Professional Training and the Impact on Health Care From the Perspective of the Lgbtqiapn+ Population

Profissional e o Impacto no Cuidado em Saúde na Perspectiva da População Lgbtqiapn+

Formación Profesional y Su Impacto en el Cuidado de la Salud Desde la Perspectiva Lgbtqiapn+

RESUMO

Objetivo: Descrever a percepção da população LGBTQIAPN+ sobre o cuidado em saúde no SUS. **Metodologia:** Estudo quantitativo, descritivo e prospectivo, realizado a partir de entrevistas, com perguntas sobre cuidado discriminatório e percepção de mudanças permitidas nos sistemas de saúde para cuidado inclusivo, no período de janeiro de 2023 a dezembro de 2024, com pessoas LGBTQIAPN+. **Resultados:** A maior parte da população LGBTQIAPN+ refere ser mal atendida na rede de saúde e não receber os cuidados necessários. Narrativas de discriminação e violência são frequentes. **Conclusão:** Existem falhas no cuidado pelos profissionais de saúde e na capacitação, que indica a necessidade de implementação de programas mais eficazes de capacitação em saúde no SUS.

DESCRITORES: Diversidade de Gênero; Educação Continuada; Minorias Sexuais e de Gênero; Saúde.

ABSTRACT

Objective: To describe the perception of the LGBTQIAPN+ population about health care in the SUS. **Methodology:** Quantitative, descriptive and prospective study, conducted based on interviews, with questions about discriminatory care and perception of changes allowed in health systems for inclusive care, from January 2023 to December 2024, with LGBTQIAPN+ people. **Results:** Most of the LGBTQIAPN+ population reports being poorly served in the health network and not receiving the necessary care. Narratives of discrimination and violence are frequent. **Conclusion:** There are gaps in care by health professionals and in training, which indicates the need to implement more effective health training programs in the SUS.

DESCRIPTORS: Gender Diversity; Continuing Education; Sexual and Gender Minorities; Health.

RESUMEN

Objetivo: Describir la percepción de la población LGBTQIAPN+ sobre la atención en salud en el SUS. **Metodología:** Estudio cuantitativo, descriptivo y prospectivo, realizado a partir de entrevistas, con preguntas sobre cuidado discriminatorio y percepción de los cambios permitidos en los sistemas de salud para una atención inclusiva, entre enero de 2023 y diciembre de 2024, con personas LGBTQIAPN+. **Resultados:** La mayor parte de la población LGBTQIAPN+ menciona ser mal atendida en la red de salud y no recibir los cuidados necesarios. Las narrativas de discriminación y violencia son frecuentes. **Conclusión:** Existen fallas en la atención por parte de los profesionales de salud y en la capacitación, lo que indica la necesidad de implementar programas más eficaces de capacitación en salud en el SUS.

DESCRIPTORES: Diversidad de Género; Educación Continua; Minorías Sexuales y de Género; Salud.

RECEIVED: 01/26/2025 **APPROVED:** 02/07/2025

How to cite this article: Janini JP, Santos AA, Lemos A, Souza VM, Brunoni JS, Ahmad AF. Professional Training and the Impact on Health Care From the Perspective of the Lgbtqiapn+ Population. Saúde Coletiva (Edição Brasileira) [Internet]. 2025 [acesso ano mês dia];15(93):14634-14637. Disponível em: DOI: 10.36489/saudecoletiva.2025v15i93p14634-14637

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i93p14634-14637

Janaina Pinto Janini
Doctor in Nursing, Professor of the Nursing Course at the IBMR University Center.
ORCID: https://orcid.org/0000-0003-2781-7427

Alan de Assis Santos
Pós Graduado em Saúde Pública, Discente do Curso de Enfermagem do Centro Universitário IBMR.
ORCID: https://orcid.org/0009-0009-0716-7317

Adriana Lemos
Doutora em Saúde Pública, Docente do Curso de Enfermagem da UNIRIO.
ORCID: https://orcid.org/0000-0001- 9705-6200

Viviane de Melo Souza
Mestra em Enfermagem, Docente do Curso de Enfermagem do Centro Universitário IBMR.
ORCID: https://orcid.org/0000-0001-7823-7356

Jessica Silva Brunoni
Mestra em Enfermagem, Docente do Curso de Enfermagem do Centro Universitário IBMR.
ORCID: https://orcid.org/0000-0002-6581-2179

Andrea Felizardo Ahmad
Mestra em Enfermagem, Discente do Doutorado em Saúde Pública da UNIRIO.
ORCID: https://orcid.org/0000-0002-1269-3612

INTRODUCTION

The concept of human diversity encompasses a wide range of personalities and characteristics in society, including the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex Asexual, Pansexual Non-Binary, +[1] community, which is highlighted by its sexual and gender diversity.[1]

Health, a constitutional right, is guaranteed to everyone within this diverse group through public policies, including efforts directed at sexual and reproductive health and the transition process for transgender people, who feel non-conforming with their birth sex, in the Public Policy of the Transsexualization Process of the Ministry of Health, instituted in 2008, and the National Policy of Comprehensive Health Care for Lesbian, Gay, Bisexual, and Transgender People, in 2011. [2]

Despite these advances, there are still significant obstacles to accessing healthcare for the transgender population, such as discrimination and lack of training among healthcare professionals. [3] Additional problems arise when specific health needs, such as care for intersex individuals, who have both male and female genitalia, or the adaptation of sexual and reproductive health services to include all gender identities, are not fully addressed, reflecting biases and gaps in public policy. [4] There is a need to improve public policies in this area, from the education of health professionals to the reformulation of health services to combat hetero-cisnormative views, which consider only men and women acceptable, with gender identity in line with biological sex and heterosexuals, and to promote inclusive and universal sexual and reproductive health in Primary Care. [5]

In this sense, this article aims to describe the perception of the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Non-Binary Pansexual, + population regarding health care in the Unified Health System.

METHOD

This study adopts a qualitative, prospective, descriptive approach, and is a fragment of the scientific initiation project entitled "Sexual and Reproductive Health of the LGBTQIA+ Population: Actions and Technologies in Health". A structured interview script containing 16 questions was used as the data collection technique. To achieve the objective, questions related to the experience of discriminatory acts by a health professional during a consultation related to sexual and reproductive health, coping with the situation, and perception about the necessary changes in the health system for inclusive care for the LGBTQIAPN+ population were discussed.

The interviews were conducted with 63 LGBTQIAPN+ participants, including 14 lesbians, 25 gays, 16 bisexuals and 8 transgender people, in the health units of the Unified Health System. After the end of the first interview, subsequent participants were selected using the snowball sampling technique, characterized by the indication of new participants by the initial interviewees, until the sample progressively expands and reaches a saturation point, at which point new information stops emerging. [6]

The names of the people in the narratives used were replaced by acronyms, namely lesbian, gay, bisexual and transgender people, respectively by L, G, B, T, followed by the number adopted in the order of the interview.

To ensure the protection of the rights and autonomy of the participants, the Free and Informed Consent Form (FICF) was used, which was presented before participation in the research. This document clarified the details of the research and was approved by CEP opinion 133967/2023.

RESULTS

The research reveals that 80% (50) of the participants reported suffering violence and discrimination during health care services, with 46% (23) being gay, 30% (15) lesbian, 17% (9) bisexual and 7% (3) transgender. Most of the episodes were attributed to health professionals, such as doctors 50% (11), nurses 37% (8), while 13% (2) mentioned prejudiced attitudes on the part of administrative staff.

I was seen by someone who didn't even try to use my social name. It was as if my identity didn't matter to me. T2

[1]Although the acronym LGBTQIAPN+ includes various gender identities and sexual orientations, public policies directed towards this community are often referred to as LGBT public policies. This is because, historically, the initial political demands and social movements advocating for the rights of this community focused on issues related to sexual orientation and gender identity.

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i93p14634-14637

I always feel like the environment is designed for heterosexual people. I feel out of place, as if I'm asking for something I shouldn't. G37

I was seen by a doctor who made jokes about my sexual orientation and this made me uncomfortable throughout the appointment. L5

I always avoid revealing my sexual orientation because I'm afraid of being treated less respectfully. G15

They refused to use my social name, even after I corrected them several times. It was embarrassing and disrespectful. T3

There was diversity in terms of dealing with situations of violence and discrimination experienced by LGBTQIAPN+ people in health systems, where 63% (32) demonstrated mastery in dealing with them, requesting respect or explanations and 12% (6) returned to the health service as a way of dealing with prejudice.

I preferred not to say anything because I knew it wouldn't change anything and would only increase the discomfort. G25

After that, I decided to seek care elsewhere, but I didn't see anyone for a long time. T1

Regarding the management of situations of discrimination, 56% of the people interviewed (28) stated that they were able to deal with the problems through direct confrontation and positioning themselves regarding their health rights.

I asked the nurse to use my social name, and he ended up accepting, but visibly reluctantly. T5

However, they were not skilled in dealing with discrimination, with 25% (13) of the people interviewed choosing to ignore what had happened and seek another location for care, and 44% (22) preferring to seek out another professional or health unit, 24% (12), or opting to avoid services, 20% (10).

Access for LGBTQIA+ people, especially transgender people, is done in a 'haphazard way' and without any respect, being completely neglected. T4

Some professionals still lack the preparation to serve the LGBTQIA+ community, affecting reception and treatment. G59

I avoid seeking health services because I have been disrespected several times. It is difficult to trust a system that does not understand or accept who I am. B6

When asked how the health system could be improved to become more inclusive, 48% (30) of participants highlighted the need for mandatory training for professionals, 32% (20) suggested the creation of specific protocols to serve the LGBTQIAPN+ population and 20% (13) emphasized the importance of educational campaigns to combat prejudice.

If professionals received training on diversity, I think a lot of this prejudice could be avoided. G11

We need a system where we are seen as people, not as exceptions or problems. L7

DISCUSSION

The discrimination presented here as intolerance towards sexual and gender diversity indicates the influence of a heterocisnormative culture that persists in having the interest and knowledge to serve and welcome only cisgender bodies (those who have bodies in line with their gender identity), even though policies regarding the care of LGBT people have existed for decades and should be learned and implemented by any health professional, as a way of guaranteeing rights. This situation reflects not only prejudices, fostered in a structural and cultural way that prolongs the marginalization of the LGBTQIAPN+ population. Transgender people are generally the most impacted by direct discrimination, as a violation of rights in the disrespect for the use of the social name, vital to guarantee adequate care, as well as access to health services. [8]

Additionally, the lack of technical training among professionals generates negative experiences, highlighting the need for ongoing education. When asked about how to improve the health system, participants highlighted the need for interventions that include mandatory training for health professionals, the development of specific protocols and educational campaigns focused on combating prejudice. [9]

Although continuing education is a prerogative promoted and determined in the Unified Health System with one of the objectives of qualifying health professionals in the care of the LGBTQIAPN+ population, the interest of the health professional, as well as the adherence to the implementation of the information learned, are a great challenge to be solved. The same occurs in the platforms capable of promoting continued and permanent education about care for the LGBTQIAPN+ population provided by the Ministry of Health, which points out resistance to change and highlights the traditional model in health care as one of the contributing factors. [10]

The obstacles to adherence to training, whether heteronormativity or the traditional model of care, translated into a binary health policy, associated with the difficulty of effectively implementing permanent education and transformations in health practices, help to maintain the rigidity of the health professional's perspective. [11]

The reports reflect the need for structural changes in the education and professional training system in health to ensure more inclusive care for the LGBTQIAPN+ population. Support groups and discussion groups involving the LGBTQIAPN+ population can be strategies in continuing education, in order to raise awareness and attract health professionals. It is important to understand that several obstacles are involved, from cultural and normative ones, to the binary health care model itself. Understanding the obstacles must be carried out prior to continuing education so that there is personalized and resolute training for each health institution. [12]

Awareness and training programs should be implemented in an interdisciplinary manner in health teams and expanded to the various professionals working in the health institution, with open dialogues regarding diversity and gender. It is believed that personalized educational initiatives, with previously investigated obstacles, will be able to contribute to denaturalization, enable empathy and the formation of bonds with the population assisted.

The effectiveness of public policies already established, such as the National Policy for Comprehensive Health Care for Lesbian, Gay, Bisexual and Transgender People, [2] is not an option for those who provide care in the Unified Health System and in private care, but rather a duty to be practiced by all health professionals, like any other policies implemented.

CONCLUSION

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i93p14634-14637

The participants' statements highlight the urgency of ongoing and continuous education to eliminate barriers in care for the LGBTQIAPN+ population. Participants described experiences of prejudice marked by embarrassment, exclusion, and the lack of a welcoming environment. These reports highlight the need to raise awareness among health professionals about training that involves more than just non-cisheteronormative care, with the implementation of existing inclusive protocols, aiming to shape the health environment into a truly accessible and humanized space.

The results of this research reinforce the pressing need for advances in the care of the LGBTQIAPN+ population. The lack of empathy and humanization, combined with the lack of properly trained professionals, contributes to negative experiences that restrict this population's access to health services, directly impacting the quality of care provided.

The adoption of specific public policies is essential, focusing on the continued training of health professionals and the development of educational and awareness campaigns that address the specificities of the LGBTQIAPN+ population. In addition, it is essential to increase the dissemination and accessibility of services, ensuring that all people, regardless of their gender identity or sexual orientation, can access safe, respectful health care that is appropriate to their needs.

The suggestions provided by the participants, such as the technical and behavioral qualification of professionals and the creation of inclusive environments, constitute fundamental steps to promote equity in access to health. For a nurse researcher, the data reinforce the importance of developing strategies that integrate technical training, empathy and respect for diversity, essential elements for the construction of a health system committed to the principles of universality, comprehensiveness and equity in care.

REFERENCES

1. Valente J. Diversidade humana: aspectos da comunidade LGBTQIAPN+ e sua inclusão na sociedade. 2021.

2. Brasil. Ministério da Saúde. Secretaria de Gestão Estratégica e Participativa. Política nacional de saúde integral de lésbicas, gays, bissexuais, travestis e transexuais. Brasília: Ministério da Saúde; 2013.

3. Leão MCS. Diversidade e políticas públicas: um olhar sobre a população LGBTQIA+ no Pará - Brasil [dissertação de mestrado]. São Paulo: FLACSO Sede Brasil; 2022.

4. Antunes JCF. Políticas públicas e legislações à população LGBT: última década. Congresso Internacional de Direitos Humanos de Coimbra. 2022;7(1).

5. Boonyapisomparn N, et al. Healthcare discriminationandfactorsassociatedwithgender-affirming healthcare avoidancebytransgenderwomenandtransgendermen in Thailand: findingsfrom a cross-sectional online-surveystudy. Int J Equity Health. 2023;22(1):31.

6. Bastoni NG de O. Corpos dissidentes e a crítica queer: a sexualidade biopolítica nas políticas públicas de saúde LGBTQIA+ no Brasil contemporâneo. 2023;15 jun.

7. Nasution NST. Técnica de amostragem em pesquisa qualitativa. 2022.

8. Pereira RR. A institucionalização dos discursos de ódio e antidemocráticos: seus perigosos efeitos na retomada de direitos e na violência LGBTIfóbica. REBEH. 2024; 15 ago.

9. Garcia DLV, Muinhos SMBC, Almeida PL de, Alencar RGO de, Silva ÉK de S, Miranda YF de, Deininger L de SC. As dificuldades na abordagem integral à saúde LGBTQIA+.

10. Silva A de CA da, Alcântara AM, Oliveira DC de, Signorelli MC. Implementação da Política Nacional de Saúde Integral de Lésbicas, Gays, Bissexuais, Travestis e Transexuais (PNSI LGBT) no Paraná, Brasil.

11. Santos KF, Vargas JR, Guizardi FL, Dutra EB. Desafios relatados por experiências de ensino a distância na educação permanente em saúde: uma revisão integrativa. In: Guizardi FL, Dutra EB, Passos MF, organizadoras. Em mar aberto: perspectivas e desafios para uso de tecnologias digitais na educação permanente da saúde. 1ª ed. Porto Alegre: Rede UNIDA; 2021. p. 75.

12. Allebrandt D, Mendes PF, Oliveira VC, Carvalho D, Soares RS. Escutando histórias para construir estratégias de educação permanente em saúde materno-infantil em Alagoas. Saúde Soc. 2024;33(3)

DOI: https://doi.org/10.36489/saudecoletiva.2025v15i93p14634-14637