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Nursing care for the transgender population from the perspective of the nursing professional

Atención de enfermería a la población trans desde la perspectiva del profesional de enfermeira

A assistência de enfermagem à população transexual na perspectiva do profissional enfermeiro

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Abstract

This study aimed to analyze, from the perspective of nurses, the nursing care provided to the transgender population. It is a descriptive field study with a quantitative approach, conducted with 29 nurses from a private university in Rio de Janeiro, recruited through non-probabilistic "snowball" sampling. Data collection used semi-structured interviews, analyzed using simple descriptive statistics. The results revealed a predominance of professionals with up to 10 years of training (59%) and experience (59%), mostly in tertiary care (59%). A critical training gap was identified, with 79% of participants lacking any prior training on the subject and 62% unaware of specific public policies. This deficiency was directly reflected in practice, evidenced by the very low frequency of visits (1 to 3 annually for 27% of nurses) and the lack of follow-up from this population (27% of cases), an indicator of service dropout. It is concluded that improving the quality of care requires the cross-cutting incorporation of gender diversity issues into nursing curricula and the urgent implementation of robust continuing education programs, demanding a collective commitment to establishing a truly inclusive care model.

Descriptors: Nursing Care; Nurses; Sexual and Gender Minorities; Nurse Practitioners; Transsexualism.

Resumén

Este estudio tuvo como objetivo analizar, desde la perspectiva de las enfermeras, la atención de enfermería brindada a la población transgénero. Se trata de un estudio de campo descriptivo con un enfoque cuantitativo, realizado con 29 enfermeras de una universidad privada de Río de Janeiro, reclutadas mediante un muestreo no probabilístico de "bola de nieve". La recolección de datos se realizó mediante entrevistas semiestructuradas, analizadas mediante estadística descriptiva simple. Los resultados revelaron un predominio de profesionales con hasta 10 años de formación (59%) y experiencia (59%), principalmente en atención terciaria (59%). Se identificó una brecha formativa crítica: el 79% de las participantes carecía de formación previa sobre el tema y el 62% desconocía las políticas públicas específicas. Esta deficiencia se reflejó directamente en la práctica, evidenciada por la bajísima frecuencia de visitas (de 1 a 3 al año para el 27% de las enfermeras) y la falta de seguimiento de esta población (27% de los casos), un indicador de abandono del servicio. Se concluye que mejorar la calidad de la atención requiere la incorporación transversal de cuestiones de diversidad de género en los currículos de enfermería y la implementación urgente de programas sólidos de educación continua, lo que exige un compromiso colectivo para establecer un modelo de atención verdaderamente inclusivo.

Descriptores: Atención de Enfermería. Enfermeros. Minorías Sexuales y de Género. Enfermeras Practicantes. Transexualidad.

Resumo

Objetivou-se analisar, na perspectiva de enfermeiros, a assistência de enfermagem prestada à população transexual. Trata-se de uma investigação de campo, descritiva com abordagem quantitativa, realizada com 29 enfermeiros de uma universidade privada do Rio de Janeiro, recrutados por amostragem não probabilística "bola de neve". A coleta de dados utilizou entrevistas semiestruturadas, analisadas por estatística descritiva simples. Os resultados revelaram um predomínio de profissionais com até 10 anos de formação (59%) e atuação (59%), majoritariamente na atenção terciária (59%). Verificou-se uma lacuna formativa crítica, com 79% dos participantes sem qualquer capacitação prévia sobre o tema e 62% desconhecendo políticas públicas específicas. Esta deficiência refletiu-se diretamente na prática, evidenciada pela baixíssima frequência de atendimentos (1 a 3 anuais para 27% dos enfermeiros) e pela ausência de retorno desta população (27% dos casos), um indicador de evasão dos serviços. Conclui-se que a qualificação da assistência exige a incorporação transversal da temática de diversidade de gênero nos currículos de enfermagem e a implementação urgente de programas robustos de educação permanente, demandando um compromisso coletivo para efetivar um modelo de atenção verdadeiramente inclusivo.

Descritores: Cuidados de Enfermagem; Enfermeiros; Minorias Sexuais e de Gênero; Profissionais de Enfermagem; Transexualidade.

Introduction

Transsexuality is an identity expression that demonstrates conflict with gender norms, given that these are based on the characteristics that distinguish masculinity from femininity, on social idealizations, and on heterosexuality. It is the non-identification of oneself with the gender norms of one's biological sex. Gender identity refers to the personal identification of a human being as a man, woman, some alternative gender, or a combination thereof. Its manifestation is expressed through physical appearance, clothing, gestures, way of speaking, among other characteristics[1,2].

For many years, "transsexualism" was treated as an illness, a type of mental disorder of a sexual nature, classified by the International Statistical Classification of Diseases and Related Health Problems (ICD) as Gender Identity Disorder1. The World Health Organization (WHO) published the 11th edition of the ICD in 2018, removing "gender identity disorder" and retaining "gender incongruence," but within the category of conditions related to sexual health, justifying that healthcare for the transgender population can be better provided when there is a record within the ICD[3].

The Diagnostic and Statistical Manual of Mental Disorders (DSM) defined transsexuality as Gender Identity Disorder. From 2014 onwards, the American Psychiatric Association (APA) released the 5th edition of the manual, known as DSM-5, replacing the previous term with Gender Dysphoria, referring to "the distress that may accompany incongruence between experienced or expressed gender and assigned gender," with the aim of characterizing the diagnosis as a clinical problem and no longer as an identity issue[4].

The possibility of performing gender reassignment surgeries in Brazil arrived in 1997 with Resolution No. 1,482 of the Federal Council of Medicine (CFM). Initially on an experimental basis, it was indicated as a treatment for people diagnosed with "transsexualism" and required individuals to be over 21 years of age, being performed only in university and public hospitals related to research. Transgender people underwent evaluation by a multidisciplinary team with psychiatric monitoring and were assessed for at least two years to prove that they experienced intense suffering related to their bodies and thus acquired the right to the surgeries[5-7].

The CFM also enacted two more resolutions on the subject: Resolution No. 1,652, of November 6, 2002, and Resolution No. 1,955, of August 12, 2010. All of these have been revoked by Resolution No. 2,265, of September 20, 2019, which establishes the Individual Therapeutic Project (PTS). This project deals with therapeutic proposals and approaches developed by a multidisciplinary and interdisciplinary team with the participation of the transgender individual, encompassing their needs and demands within the entire healthcare network in which they are involved, regardless of age. Furthermore, it prohibits the initiation of hormone therapy in individuals under 16 years of age and authorizes surgical procedures for individuals over 18 years of age, with monitoring by the multidisciplinary team for at least one year[5-8].

Transgender people are constant victims of violence throughout Brazil, mainly suffering from bodily harm and homicide. Brazil leads the ranking of countries that murder the most transgender people in the world for the 12th consecutive year. This is due to the 175 lives murdered in 2020, all of them transvestites and transgender women. That year saw a 201% increase in cases compared to 2008, which was the first year in which Brazil topped the ranking of murders. It is the second highest number of cases per year in Brazil, second only to 2017, when 179 transgender people were murdered. These numbers show that in 2020, every 48 hours, a transgender life was ended by prejudice in Brazil[9-11].

Suicide is recognized by the WHO as a public health problem, given its aggravating factors such as risks to physical, psychological, and moral integrity, leading to a decrease in quality of life and causing damage to mental and physical health. In 2020, there were 23 cases of suicide among transgender people. This result is a product of discrimination, social exclusion, stigmatization, prejudice, and feelings of invisibility, coupled with family exclusion, various forms of violence, depression, humiliation, and low self-esteem. Both suicide and self-harm are recurring problems, often driven by homophobia and transphobia, which incites the use of illicit drugs, alcohol, and tobacco, especially among transgender men, due to difficulties in achieving social acceptance[10,12].

The Lesbian, Gay, Bisexual, Transvestite, Transsexual and Transgender, Queer, Intersex and Asexual (LGBTQIA+) community still suffers enormous prejudice today, almost always starting in their family environment, taking on absurd dimensions in a prejudiced society that excludes and segregates the inclusion of these people in common life, especially in the job market[13]. Such discrimination violates the rights guaranteed by the Constitution of the Federative Republic of Brazil, which provides, in its Article 5, that all are equal before the law, without distinction of any kind, guaranteeing Brazilians the inviolability of the right to life, liberty, equality, security, and property[14]. From this perspective, the situation is no different when it comes to healthcare for this population; there are not enough qualified professionals to provide effective, dignified, and humane care, thus driving those who need care away from the health units themselves.

This alienation of the LGBTQIA+ community can be reversed by raising care standards to levels that include respect for gender diversity. However, this will only be achieved when nurses and other healthcare professionals are aware of the needs of this population. Attention must also be paid to the risks of rigidifying professional practices and reproducing prejudices and violence that are normalized in society, as this contributes to a hostile environment with poor and unempathetic care[2].

These facts are justified by the lack of discussion on this subject, where it is identified that there is no curricular discipline that specifies issues of sexual and gender minorities in relation to health. Furthermore, disciplines that address nursing care for women, children, adolescents, and adults, for example, also do not address, or only superficially address, the needs of LGBTQIA+ people within the scope of

their respective disciplines, leading to a fragmentation of knowledge. As a result, public health policies and programs that address the LGBTQIA+ population are often forgotten or not even mentioned by teachers[15,16].

Therefore, it is clear that improving the training of healthcare professionals is essential for developing knowledge and practices through other perspectives, reconstructing and requalifying current professionals in the job market. It is therefore necessary for hospitals and healthcare units to provide training, lectures, and courses that promote the continuing education of nurses, considering that they often recognize their own lack of professional qualifications on the subject[2,17].

Given the above, this study aims to analyze, from the perspective of nursing professionals, the nursing care provided in health services to the transgender population, as well as their knowledge and training.

Methodology

This study is characterized as a descriptive field investigation that incorporates a quantitative methodological approach. This strategy aims to achieve research objectives, focusing on the description of measurable phenomena, values, attitudes, and aspects of human reality, with an emphasis on objectivity, understanding, and explanation of the variables under analysis, as well as the development of the dynamics that govern social interactions[18]. The fieldwork was conducted with nurses of different levels of care complexity at a private higher education institution located in the northern zone of the city of Rio de Janeiro, during the months of September and October 2021. Of the 45 professionals initially contacted, 29 were included in the final sample after applying the established exclusion criteria.

The selection of participants considered active professional practice in the nursing field as an inclusion criterion. Individuals who had already had contact with transgender patients in health services, or those with whom it was not possible to establish communication, or who declined the invitation to participate in the study, were excluded. Sample recruitment was carried out using the non-probabilistic snowball sampling technique, a method based on referral chains that, although it does not allow calculating the probability of selection of each element, proved suitable for reaching population groups that are more difficult to access[19]. Data collection began with referrals from nursing faculty members at the university, with each participant having the opportunity to nominate other colleagues to join the research.

Initial contact with the nurses was made by telephone, specifically through messaging via WhatsApp, a platform that offered the option of conducting the interview online, via videoconference, or in person, at a private location convenient for the interviewee, with complete flexibility to accommodate their work schedule. A semi-structured interview was used to collect information, guided by a script organized into two distinct sections: the first, consisting of closed and open-ended questions for the sociodemographic characterization of the subjects; and the second, consisting of open-ended questions exploring the nursing care provided to transgender individuals. All interactions were audio-recorded and subsequently transcribed in full by the researchers, with rigorous respect for linguistic variations present in the discourse. In face-to-face situations, precautionary measures to prevent infection by the SARS-CoV-2 virus were rigorously followed, in accordance with the guidelines issued by the Ministry of Health. To guarantee anonymity, participants were identified by the acronym RN, followed by sequential Arabic numerals from 1 to 29.

The research fully observed the ethical and legal precepts defined in Resolution No. 466/12 of the National Health Council. The research protocol was submitted to and approved by the competent Research Ethics Committee, under Substantiated Opinion No. 3.006.789 and CAAE 98894718.9.0000.5291, on November 7, 2018, after prior institutional approval was obtained through the signing of the Agreement Term by the Vice-Rector of the university. For the treatment of quantitative data, a descriptive statistical analysis was performed based on the calculation of simple and percentage frequencies, with the support of Microsoft Excel 365 software, version 2105.

Results and Discussion

The participants in the study were 29 nurses from various levels of healthcare. Table 1 below presents the sociodemographic data. This data is fundamental to a better understanding of the participants' profile.

In the analysis of sociodemographic data (Table 1), the predominant age range was between 31 and 40 years 38% (n = 11), white 55.0% (n = 16), married or in a stable union 45% (n = 13), and with no religion 34.5% (n = 10). Regarding gender and gender identity, the predominant gender was female 76% (n = 22), with a cisgender woman identity 76% (n = 22) and a heterosexual sexual orientation 90% (n = 26).

Data indicates that the nursing team is predominantly female; however, over the years, there has been a growing number of men, suggesting that in the future, there may be a trend towards masculinization of the profession. Furthermore, indicators suggest that this profession is undergoing a rejuvenation process, considering that 61.7% of nurses are between 22 and 40 years old; 57.9% of these nurses consider themselves white, while 31.3% identify as mixed-race and 6.6% as black[20]. When comparing the cited data with those in Table 1, the compatibility of the analyses is evident, where the majority are nurses, white, aged between 26 and 40 years. Table 2 then presents data on the professional experience of the participating nurses.

Regarding professional experience, a predominance of participants with 1 to 10 years of academic training was noted, 59% (n = 17), and with experience as nurses, 59% (n = 17). They primarily work in the tertiary care sector, 59% (n = 17), where all 100% (n = 29) have had the opportunity to assist transgender individuals, averaging 1 to 3 appointments annually, 27% (n = 8) in their workplaces. However, there is a low frequency of these individuals returning for further appointments: 27% (n = 8). These

professionals predominantly know at least one public policy aimed at transgender individuals, 38% (n = 11). However, the majority have not had any prior training on the subject. Data from the Federal Nursing Council (COFEN) indicates that 67.3% of nurses have been practicing for 10 years or less. In contrast, those with more than 30 years of professional experience represent just over 5% of the total.29 Comparing Table 2 with the data, the similarity of the information is evident, reinforcing the fact that Nursing is undergoing a process of rejuvenation. Table 3 below presents data related to the training and knowledge of nurses regarding public policies.

Table 1. Simple frequency distribution of sociodemographic data. Rio de Janeiro, RJ, Brazil, 2021

Variables	Data	Simple frequency (%) – (N = 29)
Age range	26 to 30 years old	8 (27.5%)
	31 to 40 years old	11 (38.0%)
	41 to 49 years old	8 (27.5%)
	60 to 65 years old	2 (7.0%)
Race/color	White	16 (55.0%)
	Brown	5 (17.5%)
	Black	8 (27.5%)
Marital status	Married/Common-law marriage	13 (45.0%)
	Single	11 (38.0%)
	Divorced/Separated	4 (14.0%)
	Widowed	1 (3.0%)
Religion	Catholic	8 (27.5%)
	Evangelical	5 (17.5%)
	Spiritist	5 (17.5%)
	Candomblé	1 (3.0%)
	No religion	10 (34.5%)
	Practicing	13 (45.0%)
	Non-practicing	6 (20.5%)
Gender	Female	22 (76.0%)
	Male	7 (24.0%)
Gender identity	Cisgender Man	7 (24.0%)
	Cisgender Woman	22 (76.0%)
Sexual orientation	Heterosexual	26 (90.0%)
	Bisexual	3 (10.0%)

Table 2. Simple frequency distribution of data related to professional experience. Rio de Janeiro, RJ, Brazil, 2021

Variables	Data	Simple frequency (%) – (N = 29)
Academic training time	1 to 10 years	17 (59.0%)
	11 to 20 years	7 (24.0%)
	21 to 30 years	3 (10.0%)
	31 to 40 years	2 (7.0%)
Length of time working as a nurse	1 to 10 years	17 (59.0%)
	11 to 20 years	8 (27.0%)
	21 to 30 years	2 (7.0%)
	31 to 40 years	2 (7.0%)
Level of healthcare attention currently being used	Primary	10 (34.0%)
	Secondary	2 (7.0%)
	Tertiary	17 (59.0%)

The lack of or superficial approach to this topic in undergraduate studies directly interferes with healthcare for the LGBTQIA+ population, as it reflects on the professional lives of graduates, given that many do not recognize the debate on the subject during their academic studies. Thus, this lack of knowledge contributes to the under-assistance and avoidance of healthcare services by this population[16]. To address the specific needs of the LGBTQIA+ population, it is

essential to include content related to sexuality in the syllabi of nursing curricula, enabling the learning, training, and qualification of future nurses and, consequently, reducing discrimination and increasing the access of this population to healthcare services[22].

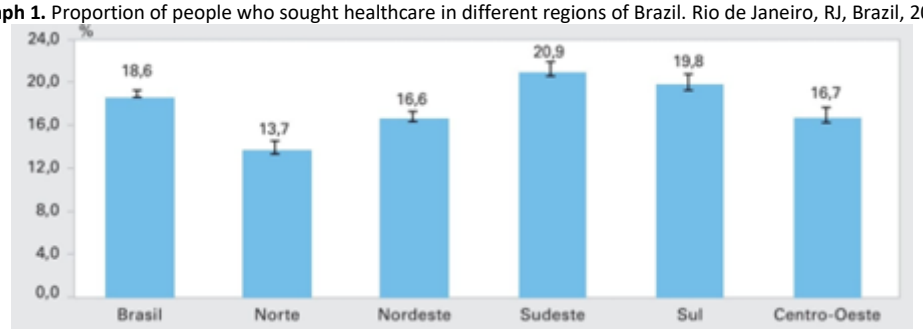
Table 3. Simple frequency distribution of data related to training and knowledge about public policies for transgender people. Rio de Janeiro, RJ, Brazil, 2021

Variables	Data	Simple frequency (%) – (N = 29)
Knowledge about public policies aimed at transgender people	Yes	11 (38.0%)
	No	18 (62.0%)
Prior training on the subject	No	23 (79.0%)
	Yes	6 (21.0%)
	In college	2 (33.0%)
	At work	3 (50.0%)
	At work and by her/ himself	1 (17.0%)

Table 4. Simple frequency distribution of data related to the attendance of transgender people in health services. Rio de Janeiro, RJ, Brazil, 2021

Variables	Data	Simple frequency (%) – (N = 29)
Annual care provided to transgender people at the workplace	1 to 3 people	8 (27.0%)
	4 to 6 people	4 (14.0%)
	More than 10 people	7 (24.0%)
	None	6 (21.0%)
	Don't know	4 (14.0%)
Number of times transgender people return for care at the workplace	1 or 2 times a year	7 (24.0%)
	3 or 4 times a year	2 (7.0%)
	More than 5 times a year	3 (10.5%)
	No return	8 (27.5%)
	Don't know	4 (14.0%)
	Not applicable	5 (17.0%)

Graph 1. Proportion of people who sought healthcare in different regions of Brazil. Rio de Janeiro, RJ, Brazil, 2019



Source: IBGE, National Health Survey, 2019[27].

The lack of knowledge among nurses contradicts the objectives and guidelines of the National Policy for Comprehensive Health Care for LGBT People (PNSILGBT). Disseminating information to improve the qualifications of professionals in comprehensive health care, including educational actions aimed at promoting self-esteem and combating discrimination against LGBT people, and incorporating the themes of sexual orientation and gender identity into continuing education programs for health workers are some of the purposes established by the policy[23]. This leads to the following question: is there truly a lack of training opportunities for professionals, or is there a lack of interest on the part of some professionals in the subject, overshadowing the pursuit of knowledge, as evidenced below?

Transgender people require specific healthcare needs and demand services that involve a multidisciplinary team, special attention to mental health, hormone therapy, and surgical procedures[24].

In addition to taking care of their health by acquiring healthy habits, screening for possible diseases, or treating them, it is important that healthcare professionals, especially nurses, establish a bond and have empathy. This facilitates understanding the needs of transgender people, as well as enabling adequate care, a qualified health service, and helping in the construction of new professional knowledge. The right to health involves adequate social, cultural, and economic conditions, related to and intersecting with markers of gender, age, race, and social class, among others, to reduce vulnerabilities and,

consequently, promote health and prevent harm, leading to a reduction in rights violations and exclusions[2,25].

Egalitarian stances in healthcare may stem from a lack of approach and training on the subject. The failure to specify the intersectionalities of this population in the Nursing curriculum and the lack of continuing education in the workplace induce egalitarian thinking. The consequences of this are the difficulties faced by professionals in providing qualified care, as well as the attrition of transgender people from healthcare services[22,26]. Given this, it is noticeable in Table 4 that the percentage of transgender people seeking health care is almost negligible when compared to the IBGE graphs from 2019 regarding people seeking health services.

The lack of awareness among nurses regarding the unique characteristics and specificities of transgender people results in difficulties in providing care. Beyond unpreparedness and lack of knowledge, the moral values of professionals can interfere with this care. Considering that morality is based on customs, habits, and cultural values, it can be argued that when these values become rigid, it reflects in professional attitudes contrary to what is proposed as fundamental principles in the Nursing Code of Ethics, such as: the autonomy of the nurse in accordance with ethical and legal principles, exercising their activities competently and in defense of public policies that guarantee universality, comprehensiveness of care, effectiveness, and preservation of autonomy; and nursing care that is based on the nurse's own knowledge and on the human, social, and applied sciences, being carried out by them in the social and daily practice of assisting, managing, teaching, educating, and researching. Therefore, an ethical and humanized relationship between nurses and transgender people is also seen as a driving and promising force for a qualified health service. Professional training is seen as a requirement for nurses, considering that being unprepared violates the fundamental principles of the profession's code of ethics[28,29].

Prejudice and discrimination begin at the entrance of healthcare facilities, regardless of the level of care they provide. These are forms of exclusion practiced not only by healthcare professionals but by all staff members of these establishments. This fact promotes resistance from transgender people in seeking healthcare services, the interruption and abandonment of important treatments, and seeking services only in extreme cases, when it may often be too late. However, it can be argued that, although Brazil's ranking as the world's leading country in murders of transgender people in 2020 only considers homicides involving physical violence, the barriers that lead a transgender person to relinquish their health rights have a weight analogous to that of fatal violence, using a metaphorical sense. In other words, if Brazil is considered the country that kills the most transgender people in the world, one of the reasons could clearly be the blockage of access to healthcare services generated by prejudice[10,11,30].

Conclusion

Based on the analysis of the results, it is concluded that the study achieved its central objective by highlighting, from the nurses' perspective, the significant barriers faced by the transgender population in accessing and receiving qualified and effective nursing care. The data collected indicate that academic training and continuing education are determining factors for the quality of care provided. The lack of a specific and in-depth curricular approach to the health-specificities of transgender people, both during undergraduate studies and in continuing training programs in the workplace, is directly reflected in the unpreparedness of professionals. This training gap negatively impacts the clinical competence of nurses to deal with the unique needs of this population, culminating in a care practice that does not meet the principles of comprehensiveness and equity.

The most visible consequence of this scenario is the low attendance of transgender people in health services, an indicator that signals a breakdown in the bond and distrust in the system. Quantitative analysis demonstrated a very low frequency of appointments and an almost irrelevant number of return visits, an alarming figure when contrasted with the general demand for health services by the Brazilian population. This phenomenon of evasion is not random, but rather the result of a care context marked by a lack of knowledge, which can, in turn, facilitate the reproduction of prejudices and personal moral values that override the ethical and technical precepts of the profession. Structural violence and discrimination are thus perpetuated, creating a hostile care environment that denies the fundamental right to health.

Therefore, the results obtained reinforce the premise that improving nursing care for the transgender population is intrinsically linked to the transformation of professional training. There is an urgent need to incorporate the theme of gender and sexual diversity transversally and mandatorily into nursing curricula, as well as to implement robust institutional policies for continuing education that deconstruct stigmas and promote evidence-based clinical practice, respect for gender identity, and the humanization of care. Overcoming the identified barriers thus requires a collective commitment between educational institutions, health managers, and the professional category itself, so that a truly inclusive and equitable care model can be implemented, capable of guaranteeing access to and quality of nursing care for all people, without any form of discrimination.

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