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ASPECTS OF NURSING CARE IN FRONT OF SEXUAL AND GENDER MINORITIES: LITERATURE REVIEW

*Aspectos dos cuidados de enfermagem frente as minorias sexuais e de gênero: revisão da literatura**Aspectos de la atención de enfermería frente a las minorías sexuales y de género: revisión de la literatura***Nara Lícia de Souza Maria de Aragão¹** **Tailane Tavares de Melo¹** **Ana Laura Souza¹** **Isabella de Sousa Gonçalves¹** **Anna Cláudia Freire de Araújo Patrício¹** **Maria Amanda Pereira Leite²** 

ABSTRACT

Objective: to describe nursing care for sexual and gender minorities based on a literature review. **Method:** literature review research carried out from July to October 2021, in the Virtual Health Library, with a sample of 93 articles. **Results:** nursing care for sexual and gender minorities should include: knowing, implementing and having public policies, protocols, referrals and well-established, resolute and non-discriminatory flows, facilitating access to all levels of health care; create a welcoming, safe and inclusive environment in all health service settings; create support groups addressing health, rights, entrepreneurship, education; notify and assist the victim of violence; teach, train and train nursing professionals/students. **Conclusion:** nursing must be able to provide care in a respectful, humane and judgment-free way.

DESCRIPTORS: Sexual and gender minorities; Nursing care; Practice patterns, Nurses; Vulnerable populations.

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RESUMO

Objetivo: descrever cuidados de enfermagem frente às minorias sexuais e de gênero com base em revisão da literatura. **Método:** pesquisa de revisão da literatura realizada nos meses de julho a outubro do ano 2021, na Biblioteca Virtual em Saúde, com amostra de 93 artigos. **Resultados:** os cuidados de enfermagem as minorias sexuais e de gênero devem incluir: conhecer, implementar e ter políticas públicas, protocolos, encaminhamentos e fluxos bem estabelecidos, resolutivos e não discriminatórios, facilitando o acesso a todos os níveis de atendimento à saúde; criar um ambiente acolhedor, seguro e inclusivo em todos os ambientes do serviço de saúde; criar grupos de apoio abordando saúde, direitos, empreendedorismo, educação; notificar e assistir a vítima de violência; ensinar, capacitar e treinar profissionais/estudantes de enfermagem. **Conclusão:** a enfermagem deve estar capacitada para atender de forma respeitosa, humana e livre de julgamentos.

DESCRIPTORIOS: Minorias sexuais e de gênero; Cuidados de enfermagem; Padrões na prática de enfermagem; Populações vulneráveis.

RESUMEN

Objetivo: describir el cuidado de enfermería a las minorías sexuales y de género a partir de una revisión de la literatura. **Método:** investigación de revisión de literatura realizada de julio a octubre de 2021, en la Biblioteca Virtual en Salud, con una muestra de 93 artículos. **Resultados:** la atención de enfermería a las minorías sexuales y de género debe incluir: conocer, implementar y disponer de políticas públicas, protocolos, derivaciones y flujos bien establecidos, resolutivos y no discriminatorios, facilitando el acceso a todos los niveles de atención en salud; crear un entorno acogedor, seguro e inclusivo en todos los entornos de servicios de salud; crear grupos de apoyo que aborden la salud, los derechos, el espíritu empresarial, la educación; notificar y asistir a la víctima de la violencia; enseñar, capacitar y capacitar a profesionales/estudiantes de enfermería. **Conclusión:** la enfermería debe ser capaz de brindar cuidados de forma respetuosa, humana y libre de juicios.

DESCRIPTORIOS: Minorías sexuales y de género; Atención de enfermería; Pautas de la práctica en enfermería; Poblaciones vulnerables.

INTRODUCTION

Nursing is an evidence-based profession that is present in client care in the most diverse demands or needs at all levels of care. However, it is perceived that when care involves gender diversity, there is a myriad of limitations and lack of inclusion by health systems that make care more difficult, and can generate discrimination, institutional violence, denial of care, among others.¹

Gender diversity, includes sexual minorities, and encompasses the LGBTQIAPN+ population which includes lesbian, gay, bisexual, transgender, queer, intersex, asexual, aromantic, agender, pansexual, polysexual, non-binary, and all forms of gender identity. However, there is a lack of research related to this group, especially with regard to the singularities and rights in health care at its various levels, hindering the access of these people to actions of disease prevention, health promotion, and treatment. Among the causes of this difficult access of the LGBTQIAPN+ population to health services is the fragility in the academic formation of professionals, who unfortunately are taught to provide care only to the cisgender and heterosexual population, but should be trained to attend, create policies and care flows, as well as solve problems related to gender diversity and its demands.² These inaccessible behaviors form an abyss between the LGBTQIAPN+ population and health services, making them more and more stigmatized and distant by fear, anguish and discrimination.

It is estimated that there are 25 million transgender people in the world and it is known that during the process of gender

transition it is fundamental to have a multiprofessional assistance directed to both the biological and psychological parts, including the LGBTQIAPN+ population, which is more vulnerable to develop mental illnesses, thus care related to calling the individual by his or her social name and preferred name, demonstrate inclusion, promote active and qualified listening, ensure access to cytological examination for trans men, access to the use of contraceptive methods, perform the Systematization of Nursing Care, among other cares that require an effective, inclusive, sensitive, humanized, and evidence-based nursing conduct should be ensured.³⁻⁴

Although there is, in Brazil, a public policy directed to health care for the LGBTQIAPN+ population, there is still a lot of ignorance and the services are far from the applicability of these actions. In view of all this fragility, invisibility, insufficient research and knowing that Brazil is the country where violence and death with transgender people occur the nursing team needs to know and urgently guarantee a culturally effective and resolute care considering the entire context of the LGBTQIAPN+ population.⁵⁻⁷ Studies like this one, capable of gathering and listing the necessary care established in the literature and directed to this public, are of utmost importance. Thus, the following question emerged: What are the aspects related to nursing care for sexual and gender minorities established in the literature? However, the present study aims to describe nursing care for sexual and gender minorities based on a literature review.

METHODS

This is an integrative literature review research based on recommendations.⁸⁻⁹ It was carried out from July to October 2021. We defined as Health Descriptors (DeCS) and Medical Subject Headings (MeSH) “Sexual and Gender Minorities; Nursing” and used the Boolean operator AND to combine the descriptors, thus, the search key used was: “Sexual and Gender Minorities AND Nursing”. The searches were carried out in the following databases/libraries: Virtual Health Library (VHL), specifically in the Medical Literature Analysis and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature on Health Sciences (LILACS), Nursing Database (BDENF) and Índice Bibliográfico Español en Ciencias de la Salud (IBECS). In addition, PubMed/MEDLINE searches were performed.

Articles available in full, with no time cut were included, as long as they were available until July 24, 2021, and could be in any language available. Articles with a cost for access, of the letter type, integrative review, and those repeated were excluded.

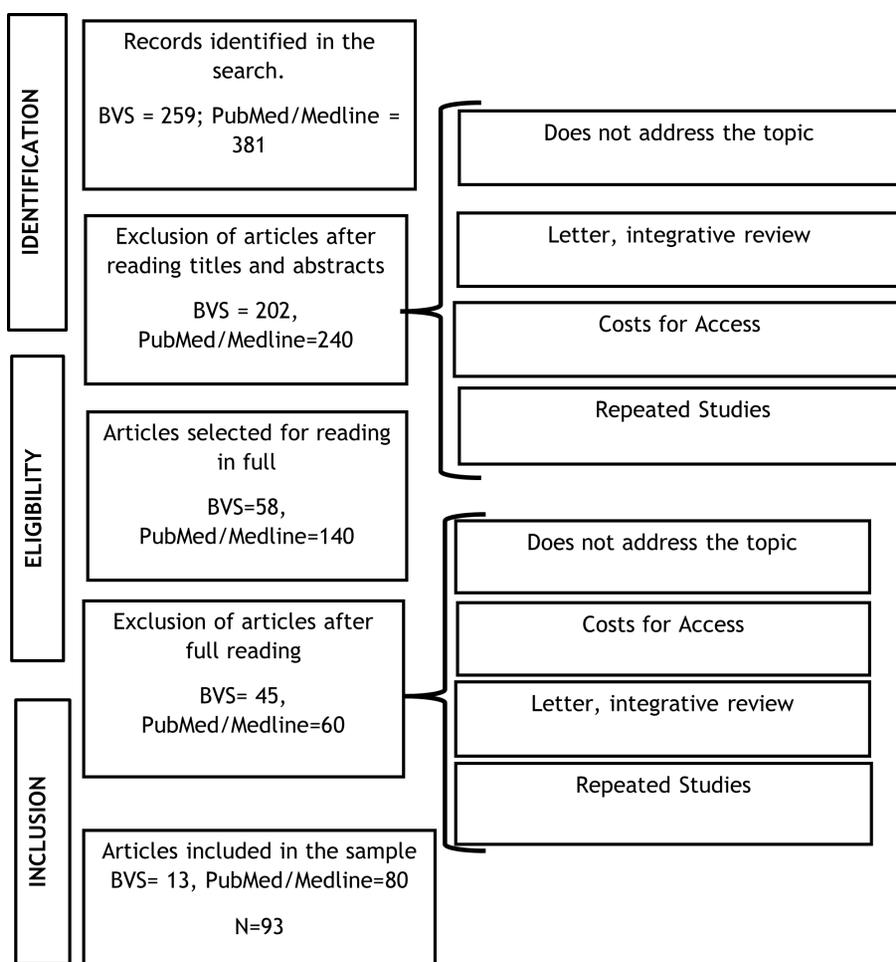
We followed the validated script, including the following information: year of publication, type of research, place of data collection (country and environment), sample, considerations about nursing care to the LGBTQIAPN+ population.¹⁰

Considering the eligibility criteria, a search was conducted in the databases with the determined descriptors, where 259 articles were found in the VHL and 381 in PubMed/MEDLINE. The total population was 640 articles.

The titles and abstracts of the 640 articles were read, and it was verified whether they met the eligibility criteria. When they were compatible with the present research, the articles were included in the sample; when they did not meet the criteria, the articles were excluded, and the reason for that was justified in the Prism Flowchart - figure 1.

The articles selected in the previous step were read in full and checked to see if, in fact, they met the criteria established for this research. When they did, they comprised the sample, and when they did not, they were excluded and the reason was justified in the Prism Flowchart - figure 1.

Figure 1 - Prism Flowchart with information referring to reading of titles and abstracts and reading of the full text, Uberlândia, Minas Gerais, Brazil, 2021



The research results were built and are exposed in figures and tables, including absolute and relative frequency.

RESULTS

Among the 93 articles included in the final sample, it is noteworthy that 27(29%) were characterized as cross-sectional type research, 22(23.65%) qualitative, 14(15%) systematic review, seven(7.52%) guideline, four (4.3%) mixed studies, three (3.22%) randomized clinical trial, two (2.15%) descriptive, experimental, cohort, longitudinal, quasi-experimental, and case report, respectively, one(1.07%) comparative, phenomenology, intervention, and retrospective, respectively.

Regarding the year of publication of the articles included in the sample most were published in the year 2019 27(29%) of the

sample. Regarding the country or region where the research was conducted the United States stood out with 47(50.53%), followed by 12(12.9%) in Brazil, 10(10.75%) not applicable or did not identify the research location, with six (6.45%) in Canada, four (4.3%) in South Africa and one (1%) in Pennsylvania, Belgium, Korea, Caribbean, England, Spain, United Kingdom, Kenya, Myanmar, New Zealand, Ghana, Finland and China, respectively.

Nursing care has been highlighted in several researches, thus, the results will be presented in Tables with categories of behaviors related to the LGBTQIAPN+ population that should be performed by the nursing staff.

Table 1 highlights nursing procedures aimed at the LGBTQIAPN+ population, which includes the category of aspects related to care.

Table 1 - Conducts that should be performed during nursing care to sexual and gender minorities. Uberlândia, Minas Gerais, Brazil, 2021

Nursing care for the LGBTQIAPN+ population	n	%
In attendance		
Carry out care without prejudice and stigmas, in a humanized way, with confidentiality and privacy	28	30,1
Allow patient self-identification: gender identity, sex at birth, social name, first name	21	22,58
Attend, prevent, conduct, treat and promote educational/ assistance programs involving: violence, housing instability, bullying, depression, alcoholism, smoking, suicide, drugs, family and social support to the LGBTQIAPN+ population	19	20,43
To provide individualized, humanized, integrated, multidisciplinary, ethical and active listening care	14	15
Establish bonding and welcoming in all the consultations. Do not involve personal beliefs in the care	14	15
Perform culturally competent care	11	11,82
Note that the LGBTQIAPN+ population is more likely to have risk factors for: anal cancer, asthma, cardiovascular disease, obesity, substance abuse, smoking, and suicide.	10	10,75
Be concerned with disease prevention and health promotion	10	10,75
Provide health education	9	9,67
Offering quality care with inclusive language	9	9,67
Guide about prevention of STIs, HPV, use of condoms and sexual toys	9	9,67
Mental Health Support	9	9,67
Know hormone therapy and its adverse effects	8	8,6
Ensure Pap smears/cytological exam	6	6,45
Address sexual relationship, lifestyle, sexuality	6	6,45
Ensure access to rapid tests for STIs and other exams	6	6,45
To know, inform and provide assistance during the perioperative period to the transient patient	5	5,37
Insert LGBTQIAPN+ people in family planning	3	3,22
Respect life history	3	3,22
Guide and administer hormone therapy	3	3,22
Ensure breast exams for trans men	1	1
Getting to know and talking with patients about body changes	1	1
Watch out for eating disorders	1	1
Encourage self-care	1	1

n=number of articles that cited the conduct. %= how many percent corresponds to n, considering sample size of 93.

Table 2 mentions the category nursing behaviors related to management, health care environment, and nursing consultations directed to the LGBTQIAPN+ population.

Table 3 addresses nursing care for the LGBTQIAPN+ population in the categories: settings outside health centers, educational activities, empowerment, mapping and bond strengthening, in cases of violence, and the teaching and learning process.

Table 2 - Nursing care to sexual and gender minorities in aspects related to management, health environment, and consultations. Uberlândia, Minas Gerais, Brazil, 2021

Nursing care for the LGBTQIAPN+ population	n	%
Management, health care environment and nursing consultations		
To know, implement, and have public policies, protocols, referrals, and well-established, resolutive, and non-discriminatory flows, facilitating access to all levels of health care	17	18,27
Create a welcoming, safe and inclusive environment, place LGBTQIAPN+ posters, logo and flag in all health service environments	11	11,82
Understand the demands and differences among the LGBTQIAPN+ community	6	6,45
Provide access to pre- and post-exposure HIV prophylaxis	4	4,3
Provide HPV vaccine	4	4,3
Promote welcoming and inclusive access to restrooms	3	3,22
Encourage family and social relationships	2	2,15
Reduce the stress of the LGBTQIAPN+ population	2	2,15
Be aware of the indiscriminate use of hormone therapy	2	2,15
Offer and refer for social support	2	2,15
Offer palliative care to LGBTQIAPN+ people in an inclusive way	2	2,15
Provide access to and information about contraceptives	1	1
Be aware that testosterone therapy in trans men is not a reliable contraceptive	1	1
Offer progesterone-only Intrauterine Device (IUD) for trans men	1	1
Provide Hepatitis vaccination	1	1
Screening for anal dysplasia	1	1
Be aware of bladder-related clinical manifestations	1	1
Ensure prenatal care and pregnancy testing for trans men	1	1
Pay attention to the standard value of laboratory tests that after six months of surgery or transitional hormone therapy, the reference value of gender identity should be considered	1	1
Accommodating trans patients in healthcare facilities according to their gender identity	1	1
To know the risk of alteration in the path of the orotracheal tube after laryngoplasty surgeries	1	1
Intraoperative prophylaxis for thrombosis with heparin	1	1
Allowing the patient to talk about whom he trusts, family and friends	1	1
Be aware that many religious organizations are anti-LGBT	1	1
Be aware that LGBTQIAPN+ patients being treated for cancer may have their sexuality impaired	1	1
Deepen the knowledge about rectal douches and STI risk	1	1

n=number of articles that cited the conduct. %=how many percent corresponds to n, considering sample size of 93.

Table 3 - Information regarding nursing care for sexual and gender minorities. Uberlândia, Minas Gerais, Brazil, 2021

Nursing care for the LGBTQIAPN+ population	n	%
Acting in environments outside the health centers		
Addressing the LGBTQIAPN+ issue in schools	8	8,6

Tabela 3 - Cont.

Offer social support, appointment/attendance/exam reminder messages, ensure good HIV risk perception	8	8,6
Addressing the LGBTQIAPN+ theme for the general population	5	5,37
Carry out an active search facilitating the mapping of the target population	3	3,22
Implementing the Nursing Process	2	2,15
Attention to the LGBTQIAPN+ elderly	2	2,15
Provide self-test for STI's	2	2,15
Promote health actions in gay clubs	1	1
Educational activities, empowerment, mapping and bond strengthening		
Create support groups, conversation circles that address health, rights, entrepreneurship, education, disease prevention	7	7,52
Encourage empowerment	5	5,37
In cases of violence		
Notify and assist the victim of sexual, physical violence	5	5,37
Counseling and care for victims of intimate partner violence	2	2,15
Conduct forensic examinations in cases of violence	1	1
Carry out awareness campaigns for non-violence and discrimination	1	1
Teaching and learning process		
Need for capacity building and training regarding the LGBTQIAPN+ population to provide a qualified service	29	31,18
Addressing the LGBTQIAPN+ theme in nursing education curriculums	22	23,65
Encourage research and discussion	3	3,22
Sharing successful practices/experiences	2	2,15
Perform realistic simulation of trans patient care in the teaching process	1	1

n=number of articles that cited the conduct. %=how many percent corresponds to n, considering sample size of 93.

DISCUSSION

The big problem at the moment of assistance are the socio-cultural barriers and the stigma that constitute a major obstacle, because they can prevent the search for and access to the service, being of utmost importance to ensure care without prejudice and stigmas, in a humanized way with secrecy and privacy. Thus, this population has the right to humanized care, free from discrimination.¹¹⁻¹²

Another very important care during the care to the LGB-TQIAPN+ population is respect for gender identification and the social name, which should be guaranteed and respected from the entrance door to the health service.¹³

Regarding the care "to pay attention to, prevent, conduct, treat and promote educational/assistance programs that involve: violence, housing instability, bullying, depression, alcoholism, smoking, suicide, drugs, family and social support to the LGB-TQIAPN+ population", pointed out in this research, it is noteworthy that young people from sexual minorities have more cases of bullying and school victimization than the vast majority of heterosexuals, taking into account that both groups have the same race/ethnicity.¹⁴ Corroborating the data above, a study

shows that in a sample of 820 young people, 46.3% had suicidal ideation, which is directly related to parental support, showing that the less support, the greater the risk.¹⁵

It is also noted the need to establish a bond and welcome and not involve personal beliefs in the care, which is proven by the strong association of poor treatment in relation to LGBTQIAPN+ people when the nurse educator has a high degree of religiosity.¹⁶

Another relevant aspect is supporting the mental health of the LGBTQIAPN+ patient through health services/agencies that do not have barriers, that is, allow the individual to refer to himself in the desired way and be respected.¹⁷

Regarding nursing care to the LGBTQIAPN+ population in aspects related to management, it is necessary to know and implement in health institutions public policies and non-discriminatory protocols to facilitate access to all levels of health care. A study that aimed to analyze the difficulties of access to health services by LGBT people showed that these difficulties are mainly related to misinformation about specific public policies and professional unpreparedness.¹⁸ In this sense, the National Policy of Integral Health to LGBTQIAPN+ people was developed to fight prejudice and respect the individuality of each subject in the social and hospital spheres, aiming to increase access to health services,

ensuring respect and the right to use the social name, quality care and the resolution of their demands.⁵

Creating a welcoming, safe, and inclusive environment in health service settings is another essential care. An example of how to achieve this goal is to place LGBT logos, posters and flags in these locations, indicating that the staff is well aware of the concerns of lesbian, gay, bisexual and transgender clients.¹⁹ This fact indicates that the LGBTQIAPN+ population that makes use of the health services of these locations would receive the same dignified and respectful treatment offered to heterosexuals.²⁰

Another care to be considered is to understand the demands and differences among the LGBTQIAPN+ community, analyzing diversity and pondering that people do not follow an archetype, during nursing consultations the anamnesis should be thorough and expanded, attentive to the life contexts of each individual and based on respect for the users.²⁰ Carrying out health education with health professionals about LGBT care is also necessary to understand the different demands.²¹

However, it is known that this theme is rarely approached in school activities, either by education or health professionals, generating barriers and prejudice due to lack of knowledge.²² The importance of the theme in schools is mainly due to the deconstruction of prejudice regarding sexual orientation and gender identity.²³

It is still observed the need to offer social support, messages to remind people about consultations, appointments, exams and to guarantee a good perception of HIV risk to the LGBTQIAPN+ population, constituting evidence-based interventions capable of acting as facilitators in PrEP.²⁴⁻²⁵

When analyzing the empowerment educational activities that propitiate a strengthening of the bond between the LGBTQIAPN+ population and health professionals, its scarcity in the literature was verified, evidencing a relevant gap of actions, such as conversation circles that reinforce access and guarantee rights. It was also noted that there was little counseling and care for victims of physical and sexual violence, thus characterizing the need for a larger contingent of qualified teams to carry out forensic examinations, as well as the continuity of care.^{4,24,26-27}

Thus, this result is evidenced by the quality of the services provided by health professionals to this population. It shows how relevant it is to implement aiming to increase the quality of care in health systems, so that the user has a fair, comprehensive, and universal service in order to meet their demands and needs in a specialized manner. However, the reports of the LGBTQIAPN+ public demonstrate the existence of difficulty in creating this bond at the moment of the reception, which gives opportunity to the responsibility of nursing to lead an assistance full of compassion, humility, and willingness to care for vulnerable and marginalized populations.²⁶

Nursing has a relevant role in mapping and consequently promoting the insertion of these diverse actors in the protagonism of their history as empowered individuals, not only in the field of physical health, but in their space in society, undertaking actions that impact not only their lives, but that collaborate with

the construction of environments free from prejudice, in which there is willingness to face challenges, generating new opportunities for inclusion in all fields of society.²⁸

We emphasize that the results of the research in question point to the need of capacity building, insertion of curriculums and training about the LGBTQIAPN+ population to awaken in future nursing professionals the guarantee of providing qualified, integral, universal, holistic and prejudice-free care to the LGBTQIAPN+ population, and it is known that there is a recommendation to incorporate the LGBT theme in the curriculum for nursing and health students, both at technical, undergraduate and graduate levels, so that there is familiarization with the terminologies, protocols and recommendations to offer quality care.²⁹

The limitations of the research are related to the methodology used, since it is a literature review, and therefore there is no analysis of subjects and actors.

CONCLUSION

The purpose of describing nursing care for sexual and gender minorities was widely explored, thus adding proposals in order to optimize the care and welcoming of this population both in health services and in extramural environments, thus reaching the nature of this research.

In general, we observed sociocultural barriers in health care services that prevent and weaken the access of the LGBTQIAPN+ population. Moreover, it is emphasized that during care, it is necessary to guarantee respect and gender and social name identification from the entrance door to the health service. It is noteworthy that young people from sexual minorities have more cases of bullying and school victimization than the vast majority of heterosexuals.

It is recommended the development of studies addressing and deepening nursing care for the health of sexual and gender minorities/LGBTQIAPN+ population.

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