ISSN-e [2675-5602]

Global Academic Nursing Journal

ORIGINAL ARTICLE

Reality regarding the knowledge and training of nurses in providing care to the transgender population

Realidad respecto al conocimiento y formación de enfermeras en la atención a la población trans

Realidade sobre o conhecimento e capacitação de enfermeiros na assistência à população transexual

Alison Almeida da Conceição[1]
ORCID: 0000-0001-7511-3411
Allana Ferreira da Costa[2]
ORCID: 0000-0001-8538-5832
Michelle Amorim Ferreira[3]
ORCID: 0000-0001-5585-4925
Cristiane Maria Amorim Costa[4*]
ORCID: 0000-0003-1089-2092

[1]Clínica Saint Marie Multicuidados. Rio de Janeiro, Brazil.
[2]Hospital Pasteur/ Grupo Amil. Rio de Janeiro, Brazil.
[3]Oncoclínicas do Brasil Serviços Médicos AS. Rio de Janeiro, Brazil.
[4]Universidade do Estado do Rio de Janeiro. Rio de Janeiro, Brazil.

How to cite this article:
Conceição AA, Costa AF, Ferreira MA, Costa CMA. Reality regarding the knowledge and training of nurses in providing care to the transgender population. Glob Acad Nurs. 2025;6(2):e470. https://dx.doi.org/10.5935/2675-5602.20200470

***Corresponding author:**
cmacosta1964@gmail.com

Submission: 03-14-2025
Approval: 08-22-2025

Abstract

This qualitative and descriptive study aimed to analyze, from the perspective of 29 nurses, the nursing care provided to the transgender population in health services. Data collection, carried out through semi-structured interviews at a private university in Rio de Janeiro, was analyzed using thematic-categorical content analysis. The results revealed a profound lack of preparedness among nurses, characterized by limited knowledge about transsexuality, specific public policies, and necessary care, with 79% of participants lacking any prior training. The analysis identified three central categories: the specificity of care, the discrepancy between ideal care and daily reality, and the institutional violence suffered by transgender people. The discussion points out that the lack of academic training and continuing education, combined with ingrained moral values and prejudices, results in a generalist and heteronormative care practice that ignores the singularities of this population. This reality perpetuates a hostile care environment, contributing to the avoidance of health services by transgender people. It is concluded that the provision of qualified and equitable care is intrinsically dependent on the transformation of professional training, with the cross-cutting incorporation of the theme of gender diversity in nursing curricula and the urgent implementation of continuing education programs in services.

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

Resumén

Este estudio cualitativo y descriptivo tuvo como objetivo analizar, desde la perspectiva de 29 enfermeras, la atención de enfermería brindada a la población transgénero en los servicios de salud. La recopilación de datos, realizada mediante entrevistas semiestructuradas en una universidad privada de Río de Janeiro, se analizó mediante análisis de contenido temático-categórico. Los resultados revelaron una profunda falta de preparación entre las enfermeras, caracterizada por un conocimiento limitado sobre la transexualidad, las políticas públicas específicas y los cuidados necesarios, con un 79% de las participantes sin formación previa. El análisis identificó tres categorías centrales: la especificidad de la atención, la discrepancia entre la atención ideal y la realidad cotidiana, y la violencia institucional que sufren las personas transgénero. La discusión señala que la falta de formación académica y educación continua, combinada con valores morales y prejuicios arraigados, resulta en una práctica de atención generalista y heteronormativa que ignora las singularidades de esta población. Esta realidad perpetúa un entorno de atención hostil, lo que contribuye a que las personas transgénero eviten los servicios de salud. Se concluye que la prestación de una atención calificada y equitativa depende intrínsecamente de la transformación de la formación profesional, con la incorporación transversal de la temática de diversidad de género en los currículos de enfermería y la urgente implementación de programas de educación continua en los servicios.

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

Resumo

Este estudo qualitativo e descritivo objetivou analisar, na perspectiva de 29 enfermeiros, a assistência de enfermagem prestada à população transexual nos serviços de saúde. A coleta de dados, realizada por meio de entrevistas semiestruturadas em uma universidade privada do Rio de Janeiro, foi analisada mediante análise de conteúdo temático-categorial. Os resultados evidenciaram um profundo despreparo da categoria, caracterizado por um conhecimento limitado sobre transexualidade, políticas públicas específicas e cuidados necessários, com 79% dos participantes sem qualquer capacitação prévia. A análise identificou três categorias centrais: a especificidade do cuidar, a discrepância entre a assistência ideal e a realidade cotidiana e as violências institucionais sofridas por pessoas trans. A discussão aponta que a falta de formação acadêmica e de educação permanente, somada a valores morais e preconceitos enraizados, resulta em uma prática assistencial generalista e heteronormativa, que ignora as singularidades dessa população. Esta realidade perpetua um ambiente de cuidado hostil, corroborando a evasão de pessoas trans dos serviços de saúde. Conclui-se que a efetivação de uma assistência qualificada e equânime é intrinsecamente dependente da transformação da formação profissional, com a incorporação transversal da temática de diversidade de gênero nos currículos de enfermagem e da implementação urgente de programas de educação permanente nos serviços.

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

Introduction

The LGBTQIA+ population faces significant difficulties accessing healthcare services. This is related to the limited and often discriminatory way in which healthcare professionals provide care for this population. As a result, some people abstain from using healthcare services and opt for self-care, exposing themselves to risks in cosmetic procedures, clandestine practices, and self-medication to avoid prejudice, discrimination, and embarrassment they may experience when accessing these services and being treated by professionals who have little or no knowledge of their needs and specificities. Those who, for some reason, still access healthcare facilities choose not to identify as LGBTQIA+[1-3].

In 2004, the Federal Government signaled the formalization of a Technical Committee on LGBT Health intending to structure a National LGBT Health Policy and promote health equity for this population, seeking to address inequities and pursue universal access to health services within the SUS (Brazilian Public Health System). Therefore, after recognizing that discrimination based on sexual orientation and gender identity influences the social determinants of health and the process of illness and suffering resulting from prejudice, the Ministry of Health established the National Policy for Comprehensive Health of Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSILGBT) within the Unified Health System (SUS) through Ordinance No. 2,836, of December 1, 2011. Its objective is to expand access for this population to quality services, guaranteeing universality, comprehensiveness, and equity, through proposals that address inequalities and discrimination, aiming at actions focused on prevention, recovery, promotion, and rehabilitation of the health of these social minorities, with the Primary Health Care Network as the main point of access[4].

The National Policy for the Comprehensive Health of LGBT People (PNSILGBT) also guarantees access to the Transgender Process (TP), which, although established by Ordinance No. 1,707 of August 18, 2008, was redefined and expanded by Ordinance No. 2,803 of November 19, 2013, aiming at comprehensive health care for transgender people. This includes welcoming and humane treatment free from discrimination in access to services, from the use of social names to gender reassignment surgeries, including hormone therapy[5].

TP also relies on Primary Care as the entry point for the care of this population; it is responsible for coordinating care and providing continuous attention, guaranteeing respect for differences and human dignity in health. Specialized Care has various points of attention, including outpatient care modalities such as clinical follow-up and hospital care, such as surgeries, supporting and complementing primary care services in a decisive manner. Through the TP (Program for the Prevention of Surgical Procedures), it was defined that the use of hormone therapy will begin at age 18 and that surgical procedures will begin at age 21, provided that the patient has a specific indication and prior monitoring for 2 years by a multidisciplinary team from the Specialized Care Service[5].

However, despite the creation of these public policies, a marked distancing of transgender people from health units is still observed, due to the embarrassment they suffer during their care. The use of a chosen name, for example, often leads to embarrassing situations, as health professionals do not always take care to refer to the person by the name they prefer to be called. However, the Charter of Rights of Health Users, published by the Ministry of Health in its third edition in 2011, guarantees the right to humane and welcoming care, free from any discrimination based on sexual orientation and/or gender identity, ensuring identification by chosen name, with the legal name used only for internal administrative purposes, if necessary. Presidential Decree No. 8,727, of April 28, 2016, also provides for the use of social names and the recognition of gender identity within the scope of the direct, autonomous, and foundational federal public administration, and regulates the use of social names in official documents along with the legal name. In both cases, the identification of the user by pejorative terms, numbering, codes, or names of diseases, or other prejudiced and discriminatory means is prohibited under any circumstances[6-8].

Consequently, it can be argued that the care provided by the nursing team is based on a generalized approach to care, putting theoretical and scientific knowledge into practice in an egalitarian manner for any human being. In this sense, the object of study is the nursing care provided to transgender people in health services. In line with this, the aim is to deconstruct heteronormative social representations which, together with professional qualification, will contribute to breaking down prejudiced barriers, resulting in better attendance of transgender people at health services[9].

This study is justified to highlight the importance of nursing professionals being properly qualified to assist not only transgender people but also the LGBTQIA+ community in general. It is also worth noting that knowledge about public policies and how to approach this population supports their seeking health services, improving adherence to consultations and treatments, as well as providing a better quality of life for this population.

Concomitantly, the relevance of addressing this subject is emphasized due to the scarcity of available studies on the topic, considering the need for and importance of professional qualification for the care and assistance of this population. Consequently, this contributes to enriching the knowledge of nursing professionals and students, allowing for the provision of non-discriminatory and effective health services to transgender people, thus increasing interest in and demand for health units. In addition, it aims to encourage new research and studies addressing issues related to the health of sexual minorities.

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, highlighting the facilitators and difficulties for its effective realization as a right to health.

Methodology

This is a descriptive study with a qualitative approach, aiming to describe the facts that achieve the objectives of the following research, working with values, attitudes, and measurable aspects of human reality, focusing on objectivity, understanding, and explanation of variables, and the development of social relations[10].

The research took place at a private university in the northern part of Rio de Janeiro, between September and October 2021. Participants were nurses from various levels of healthcare; 45 were contacted, but only 29 were selected according to exclusion criteria. The inclusion criterion was the nurses' work in their professional area. The exclusion criteria were contact with transgender clients within healthcare services, or if, for any reason, contact was not possible, or they were unwilling to participate in the study.

Participant recruitment was conducted using the snowball sampling technique: a sampling method that does not allow for probability determination and uses referral chains, making it impossible to establish the probability of selecting research participants; however, it is useful for accessing groups that are difficult to communicate with[11].

In this way, participants could choose whether to nominate other nurses to participate in the study. Data collection began with nurses nominated by nursing faculty members from the university itself. Contact with participants was initially made by telephone, through WhatsApp messages, where they could choose to have the interview online or in person, in a private location that best suited them, respecting their work schedule. All quotations were transcribed according to the interviewees' statements, respecting linguistic variations.

As a data collection instrument, a semi-structured interview was conducted using an interview guide composed of open-ended questions about nursing care for transgender people. It could be done online, via videoconference, or in person at a pre-arranged location, where all precautionary measures were taken to prevent infection with the virus that causes COVID-19 (SARS-CoV-2), in accordance with the Prevention Guidelines proposed by the Ministry of Health, with audio recording and transcription by the researchers.

All ethical and legal aspects proposed by Resolution No. 466/12 of the National Health Council (CNS) were respected. Therefore, to begin the research, the Institutional Consent Form was requested to be signed by the Pro-Rector of the higher education institution, followed by the submission of the project to the Research Ethics Committee (CEP), which approved it under Substantiated Opinion No. 3.006.789 and CAAE 98894718.9.0000.5291, on November 7, 2018.

The data analysis was based on Laurence Bardin's categorical thematic content analysis technique. This technique is a tool used in scientific research that allows for the analysis of communications through the similarity and repetition of statements used for categorization, through objective and systematic procedures for describing the content[12].

Results and Discussion

The participants in the study were 29 nurses from various levels of healthcare. They were identified by a sequence of initials "RN" for nurses, followed by Indo-Arabic numerals from 1 to 29, to ensure their anonymity.

Next, we highlight the analysis of qualitative data, based on observations of similar and more frequent content, respectively. From this analysis, the following categories emerged: The specificity of caring for transgender people; The daily reality of providing care to transgender people - between the ideal and the real; and Violence suffered by transgender people in care settings.

The specificities of caring for transgender people

Heteronormativity has perpetuated the hegemony of the sex-gender dichotomy for centuries when compared to any other sexual and gender diversity. Characterized as a set of norms and stereotypes structured by a heterosexual society, which compels the expression of conduct and behavior to conform to one's biological sex, heteronormativity persists to the present day, considering multiple sexual and gender diversities as equivocal, repressed manifestations that are discriminated against and stigmatized. Thus, for a long time, homosexuality and transsexuality have been considered aberrations, unknowns that, lacking convincing answers for society, deserved rejection and pathologization[13].

For many years, transsexuality was approached as a disorder, a psychiatric illness, due to its characteristics not fitting socio-normative standards and having to be diagnosed according to the CFM (Brazilian Federal Council of Medicine) norms to be minimally adequate to what society demands. Currently, transsexuality simply means the non-identification of oneself with the gender norms of one's biological sex, imposed by society. And although a multi-professional analysis is still necessary for a transsexual person to obtain the surgical characteristics to transform their body closer to their self-identification, there have been social changes through laws and public policies created over time, which have provided some people in society with a better understanding of the subject[14,15].

> *"I understand that transsexuality refers to a person who identifies with a different gender, regardless of whether they have undergone sex reassignment surgery or use hormones. If they were born male and identify as female, they are transgender, and vice versa" (RN25).*

> *"It is a person who does not identify with the biological sex they were born with" (RN9).*

It is noticeable in the statements above that some participants have some knowledge of the topic. However, some participants relate transsexuality to the acceptance of a person with their physical characteristics, their stereotype, their appearance, and the disharmony between the psychological and biological body, and they demonstrate having some understanding of the subject, but lack depth.

> *"For me, it's when a person doesn't see themselves reflected in the body they live in" (RN20).*

"In my view, it's an individual who is, in fact, trapped inside their own body, and understands themselves in a different way. They have one characteristic at birth, but they see themselves in the world in a different way" (RN10).

There are still some who do not understand the subject due to a lack of training, as can be seen in the statements below.

"Actually, very little. Because we, as academics, end up not having this type of approach; one or two universities address it, but very superficially. We end up with information that circulates freely, but nothing very specific or assertive about this particular niche" (RN27).

"Almost nothing, almost nothing. So, I think a trans person is someone who changes their sex, is that it? Who has surgery, right? Sex reassignment surgery. But I've never really delved into the subject. I have a lot of doubts about these terminologies that are used. I don't even know what they are; there are so many nowadays that I don't even know how to list them. So, this isn't very open to people, I think it's very much within the community of people who have these sexual orientations, so the general public doesn't have access to this information; they only have access in terms of judgment" (RN12).

Currently in Brazil, there are norms, guidelines, and legislation regarding healthcare for the LGBTQIA+ population, in addition to a vast body of academic work related to the topic.

However, it is noticeable that healthcare professionals, especially nurses, universally still lack knowledge on the subject, which compromises the uniqueness and specificity of care. Care requires respect for the individuality of the other, empathy for the human being, and nurses have an obligation to understand themselves and others to offer humanized care. However, it is not enough to simply apply scientific knowledge correlated with emotion and sensitivity to provide nursing care. A holistic and individualized approach must be applied, paying attention to the particularities and specificities of each individual, recognizing them and applying them for their assistance, when necessary, as reinforced in the description[9].

"[...] let's say that people who aren't described as traditional, as established, have a very significant deficiency in our system of welcoming and meeting their needs" (RN1).

When asked about specific care for transgender people, some participants claimed to only have the use of their chosen name.

"The only specific thing we take care of here in the ward is the issue of names, right? How they want to be called, that's the only specific thing we take care of, but usually they already come with a chosen name, so we don't have that problem. But some still, there are some who are still in the process, right? They haven't changed completely yet; we try to find out how they want to be addressed" (RN2).

"Unfortunately, today I only have my chosen name, and as an educator, I always advise new employees to avoid jokes, avoid exposing their bodies, avoid any kind of comment, and to understand that if someone wants to be called by a certain name, they will be called by that name, and to respect others [...]" (RN5).

Others mention referrals to other healthcare networks for hormone treatment, the provision of STI protocols, and pre- and post-transgenital surgery guidance given to the patient.

"The specific care we provide is what I mentioned. We assess the needs and refer them to the appropriate places to address them. Whether it's social issues, we refer them to the CREF or CREA registry offices, or issues related to violence or shelters, which we also refer to those social services. If it's a specific health need, we refer them to specific healthcare centers, as I mentioned, such as in Caxias, which specializes in services for the LGBT population, or to a psychologist specializing in LGBT issues here in the city. These are the specific care services we provide, tailored to their needs" (RN3).

"Specifically, as I was mentioning, I treat a trans woman who is also a sex worker, so there are preventative care aspects, such as administering PrEP, well, offering PrEP. We also refer her to secondary and tertiary care regarding hormone therapy, surgery if the patient wants it, so normally, those are the types of care we provide. Sometimes the patient arrives with an illness or infection that needs treatment, and we treat it. So, we do all kinds of care, right? Both promotion and prevention of complications, curative care, all kinds of care" (RN9).

Some say they have no specific needs regarding these people.

"So, they are normal patients, they receive the same care as all other patients who have also undergone that type of surgery and/or treatment, there's nothing special about it, it's normal" (RN15).

"No, it doesn't require any specific care" (RN22).

Transgender and gender-variant patients are increasingly seeking healthcare services. However, the creation of socio-normative barriers and a lack of knowledge about this population on the part of nurses renders the health needs of these patients invisible, causing harm to the care that should be provided. Therefore, professionals must have knowledge and training regarding the health needs and other intersectionalities that are part of the lives of transgender people, as these professionals have the responsibility to provide a safe and prejudice-free environment, understand the peculiarities surrounding gender identity, and reduce its stigmatization[2].

Considering this, the Ministry of Health established the National Policy for the Comprehensive Health of LGBT People (PNSILGBT), aiming, as previously stated, to promote the comprehensive health of LGBTQIA+ individuals and eliminate institutional discrimination and prejudice. Furthermore, one of its specific objectives is to guarantee access to Transgender Care, which aims to provide comprehensive health care to transgender people, from acceptance with the use of their chosen name to gender reassignment surgery and hormone therapy. Both programs use Primary Health Care as their entry point[5].

Although the LGBT Health Technical Committee is responsible for training and guiding the health team through ongoing education initiatives and ensuring the distribution and access to educational resources, such as brochures and online courses, the guidelines and objectives listed above in

these policies do not seem to be consistently followed by health professionals[3,16]. The knowledge of the policies presented becomes contradictory when compared to the statements, which in practice demonstrate the professionals' lack of preparedness, as well as a lack of theoretical knowledge. When questioned, most reported having no knowledge of any public policy or having heard of them but lacking expertise in the subject.

> *"I've heard of it, but I don't know the details of how it works or how to describe the name or the terms used" (RN11).*

> *"I know they exist, but I don't have knowledge about all of them yet" (RN9).*

> *"No" (RN5,14).*

Some participants stated that they were familiar with the National Policy for Comprehensive Health for Lesbians, Gays, Bisexuals, Transvestites, and Transsexuals, but were unable to explore the themes addressed in it, nor did they know its title.

> *"Yes, the national policy for transgender people and care for body modifications through the SUS (Brazilian public healthcare system)" (RN19).*

> *"Yes, the national policy for the integration of the LGBT population" (RN3).*

Most participants said they do not use, or do not know if, public policies are used in their workplaces.

> *"No, I don't know of any, so I can't say if we use any" (RN2).*

> *"No, we don't use it because, as I said, it's not a population that comes in, it hasn't come in for care yet, or it wasn't a matter of, I don't know, of a self-declared transgender person" (RN23).*

One of the reasons for this deficit is, most often, the lack of discussion about sex, gender, sexual orientation, and the variety of gender identities in universities and later in the workplace, resulting in professional development through the repetition of conservative teaching patterns[9].

The following statements revealed a lack of professional training in serving transgender people, due to a deficiency in addressing the topic during undergraduate studies and in the workplace.

> *"There is a lack of attention from managers regarding training for this population, not only transgender people, but also people with disabilities [...]" (RN1).*

> *"Nobody was prepared; I think that's partly due to their personal upbringing, their attitude as a person. Unfortunately, we don't have that kind of preparation. Nowadays, I don't know what university is like, but when I graduated, we weren't very prepared for this type of service, for how to behave. So today, I think people behave based on who they are, not on what they learn to be in college or at work" (RN20).*

Some participants were also identified who reported having a team prepared for this type of care, due to greater dissemination of the topic, but without a scientific basis.

> *"I believe so, based on what I saw in the treatment and follow-up, I believe so. Not that it was prepared by the hospital, but I think nowadays people are more informed, so they end up treating it in a more natural way" (RN29).*

> *"Yes, they are. I don't know, I believe there wasn't any preparation, I believe that even with the issue of respect that each person has, there wasn't a course or practice or any kind of protocol, it's just the experience of each person" (RN2).*

Few reported having a team that was properly prepared and trained through courses and workshops at their workplaces.

> *"Yes, this team was prepared, they were trained, they had training courses based on policy, so they were fully prepared to resolve conflicts that could arise during the handling or service, something might happen at some point, so they were trained for that, to manage those situations" (RN4).*

> *"So, my team is trained, we are always doing training and updates, and on-the-job training. Today, our nursing resident even did an update, clarifying doubts about what gender and sexuality are, updating on the regulations, which have had some changes. And explaining the transsexualization process from primary care to the tertiary level" (RN13).*

> *"Nobody was prepared; I think that's partly due to their personal upbringing, their attitude as a person. Unfortunately, we don't have that kind of preparation. Nowadays, I don't know what university is like, but when I graduated, we weren't very prepared for this type of service, for how to behave. So today, I think people behave based on who they are, not on what they learn to be in college or at work" (RN20).*

Considering the above, the importance of professional training is once again highlighted, since a lack of scientific knowledge hinders qualified assistance and the ability to meet the specific needs of transgender people and the LGBTQIA+ population in general[17,18].

The everyday reality of a transgender person - between the ideal and the real

To provide ideal care, it is necessary to understand the needs, specificities, and intersectionalities that are part of a transgender person's life. Therefore, it is the responsibility of healthcare professionals to ensure that all professionals in the setting can provide care with quality, equity, respect, acceptance, and free from prejudice and discrimination[2]. This ideal was identified in most of the participants' statements, for example:

> *"I think you need to look at her as she truly is, as she wants to appear to society. You can't look at stereotypes, her appearance, and define who she is; you have to listen to her and treat her the way she tells you she would like to be treated, the way she sees herself" (RN20).*

> *"I think it's about providing welcoming assistance, primarily listening, because we can have our opinions, we can have protocols, but each person, each human being, is different. And each person who comes to you asking for help has issues related to transsexuality that differ from one another; they are not the same people, they are different people, they have different doubts, they have different insecurities. So I think it's about providing welcoming assistance, listening, understanding what they bring to you, so that you can give the most humanized assistance possible to that person, especially because we have*

several, I've had 2 patients at the clinic, they weren't even mine actually, they were from other teams, and they went through the whole process and ended up committing suicide. So, these are issues that if you don't listen, if you don't have an observant, welcoming gaze, if you don't observe exactly what that person needs, suddenly the person might take their own life abruptly and unnecessarily" (RN28).

The true reality of care for transgender people is marked by moral judgment and resistance from professionals in providing quality service. There are instances of embarrassment, discriminatory stares, and comments from those who should be caring for their health, ultimately contributing to their avoidance of healthcare services.

"So, it's also a complicated issue, because because I respect, I must respect how the person sees themselves, it's complicated [...]. We know biologically speaking that he is a man, but he doesn't see himself as a man, so we already have to look at that issue of holistic nursing care. We can't be judges; we're there to care, so if we're there to care, we have to look at that human being as he is, right? And then, where to place him? Male ward? Female ward? [...] Both the side of the man who doesn't see himself as a man, and the women who think he is a man and don't want him in the ward, so I think it's all very new, it's complicated, at this moment, in this current scenario, providing care is complicated because of this, because of how people see themselves, and we have to find a balance, all so that everyone is respected equally, you understand? Those who agree and accept, those who disagree and don't accept? In short, it's very complicated, especially for us as nurses, because we find ourselves in a situation where we have to think about both sides, and then, what do we do? It's that situation, it's very complicated" (RN16).

When questioned about the reality of welcoming transgender people in their workplace, few participants reported having an ideal service anchored in laws and public policies aimed at this population and without discrimination and/or prejudice.

"Thank God it is. But what happens is, at my workplace, there's a social worker, a psychologist, and a nurse always working there, we provide multidisciplinary care, so we can address this issue of individuality, for example, if a trans person comes in, we talk about everything, not just their health" (RN3).

The vast majority say they do not receive welcoming, judgment-free service.

"It's still very precarious, there's a lot of judgment regarding appearance and behavior, that's what we see, right? That's the reality" (RN1).

"No, it's not ideal. I've seen some pretty complicated things happen. There are always people who make jokes, people who don't respect, especially the person's chosen name, and then they continue to call them by their legal name, right? And that's complicated, usually people don't say it in front of the patient, but we hear a lot, a lot of jokes, right? A lot of nonsense" (RN22).

It was also observed that there was a defense of what is said to be equal treatment for all citizens.

"In my opinion, transgender people should be treated the same as everyone else. The Brazilian public healthcare system (SUS) is universal; it doesn't matter if they are transgender, not transgender, tall, short, fat, or thin" (RN6).

"I think the ideal assistance is the assistance we give to everyone, right? It's normal assistance, without looking at the person's gender" (RN22).

Equality enshrined in Article 196 of the 1988 Federal Constitution refers to the right to health, the right of all citizens to receive guaranteed actions and services promoting, protecting, and restoring their health, and the right to be welcomed and respected. Furthermore, it is also emphasized by Organic Law No. 8,080 of 1990, in its Article 2, that the State must provide the indispensable conditions for the full exercise of human health. Therefore, considering the concept of equality when dealing with transgender people is not the best way to provide them with qualified assistance, given that each human being possesses their own unique characteristics[19,20].

When questioned about the difficulties in providing care to transgender people, a minority say they have no difficulty and/or find it easy to assist transgender people, as they treat everyone equally.

"It's funny to answer you, because I'll answer you again like this: it's normal for us not to change when dealing with a trans patient versus a non-trans patient; for me, there's no difference" (RN15).

"[...] ease? I didn't quite understand what's so easy about caring for transgender people? No, it's an individual, it's not easy, it's an individual like any other individual, I don't know about ease, I know the difficulty of structure, of allocating this individual is due to an institutional organization, you understand? But not in direct care, no, I don't see any difficulty" (RN17).

Some participants reported having difficulties referring these people to other health services, due to the way they will be received in those places; others have difficulty adapting the wards, in addition to the difficulty of establishing bonds with patients who arrive at their units with a certain resistance and distrust of how they will be received.

"So, earlier I mentioned to you a difficulty, the difficulty in managing the bed, since the wards are still divided into female and male, the hospital structure has this division, male ward, female ward, so I believe that one of the biggest difficulties for trans people is how they see themselves, how they feel, and the environment they would like to be in. So, I believe that one of the greatest difficulties is overcoming an institutional rule, to provide patient-centered care, to respect what is often promoted, which is patient-centered care" (RN17).

Other participants, however, claim to have difficulties due to a lack of professional training, episodes of discrimination, prejudice, exposure of the patient, and lack of confidentiality and professional ethics, in addition to the difficulty these people face in accessing health services.

"The difficulty, I think, lies in knowing how to use the correct term when addressing this person. Even though they have a feminine appearance and we know they are a man, people still have this difficulty when addressing them. The ease lies more in referring them to the secondary support network" (RN7).

"Actually, we didn't have difficulties with care; I actually had difficulties sometimes with the professional aspect, with maintaining confidentiality, with maintaining ethical standards in the situation they were experiencing. Let's say, I was doing a

gynecological exam on a trans woman who had already undergone surgery, and keeping it to that person, the difficulty I had was in the relationship, in the person maintaining ethics and not spreading what they were seeing, you know?" (RN18).

"Regarding the individual, dealing with the team in this situation is more complicated because some people don't accept it, due to their own beliefs, and then you see certain things happening that are very uncomfortable. You notice the difference in care, but not in relation to the patient" (RN22).

Few reports having easy access to care; those who do report some ease of access highlight the opportunity to work with a multidisciplinary and interdisciplinary team and the ease of referral to other networks through the health system.

"[...] the ease I have, it's not even in nursing care, the ease I have is in working with a multidisciplinary team, I think that helps a lot, a lot, because, you know, the person isn't just alive or dead, well or not, the person is a whole being, and then the multidisciplinary team, when we come together, we can, we can provide good care, we can at least meet the person's needs at that moment" (RN3).

"[...] the ease would be more about the support network we have for referrals; that's a more secondary issue" (RN8).

Violence suffered by transgender people in healthcare settings

When asked about the prejudices and discrimination suffered by the transgender population, most participants responded that these people suffer from homophobia (transphobia), disrespect for gender, judgment based on the association of sexual orientation with STIs, judgment by professionals and patients at the facility through discriminatory looks and comments, and embarrassment due to the lack of use of their chosen name.

"Firstly, the visual impact is striking; many people are struck by the appearance of a transgender person when they arrive. Secondly, what I mentioned about the social name, many people don't use their social name, which I think is very important. Thirdly, we still don't know how to deal with specific issues, such as, for example, even if I find it difficult to explain, let me see if I can speak correctly. A transgender woman, that is, she doesn't identify as a woman, she identifies as a man, but she gets pregnant, what do we do with this woman? How is prenatal care carried out for this woman? We don't discuss it, we don't do it, we don't see it" (RN6).

"Lack of acceptance: when you don't provide acceptance, it becomes difficult to even offer quality assistance, especially in this area" (RN10).

Some participants cited societal ignorance, cultural issues, and family upbringing as reasons for the discrimination experienced by transgender people.

"It's because people here don't understand what it is. For these people, regardless of whether the person is a trans woman, they think it's a homosexual person, so people don't know how to separate one thing from the other" (RN7).

"I think the main problem is a lack of understanding of what a trans person is; they get very confused. When it's a trans woman, they often confuse her with a transvestite and judge her based on that" (RN8).

There is a considerable deficit in nursing curricula regarding transsexuality; the lack of discussion and presentation on this topic is noticeable when professionals encounter a transgender person in need of their assistance[1]. Some participants highlighted the lack of professional training and updating, as well as the lack of qualifications regarding sociocultural issues.

"Look, firstly it would be professional disqualification, then the social representations of each person; everyone has their own experiences, their own religion, what they believe to be right or wrong, everyone has their own life experiences, right? And I think that ends up influencing, unfortunately, the service. Was it supposed to be like that? No, but it ends up happening. So, I think those are the causes" (RN3).

"First, definitely a lack of training, and second, a lack of discussion. I think this needs to be discussed, especially since we have professionals in the network who have been working for 30, 40 years and come from a culture of another generation, I don't know how to define x, y, z, w, h, whatever, but who didn't accept this type of public, and who, as healthcare workers, need to understand that we need to welcome and serve this public in the best way possible. So, training and, above all, discussion, you know? Discussion not in the sense of arguing, but of actually talking about the subject, of raising awareness, I think awareness is the best word" (RN6).

However, the vast majority inquired about strong influences from religion, family upbringing, culture, lack of knowledge, homophobia, and transphobia. There were also some who said they didn't know the answer to the question.

"The cause of this prejudice, I think, is still a culture of demystification. People still can't understand and accept it. Since the world began, and due to many taboos, people only end up seeing two genders: male and female. I still think it's something very retrograde, something still rooted in religion, in the constructions we had. So, demystification and deconstruction are things that people carry and perpetuate, right? If you don't seek to understand, you just reproduce them. So, for me, prejudice and demystification are necessary until you understand them [...]" (RN5).

"I believe it has a lot to do with our life history, our upbringing, and also, let's say, empathy with each person's characteristics. I believe that we, as people, especially those over 50, have had a different upbringing, a different outlook on life. Even being healthcare professionals, our training is much more closed, ingrained, tied to certain concepts. It's true that we, as human beings, were raised in a certain way, and that was something outside the norm for us, so we had a lot of difficulty; it depended a lot on each individual" (RN11).

"I think it's just ignorance and misinformation, and when we talk about ignorance, we mean ignorance about the topic itself. We live in an extremely sexist society, and we can't ignore that; it's cultural, yes. We can't sweep it under the rug and pretend it doesn't exist because it does. I think it's something very cultural and deeply rooted in our society. Yes, all of that, but it's through knowledge, it will be through this, and without forcing the issue, I think we have two dogmas; there's still the religious one, so these people also have difficulty accepting it because of these issues. We are basically a Catholic country that is now changing to evangelical, that is, it's not yet a liberal country that accepts these issues. So I think it's through knowledge, you understand? I think only through knowledge, this type of work, this research, and reflecting this to society" (RN15).

"I think that comes from a hypocritical society that tries to impose what is right and what is wrong; in reality, what is right

for me may be wrong for you and vice versa. I think that between right and wrong, in certain things, there is a very large abyss; I think the judgment, the prejudgment that you make based on that, is often very wrong" (RN28).

"It's prejudice itself, right? It's that thing of not accepting what the other person has chosen to be, but you don't have to accept it; the other person is who they are, and that's it. You have to accept who you are, what you've chosen, and not what the other person has chosen. So, I think it's kind of like that" (RN29).

The stigmas of the binary model erected and instituted socio-culturally still present complications in integrating the plural vision of gender, which can result in relationships composed of interpersonal violence, prejudice, and discrimination. Each citizen possesses their own ethical and moral concepts, according to principles, convictions, customs, and values acquired throughout life. When healthcare professionals base their work on principles and knowledge, allowing themselves to set aside their beliefs and customs, better healthcare is promoted because, consequently, judgments influenced by these values do not affect the ethics and care of their profession. Therefore, empathy, ethics, and humanization become essential in the relationship between nurses and transgender individuals[21].

Conclusion

The present research revealed difficulties among participants in understanding the definitions of terms guiding the research, possibly influencing their responses. Despite being a topic that is rarely addressed and still highly stigmatized, a difficulty in learning and absorbing the content, as well as a lack of interest on the part of the participants, was observed, perhaps due to ingrained moral concepts. Given these difficulties, it is proposed that nursing education institutions include this topic in their syllabi and subjects, as well as address public policies for sexual and gender minorities, seeking to better qualify future health professionals for adequate care for the LGBTQIA+ population.

Concurrently, it is proposed that health services, as well as their management and leadership, effectively implement continuing education for all professionals who make up the local team, so that they can promote welcoming and dignified care for transgender people and the entire LGBTQIA+ population. This is considering that there is content and materials available from public governmental institutions and academic research for the actions proposed here.

References

1. Rigolon M, Carlos DM, Oliveira WA, Silva MAI, Zucatti AP, Levatti GV. "A saúde não discute corpos trans": história oral de transexuais e travestis. Rev Bras Enferm. 2020;73(Suppl 6):e20190498. http://doi.org/10.1590/0034-7167-2019-0498
2. Rosa DF, Carvalho MVF, Pereira NR, Rocha KB, Araújo ACF, Boery EN. Assistência de enfermagem à população trans: gêneros na perspectiva da prática profissional. Rev Bras Enferm. 2019;72(Suppl 1):299-306. http://doi.org/10.1590/0034-7167-2018-0437
3. Silva JF, Costa GMC. Assistência à saúde de minorias sexuais e de gênero: revisão integrativa da literatura. Rev Bras Enferm. 2020;73(Suppl 6):e20190498. http://doi.org/10.1590/0034-7167-2019-0498
4. Ministério da Saúde (BR). Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais. Brasília: Ministério da Saúde; 2013.
5. Popadiuk GS, Oliveira DC, Signorelli MC. A Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais e Transgêneros (LGBT) e o acesso ao Processo Transexualizador no Sistema Único de Saúde (SUS): avanços e desafios. Ciênc Saúde Coletiva. 2017;22(5):1509-20. http://doi.org/10.1590/1413-81232017225.32782016
6. Rocon PC, Sodré F, Zamboni J, Rodrigues A, Roseiro MCF. O que esperam pessoas trans do Sistema Único de Saúde? Interface (Botucatu). 2018;22(64):43-53. http://doi.org/10.1590/1807-57622016.0712
7. Ministério da Saúde (BR), Conselho Nacional de Saúde. Carta dos Direitos dos Usuários da Saúde. 3ª ed. Brasília: Ministério da Saúde; 2011.
8. Presidência da República (BR). Decreto Nº 8.727, de 28 de abril de 2016. Dispõe sobre o uso do nome social e o reconhecimento da identidade de gênero de pessoas travestis e transexuais no âmbito da administração pública federal direta, autárquica e fundacional. Diário Oficial da União, Brasília (DF); 2016 Abr 29.
9. Almeida JSM, Martins ERC, Costa CMA, Matta TF, Santos Júnior EC, Duarte FH. Cuidar de pessoas transexuais na ótica dos residentes de Enfermagem. Rev Enferm UERJ. 2018;26:e32030. http://doi.org/10.12957/reuerj.2018.32030
10. Gerhardt TE, Silveira DT, organizadores. Métodos de pesquisa. Porto Alegre: Editora da UFRGS; 2009.
11. Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temat. 2014;22(44):203-20. http://doi.org/10.20396/tematicas.v22i44.10977
12. Oliveira DC. Análise de conteúdo temático-categorial: uma proposta de sistematização. Rev Enferm UERJ. 2008;16(4):569-76.
13. Cavaca-Morera JÁ, Padilha MI. A realidade transexual desde a perspectiva histórica e cisheteronormativa. Texto Contexto Enferm. 2015;24(4):1188-96. http://doi.org/10.1590/0104-0707201500000200014
14. Bento BA. O que é transexualidade? 2ª ed. São Paulo: Brasiliense; 2012.
15. Arán M, Murta D, Lionço T. Transexualidade e saúde pública no Brasil. Ciênc Saúde Coletiva. 2009;14(4):1141-9. http://doi.org/10.1590/S1413-81232009000400020
16. Martinho NJ, Santos VHM, Costa CMA, Matta TF, Santos Júnior EC, Duarte FH. Dificuldades enfrentadas no acesso à saúde por usuários LGBTQIA+. Saude Colet. 2020;10(52):993-1132. http://doi.org/10.36489/saudecoletiva.2020v10i52p993-1132
17. Matta TF, Santos Júnior EC, Costa CMA, Martinho NJ, Duarte FH. Saúde LGBTQIA+ e currículo de enfermagem: visão de futuras enfermeiras. Rev Enferm UERJ. 2017;25:e32030. http://doi.org/10.12957/reuerj.2017.32030
18. Costa CMA, Matta TF, Santos Júnior EC, Martinho NJ, Duarte FH. Saberes e práticas de alunos de enfermagem na atenção à saúde das minorias sexuais. Glob Acad Nurs. 2020;1(2):e104. http://doi.org/10.5935/2675-5602.20200044

19. Brasil. Constituição (1988). Constituição da República Federativa do Brasil. Brasília: Senado Federal; 1988.
20. Brasil. Lei nº 8.080, de 19 de setembro de 1990. Dispõe sobre as condições para a promoção, proteção e recuperação da saúde, a organização e o funcionamento dos serviços correspondentes e dá outras providências. Diário Oficial da União, Brasília (DF); 1990 Set 20.
21. Gomes FD, Teixeira ER, Santhier M, Santhier LM, Vale VF. Desafios éticos nas relações entre enfermeiros e transexuais na Atenção Primária de saúde. Res Soc Dev. 2021;10(1):e50100111650. http://doi.org/10.33448/rsd-v10i1.11650