



RESEARCH

CONCEPTION OF THE FAMILY HEALTH NURSES ABOUT THE GYNECOLOGICAL NURSING CONSULTATION

CONCEPÇÃO DE ENFERMEIROS DE SAÚDE DA FAMÍLIA SOBRE A CONSULTA DE ENFERMAGEM GINECOLÓGICA

CONCEPCIÓN DE LOS ENFERMEROS DE LA SALUD DE LA FAMILIA SOBRE LA CONSULTA DE ENFERMERÍA GINECOLÓGICA

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ABSTRACT

Objective: To describe the perception of the nurse from the family health teams, of the sanitary districts II and III from Uberaba city, about the gynecological nursing consultation. **Method:** a descriptive research with qualitative approach. For the data analysis it was used the thematic analysis. **Results:** 26 nurses were participants, being two of them males and the others females. After data analysis it was found the following category: nursing consultation with women's integral approach, focused on the gynecological aspects, the disease, and resolution of the service and lack of return scheduling. **Conclusion:** the found results reinforce the consultation with focus on the disease. We also identified that the organization of the health services, focused on the nurse's productivity, negatively impacts the assistance to women, without integral approach, what can be minimized through the qualification of the nurses. **Descriptors:** Nursing consultation. Family health. Women's health.

RESUMO

Objetivo: Descrever a percepção do enfermeiro das equipes de saúde da família, dos distritos sanitários II e III de Uberaba, sobre a consulta de enfermagem ginecológica. **Método:** pesquisa descritiva com abordagem qualitativa. Para análise dos dados foi utilizada a análise temática. **Resultados:** foram sujeitos 26 enfermeiros, sendo dois do gênero masculino e o restante do feminino. Após análise dos dados foram encontradas as seguintes categorias: consulta de enfermagem com abordagem integral da mulher, voltada para os aspectos ginecológicos, para a doença, resolutividade do serviço e falta de agendamento do retorno. **Conclusão:** Os resultados encontrados reforçam a consulta com enfoque na doença. Identificamos ainda que a organização dos serviços de saúde, voltada para produtividade do enfermeiro, impacta negativamente na assistência às mulheres, sem abordagem integral, o que pode ser minimizado através da qualificação dos enfermeiros. **Descritores:** Consulta de enfermagem. Saúde da família. Saúde da mulher.

RESUMEN

Objeto: Describir la percepción del enfermero de los equipos de salud de la familia de los distritos sanitarios II y III de la ciudad de Uberaba sobre la consulta de enfermería ginecológica. **Método:** pesquisa descritiva, con abordaje cualitativo. Para análisis de los datos se utilizó el análisis temático. **Resultados:** fueron sujetos 26 enfermeros, siendo dos del género masculino y el restante del femenino. Tras el análisis de los datos fueron encontradas las siguientes categorías: consulta de enfermería con abordaje integral de la mujer, direccionada a los aspectos ginecológicos, para la enfermedad, resolutividad del servicio y falta de incluir las citas de regreso. **Conclusión:** los resultados encontrados refuerzan la consulta con foco en la enfermedad. Identificamos aun que la organización de los servicios de salud, dirigida a la productividad del enfermero, impacta negativamente en la asistencia a las mujeres, sin abordaje integral. Lo que puede ser minimizado a través de la cualificación de los enfermeros. **Descriptor:** Consulta de enfermería. Salud de la familia. Salud de la mujer.

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INTRODUCTION

Cancer of the cervix is considered a public health problem affecting several regions of Brazil and social strata, is the second most common among women worldwide, with approximately 471 thousand new cases per year. It is estimated that in 2012 are expected 17.540 cases of cervical cancer in Brazil. Interventions to approach this type of affection is through early detection to treatment as soon as possible, so is performed the test Pap also known as Pap smear and preventive cervical.^{1,2}

The occurrence of this type of cancer has a close relationship with the women's sexual behavior involving social, environmental and cultural. The main risk factors are: early onset of sexual activity, multiple sexual partners, smoking, oral contraceptive use and poor hygiene conditions. Another risk factor of great importance is the story of Sexually Transmitted Diseases (STDS), especially infection by human Papillomavirus (HPV).³

In primary care, the nurse plays a crucial role in the pursuit of women active in the community and awareness for those having Pap smears. The examination constitutes a practical, inexpensive and the most suitable for the screening of cervical cancer. Thus, with early detection and effective treatment in its early stages, it has been a reduction in the incidence rates of invasive cancer of up to 90%.¹

Health services an action of great effectiveness refers to the reception of persons, this aims to expand the resolution services, with a more user full health, seeks to meet the demands of the population leading to disruption of the model based on medical consultation. By welcoming the user is required listening and empathy for the humanization of care and needs assessment.⁴

The Primary Health Care (PHC) is responsible for developing actions that include health promotion, disease prevention, diagnosis, treatment and rehabilitation. Thus it becomes a favorable scenario to develop actions that mobilize women to seek health services and information for the exam.

To this end we propose to carry out this study aims to describe the perception of nurses of family health teams of health districts II and III of Uberaba city, about gynecological nursing consultation.

METHODOLOGY

This is a descriptive and exploratory research with qualitative approach. This research was submitted to the Ethics Committee in Research of UFTM and received a favorable opinion, protocol 1576.

The survey was conducted in the city of Uberaba, with an estimated population of 295.988 inhabitants, according to the IBGE of 2010.⁵ In the health sector the city is divided in three health districts, which the Health Districts II and III, were chosen for the collection of data relating to the research, given that the Federal University of Triangulo Mineiro (UFTM), since these acts districts developing stages of the nursing program, extension projects. It is important to note that these districts comprise 19 Family Health Teams, 14 urban and five rural.

Study participants were 26 nurses from the Family Health Teams Sanitary Districts II and III of Uberaba-Minas Gerais. Three nurses were excluded from the study due to: maternity leave, sick leave with no return contact after three attempts. Explained her goals, and introduced the term of consent. We requested permission to record the interviews, but nine nurses preferred to speak about the issues thus presented

embarrassment regarding recording. For the same anonymity were identified as (E1, E2, E3 ...).

For data collection we used a script of semi-structured interview with the following questions: What do you mean by women's health? What precautions need judges with the patient before proceeding gynecological exam? What are the guidelines given to the user before proceeding with the exam? And after the exam? During the consultation of gynecological nursing, do you approach the woman integrally? The data were collected from October 2011 to January 2012.

We used for analysis and interpretation of the narratives the Thematic Analysis of Bardin. It is considered three steps as important for the operation of thematic analysis, which are pre-analysis, formation of corpus, formulating hypotheses and objectives.⁶

RESULTS AND DISCUSSION

Established the organization of data, with a thorough reading and repeated interviews. Based on the literature and that guided this research were cut fragments of words in each of the issues raised, elected the thematic unit: Nursing Consultation with the following sub-themes: Nursing consultation with approach of the woman, Nursing consultation facing aspects gynecological nursing consultation focused on disease-resolving service and lack of feedback scheduling.

We interviewed 26 nurses, two male and the rest female. The training time of three to 20, and action from seven months to 19 years and all of them started their career working in Primary Healthcare

During the supervised internship experience in public health, it was found that women who undergo Pap smear unaware of the purpose of it, and seek health care only when they have any symptoms. In a study conducted in Ceará, with 15 women who participated in the sample, 10 of

them could not answer what the importance of the Pap smear. This fact reminds us that lack of knowledge can be directly related to poor adherence to examination, or lack of access to information, which can be minimized through the practice of health education in the waiting room, discussion groups and even the preparation of pamphlets and booklets.⁷

The formation of a bond between the professional and the patient, allows nurses to address other aspects beyond gynecological. This moment of listening enables the return of women to the service when needed.

Through the comprehensive approach that the nurse is in the nursing consultation found in our study the category: Nursing consultation with women's integral approach.

Nursing consultation with women's integral approach

The health status of an individual is directly related to the environment, leisure, living wage, interpersonal relations, working conditions, mental health, housing, among others. A call these full health. You look at the whole person and not just focus on the nursing consultation in gynecological aspects. In 1984, the Ministry of Health developed the Program for Integrated Women's Health (PAISM) which now includes educational, preventive, diagnostic, treatment and recovery, including assistance to women in prenatal care, childbirth and puerperium menopause, family planning, STD, CA to cervical and breast cancer, and other needs.⁸

It is noteworthy that the nurse of the family health unit (FHU) has close relationship with their population, thus facilitating agent in the interaction. Thus these professionals together with his team must develop strategies to actively search for these women having a gynecological examination, we highlight here the home visit, the media and the social resources of the community.

In our article, of the 26 nurses 13 reported having an integral approach during gynecological consultation, evidenced by the affirmative:

Approach of women as a whole in all physical, intellectual, moral [...] I cover all aspects: how it is health outside the area gynecological, partner relationship, their situation with their children, the her relationship with sexuality, sexuality with her husband, she has doubts ... the physical part of it as she feels with the body [...] About violence. (E2)

I do report both situations she is passing of every moment of it, if she is nervous, anxious, if she has TPM. I try to get as much information as possible only mainly do home visits, to see the environment that the person lives, the power and show her the necessary guidance to have a healthier lifestyle. (E4)

I like to talk first and know what she meant by examination, careful with her, she knows what self-care [...] I ask a lot about family, children, work. [...] Mental health, physical health, the family. (E9)

[...] The question of the relationship with the partner, the mother-child bond, as it is socially engaged in the labor market before the society, family ties in which she finds herself, psychological treatment. (E12)

The nurse FHS in nursing consultation can address other aspects not only those related to gynecological issue. It is an exchange of knowledge, listen carefully to the user expose their fears, anxieties, worries and difficulties.⁴ But nurses often fail to conduct a more systematic consultation, therefore, how the service is organized derives from the amount of people which this professional answers and are not evaluated items of service quality.

In our research, we highlight the category in which the nurse focuses only on gynecological aspects.

Nursing consultation focused on gynecological aspects

The holistic approach of the individual demands stronger attitudes and involvement of the professionals working in this context. The host is a powerful tool that allows greater access of women to health services and allows nurses to build the bond and an overall assessment and J. res.: fundam. care. online 2013. out./dez. 5(4):566-73

intervention more resolute thus consolidating the principles of the Unified Health System (SUS), in particular comprehensiveness, universality and equity in health.⁹

We emphasize the importance of the interview at the time of gynecological as an opportune time to clarify questions and tranquility to the woman. In our study we identified 20 queries nurses geared only for gynecological aspects.

During the examination we ta ne aware of everything, makes clinical breast examination, mammography asks, looking across the region of the vulva, anus, not only the speculum examination. (E11)

And then we address areas of health in a way for the entire population and the specific area of the woman who is the gynecological area, in relation to cancer prevention, STDs, breast and cervix. (E13)

Guidelines include: questioning obstetric and gynecological complaints, gynecological surgery, contraception, realization of self breast exam, STD / AIDS, breast examination, mammography request. Aboard everywhere gynecological ... [...]. (E18)

Women's health is her health compared well overall: breast, uterus. The consultation directs us over to take the exam of "Papa" and examination of the breasts right? (E2)

The work of nurses come from a specific demand for attendance numbers smear for meeting targets. This approach undermines the interpersonal relationship and break the bond between the woman and the nurse because nursing consultation gynecological turns out to be purely technical and often arouses feelings of women as insecurity and dissatisfaction with the care received. It is noteworthy that in our study three nurses are not an integral approach justified by the service organization:

Usually when I talk to a gynecologist gynecology is just the same. I do not use anything related to the health of the

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woman, nothing to promote women's health not. Just gynecologic. (E13)

Sometimes it's a bit fast. So it's not time for us to talk. (E15)

I discuss only the gynecological part, in order to not impair the quality of the service. (E18)

After gynecological examination it is thought necessary to provide guidance on what was observed in the collection, clinical importance, the care that women should have before receiving the result, the importance of return to fetch the result, get feedback on the guidelines provided during the examination and allocate time to solve the doubts of the woman. A survey conducted in Fortaleza that were observed in the gynecological seven nurses after pelvic exam 80% did not demonstrate openness to questioning, 70% did not mention contraception, 92% did not give guidance about STDs, 82,5% of the lack of guidance on personal hygiene, and 95% had no feedback on the information provided to the query.⁹

When asked about the guidelines they deem necessary to provide the patient after gynecological care, many nurses emphasize only considerations related to sample collection. The statements below illustrate with priority such conduct:

After examining the woman who always guide can be a bleeding; in patients it is normal, which can get sore. (E2)

After the exam we explained what was seen in the lap ai ta guides them to come for the result. (E10)

After examining the orientation is the following is what I saw in the collection of any abnormality, I explain what I saw and depending on what we perceive us forwards. (E14)

In this context, it is clear that nurses follow a strict protocol of care focusing on cancer screening, cervical and left out the overall care of the woman, and when addressed other aspects are related only to the disease process.

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What practice is still prevalent in the biomedical model focuses on disease and treatment of symptoms, and it is this category that we found in our study.

Nursing consultation focused on the disease

The ESF's has as main care model the multiprofessional work that aims to break the current model focused on the biomedical model and implement health actions that prioritize health promotion, prevention, recovery, rehabilitation of the most frequent disorders. This award aims to expand the qualification of primary strengthening the principles of the NHS.¹⁰

Even today, we find professionals that define health as the absence of disease, this vision comes often training and focus their query conditions, focusing on the patient's symptoms and complaints. Stands out in our research that 13 nurses direct the nursing consultation focused on the disease.

[...] To do a series of tests to see how that ta her health integral, triglycerides, cholesterol, thyroid problems, pathology, medications that make use. (E1)

[...] Wonder pressure, diabetes and any disease it can have acquiring constipation. (E5)

[...] there you do a lung auscultation a BP measurement. (E11)

[...] I see you do treat some diseases, it has a leg wound, has urinary complaint. (E14)

These data are consistent with a study conducted in the countryside of Santa Catarina where attention attendance for FHS teams were directed to a medical, prioritizing attention to the disease⁽¹⁰⁾. This behavior makes us reflect on the importance of changing this situation and alert the FHT professionals understand the importance of the community and the family unit that the individual is inserted thereafter accomplish a call aimed at promoting the health and thereby contribute to the reduction of major diseases with

high morbidity and mortality in the country, we can highlight the cervical cancer.¹¹

The bond between the team and the public is critical because it can bring both parties together and thus build a new care model based on listening and conversation and changing the mode to watch and care.¹²

Another aspect found in our study is not solving the service we can highlight the category: Solubility service.

Solving service

Three nurses in our study pointed out the lack of resoluteness when questioned about other problems faced by women:

Many drag problem child, problem drug use in the home. If we could cover the social and family problems we do not take care of her health as a whole. Is desired. We do not have a multidisciplinary program. [...] From the point of view still full, emotional, affective it also addresses us. Because it is a necessity that comes naturally, from the trust. So I think we fully address. But no resolution to her. (E 17)

Oh when you need a consultation then I already do I forward nurses because unfortunately we can not yet right to prescribe. (E5)

I cover all aspects [...] a woman when you move at some points she always plays, it externalizes what this messing with it. [...] And in the office gynecology handle us so many, many things about women you know? On violence. Only nurses but we do not have resolution, we often cannot finish it, we move it, move but cannot solve. (E2)

A study in the southwestern region of São Paulo in order to identify the response capacity of health services to 10.199 respondents. Of which 31,3% reported an episode of illness and 47,7% sought help to solve the problem. APS service was the main port of entry into the system (35,7%), followed by hospitals (25,4%) and clinical /clinics (24,3%). The resolution services for medical appointments was over 90%, 44,5% solution of the problem, 35,5% were in treatment, and 10,5% did not have your problem solved.¹³

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The Ministry of Health created in January 2008 NASF-Core Support Family Health which aims to "expand the breadth and scope of activities of basic care, as well as its solvability." Thus, the FHT professionals have support a multidisciplinary team (social worker, nutritionist, physical trainer, physiotherapist, among others) to provide its people a more systematized, with a greater chance of solving. The NASFs 1 meet at least 8 to maximum 20 ESFs, this proportionality hinders the performance due to the demands of these professional teams present.¹⁴ What can be remedied by inserting multidisciplinary residency programs in the municipal health.

However, due to not solving of the services we are faced with the situation of women do not return to service in search of the examination result which allowed us to identify another category the lack of scheduling the return.

Lack of scheduling return

After raise awareness, women about the importance of performing preventive examinations, a new problem at USF, the woman did not return for the results of the tests. And if it has any changes, there's no continuity of care. In a study conducted in Natal with women about prevention of cervical cancer, 41,7% reported fear of disease as a major reason for not attending health services to get the test results and 33,3% by delay the delivery of the same.¹⁵

INCA recommends that the examination should be preventative planned and organized; ensuring not only the realization of the same, but the delivery of results and follow-up of women at all stages.¹⁶ In our study, four nurses reported a lack of feedback from their patients to check the result:

Because we spend so for them too, which is not only important to take the exam we have to get the result [...] patient who took the exam in February and not coming for. So we explained to her that what they

have is the sense you do not come and seek? So there is no way to continue treatment. (E1)

So, then we also talk about when it will come to this result and why she should get the result and when she has to go back again. Because most women forget to come fetch the result. (E16)

Speaking the day came for sure the result, the importance of why I came for one that has not come. Most do not return the unit to check the result. (E15)

These data are similar to a study in a health facility in the city of Fortaleza. In the course of the study, were listed three things that prevented the users from seeking the result. The woman who was related to the job, lack of transportation, travel and forgetfulness, as compared to professional were lack of professional-patient interaction and service as periods of strikes, delayed release of results and communication failure.¹⁷

With the delivery of income for women, they are aware of any changes. The nurse USF has to establish in your day to day work reference and counter reference, give correct guidance to these women, to be guaranteed the continuity of care and other levels of health care and other sectors.

However, we realize that this model technical assistance is still underutilized, hindering the monitoring and continuity of care. A study in Itajaí-SC shows that the establishment of intersectoral dialogue between PHC and hospital care is important for the patient, because after being discharged from the hospital, 123 patients analyzed, 51% required follow up with the health team.¹⁸ Given the above, we realize how much we nurses have the responsibility and assignment refer women to appropriate treatment to be recovered as early health, preventing further damage.

CONCLUSION

The results of this study reinforce that nurses perform a query of PHC nursing geared

more for the gynecological aspects of this form, the integral approach of women is impaired, failing to take a more holistic monitoring. This often stems from the way services are organized and even vocational training.

The nurse has an important role in active listening of women, seeking services for cytopathological examination, in order not to focus only on nursing consultation only in chief complaint and conducting technique but can seize the moment for a qualified hearing the user.

To be ironed these difficulties it is necessary that professionals are in constant qualification, be sensitized on the importance of the examination, with emphasis on comprehensive care, resolution, reference and counter-reference, so that every time the woman access health services she has the continuity of care.

REFERENCES

- 1- Ministério da Saúde. Controle dos Cânceres do colo do útero e de mama. Brasília, 2006. (Cadernos de Atenção Básica, nº 13).
- 2- Ministério da Saúde (Brasil). Instituto Nacional do Câncer. Estimativa 2012 Incidência de Câncer no Brasil. Rio de Janeiro, 2011.
- 3- Instituto Nacional de Câncer (Brasil). Programa Nacional de Controle do Câncer do Colo do Útero. Disponível em: http://www1.inca.gov.br/inca/Arquivos/programa_uterointernet.pdf
- 4- Takemoto MLS, Silva EM. Acolhimento e transformações no processo de trabalho de enfermagem em unidades básicas de saúde de Campinas, São Paulo, Brasil. Cad Saúde Pública 2007; fev 2007; 23(2):331-340.
- 5- Instituto Brasileiro de Geografia e Estatística. Disponível em: http://www.ibge.gov.br/home/estatistica/populacao/censo2010/tabelas_pdf/total_populacao_minas_gerais.pdf.
- 6- Bardin L. Análise do conteúdo. 4th. ed. Lisboa: Edições 70; 2004.

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7- Moura ADA, Silva SMG, Farias LM, Feitoza AR. Conhecimento e motivações das mulheres acerca do exame de Papanicolaou: subsídios para a prática de enfermagem. Rev. Rene. Fortaleza, jan./mar. 2010, v.11, n.1, p.94-104.

8- Ministério da Saúde (Brasil). Secretaria de Assistência à Saúde. Departamento de Ações Programáticas Estratégicas. Política Nacional de Atenção Integral à Saúde da Mulher. Brasília, 2007.

9- Teixeira CAB, Silva RM, Rodrigues MSP, Linard AG, Diógenes MAR, Mendonça FAC. Comunicação interpessoal como instrumento que viabiliza a qualidade da consulta de enfermagem ginecológica. Rev. APS, jan./mar. 2009, v.12, n.1, p. 16-28.

10- Trindade LM, Perón A, Amestoy SC, Gehlen GC, Noguez PT. Reflexões do perfil de atendimento na Estratégia Saúde da Família. Cogitare Enferm, 162-66, jan./mar. 2011, 16(1).

11- Oliveira MM, Pinto IC, Coimbra VCC. Potencialidades no atendimento integral: a prevenção do câncer do colo do útero na concepção de usuárias da Estratégia Saúde da Família. Rev Latino-am enfermagem, maio-junho 2007, v.15, nº3.

12- Oliveira MM, Pinto IC, Coimbra VCC. Prática e significado da prevenção do câncer de colo uterino e a Saúde da Família. R Enferm UERJ, out/dez 2007, 15(4):580-3.

13- Turrini RNT, Lebrão ML, Cesar CLG. Resolutividade dos serviços de saúde por inquérito domiciliar: percepção do usuário. Cad Saúde Pública, 2008, v. 24, n. 3, p. 663-674.

14- Ministério da Saúde (Brasil). Cria os Núcleos de Apoio à Saúde da Família - NASF Portaria nº 154, de 24 de janeiro de 2008. Brasília: Ministério da Saúde, 2008.

15- Davim RMB, Torres GV, Silva RAR, Silva DAR. Conhecimento de mulheres de uma Unidade Básica de Saúde da cidade de Natal/RN sobre o exame de Papanicolaou. Rev Esc Enferm USP, 2005; 39(3):296-302 *apud* Amorim T. Prevenção do câncer cérvico-uterino: uma compreensão fenomenológica [dissertação]. Belo Horizonte (MG): Escola da Universidade Federal de Minas Gerais; 1997.

16- Ministério da Saúde (Brasil). Instituto Nacional do Câncer. Ações de enfermagem para o controle do câncer. Uma proposta de integração ensino-serviço. Rio de Janeiro, 2008.

17- Greenwood AS, Machado MFAS, Sampaio NMV. Motivos que levam mulheres a não retornarem para receber o resultado de exame Papanicolaou. Rev Latino-am Enfermagem, julho-agosto 2006, 14(4): 503-9.

18- Fratini JRG, Saupe R, Massaroli A. Referência e contra referência: contribuição para a integralidade em saúde. Cienc Cuid Saúde, Jan/Mar 2008; 7(1):065-072.

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