



Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026

## Continuing Education as a Strategy for Affirmative Care for the LGBTQIAPN+ Population: A Proposed Competency Matrix from the Perspective of the National Humanization Policy

*Continuing Education as a strategy for affirmative care for the LGBTQIAPN+ population: a proposed competency matrix from the perspective of the National Humanization Policy*

**Ian Carvalho Bezerra** - Resident Physician in Family and Community Medicine, School of Public Health of the Federal District - [iancarvalhobezerra@gmail.com](mailto:iancarvalhobezerra@gmail.com)

**Carolina Fernandes de Almeida** - Family and Community Physician, Preceptor of the Family and Community Medicine Residency Program at the School of Public Health of the Federal District -

[carolindadealmeidamed@gmail.com](mailto:carolindadealmeidamed@gmail.com)

**Tainá Porto Freitas** - physician, University of Brasília - [tainaportofreitas@gmail.com](mailto:tainaportofreitas@gmail.com)

### Summary

The National Humanization Policy (PNH) proposes the transformation of management and care practices in the Unified Health System (SUS), emphasizing the appreciation of work and workers. In this context, Continuing Education in Health (EPS) is configured as a central strategy to improve work processes based on daily demands. This study aims to review the principles and guidelines of the PNH and propose a competency matrix focused on the affirmative care of the LGBTQIAPN+ population, articulated with EPS. This is a theoretical study, based on document review and references on humanization, continuing education, and the health of the LGBTQIAPN+ population. The proposed matrix includes aspects related to gender identity, sexual orientation, health care, and public policies, aiming to support training actions in the SUS.

It is concluded that the articulation between the National Humanization Policy (PNH), Health Promotion and affirmative care contributes to the strengthening of more inclusive, equitable and humanized practices, especially in Primary Health Care.

**Keywords:** National Humanization Policy; Continuing Education in Health; Affirmative Care; LGBTQIAPN+ Population; SUS (Brazilian Public Health System).

### Abstract

The National Humanization Policy (PNH) proposes the transformation of management and care practices in the Unified Health System (SUS), with an emphasis on valuing work and workers. In this scenario, Continuing Education in Health (EPS) is configured as a central strategy to qualify work processes based on the demands of daily life. This study aims to review the principles and guidelines of the PNH and propose a competency matrix focused on the affirmative care of the LGBTQIAPN+ population, articulated with EPS. This is a theoretical study, based on document review and references on humanization, continuing education, and the health of the LGBTQIAPN+ population. The proposed matrix includes aspects related to gender identity, sexual orientation, health care, and public policies, aiming to support training actions in the SUS. It is concluded that the articulation between PNH, EPS, and affirmative care contributes to the strengthening of more inclusive, equitable, and humanized practices, especially in Primary Health Care.

**Keywords:** National Humanization Policy; Continuing Education in Health; Affirmative Care; LGBTQIAPN+ population; SUS.

### 1. Introduction

The National Humanization Policy (PNH), published in 2003 by the Ministry of

Health has been institutionalized and methods have been created with the goal of generating changes in the way care is managed and provided. within the various scenarios of the SUS (Brazilian Public Health System). The core of the PNH (National Humanization Policy) is to build processes to address... power relations, work-related issues, and affective relationships within the spaces of the Brazilian Unified Health System (SUS), with the with the purpose of mitigating dehumanizing practices that inhibit the shared responsibility of managers,

**Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026**

health professionals and users (Brazil, 2013).

The National Humanization Policy (PNH) is based on 3 principles for outlining and achieving its objectives, which These are: transversality, the inseparability of care and management, and protagonism and co-responsibility. and autonomy of individuals and groups (Brazil, 2013).

The transversality aims to define that the guidelines of the National Humanization Policy (PNH) should be present in all policies and programs within the SUS (Unified Health System), acknowledging that the different actors and scenarios within the context of healthcare can guide and value the experience of those who are assisted. Transversality is established through the expansion of the degree of contact and communication. between people and groups, ending the isolation of hierarchical power relations. (Brazil, 2013).

The inseparable link between attention and management exemplifies that it is necessary for... so that workers and users can take ownership of how service management and the network function. health, as well as participation in the decision-making process. Still within this context, The user is encouraged to understand that healthcare and assistance is not an act exclusive to... health team, but rather, an act of shared responsibility between oneself and the other. (Brazil, 2013).

The protagonism, co-responsibility, and autonomy of individuals and users is the stimulus for autonomy and valuing the will of the people involved with the goal of effecting change, sharing responsibilities. Within this scope, each person has their role, in the view that each The person is a citizen with rights and their role in health production is valued. (Brazil, 2013).

To accommodate the principles and objectives of the National Humanization Policy (PNH) within healthcare settings, the following were created: guidelines of this policy. The guidelines are tools, along with the principles and devices of the PNH, that guide the ways of including users, managers and workers within production and health construction.

The guidelines of the National Humanization Policy (PNH) are: welcoming, participatory management and co-management, environment, and clinical care. expanded and shared, valuing work and workers, defending the rights of Users and the construction of a successful SUS memory. (Brazil, 2010).

The emphasis on work and workers as a guiding principle of the National Humanization Policy (PNH) considers the... workers as a key player in decisions about the functioning of services and... work processes, which necessarily leads to the expansion of improvements in working conditions and attention to elements and factors that may interfere with production health (NAVARRO, 2013).

Having foreseen that working is also managing, it is managing-creating together with others, it is Conceptualized in the National Humanization Policy (PNH), visibility should be given to the knowledge produced by workers in their daily activities, focusing on the production of groups and collectives, with a broad capacity for Analyze work processes and propose and implement changes that improve your own work.

**Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026**

This construction of subjects and collectives that are autonomous and also co-responsible protagonists,

They work and participate to improve the care, management, effectiveness, and efficiency of the SUS (Brazil).

2013).

As a means to enable the appreciation of work and the worker, the PNH created as a tool the Health and Work Training Program, which aims to create of training spaces based on ongoing dialogue between different workers who Collectively means bringing together different areas of knowledge, giving them visibility and ensuring a space for them. circulation and development of knowledge. (Brazil, 2013).

The PNH (National Humanization Policy) aims to value work and workers through visibility. and the construction of knowledge, it fosters the development of continuing education in health.

Continuing Education in Health (CEH) is on-the-job learning, in which learning Teaching and learning become integrated into the daily routine of organizations and work, based on the idea that... Learning enables the transformation of professional practices that occur in everyday life. work. EPS has tools that enable reflection on the work process, self-management, Institutional changes and transformation of healthcare practices in service. The means made available by EPS are: learning to learn, teamwork, and building new daily routines, impacting in Individual, collective, and institutional learning. (Brazil, 2018).

EPS gained visibility and, consequently, institutionalization in 2004 through the Policy National Program for Continuing Education (PNEPS). Its objective is to promote the transformation of work practices in healthcare, a competence that the SUS (Brazilian Unified Health System) constitutionally possesses in the organization of Training of healthcare professionals. (Brazil, 2018).

As a way to strengthen these practices that align with the needs of the SUS (Brazilian Public Health System), the The Secretariat for Labor Management and Health Education published the Program for the in 2017. Strengthening Continuing Health Education Practices in the SUS (PRO EPS-SUS), with the general objective of "stimulating, monitoring and strengthening the professional qualification of workers in healthcare area for the transformation of healthcare practices towards meeting the principles "fundamentals of the SUS, based on local realities and collective analysis of work processes." (Brasília, 2019).

Article 4, item III of the PRO EPS-SUS, places Primary Care as an important part. for professional qualification and obtaining more effective responses in improving care in health. (Brasília, 2019).

In the context of the Federal District, taking into account the National Policy for Health Promotion (PNEPS) and the Program for Health Promotion in the Unified Health System (PRO EPS-SUS), it was... The Continuing Education in Health Plan of the Federal District (PEPS) was created, which takes into account the The principles of EPS (Education for Social and Professional Development) guide the principles of PEPS (Program for the Promotion of Social and Professional Development) in the Federal District, which are: education in SES is education for adults and should utilize diverse learning strategies; educational actions

**Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026**

They must respond to the challenges of the Health System in the Federal District in relation to people, management, processes and results; education must encompass a balance between the production of knowledge. through the practice of work and the acquisition of knowledge, through the offer; educational actions are actions intentional and planned actions to strengthen the knowledge, skills, and attitudes of health workers; the impact of educational actions on health services and on worker satisfaction. Workers must be measured. (Brasília, 2019).

Considering that Continuing Education in Health (CEH) seeks to improve the processes of Working from emerging issues in daily work life, the affirmative care approach Within this scope, it favors the expansion of this concept and aligns with the National Humanization Policy. (PNH). By proposing health education devices that involve the worker in the processes In decision-making, EPS contributes to the identification and addressing of processes of suffering and illness. In this context, this work articulates the National Humanization Policy (PNH) and the Health Promotion Program (EPS) as tools for care. Affirmative action on the LGBTQIAPN+ population. (Brazil, 2013; Navarro, 2013).

Affirmative healthcare for the LGBTQIAPN+ population, according to Mendoza (2020). (pp. 31-39), is defined as: "an approach to the delivery of health care in which the Health organizations, programs, and professionals recognize, validate, and support the identity. declared or expressed by the individuals served.

Addressing care related to the LGBTQIAPN+ population, in addition to being a challenge In the most diverse spaces of training and healthcare, it is part of what is foreseen in the National Policy. National Policy for Health Care for Lesbians, Gays, Bisexuals, Transvestites and Transsexuals (PNSI-LGBT), 2011, which argues that the SUS service network must be improved to provide comprehensive care and attention to The LGBTQIAPN+ population and work towards eliminating prejudice and discrimination against this population. LGBTQIAPN+ in health services, with a focus on building greater equity in the SUS (Brazil). 2012).

## **2. Materials and Methods**

A competency matrix proposal (Table 1) related to care was developed. integral part of the LGBTQIAPN+ population, based on Gomes (2021), where the authors proposed, through the Delphi consensus technique, a model for human resource development, outlining formative content based on sub-dimensions, grounded in documentary research to Brazilian legislation.

In the study by Gomes (2021), it was possible to validate essential content for care. to the LGBTQIAPN+ population. Based on this reference point, the structure was adapted to the principles of National Policy for Humanization and Continuing Education in Health, originating the matrix of this work.

Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026

**Table 1.** Competency Matrix for outlining Continuing Education actions related to affirmative care for the LGBTQIAPN+ population.

<b>Gender identity</b>	1. Do I know how to differentiate between gender identity and biological sex? 2. Do I understand the concept of transvestism? 3. Do I understand the concept of transsexuality? 4. Do I know how to find bibliography on the subject?
<b>Sexual orientation</b>	5. Do I understand the concept of sexual orientation? 6. Do I understand the differences between the experiences of lesbian, gay, bisexual, pansexual, and asexual people within the healthcare system?
<b>healthcare</b>	7. Am I aware of the barriers that the lesbian population faces when seeking care through the Brazilian public healthcare system (SUS)? 8. Am I aware of the barriers that the gay population faces when seeking care through the SUS (Brazilian public healthcare system)? 9. Am I aware of the barriers that bisexual people face when seeking care through the Brazilian public health system (SUS)? 10. Am I aware of the barriers that transgender and transsexual people face when seeking care through the Brazilian public health system (SUS)? 11. Do I understand how to reduce the main barriers that the LGBTQIAPN+ population faces when accessing the SUS (Brazilian public healthcare system)? 12. Am I aware of the right of transgender and transvestite people to use their chosen name in healthcare services? 13. Can I identify practices of prejudice and discrimination against LGBTQIAPN+ people in health services? 14. Do I know how to recognize, support, and act in situations of violence against LGBTQIAPN+ people? 15. Do I understand the gender reassignment process offered by the SUS (Brazilian Public Health System)?
<b>Policies public</b>	16. Am I familiar with the National Comprehensive Health Policy for the Lesbian, Gay, Bisexual, Transvestite and Transgender population (PNSI-LGBT)?

Source: Author's own elaboration, based on Gomes, 2021

### 3. Discussion

The revision of the National Humanization Policy (PNH) and the development of a matrix of skills focused on valuing work and workers from a care perspective.

Affirmative action towards the LGBTQIAPN+ population allows for reflection on the transformative power of Continuing Education in Health (CEH) as a tool for change in the daily practices of the Brazilian Unified Health System (SUS).

The appreciation of work and workers, a central guideline of the PNH (National Humanization Policy), recognizes the The worker as an active subject in the production of health and a co-participant in the management of processes.

Careful. This guideline, by strengthening the protagonism, co-responsibility, and autonomy of the subjects,

It creates conditions so that healthcare professionals can recognize and address practices.

dehumanizing factors that limit access and equity. In the context of population care.

LGBTQIAPN+, this principle proves essential, since prejudice and discrimination still exist.

These issues manifest themselves structurally in healthcare services, creating barriers to access and causing suffering. Ethical for users and workers.

Continuing Education in Health, as a training strategy that combines teaching, Service and management constitute a privileged means to operationalize the principles of the National Humanization Policy. By promoting learning in and through work, EPS enables teams to identify their own

**Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026**

Face challenges, collectively analyze your processes and develop solutions consistent with your goals.

realities. In this sense, the competency matrix presented in this study represents a methodological tool that can guide educational processes aimed at critical reflection on the Care offered to the LGBTQIAPN+ population, encouraging the construction of knowledge and practices. inclusive (Brazil, 2018).

The affirmative care approach, as defined by Mendoza (2020), expands the traditional understanding of care, shifting it from a merely tolerant stance to a An active attitude of recognizing and validating LGBTQIAPN+ identities and experiences. Insert the Affirmative care in the context of the National Humanization Policy (PNH) and Health Promotion in Education (EPS) means redefining power relations and communication within health services, ensuring that the principle of transversality is... put this into practice in everyday life, and ensure that diversity is recognized as a constitutive element of humanization.

Furthermore, the proposed competency matrix directly engages with policies. recent public policies, such as the National Policy for Comprehensive LGBT Health (2011), the Program for the Strengthening Continuing Education Practices in Health within the SUS (PRO EPS-SUS, 2019) and the Continuing Education in Health Plan of the Federal District (PEPS-DF, 2019). These instruments The regulations reaffirm the institutional responsibility of the Brazilian Unified Health System (SUS) in promoting educational practices. that promote equity, respect for diversity, and the strengthening of the bond between worker and user. Thus, the matrix presented in this work can be understood as a resource that It operationalizes these policies, offering practical support for the development of actions. Educational and training programs aligned with local and regional needs.

#### **4. Conclusion**

It is concluded that the revision of the National Humanization Policy and the development of the matrix of The competencies proposed in this study constitute a movement of integration between the dimensions of management, care and training in health. By articulating the principles of the PNH — transversality, The inseparable link between attention and management, and the protagonism of the subjects — with Continuing Education In healthcare, the centrality of the worker as an agent of transformation and co-responsible party is reaffirmed. through the production of more inclusive and equitable practices.

The competency matrix presented is proposed as a reflective instrument and formative training that fosters the development of attitudes and knowledge necessary for implementation. affirmative care for the LGBTQIAPN+ population. This proposal seeks to strengthen the appreciation of work and workers, while simultaneously stimulating collective learning processes and continuous, guided by the ethics of recognition and respect for human diversity.

In this way, the connection between the National Humanization Policy (PNH), the Health Promotion Program (EPS), and affirmative care reinforces the commitment of...

**Year VI, v.1 2026 | Submission: 08/02/2026 | Accepted: 10/02/2026 | Publication: 12/02/2026**

The Brazilian Unified Health System (SUS) promotes equity, defends human rights, and consolidates comprehensive care.

Truly humanized. It is believed that initiatives like this can inspire new practices.

formative and contribute to building an institutional culture that recognizes the value of

Make a difference and guarantee all people the right to be cared for with dignity, respect, and empathy.

Finally, it is worth highlighting that, although this proposal is theoretical in nature, it presents potential for application in various contexts within the SUS network, especially in Primary Care.

Health, a privileged space for building bonds, welcoming, and comprehensive care. The application

The matrix in EPS processes can contribute to mapping training needs, the

Strengthening skilled listening and improving care practices, promoting

fairer, more ethical, and more humane work environments. Further studies are recommended.

explore its empirical applicability, evaluating its impacts on professional qualification and on

Improving healthcare for the LGBTQIAPN+ population.

## References

BRAZIL. Ministry of Health. *National Humanization Policy (PNH)*. 1st ed. Brasília: Ministry of Health, 2013.

BRAZIL. Ministry of Health. *National Humanization Policy: what it is, how to implement it, a summary of the PNH guidelines and provisions in questions and answers*. Brasília: Ministry of Health, 2010.

BRAZIL. Ministry of Health. *National Policy on Continuing Education in Health: what has been produced to strengthen it?* 1st ed. Brasília: Ministry of Health, 2018.

BRASÍLIA (DF). Secretariat of State for Health of the Federal District. *Permanent Health Education Plan – PEPS*. 1st ed. Brasília: Secretariat of State for Health of the Federal District, 2019.

GAW, AC et al. *Affirmative care across cultures: broadening application*. Focus, [S. I.]: American Psychiatric Association Publishing, 2020.

GOMES, SM; NORO, LRA *Competencies for healthcare for lesbians, gays, bisexuals, transvestites and transsexuals: development and validation of an assessment instrument*. Health and Society, 2021.

JACOBOVSKI, R.; FERRO, LF. *Continuing education in health and active teaching methodologies: an integrative systematic review*. Research, Society and Development, 2021.

JESUS, JM; RODRIGUES, W. *Trajectory of the National Policy for Continuing Education in Health in Brazil*. Work, Education and Health, Rio de Janeiro, v. 20, e001312201, 2022.

NAVARRO, L. *The National Humanization Policy as a strategy for the collective production of health practices*. UNESP Psychology Journal, v. 12, n. 1, p. 64–73, 2013.