REVISTA DE ENFERMAGEM
UFJF

Original Article

Sexual Diversity in Primary Care: What Do Nurses Know About Inclusive Care?

Diversidade sexual na Atenção Primária: O que sabem os enfermeiros sobre o cuidado inclusivo?

Diversidad sexual en la atención primaria: ¿Qué saben los enfermeros sobre el cuidado inclusivo?

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Article Information:
Received on: 03/05/2026
Accepted on: 07/25/2026

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ABSTRACT

Objective: To assess Family Health Strategy nurses' knowledge level regarding the National Policy for Comprehensive LGBT Health, including basic concepts about this population group such as gender identity and sexual orientation, as well as to verify mastery of these concepts for accurate documentation in medical records and registries. **Methodology:** This is a cross-sectional, descriptive and exploratory study with a quantitative approach, conducted with a non-probability convenience sample comprised by 35 nurses working in Primary Health Care units in the *Zona da Mata* region of Minas Gerais, Brazil. The data were collected through an online questionnaire and analyzed in terms of absolute and relative frequencies. **Results:** It was noticed that most of participants possess limited knowledge about sexual and gender diversity, with difficulties distinguishing gender identity from sexual orientation, as well as partial unawareness of public policies targeted at promoting equality in health. **Conclusion:** Gaps persist between theoretical knowledge and the care practice. The need stands out for ongoing training options that promote inclusive, humanized and fair care.

DESCRIPTORS:
Nursing; Sexual and Gender Minorities; Primary Health Care; Public Policy.

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RESUMO

Objetivo: Avaliar o nível de conhecimento dos enfermeiros da Estratégia Saúde da Família sobre a Política Nacional de Saúde Integral LGBT, incluindo conceitos básicos da população, como identidade de gênero e orientação sexual, e verificar o domínio desses conceitos para a correta marcação em prontuários e cadastros. **Metodologia:** Trata-se de um estudo transversal, descritivo e exploratório, de abordagem quantitativa em uma amostra não probabilística por conveniência, realizado com 35 enfermeiros atuantes em unidades básicas de saúde da Zona da Mata Mineira. Os dados foram coletados por questionário on-line e analisados em frequências absolutas e relativas. **Resultados**: Observou-se que a maioria dos participantes possui conhecimento limitado sobre diversidade sexual e de gênero, com dificuldades em distinguir identidade de gênero e orientação sexual, além de desconhecimento parcial sobre políticas públicas voltadas à equidade em saúde. **Conclusão**: Persistem lacunas entre o conhecimento teórico e a prática assistencial. Destaca-se a necessidade de formação permanente que promova cuidado inclusivo, humanizado e equitativo.

DESCRITORES:

Enfermagem; Minorias Sexuais e de gênero; Atenção Primária à Saúde; Política Pública.

RESUMEN

Objetivo: Evaluar el nivel de conocimiento de los enfermeros que trabajan en el programa Estrategia de Salud de la Familia sobre la Política Nacional de Salud Integral LGBT, incluyendo conceptos básicos inherentes a esta población, como identidad de género y orientación sexual, y verificar el dominio de dichos conceptos para su correcto registro en historias clínicas y sistemas de información. **Metodología:** Estudio transversal, descriptivo y exploratorio con enfoque cuantitativo, realizado con una muestra no probabilística por conveniencia de 35 enfermeros que trabajan en unidades básicas de salud de la región de la *Zona da Mata*, Minas Gerais (Brasil). Los datos se recolectaron mediante un cuestionario en línea y se los analizó en términos de frecuencias absolutas y relativas. **Resultados:** Se observó que la mayoría de los participantes posee un conocimiento limitado sobre diversidad sexual y de género, con dificultades para distinguir entre identidad de género y orientación sexual, además de conocimiento parcial sobre las políticas públicas orientadas a la equidad en salud. **Conclusión:** Aún se advierten brechas entre conocimiento teórico y práctica asistencial. Se destaca la necesidad de una formación continua que promueva un cuidado inclusivo, humanizado y equitativo.

DESCRIPTORES:

Enfermería; Minorías Sexuales y de Género; Atención Primaria de la Salud; Política Pública.

INTRODUCTION

In the midst of the global scenario, the social invisibility suffered by the LGBTQIAPN+ community* (lesbians, gays, bisexuals, transsexuals, transvestites, queers, intersex individuals, asexuals, pansexuals and non-binary people, among other gender identities and sexual orientations) is still scarcely discussed[1]. This population segment still faces intense social discrimination and exclusion processes that hinder their access to fundamental rights such as education, work, leisure and,

*The LGBTQIAPN+ acronym was adopted to designate this population group from an expanded perspective, considering terminology updates related to all gender identity and sexual orientation expressions. However, the LGBT acronym was maintained when referring to the National Policy for Comprehensive LGBT Health, as this corresponds to the official designation in the regulation issued by the Ministry of Health.

especially, health services. Such structural inequality contributes to perpetuating social and health vulnerabilities, reflecting the need for public policies and professional practices that promote fairness and inclusion[2].

The consolidation of public policies targeted at the health of sexual and gender minorities is the result of a long and complex historical process marked by stigmas, persecutions and resistances. Homosexuality has been classified as a mental disorder for decades, and the World Health Organization (WHO) only removed it from the International Classification of Diseases (ICD) in 1990. Before that, institutional practices reinforced these individuals' marginalization[3-4].

An emblematic example dates back from the 1980s, during the so-called *Operação Tarântula* in São Paulo, when nearly 300 transvestites were imprisoned under the premise of containing dissemination of the Human Immunodeficiency Virus (HIV); this episode evidenced the moralist and discriminatory association between sexual diversity and disease[3].

Such events reveal that acknowledging the LGBTQIAPN+ population as subjects of right in the health field required intense social mobilization, especially by members of the movement itself and of civil society bodies, culminating in the formulation of specific policies targeted at promoting fairness and at fighting against inequalities in health[2].

Considering the specificities and vulnerabilities associated with the population health in a sexual and gender diversity context , the Ministry of Health (*Ministério da Saúde*, MS) instituted the National Policy for Comprehensive LGBT Health (*Política Nacional de Saúde Integral LGBT*, PNSI-LGBT)[5] in 2011. This initiative was structured in a cross-sectional and intersectoral way, seeking to interconnect different governmental and social spheres in knowledge production, in promoting social participation and in ensuring duly qualified assistance and care. The core objective of this policy was to deal with inequalities in health, in addition to developing effective actions targeted at prevention and at fighting against discrimination and violence, thus promoting fairness and respect toward sexual and gender diversity in the Unified Health System (*Sistema Único de Saúde*, SUS) scope[5-6].

Primary Health Care (PHC) is the main gateway to the SUS, responsible for coordinating care, promoting disease prevention and ensuring ongoing follow-up for users. This care level plays a strategic role for sexual and gender minorities, offering humanized care, strengthening trusting bonds and promoting sexual and reproductive health In addition to that, it enables suitable referrals to specialized services, contributing to reducing inequalities and to expanding fairness in accessing health services[7-8].

Although there are policies targeted at the health of this population group and even many years after their implementation, a large number of Nursing professionals are still unprepared to properly meet these requirements. Unawareness regarding the specificities inherent to this population segment can

delegitimize its singularities and manifest itself in several ways, such as care instances permeated by discrimination, inadequacy or stigmas[9].

In synthesis, although PNSI-LGBT is already institutionalized, challenges persist related to qualifying Nursing professionals to meet health requirements in the sexual and gender diversity context, which may exert an impact on the effective implementation of the policy guidelines in PHC. The rationale for conducting this study lies in the diverse evidence indicating knowledge gaps among these professionals, considering their strategic role in effectively implementing the actions foreseen in the policy and in consolidating assistance practices guided by the SUS equality principles.

Given this scenario, the current survey sought to answer the following research question: "How are self-reported knowledge and the one shown by nurses working in PHC about PNSI-LGBT and the fundamental concepts associated with sexual and gender diversity related?"

OBJECTIVE

To assess Family Health Strategy (FHS) nurses' knowledge level regarding PNSI-LGBT, including basic concepts inherent to this population group such as gender identity and sexual identity, as well as to verify mastery of these concepts to properly document them in medical records and registries.

METHODOLOGY

Study design, *locus* and period

This is a cross-sectional and descriptive study with a quantitative approach, conducted with nurses working in the FHS from the *Zona da Mata* micro-region (Minas Gerais), encompassing the municipalities of Guidoval, Rodeiro, Tocantins and Ubá.

Sample

This micro-region has 117 Basic Health Units (BHUs). Based on this number, it is estimated that there are approximately 117 nurses working in these units; however, it was not possible to establish a direct correspondence between number of professionals and number of BHUs. The sample was delimited by territorial clipping, including 40 units and totaling 40 nurses invited to participate. In all, 35 of them comprised the final sample analyzed, whereas 5 were considered losses due to refusal or for not returning the instrument.

Inclusion and exclusion criteria

The following criterion was considered to include participants in the research: nurses performing work activities in the FHS belonging to the study sample; in turn, the exclusion criterion corresponded to nurses away from work due to health reasons, leaves or holidays.

Study protocol

The data were collected between March and April 2025. A structured questionnaire adapted from an instrument already published in the national literature[10] was used for data collection. This tool address what nurses know about the assistance to be provided to the LGBTQIAPN+ population. The adaptation included a terminology update for the acronym and adding categories related to the new gender identity and sexual orientation expressions, as per the current guidelines.

The final instrument consisted in 13 questions organized into three blocks: (1) Assessing knowledge regarding sexual/gender diversity and about PNSI-LGBT; (2) Identifying assistance situations considered more difficult in terms of providing care to the LGBTQIAPN+ population; and (3) Verifying understanding related to the differentiation between gender identity and sexual orientation with the purpose of documenting these terms in medical records and registries.

The adaptation process consisted in a semantic review and conceptual update in charge of the researchers. The adapted version was not subjected to any formal psychometric validation or reliability analysis process.

Analysis of the results and statistics

The data obtained were tabulated in Microsoft Office Excel® and organized into tables and graphs, presenting the absolute and relative frequencies corresponding to the results. Subsequently, these data were compared to the findings in the literature on the topic. All the information collected may be used as basis for additional studies, allowing for an in-depth analysis of the variables involved and contributing to devising more effective strategies and policies. In addition to that, they will assist in developing new evidence-based methodologies and practices, contributing direct benefits to the study field and enhancing scientific knowledge on the topic.

Ethical aspects

The project was approved by the Research Ethics Committee (*Comitê de Ética em Pesquisa*, CEP) of *Centro Universitário Governador Ozanam Coelho* (UNIFAGOC) under Opinion No. 7,259,353 and Ethical Appraisal Submission Certificate (*Certificado de Apresentação para Apreciação Ética*, CAAE) No. 84660724.0.8108. The research followed the ethical precepts set forth in National Health Council (*Conselho Nacional de Saúde*, CNS) Resolution No. 466/2012 and the guidelines indicated in Circular Edict No. 2/2021/CONEP/SECNS/MS.

RESULTS

The participants' profile was characterized as follows: 32 women (91.4%) and 3 men (8.6%), evidencing the predominance of females in the profession.

The answers were analyzed in three blocks according to the structure adopted in the data collection instrument with the objective of enhancing clarity and organization when presenting the results.

Asked in the first block, questions 1 to 11 were intended to assess the professionals' knowledge regarding the LGBTQIAPN+ community and about PNSI-LGBT. In this block, it was sought to identify if nurses understood fundamental concepts such as sexual orientation and gender identity, as well as the difference between transvestites and transsexuals, in addition to recognizing terms such as “queer”, “intersex”, “asexual”, “pansexual” and “non-binary”.

The participants' familiarity level with the concept and use of social names was also researched, as well as what they knew about the rights of the transsexual and transvestite population in the SUS scope. This set of questions allowed outlining a panorama of nurses' theoretical knowledge level, an essential element to assess the PNSI-LGBT practical implementation capacity in the FHS context.

The following questions were analyzed for this study: 2, 6 and 8 from the first block and, finally, part of question 13 from the third block.

The participants were asked the following in the first block: “Do you know the difference between sexual orientation and gender identity?” The analysis of the results included in Table 1 shows that this distinction is not homogeneously understood among nurses. Associated with the proportion of in-depth mastery, the fact that the answers were concentrated at the “basic” and “intermediate” levels suggests that knowledge may be anchored in general notions, but not necessarily in structured conceptual comprehension. This pattern indicates weak consolidation of essential theoretical grounds to properly address demands related to sexual and gender diversity in the care practice.

Table 1. Knowledge regarding the difference between sexual orientation and gender identity. Minas Gerais, Brazil, 2025. (n=35)

Categories	n	%
I don’t know the difference	2	5.7%
I know little about the difference	5	14.3%
I have a basic idea of the difference	14	40%
I clearly know the difference	11	31.4%
I fully understand the difference	3	8.6%

The professionals also answered the following question in the first block: “Are you familiar with these terms: “queer”, "intersex”, “asexual”, “pansexual” and “non-binary”?” As presented in Table 2, predominance of low familiarity with these terms is noticed. Such finding suggests that the identity categories most recently incorporated to social academic debates have not yet been fully assimilated in the professional repertoire of the nurses evaluated. This gap may reflect that these themes are insufficiently addressed in the initial training or in ongoing education stages, indicating a possible disharmony between sociocultural transformations and technical-scientific updates.

Table 2. Knowledge regarding terms related to sexual and gender diversity. Minas Gerais, Brazil, 2025. (n=35)

Categories	n	%
I'm not familiar with the terms	10	28.6%
I'm hardly familiar with the terms	12	34.3%
I'm a little familiar with the terms	8	22.9%
I’m familiar with the terms	3	8.6%
I'm very familiar with the terms	2	5.7%

As for the “Do you know the National Policy for Comprehensive LGBT Health (PNSI-LGBT)?”, the data presented in Table 3 reveal that knowledge is predominantly concentrated at basic or null levels. The small proportion of professionals stating consistent mastery of the policy suggests weak institutional diffusion of its guidelines in the PHC scope. This result gains strategic relevance, considering that the effective implementation of the policy directly depends on front line care professionals appropriating its principles.

Table 3. Knowledge regarding PNSI-LGBT. Minas Gerais, Brazil, 2025. (n=35)

Categories	n	%
I don't know it	7	20%
I hardly know it	12	34.3%
I know its basic aspects	12	34.3%
I know it well	3	8.6%
I know it in depth	1	2.9%

Finally, the following question was asked to assess how the concepts were applied in the practice: "Classify the terms below as pertaining to sexual orientation or gender identity, considering their proper documentation in medical records and registries". The data analysis corresponding to Table 4 evidences inconsistencies in the classification, especially regarding the concept of "transsexuality". The presence of conceptual errors in the categorization indicates a possible dissociation between self-reported knowledge and its application in the practice. This finding suggests that self-reported familiarity with the topic may not necessarily be translated into operational conceptual mastery, which can exert impacts on quality of the records, on welcoming and on how assistance is provided.

Table 4. Classification of terms regarding sexual orientation and gender identity. Minas Gerais, Brazil, 2025. (n=35)

Concepts	Sexual orientation n/%	Gender identity n/%
Transsexual	14/40%	21/60%
Bisexual	30/85.7%	5/14.28%
Homosexual	32/91.42%	3/8.57%

DISCUSSION

Predominance of women was verified among the study participants; this result is in consonance with previous surveys that underscore Nursing as a mostly female profession. Consequently, the

findings detected in this study reinforce the gender profile widely noticed in the literature, evidencing that this feature is still current in the Nursing workforce composition[11].

Although this fact is not the main research focus, it allows situating the results in the profession's historical context, marked by sociocultural gender constructions that also exert an influence on perceptions, practices and training processes in the health field[11].

As shown in Table 1, when the participants were asked about the difference between sexual orientation and gender identity, it was noticed that most of them (40%) asserted only having a basic notion about the topic; in turn, a small percentage (8.6%) stated understanding that distinction in depth.

These results evidence that, although the subject matter is being increasingly discussed in society, there are still significant understanding gaps among the respondents. It is fundamental to differentiate these concepts, as this constitutes the basis to develop truly inclusive professional practices and public policies that respect all diversities[12].

The conceptual limitation that was identified suggests flaws in technical-scientific training, indicating the possibility that such contents are not being addressed in a structured and cross-sectional way in undergraduate Nursing curricula[13]. Recent studies have pointed out that training gaps in this theme are associated with professional insecurity, with inadequate communication and with perpetuation of institutional barriers in access to health for sexual and gender minorities[13].

The fact that 20% of the participants stated being unaware of or having limited knowledge about the topic evidences the need to implement educational actions that address gender and sexuality in a clear way. This is crucial in Nursing, as gender and sexual orientation are health determinants, and respectfully welcoming individualities exerts a direct impact on care quality[2].

In this sense, lack of conceptual mastery should not be exclusively understood as an individual gap but as a reflection of training processes historically centered on biomedical perspectives, with social determinants and identity dimensions scarcely incorporated to the clinical practice[14].

When analyzing Table 2, limited knowledge about lesser widespread identities is evidenced (particularly those that, although historically existing, started to occupy more space in the public debate). It is noticed that 62.9% of the participants asserted being scarcely familiar or not familiar at all with these concepts, with 28.6% totally unaware and 34.3% having superficial knowledge. Only a small part presented some familiarity level, with 22.9% asserting knowing a little, 8.6% stating being familiar with the terms and 5.7%, very familiar with them.

These data indicate that knowledge about sexual diversity is still concentrated on the traditional categories, whereas identities outside the binary gender scheme and heteronormativity remain scarcely recognized, evidencing the need to expand educational and training actions targeted at these topics[15].

This finding evidences a possible disharmony between contemporary sociocultural transformations and curricular and institutional updating in the health field[13]. The invisibility of non-binary or dissident identities can exert impacts on assistance practices that, even if not intentionally discriminatory, reinforce normative patterns and restrict full recognition of the users' subjectivities[16].

The data in Table 3 show that a large percentage of the participants has limited knowledge about PNSI-LGBT. It can be seen that 54.3% asserted being unaware of or having limited knowledge about the theme, with 20% totally unaware and 34.3% presenting superficial knowledge. The same percentage (34.3%) stated having basic knowledge, whereas only 8.6% asserted knowing the terms well and 2.9% knowing them in depth.

These results indicate that, despite the relevance of the policy for inclusive care promotion, its reach and understanding among professionals are still limited, reinforcing the need for training and educational strategies that enhance familiarity with these guidelines [17]. Such scenario suggests weak institutional diffusion of the policy guidelines and a possible insufficiency in terms of permanent education strategies targeted at its implementation. Considering that PHC is the main level for implementing the actions foreseen in PNSI-LGBT, limited appropriation of its principles can impair effectiveness of the equality actions foreseen in the regulation issued by the Ministry of Health[18].

Table 4 presents the distribution of the answers to question 13 from the third block, which sought to assess nurses' knowledge about the difference between gender identity and sexual orientation, aiming at properly documenting these terms in medical records and registries.

The data show that there is significant confusion regarding these concepts. For example, 32 participants associated the term "homosexual" with sexual orientation, whereas 3 mistakenly related it to gender identity. Similarly, "bisexual" was signaled as gender identity by 5 participants but as sexual orientation by 30. As for "transsexual", 14 participants properly classified it as gender identity, whereas 21 mistakenly connected it to sexual orientation.

The results indicate that, although nurses do have some knowledge about sexual and gender diversity, they face difficulties differentiating fundamental concepts for the clinical practice[17]. This gap evidences the need for specific training, ensuing that both records and care measures accurately reflect the patients' identities and orientations, promoting more inclusive and respectful assistance[10].

However, more than specific training options, the findings point to the need for training methodologies that integrate theory and practice, such as clinical simulations, case studies and institutional recording protocols, so as to consolidate operational competencies and not only declarative knowledge[18].

The comparison between the results obtained in question 2 from the first block ("Do you know the difference between sexual orientation and gender identity?") and question 13 from the third block evidences a paradox in nurses' knowledge. While 31.4% asserted clearly knowing the difference and 8.6% stated understanding it in depth, 13 were significantly confused in terms of practical application. Many participants oftentimes mistakenly classified terms such as "homosexual" and "bisexual" as gender identity, and "transsexual" as sexual orientation.

This discrepancy reveals that, although the professionals may claim possessing satisfactory theoretical knowledge about the difference between gender identity and sexual orientation, this understanding is not always translated into proper documentation and clinical care practices[10].

This disharmony represents one of the main study findings, as it evidences the difference between self-reported knowledge and applied competence. Such phenomenon has already been described in the literature as a gap between conceptual knowledge and clinical performance, indicating that educational interventions should prioritize significant and contextualized learning[19].

The paradox highlights the need for more effective educational strategies that not only convey concepts but also promote practical and safe application of these differences in the care provided to the LGBTQIAPN+ population[20]. In addition to the training dimension, the results also have institutional and managerial implications, indicating the importance of incorporating the theme of sexual and gender diversity to municipal ongoing education plans, to PHC assistance protocols and to processes targeted at monitoring the implementation of PNSI-LGBT. Consequently, care qualification ceases to be an exclusively individual responsibility and starts to be part of the structuring agenda of public health policies[21].

Study limitations

This study presents some limitations that should be considered when interpreting the findings. Having resorted to non-probability and by convenience sampling stands out in the first place; this may have introduced a selection bias and limited generalization of the results to other realities. In addition to that, the small sample size and the refusals recorded may have influenced data representativeness, especially considering the possibility that professionals more interested in or familiar with the topic may have been more willing to take part in the research. Another relevant aspect refers to the research geographical delimitation, restricted to specific municipalities from a micro-region in *Zona da Mata* (Minas Gerais), which limits extrapolating the results to other PHC contexts in Brazil.

Furthermore, although grounded in the previous literature and adapted as per terminology updates, the data collection instrument was not subjected to any formal psychometric validation process or reliability analysis, which may have exerted impacts on the accuracy of the measures obtained. The

response bias possibility should also be considered, as the data were self-reported and collected in a remote way, with the possibility of being influenced by subjective interpretation or social desirability.

Contributions to the Nursing, Health or Public Policy areas

This study offers a relevant contribution to understanding knowledge gaps on sexual and gender diversity, especially in the care provided to the LGBTQIAPN+ population at the PHC level. It also reinforces the need to train health professionals in how to provide more inclusive and respectful care in line with the specificities presented by this population group. In addition to that, it evidences the importance of understanding gender identity and sexual orientation as social determinants of health, ensuring their accurate documentation in medical records and registries and enhancing the effectiveness of policies such as PNSI–LGBT. The research will as serve as theoretical grounds for future educational actions, public policies and interventions targeted at promoting more inclusive and fair care for the LGBTQIAPN+ population.

CONCLUSION

The study evidences gaps in what PHC nurses know about PNSI-LGBT and regarding fundamental concepts related to sexual and gender diversity, indicating possible repercussions in the quality of the assistance provided. The findings point to the need to systematically incorporate these topics to training and ongoing education processes, so as to duly qualify implementation of this policy in the routines of health services.

By producing diverse evidence in a specific regional context, this research offers insights to plan institutional actions targeted at professional training and at strengthening assistance practices guided by equality principles. The recommendation is for future studies to expand the territory scope and adopt methodologically validated instruments, contributing to monitoring and improving care strategies for the population in a sexual and gender diversity context.

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Acknowledgments: None.

Funding: Scientific Initiation Scholarship Program – *Centro Universitário Governador Ozanam Coelho*.

Data Availability: All data are included in the manuscript.

Authors' contributions: Research conception and design: Juan da Silva Rocha and Gilson Soares Toledo. Data collection: Juan da Silva Rocha and Gilson Soares Toledo. Data analysis and interpretation: Juan da Silva Rocha and Gilson Soares Toledo. Writing of the manuscript: Juan da Silva Rocha and Gilson Soares Toledo. Critical review of the manuscript regarding its intellectual content: Juan da Silva Rocha and Gilson Soares Toledo.

Editor-in-Chief: André Luiz Silva Alvim