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NURSING EDUCATION AND SEXUAL AND GENDER DIVERSITY: A CURRICULAR REVIEW AND FACULTY PERSPECTIVES

FORMAÇÃO EM ENFERMAGEM E DIVERSIDADE SEXUAL E DE GÊNERO: ANÁLISE CURRICULAR E PERSPECTIVAS DOCENTES

FORMACIÓN EN ENFERMERÍA Y DIVERSIDAD SEXUAL Y DE GÊNERO: ANÁLISIS CURRICULAR E PERSPECTIVAS DOCENTES

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Objective: to examine how sexual and gender diversity is addressed and integrated into the curriculum and pedagogical practices based on the Course's Pedagogical Project, the undergraduate Nursing curriculum, and faculty perspectives. Method: this qualitative, descriptive, and exploratory study was conducted in two complementary stages: document analysis and interviews with faculty members from a university located in the Northern Region of Brazil. Data analysis was conducted in accordance with the thematic analysis framework proposed by Minayo. Results: three categories emerged from the study: Nursing Education and Commitment to Sociocultural Diversity; Pedagogical Principles and Reflective Practice in the Curriculum; and Curricular Gaps and the Overlooked Health Needs of LGBTQIAPN+ Populations. Document analysis highlighted a gap between the institution's inclusive discourse and its actual curricular implementation. Final considerations: investing in diversity education represents

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an ethical and political commitment to social justice while promoting inclusive and transformative Nursing practice in the twenty-first century.

Descriptors: Curriculum. Universities. Sexual and Gender Minorities. Education, Nursing. Sex Education.

Objetivo: analisar a abordagem e a articulação entre currículo e práticas pedagógicas voltadas à diversidade sexual e de gênero, com base no Projeto Pedagógico de Curso, nos planos de ensino da graduação em Enfermagem e na perspectiva de docentes. Método: estudo qualitativo, descritivo e exploratório, desenvolvido em duas etapas complementares: análise documental e entrevistas com docentes de uma universidade, na Região Norte do Brasil. A análise dos dados seguiu os princípios da análise temática, conforme Minayo. Resultados: emergiram três categorias, denominadas Formação em Enfermagem e Compromisso com a Diversidade Sociocultural; Princípios Pedagógicos e Prática Reflexiva no Currículo; e Lacunas Curriculares e Invisibilidade da Saúde LGBTQIAPN+. A análise documental evidenciou discrepância entre o discurso institucional de inclusão e a prática curricular efetiva. Considerações finais: investir na educação em diversidade é compromisso ético e político com a justiça social e o fortalecimento de uma Enfermagem inclusiva e transformadora no século XXI.

Descritores: Currículo. Universidades. Minorias Sexuais e de Gênero. Educação em Enfermagem. Educação Sexual.

Objetivo: analizar el enfoque y la articulación entre el plan de estudios y las prácticas pedagógicas orientadas a la diversidad sexual y de género, sobre la base del Proyecto Pedagógico del Curso, el plan de estudios de la Carrera de Enfermería y las perspectivas docentes. Método: estudio cualitativo, descriptivo y exploratorio, desarrollado en dos etapas complementarias: análisis documental y entrevistas con docentes de una universidad de la región norte de Brasil. El análisis de los datos siguió los principios del análisis temático, según Minayo. Resultados: surgieron tres categorías, denominadas Formación en Enfermería y Compromiso con la Diversidad Sociocultural; Principios Pedagógicos y Práctica Reflexiva en el Plan de Estudios; y Lagunas Curriculares e Invisibilidad de la Salud LGBTQIAPN+. El análisis documental puso de manifiesto la discrepancia entre el discurso institucional de inclusión y la práctica curricular efectiva. Consideraciones finales: invertir en la educación en diversidad es un compromiso ético y político con la justicia social y el fortalecimiento de una enfermería inclusiva y transformadora en el siglo XXI.

Descriptores: Curriculum. Universidades. Minorías Sexuales y de Género. Educación en Enfermería. Educación Sexual.

Introduction

Historically, individuals identifying as Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Pansexual, and Non-Binary (LGBTQIAPN+) have been subjected to stigmatization and marginalization, reflecting a socially hegemonic heteronormative structure that permeates political and cultural contexts and, alarmingly, healthcare services. Notably, prejudice and systemic exclusion generate various forms of violence, discrimination, and rights denial, further increasing social vulnerability for individuals with diverse sexual orientations, gender identities, and gender expressions[1].

Thus, Nursing, as both a scientific field and a socially engaged practice, holds a key role in promoting health equity and protecting rights for vulnerable populations, including LGBTQIAPN+ individuals[2]. However, Nursing education in Brazil remains strongly shaped by heteronormativity and cisnormativity, undermining the provision of ethical, high-quality, and culturally sensitive care tailored to the unique needs presented by this population[3].

Both national and international studies indicate an urgent need to reform Nursing and other health-related curricula, ensuring gender and sexuality content are systematically integrated. Such reforms are essential to raise students' awareness, enhance their cultural competence, and prepare them to deliver comprehensive, ethical, and sensitive care responsive to LGBTQIAPN+ needs[1,4-6]. In this regard, document analyses reveal significant gaps in Nursing curricula, highlighting the limited and fragmented way these topics are addressed in academic training[7].

Furthermore, studies indicate that LGBTQIAPN+ individuals continue to encounter barriers to healthcare that affirms their identities. These challenges are particularly pronounced in mental health and are exacerbated by gaps in both technical skills and humanistic training among healthcare professionals[8-9].

In this context, Nursing education must rest on human rights principles, promoting dignified,

respectful care guided by equality and non-discrimination[9-10]. Furthermore, it is crucial to explore intersections among gender, sexuality, race, social class, as these factors can amplify barriers to healthcare access and exacerbate existing inequalities[11].

In response to these demands, the Brazilian Ministry of Education (Portuguese acronym: MEC), through the National Curriculum Guidelines (Portuguese acronym: DCNs), has defined competencies and skills for Nursing programs, including content on sexuality and gender relations[12]. To this end, professional education must align with the principles and guidelines established by the Brazilian Unified Health System (Portuguese acronym: SUS) and with public policies focused on the LGBTQIAPN+ population such as the National Comprehensive Health Policy for the LGBTQIAPN+ Population[13].

Therefore, this study aims to examine how the curriculum and pedagogical practices address and integrate sexual and gender diversity, drawing on the Course's Pedagogical Project (Portuguese acronym: PPC), the undergraduate Nursing curriculum, and faculty perspectives.

Method

This is a qualitative, descriptive, and exploratory study conducted in two complementary stages: document analysis and interviews with faculty members. The study design adhered to the *Consolidated Criteria for Reporting Qualitative Research* (COREQ), ensuring transparency and upholding methodological rigor across every stage in the investigation.

The research was conducted at a Higher Education Institution (Portuguese acronym: IES) located in the state of Pará, in the Northern Region of Brazil. The institution was chosen due to its regional significance in training Nursing professionals, combined with public access to curricular documents and faculty availability within the program.

The study involved 18 tenured faculty members from the Nursing program. They were purposively selected based on two inclusion criteria: holding a Nursing degree and being currently employed at the institution. Faculty on vacation or leave, as well as those with temporary contracts, were excluded. Invitations were sent via email and phone, accompanied by details on the study objectives, consent forms, and ethical safeguards.

Document Analysis: the study analyzed the Course's Pedagogical Project and 22 teaching plans available on the institutional website, selected for their key role in guiding the curriculum and supporting academic training. Data collection took place between October 2023 and January 2024.

Interviews with faculty members: semi-structured interviews were conducted with the participants and supplemented by a sociodemographic questionnaire. All interviews were scheduled in advance and held at times convenient for the faculty members. A pilot study was conducted with two professionals in the field to ensure the instruments were appropriate. All statements were duly recorded and fully transcribed for analysis. Data collection took place between March and June 2023.

Data from the documents and interviews were analyzed in accordance with the thematic analysis framework proposed by Minayo[14]. This approach allowed patterns, meanings, and recurring categories to emerge, connecting empirical findings with theoretical frameworks. Using documentary and oral data provided comprehensive insight into how practices, representations, and challenges shape Nursing education. The analytical process followed three stages. First, documents and interviews were read, materials organized, and recording units defined. Next, excerpts were coded, meanings grouped, and initial categories developed. Finally, categories were reviewed, integrated, and named in accordance with the scientific literature and the study's objectives.

Confidentiality, privacy, and data security were maintained by assigning alphanumeric codes to participants. The letter E, representing *Enfermeiro* (Nurse in Portuguese), was used

to identify participants, followed by a number indicating the respective interview sequence.

The study was submitted to *Plataforma Brasil* and approved by the Research Ethics Committee in accordance with Resolution No. 466/2012 of the National Health Council, under Opinion No. 5.771.494, along with the Certificate of Ethical Appraisal (CAAE) No. 63950422.6.0000.0121. All participants signed a Free and Informed Consent Form, ensuring adherence to ethical principles, including confidentiality, anonymity, and voluntary participation.

Results

Analysis examining the Nursing Course Pedagogical Project, teaching plans, and interviews with faculty members demonstrated a commitment to promoting diversity across race, ethnicity, religion, gender, and sexual orientation. From the results, three categories emerged: Nursing Education and Commitment to Sociocultural Diversity; Pedagogical Principles and Reflective Practice in the Curriculum; and Curricular Gaps and the Overlooked Health Needs of LGBTQIAPN+ Populations. These categories emerged by triangulating documentary data with faculty reports, highlighting structural curriculum elements and perceptions on how sexual and gender diversity is taught in Nursing education.

Nursing Education and Commitment to Sociocultural Diversity

Incorporating gender and sexuality topics into the curriculum reflected the program's commitment to preparing professionals equipped to meet the population's needs. Chart 1, extracted from the Nursing Course Pedagogical Project, presents excerpts highlighting key aspects such as diversity, education, knowledge, and society, which are essential for understanding the institution's educational approach.

Chart 1 – Diversity Characterization in the Nursing Course Pedagogical Project: Education/Knowledge within the Amazon Region/Society

CODE	EXCERPT	DOCUMENT
Diversity	It considers universality and diversity from a holistic perspective on experiences, practices, and cultural values; it is transpersonal, carrying a moral duty to assist or act for others, aiming to meet their needs.	PPC (Course's Pedagogical Project)
CODE	EXCERPT	DOCUMENT
Education / Knowledge within the Amazon region	Aimed at generating, sharing, and transforming knowledge within the Amazon region, while preparing citizens to contribute to building a sustainable society at local, regional, national, and global scales.	PPC (Course's Pedagogical Project)
CODE	EXCERPT	DOCUMENT
Education / Society	This Course's Pedagogical Project is grounded in an epistemological framework that emphasizes training professionals prepared and committed to tackling health challenges in society. It emphasizes student-centered learning through an integrated curriculum connecting theory and practice, viewing health as a life dimension shaped by interconnected and transversal factors.	PPC (Course's Pedagogical Project)

Source: Pedagogical Project from a Nursing higher education institution located in Pará, Northern Region of Brazil.

The institutional guideline aligns with faculty participants' statements, who emphasized the need for training grounded in respect for diversity and human-centered care:

> *Given the broad Nursing scope, professionals are expected to understand individuals and provide care that respects*

each person's diversity, recognizing them as they are and addressing their health needs according to that training background, while always maintaining respect. (E2)

The institution's PPC placed a central emphasis on fostering a sustainable society, offering an educational approach that extends beyond professional technical limits to embrace a broader perspective on health.

I used to tell my students that when providing care, it is important to consider the broader context of illness affecting each individual, especially those facing financial constraints. Some days they might have missed lunch, other days breakfast. How many people live in their household? Is anyone unemployed? (E03)

The PPC placed emphasis on integrating theory and practice through an integrated curriculum that sees health as a social, historical, and multidimensional phenomenon. The program aimed to develop nurses who are critical, empathetic, and attuned to inequalities shaping population health. This perspective was reinforced by a participant who highlighted community knowledge and education as tools for social recognition and transformation:

Educators carry the responsibility not only to educate but also to recognize knowledge gained beyond formal academic training, all of which holds value. Educational practice seeks to help individuals recognize themselves, their traditions, and their dignity, and, above all, to perceive themselves as individuals and citizens deserving respect. (E6)

Nursing training involves a process that goes beyond technical content delivery, fostering recognition for cultural diversity and developing a professional practice grounded in equity and citizenship.

Pedagogical Principles and Reflective Practice in the Curriculum

The critical and reflective training offered by the Nursing program is grounded in frameworks such as Paulo Freire's liberating pedagogy, the complexity theory, and Donald Schön's experiential learning theory. These foundations, highlighted in the Course's Pedagogical Project, foster a dialogical and transformative education, particularly relevant for sensitive and multidimensional topics such as gender and sexuality within healthcare. In this context, Chart 2, extracted from the Course's Pedagogical Project, presents excerpts that meaningfully illustrate the program's core dimensions: sociological theories, reflective practice, care as praxis, and faculty qualification, reinforcing the commitment to an education that integrates technical-scientific knowledge, ethical sensitivity, and social responsibility.

Chart 2 – Training components in the Course's' Pedagogical Project: Sociological and philosophical theories/ Reflective practice/ Care praxis/ Faculty qualification

CODE	EXCERPT	DOCUMENT
Education / Sociological and Philosophical Theories	Grounded in the complexity theory, critical-reflective pedagogy, and reflective practice, it seeks to foster a dialogical relationship between society and the university setting/undergraduate program. Social reality serves as the foundation for shaping students' education and, consequently, their professional development as nurses.	PPC (Course's Pedagogical Project)
Education / Sociological and Philosophical Theories	The critical-reflective pedagogy proposed by Paulo Freire (1970) provides the foundation for fostering reflective thinking in accordance with social, historical, and cultural contexts, enabling scholars and educators to develop greater autonomy and the power to transform realities.	PPC (Course's Pedagogical Project)
Education / Sociological and Philosophical Theories	Donald Schön's (1992) reflective practice presents a framework for developing reflective practitioners, built on three key pillars: (1) reflection-in-action, (2) reflection-on-action, and (3) reflection on one's reflection-in-action. Reflection-on-action relates directly to present practice, while reflection on one's reflection-in-action occurs after the learning experience.	PPC (Course's Pedagogical Project)
CODE	EXCERPT	DOCUMENT

Chart 2 – Training components in the Course's' Pedagogical Project: Sociological and philosophical theories/ Reflective practice/ Care praxis/ Faculty qualification

Training / Reflective Practice	[...] in addition to drawing on concepts such as education, knowledge, university, teaching expertise, professor training, curriculum, and assessment, as described below: Education – a continuous process for developing and transforming knowledge, shaped by situations encountered and experiences lived by each individual throughout life.	PPC (Course's Pedagogical Project)
Training / Reflective Practice	Nursing professional trained with a generalist, humanistic, critical, and reflective approach. A professional qualified for Nursing practice, grounded in scientific and intellectual rigor and guided by ethical principles.	PPC (Course's Pedagogical Project)
CODE	EXCERPT	DOCUMENT
Training / Care Praxis	The curricular content developed during nurse training should be applied in the supervised Curricular Internship, equipping future nurses with professional skills to meet the population's priority health needs.	PPC (Course's Pedagogical Project)
Training / Care Praxis	Extension activities enhance academic training in teamwork and healthcare delivery for urban, riverside, Indigenous, and *quilombola* [Afro-Brazilian communities with roots in resistance to slavery] communities.	PPC (Course's Pedagogical Project)
Training / Care Praxis	Academic training must be grounded in citizen development, guided by humanist thought and ethical-professional attitudes, fostering mutual respect, inclusivity, and peaceful coexistence among differences, while upholding the principle of equal opportunity for all.	PPC (Course's Pedagogical Project)
CODE	EXCERPT	DOCUMENT
Training / Faculty Qualification	The Nursing School and the Course's Structuring Teaching Core (Portuguese acronym: NDE) should promote continuous faculty development, aiming to enhance instructors' performance in the teaching-learning process.	PPC (Course's Pedagogical Project)
INCLUSION	In the Nursing Program, the Social Inclusion Policy is understood broadly, extending beyond student support and reception. The program must include activities that transform students into social inclusion agents and professionals embodying social responsibility.	PPC (Course's Pedagogical Project)

Source: Pedagogical Project from a Nursing higher education institution located in the state of Pará, Northern Region of Brazil – 2024.

The Nursing program, in addition to technical training, emphasizes the development of critical and ethical competencies, preparing students to face moral dilemmas and social demands. In this process, faculty qualification is essential, particularly regarding the approach to sensitive issues such as racism and homophobia, which require both theoretical preparation and practical experience.

> *The educator must be technically prepared, as these are not easy topics to address. So, first of all, not every educator can walk into a classroom and talk about racism, homophobia, or other such issues... They must be properly equipped for such discussions, combining theoretical preparation with extensive professional experience. (E5)*

According to the PPC, nurses are expected to master the profession's technical aspects and to act in accordance with the humanitarian and ethical principles of the Brazilian Unified Health System (Portuguese acronym: SUS). In this regard, the educators' statements reinforced this guideline by emphasizing the importance of education grounded in ethical values, committed to equity, and to overcoming stigmas within the care process.

> *This discussion must be based on ethics, morality, human behavior, and respect for human life dignity. Through these reflections and this awareness-raising process, students can begin to understand the importance of these factors, and only then can we start this kind of discussion. (E16)*

Another key formative element emphasized was extension experience, which serves as a relevant pedagogical tool to connect academic knowledge with social realities. University extension broadens understanding in care and contributes to social transformation:

> *This is the triad: education, research, and extension. I need to ensure that my classes, my content, resonate in some way with society. I conduct research and extension projects specifically designed to foster dialogue with society. Ultimately, knowledge is gained from community members, enabling reciprocal engagement in the exchange. The relevance lies in its potential to promote social change and transformation. That's the spirit. (E5)*

In this way, the Nursing education offered by the institution aims to develop ethical, humanistic professionals who are sensitive to diversity. From this perspective, supervised internships integrate theory and practice across different contexts, while extension projects bring the university closer to communities. However, topics such as gender identity and sexual orientation still appear only in a preliminary way, emphasizing the need for curricular improvements that foster inclusivity and equity in healthcare. The Structuring Teaching Core (Portuguese acronym: NDE) and ongoing professional development play a central role in ensuring a critical and dynamic education that is responsive to contemporary health challenges. The following statement illustrates the transformation already underway in the teaching process:

> *As educators, we have navigated two revisions of our PPC, which required adopting new approaches, seeking knowledge in the field, conducting research, and fostering reciprocal interactions between students and educators in the classroom. I consider this essential for developing teaching skills, as professors are no longer confined to pre-prepared lessons as in the past. (E3)*

This analysis underscored the importance of continuing education in developing professional skills and enhancing quality in Nursing education. It is noted that the program adopts a Social Inclusion Policy that goes beyond institutional support, encouraging students to become agents for change and professionals committed to social responsibility.

Curricular Gaps and the Overlooked Health Needs of LGBTQIAPN+ Populations

The 22 teaching plans analyzed revealed that only two only two explicitly address LGBTQIAPN+ health needs, incorporating policies for affirmative inclusion. These plans make specific reference to lesbian and bisexual women's health, in addition to addressing, more broadly, issues related to gender and various forms of violence. A third plan, in turn, addresses the intersection between gender and mental health in a general manner.

Chart 3, drawn from the program's teaching plans, presents excerpts highlighting references to the LGBTQIAPN+ population, lesbian and bisexual women's health, gender issues, and various forms of violence, offering insight into how these topics are integrated—albeit sporadically—within the course curriculum.

Chart 3 – LGBTQIAPN+ Characterization in the Teaching Plan: Lesbian and bisexual women's health / Gender / Forms of Violence

CODE	EXCERPT	DOCUMENT

Chart 3 – LGBTQIAPN+ Characterization in the Teaching Plan: Lesbian and bisexual women's health / Gender / Forms of Violence

LGBTQIAPN+	National Comprehensive Health Policy for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, Pansexual, and Non-Binary (LGBTQIAPN+) Populations (Social and Demographic Aspects).	Health Policies for Special Groups
LGBTQIAPN+	To understand and reflect on policies promoting affirmative social inclusion and health care for special groups and populations in vulnerable situations (people with disabilities, Indigenous peoples, *Quilombola* communities [Afro-Brazilian communities with roots in resistance to slavery], migrants and refugees, Black people, traditional communities, incarcerated individuals, and LGBTQIA+ people), derived from affirmative action and vulnerability policies, and their interface with Nursing practice and contemporary family units.	Health Policies for Special Groups
LGBTQIAPN+	To reflect on demographic, social, cultural, political, economic, and health issues affecting special groups, populations in vulnerable situations, and traditional peoples such as Indigenous peoples, *Quilombola* communities [Afro-Brazilian communities with roots in resistance to slavery], migrants and refugees, Black people, traditional communities, incarcerated individuals, and LGBTQIA+ people.	Health Policies for Special Groups
CODE	EXCERPT	DOCUMENT
Lesbian and Bisexual Women's Health	Sexual and reproductive health, gender issues, women's rights, gender-based violence, public policies with emphasis on women's health in the Brazilian Unified Health System (SUS); the feminist movement and its role in developing policies for women; Comprehensive Women's Health Care Program; National Comprehensive Women's Health Care Policy; Programs and policies addressing health among vulnerable women, including lesbian and bisexual populations; health care targeting Black, *Quilombola*, and Indigenous women; health care for women in rural and forest areas; incarcerated women's health; health care targeting women experiencing homelessness; lesbian and bisexual women's health.	Nursing in Women's Health within Primary Health Care
Gender	Gender and Mental Health: Contributions to Professionalizing Women's Health Care	Knowledge and Practices in Mental Health
Forms of Violence	1. Gender-based violence; 2. Domestic and family violence; 3. Physical violence; 4. Sexual violence; 5. Moral, patrimonial, and psychological violence; 6. Institutional and obstetric violence; 7. Structural and racial violence; 8. Symbolic and cultural violence	Nursing focused on Women's Health in Primary Health Care

Source: Teaching Plan from a Nursing higher education institution located in the state of Pará, Northern Region of Brazil – 2024.

Although continuous faculty development and commitment to learning are essential, incorporating LGBTQIAPN+ health needs into curricula requires structural changes to provide more sensitive and equitable training.

Teaching practice has offered valuable insights into both work methodologies and the acquisition of new

> *knowledge. Learning is always a work in progress. I enjoy participating in courses, training sessions, and continuing education, as ongoing improvement is essential to remain up to date. Moreover, interacting with different people, groups, and cultures is crucial for my personal and professional growth. (E5)*

Although the course curriculum addresses affirmative policies and the interplay between health, gender, and social vulnerabilities, these topics remain minimally represented. This situation highlights a clear opportunity to expand their integration into academic training, contributing to a more comprehensive and inclusive approach.

> *There are populations excluded from our care due to a lack of training, experience, and appropriate approach. Practical experience enables us to identify effective ways to include these populations in health care. (E11)*

> *Today's training in the health field—and I believe in other areas as well, such as law—must be connected to the social determinants that guide our practice. (E18)*

Although some progress has been made by incorporating these topics into the curriculum, they remain isolated and fail to achieve transversal integration across the course.

> *Training is still very limited. Although a curricular activity addressing this topic has been included, it remains isolated and lacks a transversal approach. (E4)*

Upon reviewing teaching plans, it became evident that sexual and gender diversity remains inconsistently addressed. Despite existing guidelines in the PPC, many contents do not reflect this inclusion, underscoring the need for a deeper curriculum review. On the other hand, faculty members are open to incorporating these topics, recognizing their relevance and seeking to update their pedagogical practices.

> *In addition to being highly stigmatized and insufficiently studied, we face significant challenges in caring for, supporting, and consulting LGBTQIA+ individuals. I assisted two women and a trans man, whose family dynamics challenged my expectations, but I was able to manage the situation with the students, illustrating the importance of being open to the contemporary world and providing care without judgment. (E1)*

> *The theory is excellent, but how can it be addressed in the classroom? The key is to bring everyday experiences into the academic environment and show practical examples. I intend to progressively incorporate these discussions into classroom teaching. (E5)*

Upon comparing data from teaching plans with the inclusion discourse presented in the Nursing PPC, a gap emerges between theoretical intentions and actual curriculum implementation. Although the PPC emphasizes the importance of inclusion, only 2 among the 22 reviewed curricular activities directly address LGBTQIAPN+ health needs, highlighting a gap in translating these principles into practice.

Teaching can transcend technical instruction and address underlying resistances, promoting greater sensitivity among students and colleagues while supporting training that aligns with social and cultural change.

> *Being an educator extends beyond teaching; it involves recognizing the importance of transforming the local context and sowing seeds to influence the surrounding reality. Being an educator means fostering social change, not merely transmitting technical skills. (E9)*

Research on these topics is extremely necessary, and it is believed that revisiting the PPCs will allow new discussions to emerge in response to the upcoming changes in the curriculum guidelines.

> *We are currently revising the guidelines, a process that has encountered some resistance, yet it is urgent to promote these transformations for everyone — students, service users, and educators — many of whom still hold narrow-minded and prejudiced attitudes. (E10)*

Although the PPC outlines inclusive guidelines, these are not yet fully reflected in pedagogical practices. Integrating sexual and gender diversity throughout the curriculum is crucial for preparing nurses dedicated to providing comprehensive care.

Discussion

Incorporating topics on sexuality and sexual and gender diversity into Nursing education is essential, as curriculum structure directly shapes the quality of professional training and daily academic practice. A curriculum that truly reflects diversity emerges from collaborative

development, drawing on diverse knowledge and interdisciplinary viewpoints. Consequently, incorporating sexual and gender diversity content is most effective and impactful when planned collaboratively and contextualized within current social and health care demands[10,15].

Addressing these topics in Nursing education requires moving beyond purely biological or anatomical perspectives. It requires an approach that is sensitive to understanding the experiences, subjectivities, and individual expressions related to gender identity, sexual orientation, and their intersections[1,16]. The LGBTQIAPN+ population, although frequently perceived as a homogeneous group, encompasses a wide range of identities and experiences, requiring training that recognizes and addresses this complexity. Embedding these themes transversally and organically across the curriculum promotes humanized and culturally competent education[13,16].

This perspective aligns with Madeleine Leininger's Theory of Cultural Care Diversity and Universality, which advocates care guided by respect for beliefs, values, and cultural practices[17]. Regarding the LGBTQIAPN+ population, this requires acknowledging gender and sexuality as social, cultural, and identity dimensions rather than exclusively biomedical aspects.

Integrating this broader perspective into curricula shapes nurses equipped to deliver ethical, inclusive, and critically informed care addressing LGBTQIAPN+ health needs[7-8]. This requires acknowledging that structural inequalities, many stemming from colonial legacy, influence health care access for vulnerable populations, such as the LGBTQIAPN+ community[18-19], highlighting the importance of a decolonial perspective in health education.

An integrated curriculum approach is a necessary step to break away from fragmented logic and treat gender and sexuality as transversal elements in the training process. This integration allows these issues to permeate all academic disciplines and practical experiences, thereby reinforcing the commitment to health equity[16,20].

The PPC analyzed in this study adopts Paulo Freire's critical pedagogy as a theoretical framework, promoting emancipatory education that develops critical consciousness and drives social transformation[21]. Complementing this perspective, Donald Schön's reflective practice provides tools for professionals to reconsider their actions in complex contexts, promoting training that is more sensitive and responsive to diversity[22]. Further enhancing these frameworks, Leininger's theory broadens the discussion by offering a conceptual basis for culturally congruent care practices, anchored in respect for diversity and equity[17].

These theoretical frameworks complement each other by guiding educational practices grounded in ethics, humanization, and the principles established by the Brazilian Unified Health System (SUS). Freire-inspired active learning approaches can help confront gender and sexuality biases in educational settings. In turn, Schön contributes to developing a continuous reflective stance among future professionals. Meanwhile, Leininger provides a foundation for building cultural competencies that strengthen health equity.

Among the curricular strategies, supervised internships and university extension activities stand out as key components. Internships enable engagement with diverse realities and fosters technical, scientific, and ethical development[23]. University extension projects, in turn, integrate education and research with social demands, providing a powerful space for discussing issues such as gender and sexual diversity[3,10]. However, these initiatives must be clearly and systematically outlined in curricular plans. Without structured guidance, these topics risk being overlooked, placing responsibility on each instructor's initiative[24].

Curriculum design should be guided by the inseparability between theory and practice, ensuring these domains are not viewed in isolation. Practice should be seen not merely as an application of theory but as a dynamic arena that inherently carries theoretical aspects, even when subtly expressed. Overlooking this interdependence can lead to education that is

either overly technical or excessively theoretical, disconnected from real-world experiences[25].

Despite progress in institutional discourse, LGBTQIAPN+ topics remain inadequately integrated within academic curricula. The approach remains largely limited to sporadic references or isolated terms, lacking consistent theoretical depth and continuous pedagogical practices[4,10]. Reviewing specific disciplines and course plans shows that LGBTQIAPN+ health topics receive only limited and fragmented attention, reflecting training still rooted in heteronormativity and cisnormativity.

Finally, it is essential to recognize that merely mentioning *sexual orientation and gender* in general terms is insufficient to ensure inclusive training. Explicitly recognizing, discussing, and incorporating diverse gender identities and sexual orientations into the curriculum is essential to foster an approach that fully respects and values diversity in its entirety.

The study presents limitations stemming from its qualitative approach and the chosen institutional scope. Since it was conducted at a single higher education institution in Brazil's Northern Region, its findings cannot be generalized. Document analysis was limited to the Course's Pedagogical Project and publicly available course plans, which may not fully capture actual pedagogical practices. In addition, voluntary instructor participation may have led to selection bias. The absence of student input also makes it difficult to assess how effectively training practices are implemented.

The study contributes to strengthening Nursing education by exposing the gap between institutional discourse on inclusion and its actual curricular implementation. It underscores the importance of integrating sexual and gender diversity transversally into professional training and investing in faculty development to cope with prejudice. The findings offer theoretical and practical guidance for revising curricula and institutional policies, promoting a Nursing education that is ethical, inclusive, and socially engaged.

Final Considerations

When the 22 course plans were examined alongside the Course's Pedagogical Project, a clear gap became evident between the institution's inclusive discourse and its implementation within the curriculum. While the PPC acknowledges the need to address gender and sexuality, these subjects emerge only occasionally and remain disconnected within the documents reviewed. A systematic, continuous, and in-depth curricular revision is therefore urgently needed to embed sexual and gender diversity throughout the program, fostering a truly comprehensive and inclusive education.

Grasping the social, historical, and cultural contexts of the LGBTQIAPN+ population is crucial for fostering ethical and inclusive professional practice. However, Nursing curricula still show limitations in addressing diversity. This scenario may hinder the development of professionals fully equipped to respond to the specific needs and vulnerabilities experienced by historically marginalized groups.

In addition, persistent gaps stem from insufficient institutional policies and limited investment in faculty development on diversity-related issues. Many educators reported feeling neither fully prepared nor supported to address gender and sexuality issues, which may ultimately limit the inclusion of these topics in pedagogical activities.

In this context, Nursing programs must adopt a critical and intersectional approach that recognizes gender and sexuality as central health care dimensions. To this end, Nursing programs should promote comprehensive integration of gender and sexuality across the curriculum. This can be achieved by conducting faculty workshops, introducing dedicated modules in core courses, applying active learning strategies to combat discrimination, and carrying out extension projects focused on the LGBTQIAPN+ community.

Collaborations:

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2 – analysis and interpretation of data: Gesiany Miranda Farias, Jussara Gue Martini, Marina da Silva Sanes, Helena Moraes Cortes, Aline Macêdo de Queiroz, Rosinei Nascimento Ferreira e Mara Ambrosina de Oliveira Vargas;

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Conflicts of interests

There are no conflicts of interest.

Data Availability Statement

The dataset underpinning the results of this study is not publicly available, as participants did not provide written consent for the sharing of their data, given the sensitive nature of the research.

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