

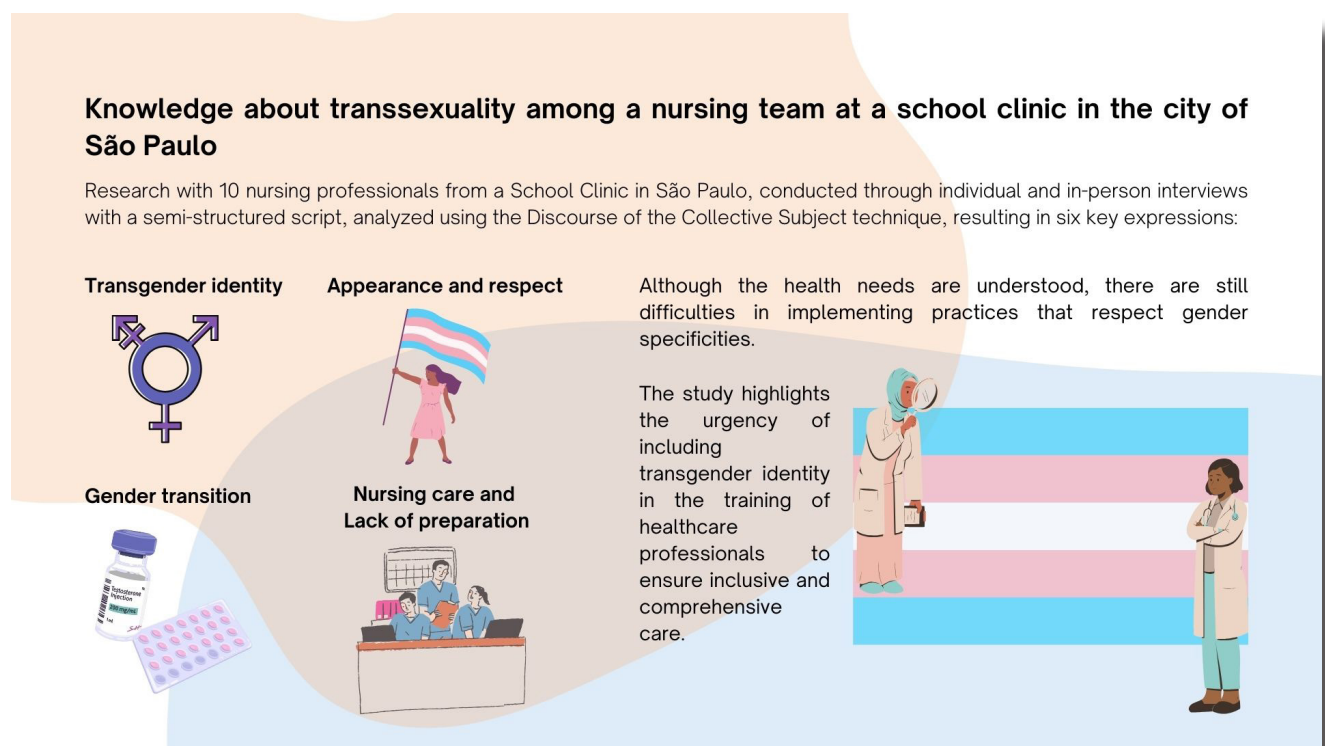
Knowledge about transsexuality among a nursing team in a teaching clinic in the city of São Paulo

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Graphical Abstract




Abstract

This article aims to identify the knowledge of the nursing team in a Teaching Clinic regarding the trans population. It is a qualitative and descriptive study conducted with 10 nursing professionals from this Teaching Clinic located in the city of São Paulo. Data were collected in June 2023 through in-person interviews, consisting of both closed and open-ended questions, which were transcribed and analyzed using the Collective Subject Discourse technique. The empirical material was analyzed and grouped into six key expressions: Transgender Identity; Transition; Appearance and Respect; Nursing Care; Lack of Preparation. It was identified that, although there is an understanding of the health needs of this population, difficulties persist in implementing care practices that respect gender-specific needs. The study highlights the importance of integrating the topic of transsexuality into training curricula and continuing education spaces to ensure more inclusive and equitable healthcare services.

Keywords: Transgender People. Nursing Care. Continuing Education. Support.

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INTRODUCTION

Gender studies highlight that the entire political, economic, and social framework of society reproduces traditional and binary gender norms, disregarding the multiple ways of being a man or a woman in contemporary society¹. Observing individuals outside the binary exposes conflicts and contradictions that deny rights to various groups, including Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, and Pansexual (LGBTQIAP+) people². This article focuses on reflecting on healthcare assistance for transgender individuals, based on the care provided to this community in a Teaching Clinic located in the city of São Paulo. It is important to note that the term 'trans people' refers to travestis, transsexual, and transgender individuals³.

The incongruity between name, gender identity, and aesthetics, combined with other social markers of difference, causes suffering due to acts of prejudice and discrimination perpetrated by individuals, including in places responsible for ensuring rights and care, such as healthcare services⁴.

In Brazil, the early 2000s were marked by significant mobilization of social movements advocating for the State to guarantee rights, as outlined in the 1988 Constitution. In 2012, the National Policy for

Comprehensive Health of Lesbians, Gays, Bisexuals, Travestis, and Transsexuals (PNSI-LGBT)³ was established, along with the SUS Transsexualization Process, which was originally created in 2008 and later redefined and expanded in 2013⁵.

Despite the right to healthcare established by the SUS, the literature highlights significant barriers that hinder trans people's access to these rights due to discrimination by healthcare professionals. Some examples of discrimination include the disregard for the use of social names, mockery, and humiliations perceived by trans users, as well as by other users who attend these services⁶.

In the healthcare field, nursing is a profession fundamentally based on care. According to SUS guidelines, this care involves understanding users' daily lives and developing care plans in partnership with them. Therefore, incorporating trans people and the barriers they face in accessing healthcare into the training of healthcare professionals contributes to a better understanding of the needs of the LGBTQIAP+ community⁷. Thus, this article aims to identify the knowledge of the nursing team in a Teaching Clinic regarding the trans population and healthcare.

METHOD

This study is the result of a scientific initiation project conducted by two undergraduate Nursing students in 2023. It was based on in-person interviews with Nursing professionals working in a Teaching Clinic (Clínica Escola - PROMOVE) at Centro Universitário São Camilo, in São Paulo. Professionals from other categories were excluded. The interviews took place on June 6 and 7, 2023, conducted by the undergraduate students after receiving training from their advisor.

This is a qualitative and descriptive study structured using the Collective Subject Discourse (CSD) technique⁸, developed by Ana Maria Lefèvre and Fernando Lefèvre. This technique allows for the reconstruction of social representations while preserving both individual and collective dimensions. The method synthesizes collective thought through a summary discourse, which is formulated by grouping excerpts of statements with similar meanings. Data analysis involved organizing and tabulating qualitative data extracted from the interviews. The Collective Subject Discourse presents results based on testimonials, expressing collective thought. Each

individual response contained key expressions, which represent the central ideas, and the synthesis of these key expressions resulted in the collective discourse⁹.

The study was presented to all nursing professionals through a general briefing for the workers at PROMOVE. Participation was voluntary, with individuals joining the study based on their interest and willingness to collaborate. The exclusion criteria included professionals who were not part of the nursing team in the service. In total, 10 nursing professionals participated, with no refusals.

The interviews were conducted in private consultation rooms at PROMOVE, ensuring each participant's privacy so that their statements could not be overheard by others. Before each interview, an explanation of the process was provided. The interview script, developed by the researchers, included closed-ended questions and 13 open-ended questions, addressing identification data, education background, length of service in the clinic, as well as topics related to transgender identity and the challenges in providing care to trans individuals. Each

interview lasted an average of 10 minutes, and none required repetition.

The interviews were recorded and transcribed by the researchers themselves, without returning the transcribed material to participants for validation or modification. Each participant was identified by a color. From the analysis of the empirical material, Key Expressions (KEs) were identified, capturing the essence of the statements. Based on these expressions, the researchers constructed the collective discourse, which was then discussed in light of the current scientific literature on the subject⁸. No soft-

ware was used for data analysis.

In accordance with Resolution No. 466/2012 of the National Health Council, which regulates studies involving human subjects, participants voluntarily agreed to take part in the study. The research was approved by the Research Ethics Committee of Centro Universitário São Camilo, under approval number 6.065.901. The ethical principles of voluntary participation were upheld in compliance with Resolution No. 196/96 of the Ministry of Health, with participants signing the Informed Consent Form (ICF), ensuring their right to withdraw from the study at any time.

RESULTS

All 10 nursing professionals working at PROMOVE were interviewed, all of whom were female. It is important to highlight that nursing assistants had a secondary-level

education, nurses had a higher education degree, and interns were undergraduate students in the final semester of the nursing program.

Table 1 - Characterization of the research participants. São Paulo, 2023.

Position	10	100%
Nursing assistant	2	20%
Nurse	6	60%
Nursing student intern	2	20%
Age	n.	%
From 20 to 30	7	70%
From 31 to 40	3	30%
Length of service in the teaching clinic	n.	%
Under 1 year	3	30%
From 1 to 5 years	5	50%
Over 5 years	2	20%

The participants are young, and most have been at the institution for over a year, reporting experiences in providing care to trans individuals in the service. Regarding their

knowledge of the right to use a social name and the existence of the Transsexualization Process within the SUS, all participants demonstrated awareness of these rights.

Chart 1 - Key Expressions and the Collective Subject Discourse. São Paulo, 2023.

Key Expression	Collective Subject Discourse
Transgender Identity	<i>Transgender is when someone is born with one sex but does not identify with it. So, for example, they were born male but identify as female. I believe it is a person who does not identify with their biological sex. That is, trans is someone who does not identify with the sex they were born in. It is an individual who does not identify with their genitals and feels they do not match what they were born with.</i>

to be continued...

Key Expression	Collective Subject Discourse
Appearance and Respect	<p><i>During care, we have to respect their individuality. I think that, actually, the first difficulty in providing care would be the fear of either offending or not offending the person by using the pronoun they feel most comfortable with. However, I think that just going straight to saying: "Hi, what pronoun do you want me to use for you?" might not be appropriate, because if the person isn't part of that community, they might feel offended, and if they are and you don't... uh... don't handle it the way they... you know... expect, they might also feel offended. I think that if they have already fully transitioned—whether it's their name, their appearance, and everything else—it would be easier for me to address them properly. But if I know it's a trans woman, for example, but she hasn't fully transitioned yet, maybe I would have some difficulty, based on appearance, when referring to her as "he"—you know, that hesitation because of how they look.</i></p>
Transition	<p><i>A trans individual goes through a transformation, a transition to the gender they identify with. For example, they go through the process to become a woman. It's when a person changes the sex they were born with. It's someone who is born with a defined sex and transitions to the opposite sex, whether male or female, and then goes through a phase of transformation to the gender they identify with. They choose to go through the gender transformation process, whether surgical, hormonal, or anything else, basically changing their gender.</i></p>
Nursing Care	<p><i>When conducting care, we start thinking—what should we request? Let's say, for example, someone was born female and transitioned to male. Do I request women's health exams, men's health exams, or just general exams? So, what kind of support can I provide to ensure they feel fully welcomed and well-guided? What I feel is really impacted, from reading a bit and interacting with trans people, is mental health. Many of these individuals face marginalization, which makes it very difficult for them to find a job, and as a result, health always ends up being the last priority. So, it's really hard to convince someone who is struggling in so many ways that taking care of their health is important. I think it would be very challenging for me to care for a trans person and conduct the consultation in a way that helps them understand and give proper importance to their health. Because, sometimes, I feel like many people don't really have the choice to prioritize their health—they have to take care of other things first, like not going hungry, having a place to live, finding a job. So, I imagine that seeking healthcare, attending an appointment, must be difficult in that sense. And beyond that, there's all the prejudice involved, which I wouldn't even know how to address in a way that's truly effective for them. Because healthcare professionals might also feel, or fear feeling, like they're invading the other person's privacy. If the patient doesn't want to discuss certain things, it might create an awkward situation. I think that's the hardest part. It also really depends on what concerns they bring in—whether it's about medication, suffering, general care. It all depends on what they need. Honestly, I don't have a clear idea of what specific demands they might bring, you know?</i></p>
Lack of Preparation	<p><i>We weren't really prepared for this during our undergraduate studies, and we also weren't offered any courses on it afterward. So, I feel like I'm kind of outdated in this regard. There's a gap in education—I don't think this is covered in undergraduate programs, and I doubt it's even discussed in postgraduate courses. It's barely mentioned. I wasn't trained to handle this in a healthcare setting. We don't get this training in college, nor in the workplaces where we end up, especially because we don't have a large trans patient population. Institutions don't seem too concerned about preparing professionals for this, mainly because they aren't inclusive in this regard. And most institutions are like that, in general... Maybe I also lack knowledge when it comes to hormones. I don't really know how the changes work, how the transition process goes, what's considered normal or not in test results. So, I'd probably struggle a lot with that because I simply don't have the knowledge. There's also the fear of saying the wrong word, using an incorrect term, or mischaracterizing something just due to a lack of familiarity with the terminology. Since I've never received this training and have never had trans patients before, it all feels unclear to me. In short, it's a lack of knowledge. I think it's necessary to have specific guidance and specialized care tailored to the health of this population—just like we have for men's health, women's health, and child health. If I had knowledge of the protocol and everything, even just to better guide my approach, it would be different. I'd know how to address it in a better way, even to better understand their challenges.</i></p>

DISCUSSION

From the key expression “*Transgender Identity*”, an attempt to demonstrate an understanding of what it means to be a trans person can be observed. However, this understanding is constructed within a binary gender perspective¹. Since 1990, with Butler’s reflections, there has been an invitation to consider transsexuality as a “challenge” to the fragility of the binary system and to recognize the complexity of experiencing the body in society.

The caution that healthcare professionals demonstrate when addressing this topic reveals both a concern and a difficulty in dealing with what falls outside the socially absorbed and rarely questioned normative standard¹⁰. This care in speech can be understood as an invitation to reflect on the complexity of trans bodies, which are not necessarily defined by the binary system. This issue is particularly evident in the key expression “*Appear-*

ance and Respect”.

When the social name is used and aligns with a body that performs one of the binary gender poles, professionals report having an easier time providing care to trans individuals. This is because masculine and feminine continue to be the parameters that define both biological bodies and culturally gendered bodies^{5,11}. Adjusting the body to this dualistic form functions as a tool for social control and identification¹².

Another key expression that emerges in the discourse is “*Transition*”, a term used to define a person’s adaptation or adjustment to the social markers corresponding to the gender with which they identify. The Transsexualization Process is understood by professionals as a set of changes that can occur in different spheres: social (use of pronouns), biophysical (surgeries and hormone therapy), or legal (social name). These changes allow individuals to move away from marginalization and become visible and respected as citizens¹³. Regarding transition, there is a notable lack of guiding documents for clinical care. Although there is a specific national policy, challenges persist in supporting and assisting trans people as social subjects, whose health needs arise from their experience in society and go beyond purely biological aspects. This document outlines ways to align healthcare services with the National Humanization Policy, promoting Support and care planning in partnership with trans individuals, ensuring assistance that is tailored to their specific needs. Nursing guidelines, as a form of technical knowledge, require an understanding

of culture and the recognition of the individuality, subjectivity, and worldview of the person receiving care⁶. This approach seeks to avoid the medicalization of bodies, which, under the current social structure, remain largely unrecognized and under-cared for.

In the key expression “*Nursing Care*”, participants mention that healthcare is not a priority for trans people, who face difficulties related to employment, constant prejudice, and consequently, mental distress a fact corroborated by the literature¹³. In a systematic review, Pinna *et al.* point out that trans individuals have a higher prevalence of mental disorders¹⁴.

The key expression “*Lack of Preparation*” highlights the insufficient training received since professional education, pointing to the absence of this topic in nursing programs. This gap is reinforced by studies conducted in universities, which indicate deficiencies in the approach to transsexuality, leading to stereotyped and sometimes prejudiced perspectives in the care provided to this community^{2,15,16}. Beyond academic education, it is essential to establish continuing education as a space for healthcare professionals to discuss existing public policies and strategies to ensure their implementation, particularly in the care of the LGBT population, including trans individuals¹⁷. A possible approach to promoting continuing education is to adopt Support that fosters open dialogue, values what trans people have to say, shares knowledge and experiences about health, and builds care practices that take their worldviews into account^{18,19,20}.

CONCLUSION

The study achieved its proposed objective by identifying that the existing knowledge is based on a binary gender structure. Providing healthcare for the trans population requires overcoming this binary perspective, which proved to be a challenge for the professionals who participated in the research. This issue is not exclusive to nursing, but it highlights the need for teaching strategies and continuing education that address care practices through a gender perspective, moving beyond imposed and rarely questioned social norms. When analyzing the care environment within a health education institution, it

becomes clear that professionals acknowledge the topic and recognize the health needs of the trans population related to their social experiences. However, there seems to be little legitimization of care practices that consider or validate the demands brought by trans individuals, in alignment with the National LGBT Health Policy and the National Humanization Policy. We emphasize the importance of including the topic of transsexuality in academic curricula and in continuing education spaces within healthcare institutions, ensuring comprehensive and equitable care for the entire population.

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Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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