ORIGINAL ARTICLE

FACTORS AFFECTING THE WELCOMING OF TRANSGENDER PEOPLE: DISCOURSE OF PRIMARY HEALTH CARE NURSES

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Highlights: (1) Welcoming in health is essential for good service in PHC. (2) Prejudice is one of the barriers to providing quality welcoming. (3) There is a need for professional training to care for the trans population.

PRE-PROOF
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ABSTRACT

Aim: to identify the factors affecting the welcoming of transgender people from the perspective of Primary Health Care nurses. **Methodology:** This is a descriptive and qualitative study. The research was conducted with 13 nurses from Family Health Strategy units in a municipality in the hinterland of Paraíba, Brazil, during the year 2022. Data for this study were obtained through semi-structured interviews and analyzed based on the Collective Subject Discourse technique. **Results:** From the nurses' discourse, two categories of analysis were constructed: Nurses' perceptions of the barriers to welcoming the transgender population and Continuing education: a possibility for re-signifying the welcoming of trans people. **Conclusion:** The study identified factors that influence the welcoming of transgender people from the nurses' perspective. It was found that, although it is essential in Primary Care, this stage has gaps that hinder the establishment of bonds and progress in the consultation.

Keywords: Transgender People; Sexual and Gender Minorities; Primary Health Care; Primary Care Nursing; Welcoming.

INTRODUCTION

The term "transgenders" refers to both trans women and trans men. Trans people do not identify with their biological genitals nor with the sociocultural labels assigned to them. Frequently, this group undergoes bodily modifications through the use of hormones and/or sex reassignment surgeries, seeking to align their gender identity with their biopsychosocial understandings[1].

The experience of trans people is generally marginalized by society, which imposes heteronormativity as the social norm. Transgenders do not conform to traditional expectations of gender and sexuality, breaking with the notion that obligatorily associates gender with the anatomical-physiological body. The consequences of this process include exclusion from the

labor market, barriers to accessing education, and difficulties in achieving health services[2]. This stigmatization exposes the group to physical, psychological, and institutional violence, with increasing rates nationwide, mainly among transgender women and transvestites[3].

In this context, it is essential to consider the regulatory aspects that ensure the rights of the transgender population in Brazil. The 1988 Federal Constitution establishes health as a right for all and a duty of the State, including the promotion of well-being free from prejudice based on origin, race, sex, color, or age[4]. Furthermore, legal instruments and public policies, such as the National Plan for the Promotion of Citizenship and Human Rights of Lesbians, Gays, Bisexuals, Transvestites, and Transgenders; the National Policy for Comprehensive Health of the LGBT+ Population (PNSI-LGBT, as per its Portuguese acronym); and the ordinances regulating the gender-affirming process in the Brazilian Unified Health System (SUS, as per its Portuguese acronym), aim to reduce inequalities, promote social inclusion, and ensure access to adequate health services[5].

The bottlenecks faced by transgender people in Primary Health Care (PHC) contribute to the distancing of this group from health services. The shortage of information on the part of professionals, often associated with prejudiced attitudes, hinders the creation of bonds. As a way of protecting themselves from stigmatization, trans men and women may withhold information about their identity during care. Additionally, some health professionals and workers report feeling insecure when addressing issues related to gender identity[6].

Although SUS (Brazilian Unified Health System) is based on the principle of guaranteeing services that meet the needs of the trans population, its full implementation still faces hindrances. There is an urgent need to train professionals to provide care for trans people, especially in PHC, the gateway to the gender-affirming process and other health demands. In this context, the nurse plays a central role as a mediator of welcoming and humanized care. Therefore, the importance of ongoing education focused on the trans population should be highlighted, with the aim of raising awareness and qualifying nursing professionals for this specific care[7–8].

In light of the above, the following guiding question arises: what are the factors affecting the welcoming of transgender people, based on the discourse of PHC nurses? Thus, the current study aims to identify the factors affecting the welcoming of transgender people, based on the discourse of PHC nurses.

METHODOLOGY

This is a descriptive study, with a qualitative approach, conducted in 2022 with nurses linked to the Family Health Strategy (FHS) Units in a municipality in the hinterland of Paraíba, Brazil. At the time of data collection, the municipality had 25 FHS teams, each composed of one nurse, who were considered potential participants for the research. Nonetheless, data collection was concluded after the 13th interview, at which point theoretical saturation of the data was identified, a criterion that indicates the sufficiency of the information obtained to address the aims of the study.

Theoretical sampling was the technique adopted to determine the saturation point, understood as the moment when new interviews no longer bring properties, dimensions, or significant relationships to the phenomenon under investigation. Unlike a simple repetition of data, this criterion is based on the comparative analysis of significant incidents, until no new conceptual properties emerge in the process of coding and interpreting the data[9].

In this way, 13 nurses participated in the research, whose contributions were considered sufficient for the proposed analytical depth, according to the principles of the qualitative approach.

The adopted inclusion criteria were nurses working in the PHC of the municipality in question, with professional practice of six months or more, a period considered the minimum for establishing a connection with the service dynamics. As exclusion criteria, professionals who were on vacation, on leave, or absent for any other reason were considered.

Invitations to participate in the research and scheduling of the interviews were made in advance through a communication application, according to the availability of days and times most convenient for each professional. The interviews were conducted in person, in a private setting at the respective Primary Health Care Units (PHCU) where the nurses worked, ensuring privacy and comfort during data collection.

The data collection was conducted through semi-structured interviews, containing guiding questions such as: “What do you understand by the term transgender person?;” “Have you ever cared for transgender people? If so, how was that experience?;” “Could you describe your experiences or how the care for these people should be?;” and “What facilitates and what hinders the welcoming of transgender people in Primary Care?”

With the participants' consent, the discourses were recorded using the researcher's cellphone voice recorder and later fully transcribed into a text file using Microsoft Word®. Each interview lasted an average of 15 minutes.

The Collective Subject Discourse (CSD) was the data analysis technique used for the transcription, organization, and subsequent analysis of the data obtained through the interviews. CSD is recognized as an effective method for retrieving social representations, as it seeks to reconstruct these representations based on the preservation of the individual context associated with the collective[10].

The discourse is written in the first-person singular and structured based on Key Expressions (KEs) that share the same Central Idea (CI). This technique aims to represent, in a concise way, the perspective present in the participants' discourses. It is important to emphasize that the content of each testimony is not limited to a common category, but rather represents a reconstruction developed from excerpts of the discourses, in order to express social thought regarding a particular phenomenon[11].

CSD makes it possible to represent the collective expression of participants on a specific topic. Nonetheless, it does not imply that everyone shares exactly the same point of view, but that, within the group, these speeches exhibit a degree of homogeneity. The method is not limited to individual thoughts, but rather to their combination, allowing the construction of a social discourse that reflects collective representations[11].

This article is an excerpt from a Final Paper (TCC, as per its Portuguese acronym) for a Bachelor's degree in Nursing conducted at the Federal University of Campina Grande (UFCG, as per its Portuguese acronym), Cajazeiras campus. The research began only after approval by the Research Ethics Committee (REC) of the Center for Teacher Education (CFP, as per its Portuguese acronym) at UFCG, under Opinion nº 5.387.647. Data collection began after reading, understanding, and signing, in two copies, the Free and Informed Consent Form (FICF), by both the researcher and the study participants.

The study was conducted entirely in accordance with Resolution nº 466/2012 of the Brazilian National Health Council, respecting the cultural, moral, religious, and ethical values of the participants, ensuring the confidentiality of the information and the protection of their identity. The article was structured based on the Consolidated Criteria for Reporting Qualitative Research (COREQ).

In order to ensure the anonymity of the research participants, alphanumeric codes were used according to the order of the interviews, being identified as: E1, E2, E3, E4, E5, E6, E7, E8, E9, E10, E11, E12, and E13.

RESULTS

Characterization of the research participants

The sociodemographic profile of the participants in this research shows a predominance of nurses in the age group from 31 to 35 years (46.15%), followed by the age groups from 26 to 29 years and 36 to 39 years, both with 23.08% of the professionals, and only one participant over 39 years old (7.69%). Regarding gender identity, the majority (76.92%) identified as female. As for race/color, there is a majority of participants who identified as brown (61.54%), followed by white (30.77%) and black (7.69%).

With respect to academic background, the participants showed a high level of qualification, with 10 out of the 13 professionals holding postgraduate degrees. Of these, four have *stricto sensu* degrees (three masters and one doctor), while six completed *lato sensu* courses, with emphasis on areas such as Family Health, Women's Health, Child Health, Occupational Nursing, and Sanitary Surveillance Management. It is underlined that specialization in Family Health was the most common, reflecting an alignment between professional training and the specific demands of PHC. The advanced qualification of these nurses significantly contributes to practices focused on comprehensiveness, humanization, and quality of health care.

Regarding professional experience, diversity in the length of practice was observed. Two participants (15.38%) have been working in Nursing for 1 to 3 years, two for 4 to 7 years (15.38%), five for 8 to 11 years (38.46%), and four for 12 to 15 years (30.77%). In the specific context of Primary Care, three professionals (23.08%) have between 6 months and 3 years of experience, six (46.15%) have between 4 and 7 years, three (23.08%) have between 8 and 11 years, and only one (7.69%) has more than 12 years of experience. This overview reveals a group with significant experience in the context of PHC, an important aspect for the development of qualified care practices that are consistent with the principles of SUS.

Presentation and categorization of discourses

Based on the nurses' discourses, two categories of analysis were constructed: 1) Nurses' perceptions of the barriers to welcoming the transgender population; 2) Continuing education: a possibility for re-signifying the welcoming of trans people.

From the nurses' perspective, the first CI aimed to identify the barriers faced by the transgender population in accessing PHC services. Six participants contributed to this discourse: E1, E2, E4, E5, E7, and E9.

CI01 – Nurses' perceptions of the barriers to welcoming the transgender population

CSD01: *They suffer a lot of stigma from society in general, right? Maybe the biggest difficulty is finding respect from most people. Unfortunately, they feel marginalized by society. There is a barrier in seeking services [...] those spaces are not attractive to them, as they often do not feel welcomed. There are people who do not have the understanding to truly respect the right of a trans patient to use his/her social name. Not every team member can handle it, right?! The reception girls, since they are the ones who have the first contact with the patient, right? They keep saying, like, "I don't know if it's a man or a woman!" or "how should I address them?". It's very awkward, you don't know what to say or ask, and you're also afraid of offending them. I served a person, including during a COVID vaccination campaign. It was [...] like, honestly, the person didn't even seem transgender, and I only realized when I looked at the document, when I was doing the screening. Then, I looked at the document, looked at the person, and I was even a bit lost, not knowing how to handle the situation.*

In turn, CI02 expresses the nurses' view on the need to address themes related to transgender issues in their respective work contexts. Six interviewees participated in the construction of this discourse: E1, E4, E5, E6, E9, and E11.

CI02 – Continuing education: a possibility for re-signifying the welcoming of trans people

CSD02: *This group has its own policy, but few people are aware of it. Sometimes, in Primary Care, we are so overloaded that we give less importance and less visibility to certain policies, simply because we are not in contact with them that often. It's been about six years [...] five years since I graduated, and we also haven't had much training on how to approach, how to*

provide support, basically, nothing. I learned throughout the course of the work. There's Pink October, Blue November, Yellow September, there's [...] every month is a color, but there's no LGBTQ+ one. If there is, I'm sorry, I've never heard of it, because they don't give it importance (managers). I think we should have more specific programs for these people, right? Likewise, there is no training for the professionals. There are so many different areas, right?! I think they should work more on welcoming these people together with all the professionals in the municipality, right?!

DISCUSSION

In CI01, nurses highlight obstacles such as social stigma, the inadequacy of the health service environment, and the difficulty of being welcomed by other members of the multidisciplinary team. These bottlenecks These obstacles directly impact the transgender population's access to and permanence in health services.

The professionals' discourse refers to the fact that the PHCU environment is not perceived as attractive by transgender people, which contributes to the feeling of not being welcomed. The concept of a space predominantly oriented towards families — focusing on fathers, mothers, and children — is mentioned as one of the factors that generate a sense of non-belonging among transgender users in these services.

Another point of emphasis is the approach to transgender individuals, which is identified as an obstacle to the implementation of care. According to Bitencourt and Ribeiro[12], health professionals' limited familiarity with issues related to gender and sexuality contributes to situations of embarrassment experienced by transgender people, which may result in their distancing in relation to services. The authors interpret this lack of knowledge as a form of discrimination, since such a gap hinders a holistic approach by neglecting the subjectivity and specific needs of these users.

A study conducted in a city on the east coast of the United States supports the findings of the current research by highlighting the difficulties faced by health professionals in caring for the transgender population. Participants reported uncertainties regarding the provision of appropriate care, emphasizing the lack of specific clinical guidelines, the fear of adopting

non-standardized practices, and the complexity of addressing multiple health demands presented by these users[13].

In addition to nurses, other team members experience difficulties in handling situations involving transgender people. CI01 highlights that the reception team, responsible for the first contact with the patient, often shows insecurity in approaching these users.

According to Moura e Silva[14], the demand for the reception service in a health environment is generally perceived as a bureaucratic task for cisgender people. For transgender individuals, however, this procedure can represent a significant challenge, such as in ensuring the right to use their social name. In many situations, reception staff do not have adequate knowledge about transgender issues or about procedures related to the social name[15].

The training of all health care professionals who are in direct contact with the population is essential to ensure care that is inclusive and sensitive to the specific needs of the trans people. This involves, among other aspects, the correct use of pronouns and social names, as well as overcoming stigmas and prejudices that compromise the therapeutic relationship. The lack of adequate preparation can cause embarrassment, negatively affect access to services, and contribute to situations of discrimination, especially when there is a discrepancy between gender identity and official documents[16].

In this sense, it becomes necessary to implement strategies that promote a welcoming environment for the transgender population[17]. The lack of inclusion and the consequent self-exclusion of this group from the PHC services hinder the assistance process due to the absence of care procedures that take their individualities into account. This gap can lead to seeking clandestine treatments, increasing exposure to risks, and, consequently, the vulnerability of this group[18].

The mentioned issues contribute to the stigma surrounding the well-being of transgender people. Although there are legal provisions that ensure rights in various areas, including health, there is still no effective consolidation of these policies in the practice of PHC, according to Cohen and Tilio[19]. The authors emphasize that it is necessary to ensure comprehensive care that goes beyond the gender-affirming process.

The lack of familiarity on the part of nurses with the specific approach to transgender individuals creates barriers in terms of welcoming, since it hinders the investigation of the particularities of each individual. As shown in CI01, this difficulty is not limited to nursing

professionals, since the reception staff also faces obstacles when dealing with transgender patients.

Additionally, the environment of the health service directly influences the interaction with the patient. Participants from CI01 emphasize that the layout of the unit is often unattractive to this population. Informational materials primarily aimed at pregnant women or elderly citizens reinforce the perception that transgender people are not considered recipients of care, thus intensifying the feeling of not belonging.

In CI02, participants reported difficulties in the practical implementation of policies for caring for the transgender population, as well as a lack of management support to promote care. The shortage of resources guiding the work process makes it difficult for these patients to feel fully assisted in PHCUs[20]. In many cases, the practices adopted by professionals do not align with the principle of comprehensiveness advocated by SUS, making the dissemination of quality information necessary as a strategy to improve care[21].

The need for training on welcoming the transgender population is particularly relevant in PHC due to the longitudinal relationship that this service maintains with users. Training is important both for the nurse — responsible for welcoming the patient — and for the receptionists, who record essential personal information and need to approach the population appropriately, avoiding embarrassment.

Although there are legal guarantees, their practical application still faces barriers in PHC, compromising access to care. In order to enforce the rights provided for in legislation, the engagement of the professionals responsible for care is necessary[22]. Therefore, the planning of equitable care depends on the training of nursing professionals in such a way as to promote a comprehensive approach to patients, using techniques that meet their specific needs[23].

There is a growing use of educational materials as a strategy to promote health education. Studies emphasize the importance of accessible and understandable informational resources, especially for specific groups, highlighting the need to develop educational technologies that support decision-making and provide clear information[21]. These materials contribute to improving the welcoming process, facilitate the understanding of health guidelines, and positively impact patient satisfaction, thus promoting more humanized and qualified care.

In addition to educational materials, it is the responsibility of PHC managers to provide training for teams on how to approach the transgender population. These trainings can take place through workshops, short courses, conferences, and events that encourage discussion on topics related to trans health. In line with the recommendation for social participation in SUS, it is advised to involve transgender people to engage with professionals, sharing experiences, insights, and proposals for improving care.

At the same time, it is necessary to promote a visually welcoming environment through posters, pamphlets, and other materials that convey respect and value the individualities of the transgender population. These materials should be accessible to all visitors of the facility, addressing the rights of the trans population and providing relevant health information, such as cervical cancer prevention for trans men who have not undergone gender-affirming surgery. Trans health care should go beyond gender transition processes and hormone therapy, thus encompassing all the health needs of this group.

FINAL CONSIDERATIONS

The current study allowed for the identification of the factors involved in the process of welcoming transgender people based on the discourse of PHC nurses. Welcoming in health is understood as the first and essential step for the development of a quality service, especially in PHC. Nonetheless, gaps are observed even at this stage, making it difficult to establish bonds and progress through the other phases of the service.

Nurses highlight barriers that compromise the provision of adequate welcoming for transgender people in PHC. In addition to the social prejudice faced by this group, factors related to the organization of the service itself also limit access, such as inadequate facilities — often lacking elements aimed at this population — and the difficulty on the part of reception staff in using their social names.

The participants underscore the need for investments in professional training. Although they acknowledge the existence of policies aimed at the transgender population, work overload and the prioritization of other groups by managers represent obstacles to the implementation of these regulations. In addition to nurses, it is essential that other team members, such as receptionists — responsible for the first contact with the patient and for recording personal information — also receive adequate training.

As a limitation of the study, the shortage of research focused on the transgender population in the context of PHC should be highlighted. The relevance of this research lies in providing support for understanding the nurses' experience in caring for transgender people, emphasizing the importance of humanized care and continuing education on transgender issues. In this sense, the study contributes to broadening the perspective of the family health team regarding the specificities of this population, promoting the implementation and strengthening of public health policies, as well as fostering the accessibility and inclusion of transgender people.

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Mariana Alexandre Gadelha de Lima:	Conception; Data curation; Formal analysis; Investigation; Methodology; Project administration; Provision of tools; Design of data presentation; Writing of the original manuscript; Review and editing.
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FACTORS AFFECTING THE WELCOMING OF TRANSGENDER PEOPLE: DISCOURSE OF PRIMARY HEALTH CARE NURSES

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