealed that education level, knowledge about homosexuality, and experience of contact with homosexual people were associated with attitudes toward homosexuality in psychiatric nurses. Meanwhile, psychiatric nurses who had more positive attitudes toward homosexuality and who worked in the medical center or regional teaching hospitals had high intention to care for homosexual people. The factors related to attitudes toward homosexuality and intention to care for homosexual people

identified in this study should be taken into consideration when intervening in psychiatric nurses' attitudes toward and intention to care for homosexual people.

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REFERENCES

- King M, Bartlett A. British psychiatry and homosexuality. *Br J Psychiatry* 1999;175:106–13.
- Green BC. Thinking about students who do not identify as gay, lesbian, or bisexual, but... *J Am Coll Health* 1998;47:89–91.
- Sell RL, Wells JA, Wypij D. The prevalence of homosexual behavior and attraction in the United States, the United Kingdom and France: results of national population-based samples. *Arch Sex Behav* 1995;24:235–48.
- Harry J. Parental physical abuse and sexual orientation in males. *Arch Sex Behav* 1989;18:251–61.
- Remafedi G. Male homosexuality: the adolescent's perspective. *Pediatrics* 1987;79:326–30.
- Weinberg GH. *Society and the Healthy Homosexual*. New York: St. Martin's Press, 1972.
- Faulkner AH, Cranston K. Correlates of same-sex sexual behavior in a random sample of Massachusetts high school students. *Am J Public Health* 1998;88:262–6.
- Herek GM, Gillis JR, Cogan JC. Psychological sequelae of hate-crime victimization among lesbian, gay, and bisexual adults. *J Consult Clin Psychol* 1999;67:945–51.
- Hershberger SL, D'Augelli AR. The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Dev Psychol* 1995;31:65–74.
- Krieger N, Sidney S. Prevalence and health implications of anti-gay discrimination: a study of black and white women and men in the CARDIA cohort. Coronary Artery Risk Development in Young Adults. *Int J Health Serv* 1997;27:157–76.
- Savin-Williams RC. Verbal and physical abuse as stressors in the lives of lesbian, gay male, and bisexual youths: associations with school problems, running away, substance abuse, prostitution, and suicide. *J Consult Clin Psychol* 1994;62:261–9.
- Mills TC, Paul J, Stall R, et al. Distress and depression in men who have sex with men: the Urban Men's Health Study. *Am J Psychiatry* 2004;161:278–85.
- Sandfort TG, Graaf R, Bijl RV, et al. Same-sex sexual behavior and psychiatric disorders: findings from the Netherlands Mental Health Survey and Incidence Study (NEMESIS). *Arch Gen Psychiatry* 2001;58:85–91.
- Garofalo R, Wolf RC, Wissow LS, et al. Sexual orientation and risk of suicide attempts among a representative sample of youth. *Arch Pediatr Adolesc Med* 1999;153:487–93.
- Gilman SE, Cochran SD, Mays VM, et al. Risk of psychiatric disorders among individuals reporting same-sex sexual partners in the National Comorbidity Survey. *Am J Public Health* 2001;91:933–9.
- Hershberger SL, D'Augelli AR. The impact of victimization on the mental health and suicidality of lesbian, gay, and bisexual youths. *Dev Psychol* 1995;31:65–74.
- Remafedi G, Farrow JA, Deisher RW. Risk factors for attempted suicide in gay and bisexual youth. *Pediatrics* 1991;87:869–75.
- Remafedi G, French S, Story M, et al. The relationship between suicide risk and sexual orientation: results of a population-based study. *Am J Public Health* 1998;88:57–60.
- Bhugra D. Doctors' attitudes to male homosexuality: a survey. *Psychiatr Bull R Coll Psychiatr* 1989;3:426–8.
- Chaimowitz GA. Homophobia among psychiatric residents, family practice residents and psychiatric faculty. *Can J Psychiatry* 1991;36:206–9.
- Garnets L, Hancock KA, Cochran SD, et al. Issues in psychotherapy with lesbians and gay men. A survey of psychologists. *Am Psychol* 1991;46:964–72.
- Randall CE. Lesbian phobia among BSN educators: a survey. *J Nurs Educ* 1989;28:302–6.
- Wisniewski JJ, Toomey BG. Are social workers homophobic? *Soc Work* 1987;32:454–5.
- Dardick L, Grady KE. Openness between gay persons and health professionals. *Ann Intern Med* 1980;93:115–9.
- Fitzpatrick R, Dawson J, Boulton M, et al. Perceptions of general practice among homosexual men. *Br J Gen Pract* 1994;44:80–2.
- Wilson JF, Hafferty FW. Changes in attitudes toward the elderly one year after a seminar on aging and health. *J Med Educ* 1980;55:993–9.
- Garfinkle EM, Morin SF. Psychologists' attitudes toward homosexual psychotherapy clients. *J Soc Issues* 1978;34:101–12.
- Rubinstein G. The decision to remove homosexuality from the DSM: twenty years later. *Am J Psychother* 1995;49:416–27.
- Vermette L, Godin G. Nurses' intentions to provide home care: the impact of AIDS and homosexuality. *AIDS Care* 1996;8:479–88.
- Smith GB. Nursing care challenges: homosexual psychiatric patients. *J Psychosoc Nurs Ment Health Serv* 1992;30:15–21.
- Guth LJ, Lopez DF, Rojas J, et al. Experiential versus rational training: a comparison of student attitudes toward homosexuality. *J Homosexuality* 2004;48:83–102.

32. Hon KL, Leung TF, Yau AP, et al. A survey of attitudes toward homosexuality in Hong Kong Chinese medical students. *Teach Learn Med* 2005;17:344–8.
33. Beere CA. *Sex and Gender Issues: A Handbook of Tests and Measures*. New York: Greenwood Press, 1990.
34. LaMar LA, Kite ME. Sex differences in attitudes toward gay men and lesbians: a multi-dimensional perspective. *J Sex Res* 1998;35:189–96.
35. Mims FH, Swenson M. *Sexuality: A Nursing Perspective*. New York: McGraw-Hill, 1980.
36. Douglas CJ, Kalman CM, Kalman TP. Homophobia among physicians and nurses: an empirical study. *Hosp Community Psychiatry* 1985;36:1309–11.
37. Smith GB. Homophobia and attitudes toward gay men and lesbians by psychiatric nurses. *Arch Psychiatr Nurs* 1993;7:377–84.
38. Steffens MC, Wagner C. Attitudes toward lesbians, gay men, bisexual women, and bisexual men in Germany. *J Sex Res* 2004;41:137–49.
39. Stevenson MR. Promoting tolerance for homosexuality: an evaluation of intervention strategies. *J Sex Res* 1988;25:500–11.
40. Serdahely WJ, Ziemba GJ. Changing homophobic attitudes through college sexuality education. *J Homosex* 1984;10:109–16.
41. Young EW. Nurses' attitudes toward homosexuality: analysis of change in AIDS workshops. *J Contin Educ Nurs* 1988;19:9–12.
42. Eliason MJ, Randall CE. Lesbian phobia in nursing students. *West J Nurs Res* 1991;13:363–74.
43. Steffens MC. Implicit and explicit attitudes towards lesbians and gay men. *J Homosexuality* 2005;49:39–66.

精神科護理人員對於同性戀性取向和提供照顧意願之相關因素

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本研究之目的為探討南台灣精神科護理人員對於同性戀性取向的態度、對同性戀性取向者提供照顧的意願以及這兩者與社會人口學、工作經驗、個人性取向、對於同性戀相關議題的知識、接觸同性戀性取向者之經驗等因素之間的關連性。研究對象為來自一所醫學中心、三所區域教學醫院和一所精神科專科醫院的 133 位南台灣精神科護理人員，依據 Attitudes Toward Homosexuality Questionnaire 調查其對於同性戀性取向的態度，並調查其對同性戀性取向者提供照顧的意願，以及態度和照顧意願與其他因素之間的關連性。研究結果發現：在精神科護理人員中，有學士或碩士學位者、自覺對於同性戀相關議題具有較高程度的知識、有親友為同性戀性取向者，對於同性戀性取向具有較正向的態度。在醫學中心和區域教學醫院工作的精神科護理人員比在精神科專科醫院工作者具有較高意願對同性戀性取向者提供照顧；對於同性戀性取向具正向態度者有較高意願對同性戀性取向者提供照顧。本研究之結果可提供擬定策略協助精神科護理人員促進對於同性戀性取向之正向態度和提升對同性戀性取向者提供照顧意願之參考。

關鍵詞： 態度，同性戀，照顧意願，精神科護理人員

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