

UNVEILING UNDERGRADUATE NURSING STUDENTS' KNOWLEDGE ABOUT TRANS PEOPLE

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ABSTRACT

Objective: to understand what undergraduate Nursing students from a university in southern Brazil know about trans people.

Method: a descriptive study with a qualitative approach based on interviews conducted with 19 undergraduate Nursing students enrolled from the eighth to the tenth period of the course. Data collection took place in October and November 2021. Three thematic categories emerged from the thematic analysis, namely: the undergraduate course has to speak about this!; I don't know what it is about; and What is known and said about trans people.

Results: the students showed insecurity in the care of trans people because this content is not regularly taught in the curriculum. They denote not knowing how to welcome, care for, respect specificities and treat them by their social name, as well as difficulties taking care of this population group, both in the present time and in the future. In addition to that, few of them had the opportunity of undergoing this experience in the academic practice fields. The content is taught in a single academic discipline that deals with sexuality in general.

Conclusion: lack of knowledge about sexual diversity is a limiting factor in the health care provided to this population group. Certain weakness is identified in the teaching-learning process when not relating the reality of the trans population to their health demands.

DESCRIPTORS: Nursing. Higher education students. Transsexuality. Sexuality. Education in nursing. Transgender people. Gender diversity. Gender.

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DESVELANDO O CONHECIMENTO DE ESTUDANTES DE GRADUAÇÃO EM ENFERMAGEM SOBRE AS PESSOAS TRANS

RESUMO

Objetivo: compreender o conhecimento dos estudantes de graduação de enfermagem em uma universidade do sul do Brasil no tocante às pessoas trans.

Método: estudo descritivo com abordagem qualitativa a partir de entrevistas realizadas com 19 estudantes de graduação em enfermagem matriculados do oitavo ao décimo período do curso. A coleta de dados ocorreu nos meses de outubro e novembro de 2021. Da análise temática emergiram 3 categorias: o curso de graduação precisa falar disso!; eu não sei do que se trata; e o que se sabe e se diz sobre as pessoas trans.

Resultados: os estudantes demonstram insegurança no cuidado das pessoas trans devido ao não oferecimento regular deste conteúdo no currículo. Denotam desconhecimento de como acolher, cuidar, respeitar as especificidades, tratar pelo nome social, e também dificuldades em cuidar desta população no presente e no futuro. Além disso, poucos tiveram a oportunidade de vivenciar esta experiência nos campos de prática acadêmica. O conteúdo é oferecido em uma única disciplina que trata da sexualidade em geral.

Conclusão: o desconhecimento acerca da diversidade sexual é um fator limitador na assistência à saúde a esta população. Identifica-se uma fragilidade no ensino-aprendizagem ao não relacionar a realidade da população trans com suas demandas de saúde.

DESCRITORES: Enfermagem. Estudantes de nível superior. Transexualidade. Sexualidade. Educação em enfermagem. Pessoas transgênero. Diversidade de gênero. Gênero.

REVELANDO EL CONOCIMIENTO DE ESTUDIANTES DE GRADO DE ENFERMERÍA SOBRE PERSONAS TRANS

RESUMEN

Objetivo: comprender el conocimiento de los estudiantes de grado de Enfermería de una universidad del sur de Brasil en relación a las personas trans.

Método: estudio descriptivo de enfoque cualitativo a partir de entrevistas realizadas con 19 estudiantes de grado de Enfermería inscritos en el octavo a décimo período del curso. La recolección de datos tuvo lugar en octubre y noviembre de 2021. Surgieron 3 categorías del análisis temático: ¡En la carrera de grado se debe hablar de esto!; No sé de qué se trata; y Lo que se sabe y dice sobre las personas trans.

Resultados: los estudiantes se muestran inseguros en la atención de las personas trans debido a que este contenido no se ofrece regularmente en el plan de estudio. Denotan desconocimiento sobre como recibir a las personas trans, atenderlas, respetar sus especificidades y tratarlas por su nombre social, además de dificultades en el cuidado de este grupo poblacional, tanto en el presente como en el futuro. Además, pocos participantes tuvieron la oportunidad de vivir esta experiencia en los campos de práctica académica. El contenido solo se dicta en una disciplina que trata el tema de la sexualidad en general.

Conclusión: el desconocimiento acerca de la diversidad sexual es un factor limitante en la atención de la salud que se proporciona a este grupo poblacional. Se identifica cierta fragilidad en el proceso de enseñanza-aprendizaje ya que no se relaciona la realidad de la población trans con sus necesidades en materia de salud.

DESCRITORES: Enfermería. Estudiantes de nivel superior. Transexualidad. Sexualidad. Educación en enfermería. Personas transgênero. Diversidad de gênero. Gênero.

INTRODUCTION

Dedicating to researching and knowing the experiences of transsexuality up close are conscious reflections that this theme needs to be more worked on and addressed, not only at the university, but in society as a whole.

After the birth of a child, the discursive technologies are aimed at preparing the body to successfully perform a gender, either male or female, building a world on prohibitions and assertions directly related to one of them. The objective of this pedagogy of hegemonic genders is to prepare bodies to live based on heterosexuality, rationalizing the idea that (cis) men and women complement each other. However, transsexuality shows that such social wishes over the sexed bodies do not necessarily need to be fulfilled. There are bodies that, by disobeying the gender norms, circumvent the production process of the intelligible genders and reveal the possibilities of their transformations. However, for this to occur, they also put themselves at risk in a path marked by distress¹.

In the new version of the International Classification of Diseases (ICD-11) in force, the World Health Organization (WHO) removed transsexuality from the section on personality disorders and placed it in the chapter devoted to sexual health. Although the new classification continues to reproduce several pathologizing assumptions, this small change demonstrates progress in the medical-scientific paradigm². According to Resolution. N.º.2,265 of 09/20/2019³, which provides for specific care for transgender people or those with gender incongruity, specialized care must include welcoming, outpatient monitoring, hormone therapy and surgical care, the latter of which can only be performed after a minimum previous monitoring period of one year by a multiprofessional and interdisciplinary team. The procedures are carried out according to the “Singular Therapeutic Project” and monitored by the multidisciplinary team, enabling the promotion of comprehensive health and the social reintegration of trans people⁴.

From the perspective of cisnormativity and cisgenderism experienced by our society, a “correct” way of being and expressing oneself was created, and everything that is in disagreement with normative *systemic* precepts is abnormalized, inferiorized and exterminated. Therefore, talking about the issue is a major challenge, based on science and society regarding these bodies and experiences without dehumanizing, pathologizing or exotifying⁵.

In a recent decision, the Federal Supreme Court (*Supremo Tribunal Federal*, STF) decided that trans, come-of-age and capable Brazilians can go directly to the Civil Registry Office and request alteration of their Birth Certificate regardless of judicial authorizations, performing sexual reassignment surgeries and/or hormone monitoring, or submitting medical or psychological reports and opinions. This understanding stems from the fact that gender identity is a manifestation of human personality itself, with the State only having the role of recognizing it, never constituting it⁶. However, the current political situation in Brazil makes it clear that issues such as overcoming stigmas and impediments to citizenship cannot be solved only normatively. Brazil leads the international ranking in terms of recurrent transphobia episodes, according to the Dossier of Murders and Violence against Brazilian Trans People.

It is urgent to invest in policy, epistemological, technical-assistance and sociocultural changes. For example, from the perspective of how the health sector is related to the promotion of good for all, it is evident that trans men do not have access to the results of their preventive exams or subsequent medical appointments “because gynecological issues are created only for cis women”^{8:50}.

Among many other scenarios in which transgender people undergo distress when using the Unified Health System (*Sistema Único de Saúde*, SUS), the situation described demands preparation

from the health professionals involved in care, including resoluteness to deal with the real social problems experienced by this population group. Nurses are among these professionals, assisting people in moments marked by weakness and exposure. A study carried out with undergraduate nursing and medical students in Brazil evidenced that the intellectual and scientific knowledge acquired during training in the health area at a higher level was not enough to overcome this stigma, reasserted by the expressions mentioned by nursing students - "homosexual, imbalance and option" - and by medical students - "gay, homosexual, sex-change, transvestite, prejudice, sexual conflict and option"⁹. Also related to this stigma, another study analyzes the profile of prejudice against sexual and gender diversity among 391 students from the 1st to the 8th semester of a public undergraduate medical course in the Brazilian South region. The prejudice rate among the students who self-declared male varied between 81.5% and 94.4%, whereas it ranged from 57.3% to 76.4% among the self-declared female students. The study reinforced the importance of obligatorily integrating the theme of LGBT health into medical curricula, as well as of devising mechanisms to support the pedagogical structuring of the courses¹⁰.

The National Curriculum Guidelines (*Diretrizes Curriculares Nacionais*, DCNs) of the undergraduate Nursing course established in Nursing education by Resolution N^o. 573/2018 discusses that nurses' training should be oriented to the individual and collective needs of the population, respecting diversities, including gender, sexual orientation and gender identity, among others¹¹.

It is crucial that Nursing students know the social context in which a trans person lives, so that they are supportive in listening and in action, recognizing their life experience and identifying their professional responsibility in this relationship. Actions should be initiated in order not to allow people's exposure to illness as a result of a set of variables, not only individual but also collective and contextual. It is imperative that social and political movements have enough sensitivity to know which instruments are available at a given moment, from the point of view of science and technology, to intervene in health and what they, when critically examined, show about conservative and social transformation perspectives. Finally, it is in this social context that this study aims at understanding the knowledge of undergraduate Nursing students at a university in southern Brazil regarding transgender people.

METHOD

A descriptive study with a qualitative approach conducted in a public university located in the state of Santa Catarina, southern Brazil. The specific context was the undergraduate Nursing course that reached 53 years of life in 2022 since its opening class on 03/21/1969. The current training has 10 phases/periods, built with theoretical and theoretical-practical activities, in addition to the mandatory supervised internships in the last three phases/periods of the course. It is noted that the study was developed according to the precepts set forth in the Consolidated Criteria for Reporting Qualitative Research (COREQ).

Sample composition was for convenience, and the initial selection of students was carried out by means of electronic and individual contacts, in order to present the project and verify their interest in participating in the study. The interviews were conducted only after agreement and signature of the Free and Informed Consent Form. The inclusion criteria were as follows: students over 18 years of age who were in one of the three final phases/periods of the course and who had attended the "Body, gender and sexuality" academic discipline*. In turn, the exclusion criteria were the following: students who were not able to participate in the interview, in cases where the interview did not take

*The academic discipline is offered on a mandatory basis and, among other issues, it addresses sexual difference regarding the gender paradigm; Gender and Sexuality; Multidimensional Aspects of Human Sexuality; and Sexualities: Construction of the heterosexual-homosexuality paradigm.

place due to scheduling problems, or if the interview was interrupted due to an Internet outage (with no return contact).

A semi-structured interview script was used as data collection instrument, with general questions about the participants' profile and specific questions about gender, sexual orientation, transgender people, and presence of these topics in the undergraduate Nursing course and/or in personal life.

Data collection took place in October and November 2021. The interviews were conducted online by means of a formal and intentional conversation and according to the study objective. The intention was to obtain diverse information about the reality of the people surveyed, assuming interaction between the researcher and the research participants and demanding active and careful listening from the researcher¹². In addition to that, the exhaustiveness, representativeness, homogeneity and pertinence rules were obeyed, until data saturation¹³. The interviews lasted a mean of 45 minutes and were conducted and recorded using the Google Meet® app. All the interviewees were in a private space at their homes. To ensure the participants' anonymity, all the respondents were identified with the nominal code "S" referring to student, followed by an Arabic numeral corresponding to the order of the interviews (1,2,3, etc.).

Thematic Content Analysis was used as data categorization and treatment technique. This technique is defined as an empirical method, and the inferences seek to clarify the causes or consequences of the analyzed message based on the following organization criteria: pre-analysis, exploration of the material, and treatment of the results¹⁴. As a first step, the recorded interviews were transcribed and transcreated. Subsequently, by reading all the transcriptions, the registration units were identified in the answers to later create the analysis pre-categories. The answers were systematized in a spreadsheet, and arranged in cells from a column. The registration units belonging to each answer fed the rows, until reaching the analysis categories.

In relation to the ethical aspects of the study, it is noted that, prior to the interviews, the Free and Informed Consent Form (FICF) was read and that all the necessary information about the research was also provided online. In addition to that, to conduct the online interview, the guidelines for procedures in research studies in a virtual environment were followed, described in Circular Letter No. 2/2021/CONEP/SECNS/MS of the National Research Ethics Council (*Conselho Nacional de Ética em Pesquisa*, CONEP).

RESULTS

Three analysis categories were defined after data analysis, namely: 1 - The undergraduate course has to speak about this!; 2 - I don't know what it is about; and 3 - What is known and said about trans people."

"The undergraduate course has to speak about this!"

The superficiality with which the content about trans people is addressed in the undergraduate Nursing course was highlighted in the interviewees' statements. All quote the "Body, gender and sexuality" academic discipline as the only one that addressed the topic more directly, although still insufficiently to delve into experiences and tools that offer comprehensive care skills and competences for this population group. In addition to that, they report the need for the subject matter to be mentioned cross-sectionally in the initial undergraduation phases: *training of both students and teachers is necessary* (S1).

[...] *there's a lot of discrimination in the CCS itself. Sometimes it seems that the professors aren't comfortable speaking about the theme* (S6).

Few participants told in detail what they learned throughout their undergraduate studies, citing use of the social name, an already exhausted subject matter, and bed distribution in the hospital, still problematic.

[...] *we learn to divide the beds between men and women, not to mix, so they raised the question about a trans woman in a room with a cis woman, how would that be solved? And we were told that we'd talk to the cis person to check if they agreed to stay in the room with a trans person; if they didn't agree, we'd try to find a specific bed (S2).*

The students pointed out situations in which they would not feel prepared to serve this population segment, given the absence of this topic during the initial teaching and learning stages, where the following was addressed, for example: hormones, transsexuality in childhood, prenatal care and family planning, the clinical simulation of the care to be provided to a transgender person, the national care policy for LBGBTQ people, trans women's health, and sex reassignment surgery. However, they recognize the importance of the "Body, gender and sexuality" academic discipline as a kick off to delve into the theme, regretting having this contact only in the sixth phase of the undergraduate course:[...] *whether we wanted it or not, in the sixth phase, we already had assistance before, and we could've come into contact with trans people and we wouldn't know how to act, so it'd be cool to adapt it in the experiential learning discipline, or even anticipate the subject, or that some other subject presented this theme in a deeper way (S18). [...] in the sixth phase, we have a discipline called "Body, gender and sexuality". More was discussed about nomenclatures and a basic overview of the trans issue. Not so much about the outpatient aspect. There was a discussion in the fourth phase too, in the "Society, health and violence" discipline, but they're all disciplines that lack practice for clinical care. And we didn't have this subject matter addressed in the Surgery, ICU or Primary Care disciplines (S2).*

[...] *I see that, since the first semester, we somehow start talking about the issue of respect for people, about ethics in Nursing, of treating people based on what they bring you, based on their complaints, in the "Human living process" disciplines. But on the hospital issue, I don't remember if this was addressed, how to treat trans people, what would it be, if there really is any difference... (S8). [...] I think that it could've been addressed from the third phase, when people go to the hospital. They could've addressed these things in the "Experiential learning" discipline (S17).*

In the students' discourse, it can be noticed that the importance of university teaching is acknowledged in order to address the several aspects of human condition.

[...] *the university brought about a very good view, I was always interested in this social part of Nursing, it allowed the view that there's no men, women, cis, gay or lesbian (S1). [...] in the first phases we studied about demographic and social issues and about SUS policies, but not about trans people. There's the POP, the National Care Policy for LBGBT People, but it was never spoken about in class (S11).*

The identity agenda was emphasized by the students, wherein most of them understand that diversity of terms such as transgender, transsexual, transvestite, non-binary person and gender-diverse person is important in the recognition and visibility of these people in society.

[...] *I think that the gender identities have been more named and spoken about currently. I believe that there was a lot of stigma in the past, it was transvestite, dyke and gay, and now, with the right terms, we remove the stigma from this population, give them dignity and allow even people to see that it's everything okay, that they're not marginalized, that their gender is part of this society (S11).*

However, some interviewees reflected that, although necessary, the terms can label and limit existence to third-party eyes. Consequently, it is important to clarify that the terms are useful for people to identify with them; in other words, for them to self-name.

[...] *the terms exist to welcome, not to judge* (S3).

However, in several interviews, the participants who did not reflect in this way are still very much trapped in the colonizing effect of describing each term, even when not asked. The need for a concrete conceptualization of each meaning was perceived, for example, in the question “What do you think about the meaning of the terms transgender, transsexual, transvestite, non-binary and gender-diverse?”

The students’ lack of knowledge does not mean prejudice, considering that the statements point to the humility in sharing such unfamiliarity in order to actively listen to the trans clientele and share care in the service:

[...] *I’d try my best to be careful with my words because, even though I know that I’m not a prejudiced person, sometimes this is very ingrained in our head and we may be doing something that hurts the person, so I think that first I’d ask how the person prefers to be called, what pronouns they use, so that I can more or less know how to answer them, but the rest would be normal* (S18).

The forms of pre-judgment that the interviewees mentioned were appearance, clothes, hair style and plastered characteristics of what is male and female in our society.

“I don’t know what it is about”

The “Body, gender and sexuality” discipline was cited by all participants as one of the few moments during their undergraduate course in which they had studied about the trans clientele. When asking what has been discussed, all presented difficulties remembering. Therefore, having identified the difficulty of talking about the subject matter, it is noticed that most students do not feel prepared to fully assist and care for the trans population. They also mentioned not knowing institutions that have care protocols for a trans person, not having had any contact during undergraduation or in their personal experience, not having simulated a service with a trans person, the fear of offending/hurting/displeasing, the theme not being addressed naturally from the beginning of the course, and how training is focused on the physiology of the cisgender human body. Certain confusion was identified about who a trans person is.

[...] *they’re people who were born in a different body than the one they identify with* (S5). [...] *transsexual and transgender always get mixed up in my mind, I’m really lost, ashamed* (S8). [...] *a universe far away from mine, because among my friends there’s no one close to me who is, who has this life choice, but these are terms that are increasingly present in our daily lives, especially as nurses. In the health area, I think that we have terms that we need to get familiar with, but the meaning of each of them is not clear to me* (S9).

Deficient learning generates doubts not only related to the terms, but in specific questions.

[...] *do trans men have the right to maternity leave?* (S12). [...] *there are a lot of STI prevention protocols for men and women, and not for gay people? What are lesbian women susceptible to? What care should be provided to them? There’s no protocol about that...*(S15).

The doubts presented evidence the pedagogical inconsistencies in the scope of professional training in Nursing. This requires expanding and deepening on the theme in the discussions of the cases and active pedagogical practices that detail the reality of the health care provided to these individuals.

“What is known and said about trans people”

In this category, the participants' approach to the theme is presented, as well as its contribution to constructing the concepts of gender and sexual orientation they elaborated. In the interviewees' everyday life, only two reported living with trans people, a cousin and a friend. Another one follows a trans adolescent on Instagram®, whom he met through participation in the “Health at School Program,” offered by the undergraduate Nursing course. Six of the nineteen interviewees know someone identified as trans in the university. The university appears as a positive influence for eight interviewees in regards to living with diversity, helping to break the social bubble in which they lived before entering the university.

[...] if I hadn't entered university, I think that I'd be a lot more conservative, then it influenced me a lot, from the disciplines to living with people. The university is a totally diversified world, there are people from all over Brazil, of all genders, of all sexual orientations, so being able to live with people, talk to them, this is what transforms, and education too. Education is certainly going to change things (S8).

The Aphrodite research group was cited by more than one interviewee as a reference to approach the theme.

[...] both as a person and as a health professional, now I try to search more. I follow many people on Instagram® who speak about this theme, so that I'm inside. Now I'm participating in the Aphrodite research group, which holds meetings addressing this topic. In addition to that, I'm doing some research on diversity in health institutions (S11). [...] like it or not, the research group I belong to, Aphrodite, helped me much more on this matter than attending the course. Obviously, in the sixth phase, the “Body, gender and sexuality” subject opened up a lot of things, but the research contributes more to my knowledge (S14).

As for the practical experiences provided by the undergraduate Nursing course, seven interviewees had the opportunity to act, if not with direct care of a trans person, with resolution of conflicts related to admission of these people to the unit – including questioning the behavior of the professional who did not respect the social name and called the customer by his registration name.

[...] I remember that I was extremely static, I stayed in the corner of the room with no reaction and the professional said “it's here, it's here, sex X”, then the client said “no, you have to respect, use my social name”. At the end, this client wasn't vaccinated, she wasn't assisted and she went out of the room. I was shocked for some time and, when I realized, I went running after her. I remember that I was very sorry that she was treated that way in a health facility, she had the right to what she went to get there, I was very sorry that her name was not respected. We see transphobia every day in health services, it's usually more discreet, behind the patient, and I remember that the client said that she had suffered transphobia other times in that same institution, that's why she got exalted, because it had already happened before, lack of respect, anyway... I went to talk to the professional and she said that she didn't owe any explanations, and she didn't need to believe that, that she followed what was right, that she wasn't going to change (S12).

Some interviewees reported being aware about trans people before entering university. They had already heard some explanations at school, in the social networks and in the media. Only three of them acknowledged that their personal experience contributed more to approaching and understanding this theme than the university.

[...] from about 13, 14 years, I started to read a lot about this, and I started having positive experiences, really seeing who these people were, how they identified themselves, what their voice was, which struggles they described. Now I know a little because I stop to listen what they have to say (S2).

[...] as I have an important LGBT experience, many times I ended up talking to trans people, transvestites. I managed to remove these stigmas from my head (S6).

Others made a reference to professionals, public people and a TV shows as influences to better care for trans people and understand them. [...] sometimes we follow very good, welcoming professionals, and then we end up capturing how we want to behave as professionals (S5). [...] what I know is because I follow a trans man on Instagram® who uses hormones and teaches everyone, because he knows that many people don't have access (S7). [...] I remember the "Drags RuPaul" TV show, and it's what comes to my mind, people who will fight for their space (S14).

Thus, when asked about the meaning of gender, the answers varied along four lines: gender as a social construction, gender related to personal identification, gender related to sex, and gender regardless of sex.

[...] the gender issue is a little confusing for me, it's not something I'm very used to, but I believe that gender is how a person is born, for example, female and male gender (S4). [...] for me, gender is what a person identifies with, I can identify myself as a man, as a woman, as non-binary, I can be a transsexual (S6).

[...] I believe that gender is a social construction of standards, there are people who don't identify with neither of them (S12). [...] it depends, it has two meanings, there's the biological one, which is what we are born with, according to biology, and there's female and male, and there's gender in the sense of how we recognize and see ourselves (S16).

I associate gender very much to the biological thing, to sex (S19).

Questions about sexual orientation, meaning and understanding by the respondents brought about varied arguments, articulating sexuality with personal identification, physical attraction, the way they choose to relate, the fantasies of a person directly with the opposite sex or vice versa, and with the gender with which a person chooses to have a relationship.

DISCUSSION

From the data analyzed, the assumption is confirmed that the university, and more specifically the undergraduate Nursing course, has a major responsibility in the construction of students' knowledge when they think about, reflect on and care for the trans population. However, the superficiality with which the course addresses issues related to the trans population was highlighted in the interviewees' statements, as well as the poor learning made evident in the difficulty remembering what had been discussed in the only academic discipline on the topic.

This reality is also evidenced in the international context. In an online survey carried out at a public university in New York with the voluntary participation of 600 students from the Social Work, Occupational Therapy, Nursing and Psychology courses who answered questions about transphobia, the results showed that 75% of the students reported a deficient amount of content related to the transgender experience during the training, and almost half of the sample (45%) reported moderate to high transphobia levels, with cisgender men expressing higher levels than women¹⁵.

In a Swedish university, Nursing (n=71) and Medicine (n=53) students attending the 6th semester of university education completed a knowledge questionnaire about homosexual, bisexual and transgender people. Only 4.8% answered correctly all six statements included in the assessment

instrument, and 82% gave correct answers to a maximum of 4 assertions. Knowledge about the LGBT population proved to be inadequate, given that the majority failed the knowledge test in the care and psychological knowledge areas. The comparison of the groups showed that nursing students scored lower than medical students on the knowledge about care subscale; that male students had less LGBT psychological knowledge than females; and that religious students had less LGBT general and psychological knowledge than non-religious ones¹⁶.

Additionally, in southeastern United States of America, an activity was carried out to guide seventy-two first-semester Nursing students to recognize prejudices and cultural assumptions, as well as to conduct sensitive Nursing evaluations for transgender patients. The objective was to sensitize them to the recognition of microaggressions, also equipping them to communicate respectfully and compassionately with this clientele. Only twenty-nine completed the post-test evaluation, reporting that they recognized the importance of including gender in the Nursing assessment and the importance of word choice when talking to the patients. The results also indicated that the students did not feel prepared to ask difficult questions about gender identity¹⁷. In this sense, it becomes fundamental to consider that social behavior is shaped by Western approval based on heterocisnormativity, which encompasses an entire system of representations and self-representations coded in norms, rules, moral paradigms and corporeal models, thus configuring a sex-gender system, delimiting the fields of acceptable, sayable and comprehensible¹⁸.

These studies are in line with what we evidenced in the research in question on terms of the low approach to the content in the classrooms and in the practice fields, weakening the students' knowledge and ability to properly serve the trans population. It can be asserted that, in undergraduate Nursing teaching, Western thinking is presented when professors ground their care on the universalist culture that sexual and gender binarism is a constant, failing to bring about examples and simulated practices that contemplate the diversity of the population, teaching from a cultural expectation.

In a study that analyzed progress of the theme in American medical and nursing curricula, the author emphasizes that, in 2012, the American Nursing Academy issued a political declaration endorsing efforts to support LGBT health needs, highlighting the absence of specific nursing curriculum standards. However, there have been no significant advances to date, as there is still certain deficiency for specific training in the treatment of LGBT patients¹⁹.

In the face of today's scenario, once Nursing educators are well equipped with culturally sensitive language, they can be leaders in teaching health care to patients and ensuring that they are treated with holistic respect²⁰.

The *curriculum* of undergraduate Nursing courses need to adapt to the needs of addressing the contents related to the LGBTQIA+ population in a transversal way, and not merely in a single and isolated academic discipline; or else, when professors decide, on their own, to reflect on this issue in classrooms, or when the situation arises in the practice fields.

It is worth remembering that, in Brazil, there are thirty-four health units with specialized services in the care of the trans population, from outpatient services to reference centers with outpatient and hospital (surgical) care, and which are present in all regions of the country²¹. A study proposed to analyze the experience of the Primary Health Care Outpatient Service for Transgender People (*Ambulatório de Atenção Primária à Saúde para Pessoas Trans*, AAPST) from Florianópolis/Santa Catarina, as a proposal for a paradigm shift in thinking about the health of the transgender population, with an intentional sample of fourteen people assisted at the AAPST. Among the results, it was identified that postponing care and the absence of periodic monitoring by the Family Health

Strategy teams are due to the teams' inability to treat transgender people, regardless of the reasons that may lead these people to seek care, therefore aggravating the situation of vulnerability in which this population is inserted²².

Despite recent calls for patient-centered care and greater attention to the needs of lesbian, gay, bisexual and transgender people, nurses still lack basic education about LGBT health care and, as a result, may have negative attitudes, reinforce stereotypes and/or feel uncomfortable treating them²³.

Therefore, the gender binarism that is infused not only in Nursing education but in all courses and levels needs to be evidenced and challenged. It renders communication between professionals, students and clients uncomfortable in different care environments, and also contributes to invisibility of trans patients' needs and experiences. A break is necessary, so that trans people no longer merely survive, can finally be welcomed and lead a dignified life, occupying spaces that also belong to them.

Research in other undergraduate courses is recommended to analyze the knowledge and perception of other professionals in relation to transgender people. Nonexistence of a debate about disability in socializing with this population can tragically contribute to the continued construction and growth of a transphobic society. It is urgently necessary to break this paradigm.

As a study limitation, it is considered that the remote interview modality, and oftentimes the instability of the Internet network and distancing, preclude having more extensive conversations on a topic as sensitive as transsexuality.

CONCLUSION

It is a fact that the undergraduate Nursing course at the University from southern Brazil in question does not work on sexual diversity in a cross-sectional way. In general, there is certain weakness in the teaching-learning process when not relating the reality of the trans population to their health demands. The study showed significant weakness and insecurity about the students' knowledge and ways of welcoming, caring for, protecting and interacting with trans people.

Both among teachers and students, it is still believed that there are only two sexes and, consequently, only two genders, affirming the sex-gender system, reproducing social standards in classrooms and practice scenarios and, as an effect, in offices, as insecure professionals, unprepared, and without sufficient knowledge to act, care for and welcome the trans population. Consequently, this imposes negative results for the people who do not fit the man/male and woman/female model. Professional training influences the future practice of graduates who do not know how to act in the face of these issues and end up providing a plastered service based on the only way they know about living, immersed in their own bubble. In this study, when unveiling the undergraduate Nursing students' knowledge, much more lack of knowledge than prejudice was expressed.

The need for a curricular revision is explicit to allow the inclusion of comprehensive content in Nursing education for sexual and generically diverse populations in the curricular process, thus contributing to a pedagogical education that adheres to the emancipatory and transformative paradigm.

Finally, we understand that it is of vital importance to train professionals who are prepared to meet the demands of this population without stigmas and to offer continuing education in health services, as well as to qualify health professionals in serving this clientele, offering safety, acceptance and integrity in care.

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NOTES

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