

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i57p3749-3758>

Nurse performance in the collection of the cervical-uterine material

Rendimiento de enfermeras en la recolección de material cervico-uterino

Atuação do enfermeiro na coleta do material cérvico-uterino

ABSTRACT

Objective: to analyze the performance of nurses in basic health units in the collection of cervical-uterine material. Method: this is a field study with a quantitative approach, carried out in March 2019 in basic health units in a municipality in Paraíba. The sample composed of 12 nurses was delimited by the inclusion criteria: being a nurse, working at the service for at least one year and performing the Pap smear collection. The present study followed the rules and guidelines regulated by resolution 466/12. Results: the main difficulties reported were the collection of the exam in menopausal, obese and pregnant women. The professionals explained that they received training, but that the majority did not participate in scientific events in the last two years. Conclusion: the conduct and profile of the nurse in the practice of collecting cervical-uterine material was observed, since permanent education needs to be used with a strategy to improve the practice of these professionals.

DESCRIPTORS: Nursing; Pap smear; Uterine Cancer; Performance evaluation; Nursing consultation.

RESUMEN

Objetivo: analizar el desempeño de enfermeras en unidades básicas de salud en la recolección de material cérvico-uterino. Método: se trata de un estudio de campo con enfoque cuantitativo, realizado en marzo de 2019 en unidades básicas de salud de un municipio de Paraíba. La muestra compuesta por 12 enfermeras fue delimitada por los criterios de inclusión: ser enfermera, trabajar en el servicio durante al menos un año y realizar la recolección de Papanicolaou. El presente estudio siguió las normas y lineamientos regulados por la resolución 466/12. Resultados: las principales dificultades reportadas fueron la recolección del examen en mujeres menopáusicas, obesas y embarazadas. Los profesionales explicaron que recibieron formación, pero que la mayoría no participó en eventos científicos en los últimos dos años. Conclusión: se observó la conducta y el perfil del enfermero en la práctica de recolección de material cérvico-uterino, ya que la educación permanente debe ser utilizada con una estrategia para mejorar la práctica de estos profesionales.

DESCRIPTORES: Enfermería; Prueba de Papanicolaou; Cáncer uterino; Evaluación del desempeño; Consulta de enfermería.

RESUMO

Objetivo: analisar a atuação dos enfermeiros das unidades básicas de saúde na coleta do material cérvico-uterino. Método: trata-se de estudo de campo com abordagem quantitativa, realizado em março de 2019 em unidades básicas de saúde de um município paraibano. A amostra composta por 12 enfermeiros foi delimitada pelos critérios de inclusão: ser enfermeiro, atuar no serviço há no mínimo um ano e realizar a coleta do exame Papanicolaou. O presente estudo obedeceu às normas e diretrizes regulamentadas pela resolução 466/12. Resultados: as principais dificuldades relatadas foram a realização da coleta do exame em mulheres menopausadas, obesas e gestantes. As profissionais expuseram que receberam capacitação, mas que a maioria não participou de eventos científicos nos últimos dois anos. Conclusão: observou-se a conduta e o perfil do enfermeiro na atuação da coleta do material cérvico-uterino, visto que a educação permanente precisa ser utilizada com uma estratégia de melhoria na atuação desses profissionais.

DESCRITORES: Enfermagem; Exame Papanicolaou; Câncer Uterino; Avaliação de desempenho; Consulta de Enfermagem.

RECEIVED ON: 08/10/2020 APPROVED ON: 09/03/2020



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INTRODUCTION

Cervical cancer is responsible for the second cause of death among women from cancer in the world, considered a public health problem since, according to data from the National Cancer Institute in 2016, approximately 500 thousand new cases are diagnosed per year, and about 80% of these cases are in developing countries, in which Brazil is included. Its highest incidence is women with lower economic class.¹

The screening of cervical cancer precursor lesions is a low-cost method, evidenced by George Papanicolaou, the cytological examination observes the cellular changes resulting from a scrape of the cervix, and it is understood that it has been adopted worldwide to reduce the development uterine cancer and applied to well-defined protocols in promotion and prevention programs.²

The Pap smear should be performed by health professionals, nurses or doctors, with training and continuous training in primary care.¹ COFEN Resolution 381/2011 states that it is private to nurses to collect material for oncotic colposcopy by the Pap smear method, this procedure must be performed in the context of the nursing consultation, taking into account the principles of the National Policy for Comprehensive Care a Women's Health.³

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pathological examination, in women with a recommended age range of 25 to 64 years and/or that is a risk case according to the Ministry of Health, which may lead to reduce these incidence and mortality rates of the neoplasia in question. In the initial stage of cervical-uterine cancer there are no symptoms and the precursor lesions can be detected by examining oncotic cytology and treated early, with the possibility of cure in some cases being up to 100%.⁴

Eventually, there are cases of women developing neoplasia in uterine cancer, even performing cytopathology exam periodically, with 2% to 13% false-negative results. Being directly related to the quality of collections of cytological material. Factors that lead to this type of error are lack of attention and concentration, mental fatigue and work overload.⁴

The present study is justified by the essential need for the training of nurses who work in the collection of the cytopathological exam, the role of this method in the prevention of cervical cancer is reinforced, and all efforts to reduce the probability of incorrect results should be encouraged, thus contributing to the improvement of health conditions. Having as guiding question of the study: What is the role of nurses in Family Health Units in the gynecological consultation when performing the cytological examination.

Given the above, the study aimed to

analyze the performance of nurses in Family Health Units in the consultation of the Pap smear in a municipality in Paraíba.

METHOD

It is a descriptive field study with a quantitative approach. The study was carried out in the Basic Health Units of the municipality of Lagoa Seca, Paraíba, in March 2019. It was estimated that in 2017, a population of 27,543 inhabitants, where there are 12 Basic Health Units, composed of 12 registered nurses these services.⁵

The study population consisted of all nurses who work in the family health units and who performed the nursing consultation in the collection of the Pap smear. For the selection of the sample, the inclusion criteria were considered: being a primary care nurse, working in the units for at least one year, in the realization of the nursing consultation, in the collection of the Pap smear. Nurses who did not meet one or more of the inclusion criteria or who refused to participate in the research were excluded from the sample.

The project was registered at Plataforma Brasil and the data collection was carried out shortly after the project's approval by the Research Ethics Committee and the authorization of the Municipal Health Secretariat, carried out in March 2019. Initially, a brief explanation was made about the research objectives to research participants, in order to achieve greater acceptance of study participation. Once they were willing to contribute to the study, the participant signed the Informed Consent Form and the questionnaires were applied. The collection instrument consisted of a structured questionnaire script, prepared by the researcher herself, composed of two parts: the first was the socio-demographic profile and identification of nurses and the second was composed of questions around the study objectives.

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In the typing process, the bank was typed in pairs in order to avoid possible errors in the coding of variables and filling in the bank.

The research was carried out in compliance with all ethical rules governed by Resolution 466/2012 and approved with the number of CAAE 07234819.7.0000.5176.

RESULT AND DISCUSSION

The sample of this study was composed of 100% (n = 12) professionals graduated in nursing, all of them female and working in basic health units in the city of Lagoa Seca. The most represented age was between 30 and 59 years old, corresponding to 75% (n = 9), 8.3% (n = 1) young adults and 16.7% (n = 2) were elderly people aged 60 or more. In the marital status variable, there was a prevalence of married women, corresponding to 66.7% (n = 8), 50% (n = 6) were Catholic and 33.3% (n = 4) evangelical. With regard to education, 50% (n = 6) were specialists, followed by 33.3% (n = 4) of the master's degree. As for the item "Participation in events", 58.3% (n = 7) participants reported not participating in events in the past two years.

Regarding the steps followed in collecting the cervical-uterine exam, it is recommended that the professional should follow the steps described in the questionnaire: identification, information about the exam, clinical history, filling out the form and preparing the slide, it is highlighted that in the study among the participating professionals, two nurses did not follow the recommended steps.¹⁰

Regarding the correct filling of the request, the patient's clinical history and complete data are fundamental steps for a good quality of the exam result. In other surveys carried out, they demonstrate that all interviewees filled out the form in its entirety.¹¹

In the main difficulties during the collection of uterine cervical material,

the most mentioned are menopausal, obese and pregnant women. In a survey carried out¹² in São Miguel do Oeste with nurses working in basic health units, they reported that the difficulties

presented were the performance of the exam in obese women, with physical limitations, shame during the exam, women's resistance, among others.

Research data show that most of the

interviewees stated that they did not identify when the sample is unsatisfactory, also evaluating whether the material is sent correctly to the laboratory, all of them pack and follow the requisition to the slide, data that corroborate with a study carried out¹³, who reported that the three most frequent causes of unsatisfactory samples were the presence of material in less than 10% of the smear, the absence or error in the identification of the slide, bottle or form and the presence of desiccation artifacts.

In view of the results of this study, the contribution of research to intensify the monitoring of cervical cancer is observed, since it is necessary to qualify professionals to perform nursing consultations with excellence, expanding the number of preventive exams with a more reliable result.

The cytopathological examination is part of the screening process, and there are several factors that may be related to the failure of a program as a whole. These existing factors are fundamental and very important so that the quality of the analysis of cytopathological exams is not compromised.¹⁴

In a study carried out¹⁵, it is emphasized that the guidelines are fundamental, increasing the understanding of women about the importance of the prevention of cervical cancer and self-care, providing them with space to reflect on the prevention of cervical cancer, and seeking, through activities educational, clarify the importance of self-care to reduce risk factors predisposing to the onset of cancer and optimizing the development of prevention policies. This same strategy is used in this study in which nurses claim to guide the population on health promotion and prevention.

In the present study, the professionals in higher percentages stated that they did not receive training to perform the cytopathological exam, which is similar to the findings of other studies in which gaps were observed in the professional training process periodically.¹⁶

At the end of this study, there is a

Table 1 – Interview script. João Pessoa, Paraíba, Brazil, 2019. (N = 12)

Variáveis	n	%
Quais os passos da coleta?		
(1)Identificação (2) Histórico (3)Informações (4) Preenchimento das lâminas (5)Preenchimento do formulário		
Todas as alternativas	10	83,3
Menos a alternativa 5	1	8,3
Menos a alternativa 4	1	8,3
Quando observado alterações na realização do exame onde é realizado o registro?		
Prontuário, requisição de exames e livro de registro	1	8,3
Prontuário e requisição de exames	5	41,7
Prontuário	6	50,0
Após registros essas informações foram enviadas ao laboratório?		
Sim	11	91,7
Não	1	8,3
Preenchimento do formulário da citologia para requisição do exame citopatológico		
Sim	12	100,0
Não	0	0,0
É notório amostras insatisfatórias no resultado		
Sim	4	33,3
Não	8	66,7
O instrumento preenchido conduz pontos abordados durante a consulta de enfermagem		
Sim	11	91,7
Não	1	8,3

Source: Research data, 2019

Table 2- Report of difficulties in performing the cervical-uterine examination. João Pessoa, Paraíba, Brazil, 2019. (N = 12)

Variáveis	n	%
Não apresentou dificuldade	3	25,0
Mulheres menopausadas, obesas, gestantes	4	33,3
Medo da paciente na realização do exame	1	8,3
Ausência da DUM	1	8,3
Visualização do Colo uterino	1	8,3
Demora na entrega do resultado do exame	2	16,7

Source: Research data, 2019

failure in the process of permanent training of professionals in public health, the problem is aggravated by the finding of data in which UBS nurses do not apply strategies for the prevention and control of uterine cancer due to lack of training in the area¹⁷. In this context, which causes inaccuracy in the Pap smear process.

CONCLUSION

Due to the results mentioned, it is clear that there are still some elements

that hamper the health system itself. Cervical cancer is a public health problem, responsible for the second leading cause of death among women in the world.

This study shows that it is not only the lack of interest of the target population in the performance of the Pap smear, health professionals, in particular, the nurse is a participant in the non-execution and when the cytological examination is performed, it does not follow the recommendations of the instances, serving as example for other profes-

sionals to the importance that has a simple failure in the stage, can omit in the result of the cytopathological exam.

Continuing education needs to be used with a strategy to improve the performance of these professionals, noting that qualified nurses result in an excellent screening of uterine cancer.

It is suggested that further discussions and studies should be carried out with an emphasis on what the population says about the Pap smear and the role of nurses in a wider scope, in other cities in Paraíba, in other realities. ■

REFERENCES

1. Silva LR, Almeida CAPL, Sá GGM, Moura LKB, Araujo ETH. Educação em saúde como estratégia de prevenção do câncer do colo do útero: revisão integrativa. *Revista Prevenção de Infecção e Saúde*. 2018;3(4):35-45.
2. Mello FA; Galle LC, Prado RL. Prevenção do câncer de colo uterino na concepção da população feminina de uma cidade do interior do estado de São Paulo. *Colloquium Vitae*. 2018,9(2):45-52.
3. Conselho Federal de Enfermagem. Resolução COFEN nº 381/2011. [Internet]. Available from: http://novo.portalcofen.gov.br/resoluo-cofen-n-3812011_7447.html
4. Ministério da Saúde. Instituto Nacional de Câncer. Coordenação de Prevenção e Vigilância. Divisão de Detecção Precoce e Apoio à Organização de Rede. Manual de gestão da qualidade para laboratório de citopatologia. 2. ed. rev. ampl. Rio de Janeiro, 2016.
5. Instituto Brasileiro de Geografia e Estatística. Diretoria de Pesquisas, Coordenação de População e Indicadores Sociais, Estimativas da população residente com data de referência. Available from: <https://www.ibge.gov.br/cidades-e-estados.html?view=municipio>
6. Filgueiras TF, Silva RA, Pimenta CJL, Filgueiras TF, Oliveira SHS, Castro RCMB. Instrumento para consulta de enfermagem a gestantes com diabetes mellitus. *Revista da Rede de Enfermagem do Nordeste*. 2019, (20).
7. Ribeiro GC, Santos FEC, Francalino TR, Mendes IC. Utilização de tecnologias de promoção da saúde pelos enfermeiros na atenção primária. *Encontro de Extensão, Docência e Iniciação Científica (EEDIC)*, [S.l.], v. 5, n. 1, 2019. Available from: <http://publicacoesacademicas.unicatolicaquixada.edu.br/index.php/eedic/article/view/3148/2697>
8. Araujo MAN, Lunardi Filho WD; Alvarenga MRM, Oliveira RD, Souza JC; Vidmantas, S. Perfil sociodemográfico dos enfermeiros da rede hospitalar. *Revista de Enfermagem da UFPE*, 2017,11(11):4716-25.
9. Becker RM, Heidemann ITSB, Meirelles BHS, Costa MFBNA, Antonini FO, Duran MK. Nursing care practices for people with Chronic Non communicable Diseases. *Revista Brasileira de Enfermagem*, 2018,71(6):2643-9.
10. Ministério da Saúde. Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Controle dos cânceres do colo do útero e da mama / Ministério da Saúde, Secretaria de Atenção à Saúde, Departamento de Atenção Básica. 2. ed. Brasília : Editora do Ministério da Saúde, 2013.
11. Mendes YLC, De Mesquita KO, Lira RCM. Prevenção do câncer de colo uterino: analisando a atuação do enfermeiro da atenção primária à saúde. *SANARE-Revista de Políticas Públicas*, 2015,14(2).
12. Souza SQF; Bauermann KB. Dificuldades encontradas pelos enfermeiros na realização da coleta de material cérvico-uterino que dificultam ou inviabilizam o exame Papanicolau [TCC], São Miguel do Oeste, 2016.
13. Galvão EFB, Silva MJM, Esteves FAM, Peres AL. Frequência de amostras insatisfatórias dos exames preventivos do câncer de colo uterino na rede pública de saúde, em município do agreste pernambucano. *Revista Paraense de Medicina*, 2015,29(2):51-6.
14. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Divisão de Detecção Precoce e Apoio à Organização de Rede. Manual de gestão da qualidade para laboratório de citopatologia, Divisão de Detecção Precoce e Apoio a Organização de Rede. 2. ed. rev. ampl. Rio de Janeiro, 2016. 160 p.
15. Andrade CB, Souza C, Campos NPS, Gonzaga MFN, Pereira RSF, Soares APG. Percepção dos enfermeiros da atenção básica à saúde do município de Jeremoabo frente à resistência das mulheres na realização do Exame Citopatológico de Colo de Útero. *Revista Saúde em Foco*, 2017, 9:34-55.
16. Moraes DC, Almeida AM, Figueiredo EN, Loyola EAC, Panobianco MS. Opportunistic screening actions for breast cancer performed by nurses working in primary health care. *Revista Escola de Enfermagem da USP*. 2016;50(1):14-21.
17. França, T. F. Atenção burocrática na saúde da mulher: prevenção e rastreamento de câncer de colo de útero pelo enfermeiro. [Dissertação], 2016.