

Knowledge and practices of nursing students in health care for sexual minorities*Conocimientos y prácticas de estudiantes de enfermería en el cuidado de la salud de minorías sexuales**Saberes e práticas de alunos de enfermagem na atenção à saúde das minorias sexuais***Abstract**

The National Policy for Comprehensive Health for lesbian, gay, bisexual, transvestite and transsexual (LGBT) people are aimed at training the care network, including academic training on issues related to technique and ethics. The general objective was to analyze the knowledge and practices of nursing students regarding the health care of sexual and specific minorities: to describe students' knowledge regarding the nomenclatures used in sexuality and to identify students' safety in the development of care practices for women. sexual minorities. Research with a quantitative and qualitative approach, with data collection technique, interview, and self-administered questionnaire. The participants were 29 students from a public university in Rio de Janeiro. The analysis of the qualitative data used was dialectical hermeneutics and the quantitative data, the simple and percentage frequency. Two categories were evidenced: "Knowledge of nursing students regarding care for LGBT people" - evidences a knowledge gap impacting care and "Practices of nursing students towards LGBT people" - point out insecurity in specific care. It is suggested the appreciation of the curricula of nursing courses so that this topic can be better addressed.

Descriptors: Sexual and Gender Minorities; Bioethics; Nursing; Teaching.

Resumén

La Política Nacional de Salud Integral para personas lesbianas, gays, bisexuales, travestis y transexuales (LGBT) tiene como objetivo la formación de la red de atención, incluyendo la formación académica en temas relacionados con la técnica y la ética. El objetivo general fue analizar los conocimientos y prácticas de los estudiantes de enfermería con respecto al cuidado de la salud de minorías sexuales y específicas: describir los conocimientos de los estudiantes sobre las nomenclaturas utilizadas en la sexualidad e identificar la seguridad de los estudiantes en el desarrollo de prácticas de cuidado de la mujer. minorías sexuales. Investigación con enfoque cuantitativo y cualitativo, con técnica de recolección de datos, entrevista y cuestionario autoadministrado. Los participantes fueron 29 estudiantes de una universidad pública de Río de Janeiro. El análisis de los datos cualitativos utilizados fue la hermenéutica dialéctica y los datos cuantitativos, la frecuencia simple y porcentual. Se evidenciaron dos categorías: "Conocimiento de los estudiantes de enfermería sobre el cuidado de personas LGBT" - evidencia una brecha de conocimiento que impacta el cuidado y "Prácticas de estudiantes de enfermería hacia personas LGBT" - señalan inseguridad en cuidados específicos. Se sugiere la valoración de los planes de estudio de los cursos de enfermería para que se pueda abordar mejor este tema.

Descriptores: Minorías Sexuales y de Género; Bioética; Enfermería; Enseñando.

Resumo

A Política Nacional de Saúde integral de pessoas lésbicas, gays, bissexuais, travestis e transexuais (LGBT), tem, por objetivo a capacitação da rede de atenção, incluindo a formação acadêmica das questões relacionadas a técnica e ética. O objetivo geral foi analisar, os saberes e práticas dos alunos de enfermagem no tocante a atenção de saúde das minorias sexuais e específicos: descrever o conhecimento dos alunos no tocante a nomenclaturas utilizadas em sexualidade e identificar a segurança dos alunos no desenvolvimento das práticas assistenciais das minorias sexuais. Pesquisa de abordagem quanti-qualitativa, sendo a técnica de coleta de dados, a entrevista e questionário auto preenchível. Os participantes foram 29 alunos de uma universidade pública do Rio de Janeiro. A análise dos dados qualitativos utilizada foi hermenéutica dialéctica e dos dados quantitativa, a frequência simples e percentual. Evidenciou-se duas categorias: "Saberes dos estudantes de enfermagem à atenção a pessoas LGBT" - evidencia uma lacuna de conhecimento impactando no atendimento e "Práticas dos Estudantes de enfermagem a pessoas LGBT" - apontam insegurança no cuidado específico. Sugere-se a apreciação dos currículos dos cursos de enfermagem para que essa temática possa ser melhor abordada.

Descriptores: Minorias Sexuais e de Género; Bioética; Enfermagem; Ensino.

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Introduction

This is an excerpt from a larger survey of graduation work, whose objective is to analyze, from the perspective of bioethics, the knowledge, and practices of nursing students regarding the health care of sexual minorities: lesbian people, gay, bisexual, transvestite and transgender (LGBT).

The relevance of this research lies in the possibility of deepening the maxim that the social determination of the health-disease process includes social exclusion resulting from unemployment, the lack of access to housing and decent food, as well as the difficulty of access to education, health, leisure, and culture, since they directly affect the quality of life and health. It also requires the understanding that all forms of discrimination, as in the case of homophobia / LGBTphobia, which include lesbophobia, gayphobia, biphobia, transvestiphobia and transphobia, must be considered in the social determination of suffering and illness¹.

The National LGBT Health Policy, instituted in the Unified Health System (SUS) in 2011, aims to guarantee the principles of SUS, especially equity, integrality, and universality, to a population that lives daily with the prejudice of society. The policy recognizes that all forms of discrimination must be considered as social determinants of suffering and illness².

The policy considers the recommendations originated from the 13th National Health Conference of 2007, among which the following stand out: "The development of intersectoral actions of education in human rights and respect for diversity, carrying out campaigns and school curricula that address social rights"; "The awareness of professionals about LGBT rights, including the theme of free sexual expression in the permanent education policy in SUS"³.

The general objective of the health policy of the LGBT population: to promote LGBT health in an integral way, eliminating discrimination and prejudice, reducing inequalities and consolidating SUS as universal, integrative and equitable. 24 specific objectives were outlined, of which some stand out for this work: "qualify the SUS service network for comprehensive care and health care for the LGBT population"; "Act to eliminate prejudice and discrimination against the LGBT population in health services"; "Guarantee the use of the social name of transvestites and transsexuals, in accordance with the Charter of Rights of Health Users"; "Promote respect for the LGBT population in all SUS services"; "Include the theme of confronting discrimination against gender, sexual orientation, race, color and territory in the permanent education processes of managers, health workers and members of the Health Councils"².

The intention to eliminate prejudice and discrimination within health services, will provide an improvement in the adherence of this population to health services, considering that the low use of these services is due, in large part, to the fear of these people being disrespected again. Consequently, the lower use of these

For the principle of equality of our Brazilian health system to become effective, it is urgent to include themes related to sexuality in the curricula, providing the learning and training of future professionals, as well as the training and continuing education of health professionals, whether they are at any level of attention⁵. Therefore, the participation of the university in the formation of future qualified professionals to serve these people is notorious.

In March 2017, the University Pact for Human Rights Education was launched by the Ministry of Education, with the aim of promoting initiatives to respect diversity and to tackle prejudice, discrimination and violence in the university environment, through the development of teaching, research and extension activities and the protection and promotion of human rights in higher education institutions. Among the associated institutions, there is the State University of Rio de Janeiro. This agreement only reinforces the need to incorporate this knowledge into the curriculum⁶.

In view of the above, to achieve the general objective, the following specific objectives were outlined: to describe the students' knowledge regarding the nomenclatures used when we talk about sexuality and to identify the students' safety in the development of care practices in meeting the demands and needs of sexual minorities.

Methodology

This is a quantitative and qualitative research. Qualitative is pertinent to the social sciences where everything that cannot be quantified is discussed, working on the interpretation of beliefs, values, and attitudes of the human being. Quantitative makes it possible to represent the target population in an objective way, through the analysis of raw data obtained through standardized and neutral instruments. Conceptions, habits, and attitudes of individuals can be measured in a space, through the presentation of statistics^{7,8}.

The data collection technique used was the interview guided by a semi-structured script and a self-administered questionnaire for the collection of sociodemographic data. Data were collected from August to December 2017.

The study scenario was the Faculty of Nursing of the University of the State of Rio de Janeiro (UERJ), and the interviews were conducted at the students' available times. The initial sample consisted of 30 students. Inclusion criteria were considered for this stage to be regularly enrolled and attending the eighth period; and as an exclusion criterion, having obtained discipline allowance in previous periods. 29 interviews were obtained, as 1 student was excluded. We chose to number the interviews sequentially, preserving the anonymity of the interviewees.

Approval was obtained on June 28, 2017 under No. 2,144,858, CAAE 70107417.1.0000.5282. Participants, when invited to respond to the research, were presented with the



Free and Informed Consent Term (ICF), and after being completely elucidated about this research, they were required to sign it for effective participation.

The analysis of qualitative data was carried out according to dialectical hermeneutical principles, through the following steps: reading and rereading of textual data; classification of the reports and cut and paste of the text according to the identified themes, creating categories; identification of the meanings attributed by the subjects to the questions raised; comparative dialogue with the literature; final interpretation with historical, social, and spatial context⁷.

For the quantitative analysis, simple and percentage frequencies were used to make tables and charts.

After analysis, two categories were identified, called "Knowledge of nursing students to care for LGBT people" and "Practices of nursing students to LGBT people", which elucidate the interviewees' knowledge about the LGBT population.

Results and Discussion

As for the study participants, the 29 (100%) interviewees were all female, where 28 (96.6%) identified themselves as female and 1 (3.4%) as male. As for sexual orientation, the 29 interviewees (100%) declared to be heterosexual.

The age of the participants ranged from 21 (6.9%) to 45 (3.4%) years, with an average of 24 years and fashion 24 years.

When declaring about their religion, it was manifested in the following proportion: Evangelical 11 (40%), Seventh-day Adventist 2 (7%), Jehovah's Witness 1 (3%), Catholic 6 (20%), Kardecist 3 (14%), Umbanda 1 (3%), without religion 3 (10%) and 1 (3%) person refused to answer. It is worth noting that 1 (3%) person responded to having two religions, Evangelical and Kardecist, thus being accounted for separately.

When asked about their race / color, 14 (48.3%) of the participants declared themselves to be white, followed by 10 (34.5%) brown and 5 (17.2%) black.

Knowledge of nursing students on care for LGBT people

About the interviewees' understanding of the meaning of the acronym LGBT, it was identified that among the students, 20 (69%) knew the meaning of the acronym and 9 (31%) did not know how to describe the acronym in its entirety, or any specific letter or, still, they did not remember. Some still refer to the term "sympathizer", from the old acronym GLS, gays, lesbians, and sympathizers, which designated heterosexual people who were sympathetic to the guidelines of sexual minorities:

"So, for me, they are all the same. So I don't stick to those details. But I would like to know what LGBT means" (E. 16).

Although the majority knows the relationship between the letter and its reference to a group of human people, the lack of knowledge on the part of the students can negatively impact on meeting the individual and specific needs of each group contemplated there, since it evidences, preliminarily, a gap of knowledge. This lack of knowledge can be reflected in the professional lives of these graduates and perpetrate the current reality of lack of assistance and evasion of the LGBT population from health services^{1,9,10}.

As for the terms used when discussing sexuality, it was decided to assess the knowledge of two terms, namely: sexual orientation and gender identity.

Regarding to sexual orientation it is highlighted that the students' perception touched almost entirely on the issue of purely sexual desire and / or affectivity, being correctly defined by 19 (65.5%) interviewees while 10 (34.5%) failed to define, the most common mistake being confusion with gender identity:

"Sexual orientation is when the person perceives either male or female" (E. 26).

"The sexual desire that the person has" (E. 29).

As for gender identity, the way in which an individual identifies himself as a man or woman, or something among or in addition to these, 20 (69%) of the interviewees managed to correctly define the expression. It is noteworthy that during the interviews, some participants recognized the confusion between the definition of terms:

"I think I mixed gender identity and orientation. Orientation is what I desire. Like sexual orientation, I have a desire for the female sex. And gender identity would be by the gender I refer to. I mean female gender identity" (E. 13).

"Not necessarily who I am because I can be born a woman, but I can choose to be a man. In the case sexual orientation would be what I choose" (E. 5).

Another interviewee used the term cis, a word from the Latin meaning "next to" or "on the same side of". The term cisgender is used to designate a person whose gender identity is in line with the genital, that is, "on the same side" of the genital^{11,12}.

"It's how you see yourself. Like, I'm a woman, I see myself as a woman. My gender identity is that I'm a cis woman" (E. 18).

The knowledge of what sexual orientation and gender identity is necessary when we understand that it is two of the three parts of human sexuality, the third being

biological sex. The relevance of knowledge of such definitions lies in the possibility of understanding that these parts, despite being linked together, are not conditioned to each other. As they are not conditioned, the plurality of possible and relevant subjectivities for health becomes greater, which reinforces the need for qualified and individualized care, aimed at fair and equal care for all people regardless of any social marker¹³. As for the social name, 25 (86.2%) knew how to say what it was and / or what it was for. Only 3 (10.3%) participants were unaware of the subject.

"It has her name registered, but the social name is the name she would like to be called" (E. 1).

"It would be the name that we register when our parents give it to us at the moment of birth and go to the registry and put that particular name" (E. 16).

Given the findings, we can infer that there is a knowledge gap that will directly impact the care of LGBT people, considering that these graduates will be the future professionals who will serve this population. This is achieved in the study with nursing residents, where it evidenced the gap in the training of professional nurses, about the specificities of nursing care and public policies related to the theme of transsexuality¹⁴.

In a study that deals with the topic of care provided by health professionals to lesbian women, it evidenced "the professionals' omission in face of the health demands presented by these women", emphasizing that they justify "the existence of innumerable gaps in their knowledge about these women, their ways of living, singularities and vulnerabilities"^{15:6}. The aforementioned authors show the reality of professional disqualification and that will be perpetuated if this theme is not incorporated into the university, which will perpetuate neglect and lack of assistance, sources of violence against LGBT people, materialization of prejudice and restriction of the autonomy of the human person. The autonomy of the individual is emphasized here, both as one of the constructs of integrality and as a bioethical principle, translated as the power of self-determination and whose freedom is its most fundamental form¹⁶.

Prejudiced acts that materialize in discrimination and violence, in their various forms, deny the right of people to self-determine and, in this sense, to be free and exercise their citizenship. As stated in the study, citizenship consists, above all, in the sharing of freedoms"^{17:31}. In this sense, the poorly qualified professional generates restriction of rights, including the denial of the LGBT population to be citizens, with rights common to all.

Nursing Student Practices to LGBT People

Despite almost all the knowledge regarding the social name, the study participants were very insecure when asked about self-perception to care for the LGBT population as future professional nurses, 19 (65.5%) of the interviewees

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"[...] I get scared, to speak, to approach something, somehow wrong and not seem. Even if it's not my intention" (E. 8).

"Especially because they must have their specificities in care [...]. Because we will find this daily" (E. 11).

"And that due to the lack of guidance, we end up causing a disorder, removing the person from the service because he does not feel safe" (E. 18).

In the justifications for the unpreparedness for care, doubts are pointed out on how to establish the first contact, how to deal with this person so as not to offend him and the lack of knowledge of his specificities.

"I don't feel safe because I don't want to cause any kind of embarrassment to that person. And I think that my performance has to be remembered with excellence" (E. 21).

"I think I lack knowledge to be able to attend. [...] How am I going to serve a population that I don't know what their particularities are?" (E. 28).

It is worth mentioning that the students, in their speeches, mentioned a deficit of this knowledge in the curriculum to justify their own insecurity in the attention to this part of the population:

"We did not have this theoretical and practical basis and nothing about it" (E. 8).

"So, I think that if we had a preparation in graduation, I think that we would deal better with this audience when it arrived at the opportune moment to serve them" (E. 14).

Respondents who feel safe in caring for the LGBT population are based on respect for the human person and in general. In this sense, equality was emphasized at the expense of equity, which can cause some injustice in the treatment.

"Oh, I do. Because for me, like this, the LGBT person, who fits one of these terms, is a person like any other. I will never refer a patient to him in relation to his sexual orientation. Because I have nothing to do with it" (E. 19).

"I think I would treat them like any other patient. I think there is no mystery in treating a human being as a human being" (E. 23).

When a parallel is made that treating the users of the health system equally, without considering their specificities, is offering quality care, we violate the basic principles of integrality and justice.

Comprehensiveness is based on meeting demands and needs for the person who will be served, which means



Costa CMA, Matta TF, Santos Junior EC, Araujo LM, Martins ERC, Spindola T [...] *the largest professional group in health services, with more direct contact time in assisting clients and the first contact normally at the entrance to the health system - the family health unit. Therefore, knowing this theme, being qualified and able to serve this population ethically is of paramount importance to transform current care.*

the necessary knowledge of the individual particularities and the population group that is being served, so that this service can be qualified.

Justice provides for equal treatment, but in its broad sense, with respect to human dignity and providing the right to health of the population¹⁸. In its stricto sense, the specifics may not be needs or recognized by the person seeking care, which results in superficial and unskilled care. In short, disqualified.

A just society must provide basic functions for all people, which includes being healthy (emphasis added), recognized as access to different levels of health care, to meet their demands, such as hormonal treatment, body modification, but also other health needs. This access must be based on respect for differences, without discrimination of any kind, and must comply with the principles of universality, equity and integrality⁹.

Practical experience also favors learning. Thus, when students are in the practical fields, they observe and learn from the attitude of teachers and health professionals.

Participants were also questioned as to whether the performance of professional nurses is appropriate or not with the LGBT population, and 21 (72.45%) students reported perceiving an inadequate way of dealing with nurses in care with the LGBT population. The students' speeches make their criticisms noticeably clear regarding this performance being disrespectful, pointing out the unpreparedness and neglect in the health care of these people.

"We see that they are not prepared. That they have no idea how to treat these people" (E. 6).

"They have the wrong attitude. Few people can look at others just because they are human. Do not consider those various other things that are around him. The clothes he wears, if he has pink hair or if he has his nails painted" (E. 16).

The participants also pointed out issues of non-care by nursing professionals, including the relationship of prejudice experienced by sexual minorities in health establishments with the lower use of these services by this population, corroborating the findings in the literature on the subject^{4,19}.

"You see that, even when they end up seeing a transsexual patient, most people still approach him by the name of the birth certificate" (E. 18).

"They used to say: 'the shemale there ', they treated him like this" (E. 1).

"[...] is treated as a joke. [...] Because it is not a joke, it is a person seeking care" (E. 10).

"You hear from a professional that a lesbian woman doesn't have to do preventive actions, it's sad and angry at the same time" (E. 29).

As authors point out^{20:16}, nursing is:

It is emphasized that the modification of this institutional prejudice will only be effective when an institutional culture based on values of respect for diversity is built and, moreover, a more effective attitude of health service managers, who must "provide spaces that instigate critical self-assessment and reflection of the professional, increasing their awareness of their own prejudices and discrimination processes of which they are active and complicit subjects"^{21:12}.

Bioethics has as its object of reflection and evaluation, the care with the social conditions of human life, which is related to issues related to the effectiveness of public policies, since they are, or should be responsible for offering these conditions¹⁷. Within these social conditions of life, there is health, a concrete instrument of citizenship, since it allows the reach of other goods, and providing the opportunity to build a better future. The absolute non-relationship between health and citizenship results in the generation of unfair actions, whether individual and / or collective.

Conclusion

It appears that the undergraduate students' knowledge about health care for LGBT people in this study is still insipient to qualify nursing care, needing to be further developed so that LGBT health policy can be fully met. It is suggested the appreciation of the curricula of nursing courses so that this topic can be better addressed, and, with this, students feel more secure in their approach to these people, social prejudice and SUS decrease and, consequently, increase the adherence of these people to health services, thus aiming at the real universality of SUS.

The finding that students value the principle of equality is positive. However, it is emphasized that egalitarian attitudes can cause morally unjust actions. In this sense, the affirmation of egalitarian treatment can camouflage disinformation in the care of the LGBT population and, consequently, cause damage and health problems to this group of sexual minorities. It is necessary to have a greater theoretical and practical framework so that students do not need, in their practice, to disregard some principle of SUS in detriment of another because they simply do not know how to deal.

The technical scientific value associated with the ethical value must be considered in the training of undergraduate students, so that the principle of justice - equality - can be implemented in the Brazilian health system, providing the realization of basic human rights, thought of in their universality.

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