








Nursing students' perceptions of teaching health care to LGBTQIA+ people

Percepção de estudantes de enfermagem sobre o ensino da atenção à saúde de pessoas LGBTQIA+

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Special Call - Promoting the health of vulnerable populations

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ABSTRACT

Objective: to analyze nursing students' perceptions about their professional training for health care of LGBTQIA+ people. **Methods:** qualitative study, conducted with 19 nursing students through semi-structured interviews. Data were processed and worked through lexical analysis using IRaMuTeQ[®] software. **Results:** the textual corpus gave rise to two categories: professional nursing training on health of LGBTQIA+ people (subdivided into: curricular spaces addressing health of LGBTQIA+ people and Formative deficits for health care of LGBTQIA+ people) and Extracurricular spaces of professional training on health of LGBTQIA+ people (subdivided into: informal and extracurricular learning on health of LGBTQIA+ people and Work context and autonomy in learning about LGBTQIA+ health). **Conclusion:** addressing the health of LGBTQIA+ people in the training of nurses needs to expand beyond specific classes, which demands the creation of spaces within the curricular matrices that address the specificities required by this population, without, however, relegating them to extracurricular activities. **Contributions to practice:** problematization of the training of nurses for the health care of LGBTQIA+ people.

Descriptors: Nursing; Students, Nursing; Teaching; Sexual and Gender Minorities.

RESUMO

Objetivo: analisar a percepção de estudantes de enfermagem sobre sua formação profissional para atenção à saúde de pessoas LGBTQIA+. **Métodos:** estudo qualitativo, realizado com 19 estudantes de enfermagem por meio de entrevistas semiestruturadas. Os dados foram processados e trabalhados por meio de análise lexical com utilização do *software* IRaMuTeQ[®]. **Resultados:** o corpus textual deu origem a duas categorias: formação profissional de enfermagem sobre saúde de pessoas LGBTQIA+ (subdividida em: espaços curriculares que abordam a saúde de pessoas LGBTQIA+ e Déficit formativo para atenção à saúde de pessoas LGBTQIA+) e Espaços extracurriculares de formação profissional sobre saúde de pessoas LGBTQIA+ (subdividida em: aprendizagem informal e extracurricular sobre saúde de pessoas LGBTQIA+ e Contexto do trabalho e a autonomia na aprendizagem sobre saúde LGBTQIA+). **Conclusão:** a abordagem da saúde de pessoas LGBTQIA+ na formação de enfermeiros(as) necessita expandir para além de aulas pontuais, o que demanda a criação de espaços dentro das matrizes curriculares que abordem as especificidades requeridas por essa população, sem, no entanto, relega-las às atividades extracurriculares. **Contribuições para a prática:** problematização da formação de enfermeiros(as) para a atenção à saúde de pessoas LGBTQIA+. **Descritores:** Enfermagem; Estudantes de Enfermagem; Ensino; Minorias Sexuais e de Gênero.

Introduction

Since the Federal Constitution of 1988, health was understood as a right, in which there should be no discrimination of race, color or gender⁽¹⁾. However, access to health services is still exclusive for some population groups, such as lesbians, gays, bisexuals, transsexuals, transvestites, transgenders, queers, intersexual, asexual, and other sexual orientations, and gender identities that are not heterocisnormative (LGBTQIA+)⁽²⁾. In this study, the acronym LGBTQIA+ will be used seeking to encompass the varied possibilities of existence according to the LGBT National Alliance's 2018 LGBT Communication Manual.

The LGBTQIA+ population has particularities and is therefore not homogeneous in its composition. Each population group that constitutes it has specificities that differentiate them from each other. There are diversities regarding gender expression, gender identity, biological sex, and sexual orientation. Gender identity can be understood as the way a person identifies with respect to the genders, which can be female, male, or non-binary identities. Sexual orientation is related to the affective-sexual and emotional attraction to a person with similar gender (homosexuality), different (heterosexuality), multiple (pansexuality) or no sexual attraction, or attraction with low frequency and/or under specific circumstances, regardless of gender (asexuality)⁽³⁾.

In Brazil, in 2004, the Federal Government created the Brazil Without Homophobia Program and, in 2006, the Brazilian Unified Health System introduced, based on the Charter of Rights of Health Users, the right to use the social name in all services of the public health network. In 2010, there was the formulation of the National LGBT Integral Health Policy (PNSI LGBT in Portuguese), which recognized the effects of exclusion and discrimination on the health-disease process of LGBTQIA+ people. The PNSI LGBT has as guidelines and goals to promote changes in the social determination of health to reduce health-related inequalities of these social groups. The document also guided the

transsexualization process in Unified Health System, allowing access to procedures such as hormone therapy, genital, and body modification surgeries, as well as the guarantee of multi-professional follow-up for the care of this population⁽⁴⁾.

However, even with advances in public policies, health professionals still reproduce oppressions based on hegemonic normative gender and sexuality, since the LGBTQIA+ population refers to situations of disrespect when seeking health care, rejection of treatment, unsatisfactory care, and moral harassment by professionals as obstacles imposed in the search for treatment or care, and, as a result of this process, many avoid medical treatment, even in emergency situations⁽²⁾, are afraid to disclose their sexual orientation to the health professional, because they have already had negative experiences in which the doctor changed his behavior during the consultation when their sexual orientation was exposed, and even denied care⁽⁵⁾.

LGBT-phobia, family rejection, lack of institutionalized protection and bullying are risk factors for the mental health of LGBTQIA+ people, which favor the disempowerment and vulnerability of this population. LGBTQIA+ youth are more likely to engage in prostitution than heterosexual people, and these behaviors are related to bullying, sexual and physical abuse in childhood, use of psychoactive substances, and homelessness due to family rejection⁽³⁾. Both national and international studies reveal that these people, when compared to the non-LGBTQIA+ population, have higher prevalence of depression and anxiety, higher risk of suicide and substance abuse⁽⁶⁻⁸⁾.

Given this context, we understand that the absence of this theme in the curricula of health courses is an important failure in the training of future professionals, who are not prepared to serve this public. A study carried out with nursing students demonstrates the insecurity in the specific health care of LGBTQIA+ people, suggesting a review of the curricula of nursing courses so that this subject can be better approached⁽⁹⁾.

Thus, it is essential to promote educational activities for professionals to perform physical exams, respecting gender identity, to develop a cooperative relationship with the patient, so that, in this way, there can be spaces for people who are assisted to tell their stories, sexual orientation and behavior, sharing therapeutic decisions with the health professional^(2,3). Because of their privileged place, the nurses as the articulators and managers of Nursing in health services can contribute to the access and qualification of care for LGBTQIA+ people, besides acting in the continuing education of other professionals, with the perspective of reducing inequities suffered by these people^(3,10).

Thus, the question is, what is the perception of nursing students about their training to care for LGBTQIA+ people? The relevance of researching this theme is due to the purpose of generating clues in the reformulation of the pedagogical project of the present course and to encourage other realities to do so, based on a perspective that attends to diversity in health care. Furthermore, this production contributes to the scarce scientific knowledge concerning the training of nurses to care for LGBTQIA+ people from the point of view of students, meeting the articulation between the needs identified by the lack of care to LGBTQIA+ people's health and those perceived by nursing students in their training process.

Thus, the purpose of this study was to analyze nursing students' perceptions about their professional training for health care of LGBTQIA+ people.

Methods

A qualitative study, which used the criteria of the Consolidated Criteria for Reporting Qualitative Research (COREQ) for its writing. It was developed in a public university in the interior of the state of São Paulo, which offers 30 annual openings for the nursing course.

The selection of the students occurred by the non-probabilistic snowball technique, starting with the dissemination of the research in the social ne-

works of the University and to the email of the undergraduate nursing students, forwarded by the course coordination. It was established that the people who agreed to participate voluntarily in the research should answer the call, and, at that moment, the interview was scheduled. The inclusion criteria were being a student in any year of the undergraduate nursing course at the University where the research was developed. The exclusion criterion was not answering the research team's contact to schedule the interview after the fifth attempt, and, when after the interview, they withdrew their consent to take part in the research. Twenty-three nursing students from the course were contacted. Of these, four did not answer the team's contact after the fifth attempt. Therefore, a total of 19 students participated in the study.

The dissemination of the research and the performance of the interviews occurred until the saturation of the sample discussed among the authors of this production was reached, that is, until the statements of the next students did not generate new information for the analytical context, generating in intensity and quantity, the dimensions of the studied phenomenon and the quality of the actions and interactions developed during the research⁽¹¹⁾.

The recruitment and interviews were performed by the first author between June and August 2022, with interviews scheduled and conducted virtually through the digital platform Google Meet®. The guiding questions were previously presented and discussed by the research team with a pilot test carried out by the research group of which the authors are part, seeking to qualify them before being implemented.

The interviews had the following guiding questions: a) What do you think about health care for the LGBTQIA+ population? b) Do you know if, at any time during the course, you learn about health care for the LGBTQIA+ population? If yes, when? c) What do you think the university offers you to become a health professional able to care for LGBTQIA+ people? d) How do you perceive your professional and university

formation to care for the health of LGBTQIA+ people?
e) At any time during your undergraduate studies, in internships/simulations did you could care for this population?

No interview had to be repeated, and the average duration of each interview was 30 minutes, which were recorded with the authorization of the participants, and later transcribed by the first author and returned to the students for comments and/or corrections. Afterwards, they were analyzed by the authors of the present production by means of lexical analysis⁽¹²⁾. For this, the transcripts of the interviews formed a consolidated text, corresponding to the text corpus, which was processed by the software *Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires* (IRAMUTEQ®).

This software performs statistical analysis of the text corpus by grouping words that present some semantic similarity. The software divides the corpus into text segments (TS), which consist of small text fragments that preserve a semantic relationship among themselves⁽¹³⁾.

Thus, the text corpus was prepared and reviewed to eliminate typing mistakes and standardize acronyms and expressions. Then, the analysis was performed by Classical Textual Statistics and Descending Hierarchical Classification (DHC), ordered according to the value of the Chi-square test ($\chi^2 > 3.80$) and to contemplate those that presented statistically significant values ($p < 0.05$).

After the lexical analysis, the findings were compared with the scientific literature in the area of gender, sexuality and health of LGBTQIA+ people and served for the process of collective analysis (involving students and professors) of the current Pedagogical Project of the present undergraduate Nursing course.

The project that gave rise to this production was approved by the Research Ethics Committee of the Federal University of São Carlos with opinion number 5,213,989/2022 and Certificate of Presentation for

Ethics Appreciation number 53165721,6,0000,5504. The research was carried out, respecting resolution 510/16 with the use of informed consent forms signed by all students, according to the laws in force in the country. To preserve the students' anonymity, they were identified by the acronym ST, followed by the corresponding cardinal numeral.

Results

Of the 19 undergraduate nursing students, 11 were cis women, six cis men, one trans man and one non-binary person; age range between 22 and 41 years, most recognize themselves as heterosexual (10 students), followed by bisexual (5), homosexual (3) and pansexual (1). Regarding the year of entry of the participants: one entered the course in 2014, one in 2015, two in 2016, four in 2017, five in 2018, three in 2019, two in 2020, and one in 2021; 15 of them were already taking the Supervised Curricular Internship of the last year of the course.

The general corpus of the interview transcripts was made up of 19 texts, separated into 277 TS, and 199 TS (71.84%) were used. There were 9,714 occurrences (vocabularies, words, or forms), 980 being different words and 888 with a single occurrence. The analyzed content was divided into two categories, namely: a) Professional nursing training on the health of LGBTQIA+ people, with 96 TS (48.2%) and b) Extracurricular spaces for professional training on the health of LGBTQIA+ people, with 103 TS (51.7%).

Both categories presented two branches each, composing Classes 1, 2, 3 and 4 of the total *corpus* of analysis. Class 1 Curricular spaces that address the health of LGBTQIA+ people and Class 3 Formative deficits for health care of LGBTQIA+ people made up Category A. Class 2 Informal and extracurricular learning about the health of LGBTQIA+ people and Class 4 Work context and autonomy in learning about LGBTQIA+ health comprised Category B, as shown in Figure 1.

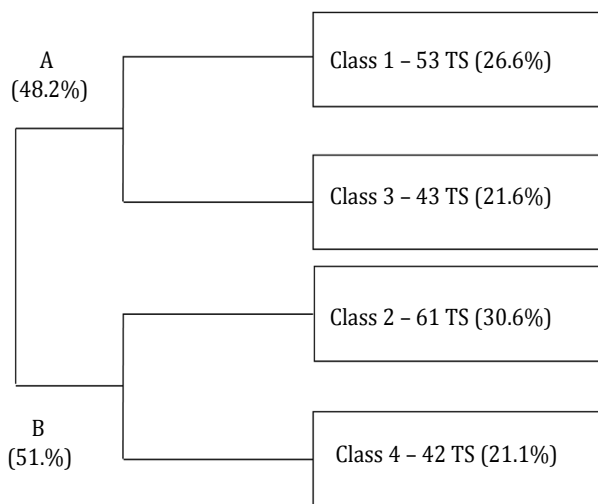


Figure 1 – Dendrogram of the interviews' text corpus analysis. São Paulo, SP, Brazil, 2022

Curricular spaces that address the health of LGBTQIA+ people

This theme deals with the moments in which the theme of health of LGBTQIA+ people is addressed in the course in question. It comprises 53 TS (26.6%) of the total corpus analyzed. Consisting of words and radicals in the range between $x^2 = 4.04$ (attendance) and $x^2 = 32.56$ (class), it is composed of words such as “collective health” ($x^2 = 21.64$); “contact” ($x^2 = 18.7$); “discipline” ($x^2 = 15.6$); “undergraduate” ($x^2 = 12.66$); and “women’s health care” ($x^2 = 11.24$).

The students point out the fact that these were small approaches, concentrated in some classes and specific disciplines: *Look, during the course this theme was brushed over...there was no deepening. Only in a class on women’s health care, in collective health that I remember we saw (St 3). That I remember the only time I had any class on this was recently in the small group of my supervised that had a brief conversation about the LGBT public, but it was right at the end of the course (St 13). But it is a very fragile thing, very superficial ...We had in child health only one class that was wonderful (St 1). We have a very brief introduction to collective health, but it was very brief, and this subject was only talked about again in the discipline of women’s health care (St 2).*

Déficits formativos para atenção à saúde de pessoas LGBTQIA+

The theme deals with the perception, on the part of the students of the course in question, of a gap in the educational process to deal with issues involving the health of LGBTQIA+ people. It comprises 43 TS (21.6%) of the total corpus analyzed. Consisting of words and radicals in the range between $x^2 = 3.91$ (feel) and $x^2 = 22.44$ (right), it is composed of words like “sexuality” ($x^2 = 12.14$); “need” ($x^2 = 11.05$); “service” ($x^2 = 11.05$); “attention” ($x^2 = 7.42$); and “prejudice” ($x^2 = 6.41$).

From the analysis, we identify the explicit difficulties in addressing issues related to the care of LGBTQIA+ people, especially about their sexuality: *But I still don’t know if a very specific issue appears, such as a trans person with a health need related to their sexuality, maybe I put on the brakes (St 6). But I miss the questions about specific policies that exist. Some strategies or resources that you might be using (St 3). So, at that moment I saw that that question was a good question and that it was on the test, but that we didn’t have any approach. I took the test and after the test I went looking for the right answer (St 1). I think that for you to empower yourself with this knowledge and say for sure, I can serve well an LGBT person I think that it would need a much bigger change regarding the disciplines (St 2).*

Informal, extracurricular learning about the health of LGBTQIA+ people

This theme presents the identification of how the training process regarding the health of LGBTQIA+ people has taken place. It comprises 61 TS (30.6%) of the total corpus analyzed. Consisting of words and radicals in the range between $x^2 = 3.98$ (training) and $x^2 = 39.53$ (University), it is composed of words such as “knowledge” ($x^2 = 12.67$); “identify” ($x^2 = 11.6$); “medium” ($x^2 = 9.23$); “institution” ($x^2 = 8.08$); “own” ($x^2 = 6.89$).

It was possible to identify that the training process has occurred mainly in informal spaces, based on

contacts established in the university environment or through the development of extracurricular activities such as academic leagues or extension activities: *The University does not offer a specific discipline for this. I think that we learn this from our friends, who are part of this population. They are the ones who tell us how they are treated inside the University and inside the health services (St16). I think that in the University environment I realize that there are still many alternative means for you to have a better education in relation to this population. So, we have the Academic Leagues (St 9). I think I would have to incline myself to this, study and try to understand and seek the ways (St11).*

Work context and autonomy in learning about LGBTQIA+ health

The theme brings the identification of students regarding the propitious and opportune moments to deal directly with issues involving the health of LGBTQIA+ people. It is composed of 42 TS (21.1%) of the total corpus analyzed. It is made up of words and radicals in the range between $x^2 = 3.80$ (bonding) and $x^2 = 30.01$ (dealing) and composed of words such as “information” ($x^2 = 27.12$); “life” ($x^2 = 19.17$); “health service” ($x^2 = 14.39$); “thinking” ($x^2 = 11.03$); “practical” ($x^2 = 7.71$).

It was possible to see that students identify in the practical activities of the disciplines or in the supervised internships of the last year potential scenarios to deal with the health of LGBTQIA+ people for being close to the real context of daily life, besides recognizing the need for a constant process of formation, which requires proactivity and autonomy: *So I think that for us to know how to deal with this, we need to turn a little beyond the Department, right? We need to look for information, otherwise you will never really know how to deal with it (St 6). I think that the issue of practical activities, that we end up dealing with many different people. So, I think that in the internships we also have this opportunity to meet other people and understand their experiences, their identities (St 10). Fragile. I do not say 100% unprepared because it is not true. I think that we also have our role, as students, as human beings, to seek this information (St 1).*

Discussion

It is noted the little approach to the theme of sexuality and sexual diversity in the formative process, superficially approached at specific moments in certain subjects. It was observed that they understand sexuality as reduced to genitality and that their undergraduate education on this theme remains precarious. Added to this, the nursing practices related to human sexuality were based on the biologist orientation⁽¹⁴⁾.

The dissemination of content alone is not able to awaken changes in attitudes. Active methods of knowledge construction, which include aspects related to morals, beliefs, culture, prejudices, and life history of the subjects involved in health education activities, have proven to be more effective⁽¹⁴⁻¹⁵⁾.

These are alarming data, since it is considered that knowledge about diversity and health issues of LGBTQIA+ people should be initiated in the training process of these students, as recommended by the PNSI LGBT in its third guideline, which provides for the “inclusion of population diversity in the processes of formulation, implementation of other policies and programs aimed at specific groups in the Unified Health System, involving sexual orientation, gender identity, life cycles, race-ethnicity and territory”^(4:22).

The lack of knowledge about the specificities of this population in the professional life of the students of the present study contributes to the maintenance of the reality of no assistance and abandonment of the LGBTQIA+ population in health services⁽¹⁶⁾.

The implementation of the PNSI LGBT, besides being a landmark, recognizes the existence of specificities and needs of the LGBTQIA+ population; however, it is still an unknown policy to most health professionals. Since more comprehensive content about the health of the LGBTQIA+ population is not substantially reflected during training, its implementation in health courses becomes difficult, and the teaching of this theme is reduced to superficial mentions and comments as part of other subjects or in extracurricular activities⁽¹⁷⁾.

The deficiency of curricular approach on the health of this population in courses can be considered a problem and generates a lack of preparation of professionals, because when there is no discussion or approach on gender and sexuality during training, it leads to misinformation on the subject, prejudiced attitudes, and even violence in health services involving the LGBTQIA+ population^(10,17).

Among the many forms of violence that are part of the daily lives of LGBTQIA+ people, discrimination, disrespect to the use of the social name, prejudice against sexual orientation and gender identity, added to the unpreparedness of health professionals to deal with these themes, are the main responsible for the distancing of this population from health services. The lack of competence and prejudiced attitudes of professionals when caring for the needs of the LGBTQIA+ population ends up generating dissatisfaction with the health services sought by LGBTQIA+ people, leading to inconstancy and discontinuity of care^(2,5).

Therefore, it is necessary, since graduation, to encourage the inclusion of questions about sexual orientation and gender identity in nursing education and care, since they are social determinants of health, which explain the divergence in health indicators when comparing the LGBTQIA+ population with the cisgender and heterosexual population⁽¹⁸⁾.

It is noted that the issues of sexual and gender diversity were addressed in singular classes and in specific disciplines, such as Collective Health, Women's Health, and Children's Health, according to the students. Not coincidentally, all these disciplines use the active teaching-learning methodology and early insertion in the field of practice, which makes the students open to questioning and to expose their uncertainties as to the LGBTQIA+ concepts in the classroom and exercise what they have learned in the creation of a bond with the patients they meet in the practices. However, for this to be fluid and effective, the triggers of the theme need to be articulated with the teaching of nursing and not only based on the proactive search for knowledge by the students⁽¹⁸⁾.

Because health courses offer contents with epistemological bases in binary and heteronormative categories, which are mostly given through traditional teaching methodology and by professors who haven't had specific preparation in this pedagogical field, there is the need to contemplate in the course menus and formal curricula contents directed to the specificities required by LGBTQIA+ people⁽¹⁸⁾. As was said by the participants, the study of this theme and the reason for the association of the community with pathologies are subjects rarely found, with no resumption or later theoretical-practical articulation, leaving a deficit and outdated knowledge.

Added to this, the PNSI LGBT already foresees the inclusion of curricular content that involves basic terminology associated with the community, issues related to approach and interview, which facilitate the opening of the theme of gender identity and sexuality, the impact of heterocisnormative structuring in health, among other themes⁽⁴⁾.

As for these themes being in the extracurricular sphere, such as the Academic Leagues, these spaces have the intention of bringing students closer to the diversity of scenarios involving health, filling gaps in the training process and providing the deepening of specific themes that aim to solve health demands, while they are supervised and oriented by a professor⁽¹⁹⁾. But, because they are extracurricular, they do not reach all students, which highlights the need for a process of curricular reform.

It is known the relevance of promoting the insertion, increasingly earlier, of students in the context of professional practices. This interaction between teaching-service-community consists of inducing changes in the educational process and in the health care model performed in the daily routine of public health services. However, it is known to be a challenging experience, requiring a formal agreement between the bodies involved and its formalization to avoid perennial and unsustainable processes⁽²⁰⁾.

Associated with this and the different forms of approaching the context of public health services, it is

important to highlight the pedagogical processes that bring theory and practice closer together, since they are initiatives that add to this articulation, the development of attitudinal skills such as, for example, proactivity and autonomy⁽²¹⁾. However, when it comes to the process of training nurses to deal with the health needs of the population, it is expected that the minimum is guided within their own university education, relegating to the initiative the deepening in certain themes and the search for updating scientific knowledge.

It is revealed, then, the need for a careful look at the curricula of nursing courses, which remain obsolete to the changes in society, based on heterocisnormative standards, which do little to train students to deal with the specificities required by this part of the population, contributing to the unpreparedness of future professionals and, consequently, the institutional prejudice. From this perspective, a transversal approach of this content in the curricula is relevant, attending to the specificities required by this population in all areas that involve the direct care of human beings, such as child, adolescent, women, adult, and elderly health.

Thus, the present production provides an opportunity for dialogue with successful experiences in the implementation of LGBTQIA+ health in the training of future nurses and other health professionals, enabling the empirical sharing of these initiatives and the induction of transformative proposals in the health training process.

Study limitations

The limitations of this study are due to having been done with students in various stages of nursing training, a fact that can generate different perspectives based on experiences in the course. In addition, the technique used for recruiting the students can also be a limitation, as it can direct the sample to people with some affinity with the theme, besides the fact that the interviews were conducted through the digital platform Google Meet®, requiring an internet connection and a device compatible with the tool for

its use. It is also noteworthy that the analysis presents the perspective of students only, considering that the nursing education process is the result of different perspectives, integrating the LGBTQIA+ population, professors and professionals of assistance and management of health services.

Contributions to practice

The findings presented point to the problematization of the training process of future nurses, based on the observation of the gap in this educational process regarding healthcare for LGBTQIA+ people. They also point to the need to establish a problematization of the curricula of national nursing courses regarding the approach to health care for LGBTQIA+ people.

Conclusion

The curricular approach has been insufficient for the training of future nurses in the care of LGBTQIA+ people, keeping, in a superficial and not very deep way, the discussions about health care for this population. The deficit found in the curricular proposal of this course has been overcome through extracurricular activities that, for the most part, consist of extension activities and academic leagues.

Authors' contribution

Conception and design, analysis, and interpretation of data; writing of the article; approval of the final version to be published and agree to be responsible for all aspects of the manuscript related to accuracy or completeness so that any part of the work is properly investigated and resolved: Araujo WM, Borges FA.

Analysis and interpretation of the data; relevant critical review of the intellectual content; approval of the final version to be published and agree to be responsible for all aspects related to accuracy or completeness for any part of the work to be adequately investigated and resolved: Lima JF, Silveira WJA, Souza JFS, Stofel NS, Carlos DM.

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