NURSES CARING FOR LESBIANS
OS CUIDADOS DO ENFERMEIRO ÀS LÉSBICAS
LOS CUIDADOS DEL ENFERMERO A LAS LEBIANAS

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ABSTRACT

Objective: to identify how nursing care is addressed to lesbians. **Method:** this is an integrative review study, in the LILACS, PUBMED / MEDLINE and BDNF databases, in publications between 2013 and 2017, using the descriptors lesbian, women's health and nursing care, and presented in the text in the form of figures. **Results:** 790 articles were publications that did not agree with the pre-established timeline; 68 did not have the summary available for the initial consultation; 39 were revisions; 19, reflections; 793 did not mention nursing care for lesbians in the initial reading of their abstracts, and seven were duplicate articles, resulting in ten studies. **Conclusion:** the need for further studies involving lesbian sexual orientation and nursing care in Brazil was identified as a priority, as well as showing that many nurses provide care to women based on the mistaken idea that all are heterosexual and, they do not provide effective care because they do not provide guidance on key health care. **Descriptors:** Lesbian; Nurses; Nursing Care; Women's Care; Prejudice; Mental Health.

RESUMO

Objetivo: identificar como está sendo abordado o cuidado do enfermeiro às lésbicas. **Método:** trata-se estudo tipo revisão integrativa, nas bases de dados LILACS, PUBMED/MEDLINE e BDNF, em publicações entre os anos de 2013 a 2017, utilizando-se os descritores lésbica, saúde da mulher e cuidados de enfermagem, e apresentados no texto em forma de figuras. **Resultados:** 790 artigos eram publicações que não estavam de acordo com a linha temporal pré-estabelecida; 68 não tinham o resumo disponível para a consulta inicial; 39 eram revisões; 19, reflexões; 793 não falavam do cuidado do enfermeiro às lésbicas na leitura inicial dos seus resumos e sete eram artigos duplicados tendo, como resultado, dez estudos. **Conclusão:** identificou-se, como prioridade, a necessidade de mais estudos que envolvam a orientação sexual lésbica e os cuidados de Enfermagem no Brasil, além de revelar que muitos enfermeiros prestam cuidados às mulheres partindo do pensamento equivocado de que todas são heterossexuais e, com isso, não prestam uma assistência eficaz, pois não as orientam sobre os principais cuidados de saúde. **Descritores:** Lésbica; Enfermeiro; Cuidado de Enfermagem; Saúde da Mulher; Preconceito; Saúde Mental.

RESUMEN

Objetivo: identificar cómo se está abordando el cuidado del enfermero a las lesbianas. **Método:** se trata de un estudio tipo revisión integrativa, en las bases de datos LILACS, PUBMED / MEDLINE y BDNF, en publicaciones entre los años de 2013 a 2017, utilizando los descriptores lésbicos, salud de la mujer y cuidados de enfermería, y presentados en el texto en forma de figuras. **Resultados:** 790 artículos eran publicaciones que no estaban de acuerdo con la línea temporal preestablecida; 68 no tenían el resumen disponible para la consulta inicial; 39 eran revisiones; 19, reflexiones; 793 no hablaban del cuidado del enfermero a las lesbianas en la lectura inicial de sus resúmenes y siete eran artículos duplicados teniendo como resultado diez estudios. **Conclusión:** se identificó como prioridad la necesidad de más estudios que involucren la orientación sexual lesbiana y los cuidados de Enfermería en Brasil, además de revelar que muchos enfermeros prestan atención a las mujeres partiendo del pensamiento equivocado de que todas son heterossexuales y, con ello, no prestan una asistencia eficaz, ya que no las orientan sobre los principales cuidados de salud. **Descritores:** Lesbiana; Enfermeros; Atención de Enfermería; Salud de la Mujer; Prejuicio; Salud Mental.

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INTRODUCTION

It is known that the very minute discussions about the health of lesbians cause them to become vulnerable to cervical cancer, mainly because of the mistaken idea that they are not at risk of infection by the Human Papilloma Virus (HPV), causing many to leave to receive early diagnosis through preventive exams.¹

It is worth noting that another problem with regard to the health of these women is the increase in alcoholism and mental disorder, which can result from prejudice and discrimination. For this reason, public policies must guide, in their effectiveness, ways of making society aware of the elimination of any form of oppression.²

It also reinforces prejudice because of the lack of public policies and government support.³ In addition, in 2015, the United Nations also began to recognize discrimination against lesbian, gay, bisexual, transvestite and Transgender (LGBT) as a threat to health.⁴

It should be emphasized that, in health care, the reception should be carried out without prejudice through a non-heteronormative bias taking into account the equity and universality, which are principles of the Unified Health System (UHS).⁵

It is emphasized that heteronormativity or heterosexism is the misconception that all people are or should be heterosexual, considering the other orientations as unnatural or deviant.⁶

Thus, it is important to expand the research on the health of lesbians in order to guide the professionals in the assistance contributing to the non-reproduction of prejudices and value judgments, as well as to collaborate in the implementation of public health policies.⁷

Nurses who, according to a code of ethics, must provide care without prejudice and discrimination to any person are among the health professionals.⁸ Nursing care can be compromised, since a nurse who has difficulty dealing with the sexual diversity, on account of its moral precepts, could eventually undermine health care and establish the current heteronormative model.⁷

It is advisable, however, that it is pertinent to broaden the research on the health of lesbians and to know what is being discussed on this subject.

OBJECTIVE

- To identify how nursing care for lesbians is being approached in national and international scientific literature.

METHOD

It is an integrative review of the literature (IRL) ⁹ through the following steps: identification of the theme and selection of the research question; establishment of inclusion and exclusion criteria; identification of pre-selected and selected studies; categorization of selected studies; analysis and interpretation of results; presentation of knowledge review / synthesis.⁹

The choice of this theme was naturally supported by the importance of understanding the health demands of this population based on the investigation of their particularities. With this, the following guiding question was defined: How it is approached, in the national and international scientific literature, the care of the nurse to the lesbians?

After defining the research question, the inclusion criteria referring to studies from 2013 to 2017 in Portuguese, English and Spanish were listed. The choice of this timeline was to investigate the most recent studies on this subject and based on the National Policy on Integral Health of Lesbian, Gay, Bisexual, Transvestite and Transsexual. Among the exclusion criteria were publications that did not have the abstract available for the initial reading, those that dealt with other reviews, reflections, and those that did not address the practices or suggestions of nursing care for lesbians.

This research was carried out in the databases LILACS (Latin American Literature in Health Sciences), MEDLINE / PUBMED (Medical Literature Analysis and Retrieval System Online); BDENF (Nursing Database) between February and April 2018.

The terms / keywords were then defined according to their indexing in the Health Sciences Descriptors (HSD), among them, lesbian, women's health and Nursing care, doing the individual research of the terms and by of the combination with the Boolean operators "AND".

The studies were identified by reading the titles and summaries of the surveys according to the inclusion and exclusion criteria. Subsequently, an exhaustive reading of the pre-selected publications was made to define which would be used in the final analysis and, consequently, the definition of the categories according to the themes discussed by

performing the analysis and presentation of the results of the review and synthesis of knowledge.

For the data collection, a validated form was used in the survey¹⁰ containing information on the origin and name of the article, the year of publication, the periodical and the considerations or thematic.

The analysis of evidence classified into seven levels was used as support: Level I - Systematic review study or meta-analysis; Level II - Controlled and randomized clinical trial; Level III - Clinical trial delineated quasi-experimental or without randomization; Level

IV - cohort or case-control study; Level V - Systematic review studies with descriptive and qualitative methods; Level VI - Study with descriptive or qualitative methodology; Level VII - Studies with opinions in reports as technical opinion of specialized committees.¹¹

RESULTS

1726 studies were initially selected, eight of LILACS, 1714 of MEDLINE / PUBMED and 04 of BDENF by means of permutation of the descriptors defined in the methodology, as shown in figure 1.

	LILACS	MEDLINE/PUBMED	BDENF
Lesbian and woman's health	07	808	03
Lesbian and Nursing Care	01	906	01

Figure 1. Searches found by means of the combination of the descriptors without the use of the inclusion and exclusion criteria. Belém (PA), Brazil, 2017.

From the articles found after the descriptor combinations, we obtained 790 publications that did not agree with the pre-established timeline; 68 did not have the summary available for the initial consultation; 39 were

revisions; 19, reflections, and 793 did not mention nursing care for lesbians in the initial reading of their abstracts resulting in 17 studies. The data are presented in figure 2.

LILACS Articles found 08	MEDLINE/PUBMED Articles found 1714	BDENF Articles found 04
02 excluded by the timeline and 06 selected for the analysis of other criteria. No abstract: 0 No Nursing Care: 04 Reflexions: 0 Revisions: 02 Excluded: 06 Result for the analysis: 0	788 excluded by the timeline and 926 selected for the analysis of other criteria. No abstract: 68 No Nursing Care: 786 Reflexions: 18 Revisions: 37 Excluded: 909 Result for the analysis: 17	0 excluded by the timeline and 04 selected for the analysis of other criteria. No abstract: 0 No Nursing Care: 03 Reflexions: 01 Revisions: 0 Excluded: 04 Result for the analysis: 0
Total articles found:17 / Duplicates: 07/ Selected for final analysis: 10 articles		

Figure 2. Detail of research on nursing care of lesbians. Belém (PA), Brazil, 2018.

After the elimination of the studies that did not meet the inclusion and exclusion criteria, seven duplicate articles were removed from the sample and, as a final result, ten publications for this review are presented in Table 2.

It is emphasized that all the articles of this study had level of evidence VI. Thus, also, the

journals used were from specialized journals in Nursing.

During the research in the databases, the shortage of recent publications related to the issue of Nursing care for lesbians in Brazil was detected. This was confirmed because, among the ten RIL studies, eight were conducted in the USA, one in Canada and one in Turkey.

Origin	Title of the article	Authors/Periodicals (Vol, num, pag, year)	Considerações/Temática
MEDLINE/PUBMED	‘Nurses don’t deal with these issues’: nurses’ role in advance care planning for lesbian, gay, bisexual and transgender patients. ¹²	Carabez R, Scott M. Journal of Clinical Nursing. 25, 3707-3715. 2016.	Lesbian, gay, bisexual and transgender and same-sex couples face certain barriers and obstacles compared to heterosexuals. LGBT’s or couples of the same gender are vulnerable because of stigmatized status in society. Many LGBT individuals still do not receive equal treatment, particularly when it comes to their health.
MEDLINE/PUBMED	Building Nurses’ Capacity to Address Health Inequities: Incorporating LGBT Health Content in a Family Nurse Practitioner Program. ¹³	Yingling CT, Cotler K, Hughes TL. Journal of Clinical Nursing.26 (17-18): 2807-2817. 2017	Nursing professional organizations need to develop guidelines for curricular content and competencies related to the care of patients and clients of sexual minority. This guidance should support the constantly evolving definition of this group, which includes lesbian, gay, bisexual, transgender, queer, intersex and asexual people (LGBTQIA).
MEDLINE/PUBMED	Do student nurses feel a lack of comfort in providing support for Lesbian, Gay, Bisexual or Questioning adolescents: what factors influence their comfort level? ¹⁴	Richardson BP, Ondracek AE, Anderson, D. Journal of advanced nursing. 73 (5), 1196-1207. 2016	It is important that educational institutions increase self-awareness and confidence in Nursing students by ensuring that lesbian, gay, or bisexual issues are taught in Nursing curricula. Second, it is important to provide a safe environment for exploring concerns and challenging negative premises and stereotypes both in educational settings and in practice.
MEDLINE/PUBMED	Magnet nurse administrator attitudes and opportunities: Toward improving lesbian, gay, bisexual, or transgender-specific healthcare. ¹⁵	Klotzbaugh R, SPENCER G, the journal of nursing administration. 44 (9), 481-6, 2014	The evidence provided by this study indicates moderate levels of homonegativity among nursing executives in which they are recognized as the nation's leading medical institutions. Implications for the analysis of culturally significant and substantially inclusive methods of recognition, evaluation and enhancement of LGBT populations are imperative. This consideration will broaden the understanding of diversity and cultural competence, providing greater clinical, academic and social sensitivity. In addition, these advances will support the responsibility of Nursing professionals in advocacy, equality and human rights.
MEDLINE/PUBMED	Quantitative and mixed analyses to identify factors that affect cervical cancer screening	Johnson MJ, Mueller M, Eliason MJ, Stuart G, Nemeth LS. Journal of Clinical Nursing, 25 (23-	Many factors that contrast between quantitative and qualitative data deserve

	uptake among lesbian and bisexual women and transgender men. ¹⁶	24), 3628-3642, 2016.	greater attention by researchers including the specific knowledge of lesbian, bisexual and queer cervical screening, the impact of interpersonal support on screening behavior and the barriers and facilitators for non-routine breeders who reveal their sexual orientation to health care providers. Finally, the perspective of health care providers on this subject is conspicuously absent in the literature and therefore future research should address this gap.
MEDLINE/PUBMED	Racial/ethnic differences in unmet needs for mental health and substance use treatment in a community-based sample of sexual minority women. ¹⁷	Jeong YM, Veldhuis CB, Aranda F, Hughes TL. Journal of Clinical Nursing, 25 (23-24), 3557-3569, 2016.	Women of sexual minorities are at a higher risk of depression and alcohol dependence, and although the use of treatment is high, there is unmet need potential for both mental health and substance use treatment, particularly among latina women. These findings suggest the need for treatment that is culturally adapted to the life experiences of sexually minority women with racial particularity.
MEDLINE/PUBMED	Sexual identity development: relationship with lifetime suicidal ideation in sexual minority women. ¹⁸	Dirkes J, Hughes T, Ramirez-Valles J, Johnson T, Bostwick W. Journal of Clinical Nursing, 25 (23-24), 3545-3556, 2016	The results suggest that the younger age at the early stage of the development of sexual minority identity may be a risk factor for suicidal ideation throughout life. Thus, it appears that the initial phase of the development of sexual minorities is more than the age itself which is associated with adverse health outcomes.
MEDLINE/PUBMED	Social Support, Self-Rated Health, and Lesbian, Gay, Bisexual, and Transgender Identity Disclosure to Cancer Care Providers. ¹⁹	Kamen CS, Smith-Stoner M, Heckler CE, Flannery M, Margolies L. Oncology Nursing Forum, 42 (1) 44-51, 2015	The factors that involve administering a diagnosis of cancer to LGBT patients are quite distinct from the factors affecting heterosexual patients. The creation of safe environments for these patients can improve care for this population.
MEDLINE/PUBMED	The attitudes of the undergraduate nursing students towards lesbian women and gay men. ²⁰	Unlu H, Beduk T, Duyan V. Journal of Clinical Nursing, 25 (23-24), 3697-3706, 2016	Curricula and books should be edited to remove heterosexism in language, gender, and sexual preferences. Workshops should be held to improve the perception of university and non-academic officials regarding lesbian and homosexual women. A consultancy unit should be set up on lesbian and gay men for psychological, social and regulatory problems

MEDLINE/PUBMED	The meaning of quality of care in home care settings: older lesbian and bisexual women’s perspectives. ²¹	Grigorovich A. Scand J Caring Sci, 30 (1), 108-16,2015	they face. Support for student training, academic and non-academic staff should be obtained from lesbian women and homosexual organizations. Home care is provided within an institutional environment that does not explicitly recognize the existence of LGBT people, nor the barriers they face in accessing quality care. Supporting changes in providers' practices will also require addressing the presence of heteronormativity in the Canadian health system and health policy. Evidence shows that participants considered the quality of care based on principles of a feminist ethic of care including care, competence, responsiveness, and accountability. In addition, participants identified that the comfort and sensitization of providers to sexual diversity were key to enabling quality care based on these principles.
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Figure 3. Articles found after the search criteria. Belém (PA), Brazil, 2018.

DISCUSSION

It is evaluated that the importance of publications on the subject arose from the problems that can come from the lack of knowledge about the demands of the lesbians with regard to health, being that there is an urgent need for more research in this field aiming to guide the professionals in the assistance and in the implementation of public policies. From this angle, it becomes clear that this type of orientation is fundamental for nurses in their work activities providing a quality service to these women.

It was generally perceived after a thorough reading of the articles that common themes were identified and, therefore, categories were listed for a more careful analysis of this RIL, namely: The physical and mental health of lesbians; Heteronormativity and prejudice in health care; Training, training and suggestions for nursing care for lesbians.

♦ The Physical and Mental Health of Lesbians

It is described, in one of the studies listed in this RIL, that 291 LGBT's were diagnosed with cancer. Among them, 157 (54%) were homosexual and 110 (38%) were lesbian. Breast cancer was the one with the highest registry, with 69 (24%) cases, and ovarian or endometrial cancer added 20 (7%) cases.¹⁹

It has been shown in other research conducted with lesbians in New South Wales, Australia, that many of them do not accept cervical screening because it is an invasive procedure because there is penetration through the use of the speculum, as well as being afraid of pain and bleeding and others compare the examination with the loss of virginity.²²

It is explained that, in addition to these risks related to the health of lesbians, there are other demands regarding health, which is the risk of depression and alcohol dependence compared to heterosexual women, being evidenced in one of the studies of this RIL, who investigated the health of African-American, Latino and white lesbians and bisexual women.¹⁷

Another point about mental health was made available through the data from the Chicago Health and Life Experiences of Women (CHLEW), which verified the suicidal ideation of lesbians and bisexual women during adolescence, especially those without parental support sexual. It was emphasized, then, that women counting on parental protection had a lower risk of suicide compared to women without parental

support. In addition to the latter, those who suffered abuse during childhood are the two most likely aggravating factors of suicide identified by the study.¹⁸

It is revealed that it is important, given the problems highlighted, to find ways to improve care. Therefore, a study carried out with professionals and users of basic health care of lesbians had as indicative some recommendations for improvement in care, namely: investment in research on lesbian health and women who have sex with women; protocols for this demand; professional qualification to avoid discrimination in health services and to bring professionals closer to social movements.²³

As a result of these demands, a National Policy on Integral Health for Lesbians, Gays, Bisexuals, Transsexuals and Transsexuals was created to provide comprehensive, humanized care that promotes professional qualification in all the levels of assistance, seeking to reduce discrimination within the UHS.²⁴ Similarly, all these inclusive policies for this segment must be integrated and based on relations that aim at respect and responsibility for the next.²⁵

Heteronormativity and prejudice in health care

Other studies on heteronormativity have been developed in this second category, which point out that actions for the health of women are still directed especially towards adults and heterosexuals, not giving visibility to those that do not agree with this profile.²⁶ With this, the heteronormativity in health care professionals tends to contribute to the sickness of the population that breaks with this normative standard, being an ethical dilemma that should be widely discussed and deconstructed within the health services.²⁷

It is believed that the norm of normality in relation to the female gender, within these institutions, determines the heterosexual orientation as mold, that is, that women have sex with only men, ignoring the diversity that is sexuality.²⁸

It was verified in one of the articles selected in this review that it is necessary to ask the patients their sexual orientation because, through this information, it is possible to orient oneself on the risks to health not to provide care as if all the people were heterosexual.¹⁷

Other research has also been selected which also points out that the dissemination of gender orientation or identity is important for improving the health of LGBT patients,

when the professional hears this information with respect and without prejudice.¹⁹

It should be noted that, with a more humanistic approach, health professionals, when providing care, should not discriminate against them, especially when they are based on personal conceptions, be they religious or rights to anyone.²⁸

Based on these theoretical conceptions, it is warned that prejudice and discrimination can cause suffering and illness, that new studies, training and actions aimed at equity in UHS should be practiced so that all subjects will be treated with respect and according to their particularities.²⁴

It was found and confirmed in one of the studies, 21 whose response to the investigation came from the perspective of lesbian and bisexual women about the care provided to them, who pointed out that they felt more welcome when the care providers had knowledge about sexual diversity, and this information is relevant for the implementation of public policies.

♦ Training, training and suggestions for nursing care for lesbians

It is recommended, in the third category, that nurses play an important role in care. So it should seek to improve its practices to provide greater comfort to LGBT people who, in addition to being ill, can still be victims of prejudice because of their sexual orientation or gender identity.¹⁹

In a study selected for the research, it was shown that nurses are the ones who are most present in health care, and this is a favorable factor for the promotion of health education, which provides greater attention to routine exams, aiming at prevention of cervical cancer and other diseases.¹⁶

It should be noted that the importance of nurses is also mentioned in another research mentioning that these professionals also spend more time within the health services, so they need to be aware of the risk of suicide when it is motivated by prejudice because of the orientation non-normative sexual.¹⁸

It is necessary to reflect on the importance of a care without prejudice, which is essential for the defense of human rights, and this is evidenced in a research with coordinators or heads of Nursing of hospitals in the USA showing that the good acceptance of the sexual diversity can promote health.¹⁵

Therefore, it is necessary for the health services to have a better quality, for professionals to be able to promote care with equity, thus respecting sexual diversity and human rights.²⁹

As an example of this training, the training of professionals who perform the cervical cancer preventive (CCP), that is, work with a continuous training of the teams in order to provide better care is mentioned. These skills have to excel in quality, as many practitioners are sensitive and understand diversity, but do not have expanded knowledge to promote effective care for these women. It should be emphasized that integral health requires integrated, intersectoral and intersectoral care.³⁰

Nurses should be made aware of how to deal with the particularity of sexual diversity also in the understanding of diversified family formations, such as a couple formed by women. It was pointed out, in another study of this review, that the nurses feel difficulty in dealing with this subject, therefore, these professionals must receive training so that they can provide care to this group.¹²

It is understood that, therefore, all those who are part of the health system, including the Family Health teams, need to understand the new family formations, such as homoffective families, which must be respected as well as families formed by heterosexual couples.⁵

It should be emphasized, however, that health professionals present difficulties in dealing with sexual diversity due to inadequate academic training during undergraduate periods.²⁶

In this sense, a study on the implementation of the LGBT health theme in the Nursing curriculum in the Midwestern state of the United States shows that it is important to educate about this subject with these future professionals.¹³ Many students are sensitive the demands regarding sexual diversity, however, indicate that they do not feel empowered, and this is pointed out in a research with Nursing students that had the intention of reporting the sensations during the care of LGBT adolescents.¹⁴

In relation to the importance of guidance from the Academy, a study in Turkey with 964 nursing students about their behavior towards lesbians and gays showed that those who were religious or from conservative families had negative attitudes in relation to lesbians and gays. Already the students who differed from this profile had no discrimination with this group.²⁰

It is emphasized, with these data, that it is necessary to address the discussion of ethics in health services and professional training aiming at respect and humanization towards

those who provide assistance seeking a care free of prejudice and discrimination.⁵

The ethics of care was cited in one of the articles listed in this review. As an example, the respect of professionals when they value the autonomy and decision-making power of their patients about their own health care, in addition to exposing that it is beneficial the care that is not tied to heteronormativity.²¹

CONCLUSION

As a priority, through this integrative review, for all the adjacent aspects analyzed regarding the health of lesbians, the need for further studies involving lesbian sexual orientation and nursing care in Brazil evidencing that nurses need to be able to deal with the particularities and demands of this public.

This training is mainly beneficial in the fight against heteronormativity in care, which was also pointed out in this study, and it is revealed that many nurses provide care to women starting from the mistaken idea that all are heterosexual and, therefore, do not provide a effective care, as they do not advise them on the main health care.

Prejudice and discrimination are referred to as harmful factors in lesbian health care, and these other important aspects are analyzed. In this perspective, it is up to the nurse to aim at the humanization and ethics during the care giving off of its moral precepts in order not to commit institutional violence to these women.

It is believed that the training of nurses, still in the academy, is another essential aspect for the reception of lesbians seeking the promotion of health through interventions aimed at the comfort and respect given to these patients.

It is noted, therefore, that there is a precariousness of epidemiological studies on the subject at the national level that needs to be suppressed. Therefore, other studies on the main health demands are recommended in order to contribute to the elaboration and implementation of public policies of great value for all.

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