

Diagnosis and Treatment of Sexually Transmitted Diseases performed by nurses in Primary Health Care

Diagnóstico e tratamento de infecções sexualmente transmissíveis realizados por enfermeiros na Atenção Primária à Saúde

Diagnóstico y Tratamiento de Infecciones de Transmisión Sexual realizados por enfermeros de Atención Primaria de Salud

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Abstract

Introduction: In the 1990s, sexually transmitted infections prevention activities for primary health care began. In the last two decades, there has been an increase in the assistance provided by nurses in the treatment of these infections. The Nursing Professional Practice Law No. 7.498/86 guarantees nurses in consultations the right to prescribe medication approved by institutional protocols. **Objective:** Identify whether nurses from the Primary Health Care Network in Florianópolis feel able to diagnose and prescribe medications for the treatment of sexually transmitted infections, based on the municipality's nursing protocols. **Methods:** exploratory-descriptive research with a qualitative approach, conducted through semi-structured interviews with trigger questions. 10 nurses with experience in primary care in the municipality were interviewed. The data were analyzed using the Bardin technique. **Results:** two analytical categories were identified: The nurse and the (re) construction of their professional practice and the nurse and their contribution to the quality of service in Primary Health Care. **Conclusions:** The Primary Health Care Network in Florianópolis is highly qualified, and nurses feel capable of adequately responding to the needs of their professional practices.

Keywords: Education, nursing; Family nursing; Sexually transmitted diseases; Primary health care; Community health nursing; Public health nursing.

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Resumo

Introdução: No final da década de 1990, iniciou-se as atividades de prevenção das infecções sexualmente transmissíveis para a atenção primária à saúde. Nas duas últimas décadas, vem ocorrendo uma ampliação da assistência de enfermeiros no tratamento dessas infecções. A Lei do Exercício Profissional da Enfermagem nº 7.498/86, garante aos enfermeiros na consulta de enfermagem o direito de realizar a prescrição de medicamentos aprovados por protocolos institucionais. **Objetivo:** Verificar se os enfermeiros que atuam na Atenção Primária à Saúde de Florianópolis se sentem aptos para a execução do diagnóstico e do tratamento medicamentoso das infecções sexualmente transmissíveis (IST) com base nos Protocolos de Enfermagem do município. **Métodos:** Pesquisa exploratório-descritiva de abordagem qualitativa realizada por meio de entrevista semiestruturada com perguntas disparadoras. Foram entrevistados dez enfermeiros assistenciais da Atenção Primária à Saúde do município. Os dados foram analisados segundo a técnica de Bardin. **Resultados:** Identificaram-se duas categorias analíticas: “O enfermeiro e a (re)construção de sua prática profissional” e “O enfermeiro e a sua contribuição na qualidade de serviço na Atenção Primária à Saúde”. **Conclusões:** Os enfermeiros da rede assistencial da Atenção Primária à Saúde de Florianópolis mostram-se altamente qualificados e sentem-se capazes de responder adequadamente às necessidades de sua prática profissional.

Palavras-chave: Educação em enfermagem; Enfermagem familiar; Doenças sexualmente transmissíveis; Atenção Primária à Saúde; Enfermagem em saúde comunitária; Enfermagem em saúde pública.

Resumen

Introducción: A fines de la década de 1990 se iniciaron las actividades de prevención de infecciones de transmisión sexual para la atención primaria de salud. En las últimas dos décadas se ha incrementado la asistencia brindada por enfermeras en el tratamiento de estas infecciones. La Ley de Práctica Profesional de Enfermería nº 7.498/86 le garantiza al enfermero en las consultas de enfermera el derecho a prescribir medicamentos aprobados por protocolos institucionales. **Objetivo:** Identificar si los enfermeros de la Red de Atención Primaria de Salud de Florianópolis se sienten capaces de diagnosticar y recetar medicamentos para el tratamiento de infecciones de transmisión sexual, con base en los protocolos de enfermería del municipio. **Métodos:** investigación exploratoria-descriptiva con enfoque cualitativo, realizada a través de entrevistas semiestructuradas con preguntas gatillo. Se entrevistó a 10 enfermeras con experiencia en atención primaria en el municipio. Los datos se analizaron mediante la técnica de Bardin. **Resultados:** se identificaron dos categorías analíticas: El enfermero y la (re) construcción de su práctica profesional y el enfermero y su contribución a la calidad del servicio en Atención Primaria de Salud. **Conclusiones:** La Red de Atención Primaria de Salud de Florianópolis, está altamente calificada y el enfermero se siente capaz de responder adecuadamente a las necesidades de práctica profesional.

Palabras-clave: Educación en enfermería; Enfermería de la Familia; Enfermedades de transmisión sexual; Atención primaria de salud; Enfermería en salud comunitaria; Enfermería en salud pública.

INTRODUCTION

According to the World Health Organization (WHO), it is estimated that more than 1 million contaminations occur per day worldwide.¹

Non-treatment or inadequate treatment of STIs has consequences such as pelvic inflammatory disease (PID), ectopic pregnancy, infertility, cancers, prematurity, stillbirth, neonatal mortality, and congenital infections, in addition to increasing the risk of transmission of the human immunodeficiency virus (HIV), which causes acquired immunodeficiency syndrome (AIDS).²

Syphilis is one of the most common STDs in the world, with about 6 million new cases each year.³ In 2018, in the state of Santa Catarina, a total of 12,138 cases of acquired syphilis, 2,427 cases of syphilis in pregnant women, 680 cases of congenital syphilis, and 28 deaths from congenital syphilis were reported. The region of greater Florianópolis has the second highest rate of syphilis detection in the state, with 249.7 cases for every 100,000 inhabitants, and the fourth highest rate of congenital syphilis, with 11.4 cases for every thousand live births.³

Also in 2018, Santa Catarina occupied the 11th position in the national ranking of states with the highest incidence of HIV/AIDS. Florianópolis has the second highest rate of HIV detection in pregnant women and is in sixth position in the ranking of capitals with the highest incidence of HIV/AIDS.⁴

During the 1980s, the Ministry of Health (MoH) implemented the Testing and Counseling Centers (*Centros de Testagem e Aconselhamento* – CTA) with the objective of diagnosing STDs and counseling individuals in an ethical and resolute manner. In the 1990s,

these actions were shared with Primary Health Care (PHC)⁵ and, in the last two decades, there has been an expansion of professional nursing care in order to include this category in the treatment of STDs.⁶

The Law on the Professional Practice of Nursing — Law No. 7.498/86⁷ — guarantees that nurses, in nursing consultations, prescribe medication approved by institutional protocols. In the same sense, Ordinance No. 2.436/2017, which approves the National Policy on Primary Care (PNAB), establishes among the nurses' duties the carrying out of the Nursing consultation and its consequences — including the request of complementary exams and the prescription of medications according to protocols, clinical and therapeutic guidelines or other technical regulations established by the federal, state, municipal or Federal District manager, provided that the legal provisions of the profession are observed.⁸

It is necessary for the professional nurse to carry out counseling actions during nursing consultations, aiming, among other things, at the early detection of STDs, the treatment of individual carriers and their partners to prevent complications arising from infections when not treated or inadequately treated.⁹

With this study, we intend to discuss the insertion of nurses in PHC to face STDs as a public health problem, during nursing consultations. The objective of the research was to verify whether nurses working in the PHC in Florianópolis feel able to diagnose STDs and prescribe medication to treat them based on the municipality's Nursing Protocols. The adoption of clinical protocols that enable nurses to diagnose and treat STDs is still an incipient issue in the country, which justifies the importance of this work.

METHODS

Descriptive-exploratory research, with a qualitative approach, conducted through interviews with nurses working in health centers in Florianópolis carried out in November 2019. The interviews lasted, on average, 15 minutes each.

The city of Florianópolis has 50 health centers, whose care model is organized based on the Family Health Strategy (*Estratégia Saúde da Família* – ESF), regulated by Ordinance SS/GAB No. 283/2007.¹⁰

The Permanent Commission for Systematization of Nursing Care (Comissão Permanente de Sistematização da Assistência de Enfermagem – CSAE) has a subcommittee dedicated to the construction and revision of the Nursing Protocols of Florianópolis. This was created in 2015 with the aim of expanding the nurse's clinic. This subcommittee is formed by

nurses from the municipal health network of the five Health Districts who work in family health teams, polyclinics, psychosocial care centers (*centros de atenção psicossocial* – CAPS), emergency care units (*unidades de pronto atendimento* – UPA), Health Surveillance and Management. The work of this subcommittee is based on the best available evidence and its participants are responsible for analyzing the contents that make up the protocols, reviewing the current protocols and building new Nursing ones.¹¹

Currently, the PHC network in Florianópolis has 198 permanent nurses, distributed in the functions of assistance, coordination, and residency. For participation in this study, the inclusion criterion was

acting as a clinical nurse in PHC. Some of the participants accumulate a coordinating position, this being simultaneous to activities in care. Family Health Nursing residents were excluded from the sample.

Data collection was carried out through semi-structured interviews, consisting of questions related to nurses' practices related to STDs. The questionnaire was composed of the following questions: "Tell me about your drug prescription practice related to the Protocol Sexually Transmitted Infections and Other Transmissible Diseases of Interest in Public Health (dengue/tuberculosis)", "What difficulties did you have at the beginning of the implementation of the protocol?", "Did you receive training from the city hall of Florianópolis?", "Did the training help you use the protocol?", "What did you feel when you knew you were going to prescribe medication?", "Did you feel well trained?", "In the last six months, what is your average drug prescription for the treatment of STDs?", "Where do you look for support material?", "Tell me about your impression in relation to users about the practice of drug prescription carried out by nurses", "Are you satisfied with performing this practice?", "Do you suggest any changes?".

All interviews were digitally recorded during visits to the participants' workplace, as previously scheduled with each nurse. Ten of them participated, respecting the saturation criterion and the short term for data collection. All signed the Informed Consent and the interviews were later transcribed.

Data analysis was carried out according to the technique of content analysis proposed by Bardin,¹² organized around three chronological poles: comprehensive reading of the selected material (systematization of ideas seeking an overall view and apprehension of the material's particularities); exploration of the material (carrying out coding operations, decomposing themes); and elaboration of an interpretative synthesis (establishment of tables that presented the information in an articulated way with the research objectives and the theoretical basis). Based on this framework, inferences and interpretations were made according to the proposed objectives. After collecting the data, the categories were built based on extensive readings and syntheses were created after interpreting the results.

The research was submitted to the Ethics Committee for Research with Human Beings (*Comitê de Ética em Pesquisa com Seres Humanos* – CEPESH) under the Certificate of Presentation for Ethical Appreciation (*Certificado de Apresentação para Apreciação Ética* – CAAE) 15390819.4.0000.0118 and approved by the opinion of CEPUDESC 3.672.925. The study was approved by the Municipal Health Department of Florianópolis. Participants had their names replaced by the initials N (nurse) together with a number, according to the order of the interviews (N1, N2).

RESULTS

Respondents were between 27–57 years of age at the time they completed the questionnaires. Regarding the education of the ten research participants, it is noteworthy that all (100%) have a postgraduate degree, nine (90%) are women, eight (80%) are family health specialists, and eight (80%) have at least two specializations. Regarding the length of professional experience of the selected sample, seven (70%) have graduated for more than ten years, seven (70%) have worked for at least seven years in the municipality's PHC and all (100%) have undergone training in the protocols offered by CSAE of the Municipal Health Department of Florianópolis. The training related to the volume dealing with the management of STDs provided nurses with tools to diagnose these infections and prescribe the corresponding treatment(s). The research findings allow us to conceive a scenario consisting of a mature group, with solid and proper training to act clinically.

The statements after the analysis generated two categories: “The nurse and the (re)construction of their professional practice” and “The nurse and their contribution to the quality of service in PHC”.

Category 1. The nurse and the (re)construction of their professional practice

In this first category, words like adaptation, support, and autonomy stand out.

Nurses reported that, at the beginning of the protocols implementation, their professional life became permeated by countless feelings, with insecurity being the most mentioned. Most of the nurses interviewed stated that the university education left a deficit

with regard to the prescription of medications, but that, over time, they knew how to deal with these changes.

A study carried out with nurses working in the ESF in a municipality in the state of Paraíba revealed that few felt prepared to practice drug prescription and pointed out the Pharmacology discipline as responsible for the research results.¹³ Some statements by nurses from the Municipal Secretariat of Florianópolis interviewed make reference to the fragility of training:

“We are afraid of pharmacology issues, that we have a certain deficiency in during graduation, but at no time did I think I was not capable.” (N3)

“My training was not to be a medicine prescriber, I am trained to be a care prescriber. I started to prescribe slowly based on some protocols and evidence studies, I started feeling more confident and over time I felt safe.” (N4)

“My training was a little different from the nursing training of nowadays. I had a bit of fear and insecurity. I had difficulties, I had to study pharmacology again. Studying and practicing helps a lot.” (N7)

“My difficulty was related to drug interactions. Sometimes patients use certain medication and I would be in doubt whether I could prescribe it or not and I’d check with a doctor about it.” (N1)

Although the professionals in the present study reported insufficiency in the Pharmacology discipline, they were willing to expand their duties. Also in this context, nurses from Poland can be cited as an example, who also faced the same dilemma, however they expanded the practice of drug prescription in the last four years.¹⁴

Parallel to the negative feeling of insecurity, the nurses in the network knew how to adapt to the new service model and mentioned the use of support tools that provide security in their actions. Some interviewees spoke about the importance of having research material and having the support of other professionals to carry out drug prescriptions:

“When prescribing, I check signs and symptoms looking for this information in the protocol to provide support and safety, I use all the tools that help when prescribing.”

Sometimes, when I feel insecure, I ask for support from my medical colleague, so it’s been super chill.” (N6)

“The Nursing Protocol is very clear, so there is no difficulty in implementing it because of this clarity, not to mention that we work with more experienced colleagues. At any time, even if I have a protocol that supports me, if I have any doubts, I go to a nurse who has had this experience for longer than I have. || (N8)

The nurses underwent training that addressed the issue of prescription and identification of STDs. In relation to these trainings, it is observed that some of the

interviewees considered that not enough support was provided for the identification and treatment of STDs, so they had to seek additional resources to help them. Others felt that the training was able to meet their expectations:

“The training gets you started, right, it cannot deeply address all the issues in 8 hours of training. What you have to do is read the protocol and study, because just the practical training can’t make you completely safe to begin with, it’s necessary to go deeper with the practice, day-to-day.” (N3)

“All nurses who work in the Family Health Strategy of Florianópolis receive training in protocols, we are only able to use them after this training. I only had readings and I didn’t have specific training, it was the kind of support that gave me a lot of confidence.” (N8)

A study carried out in Rio Grande do Norte revealed that nurses mention the support of other professionals and trainings as central elements for the development of safety to carry out drug prescriptions.¹⁵

Regarding autonomy, there was a consensus among the interviewees that it is only achieved by nurses when this professional performs activities that they really dominate. In this sense, since nurses see themselves as competent to identify and prescribe medications in the context of STDs, they can effectively exercise their duties with autonomy:

“This protocol was very important for our practice as it is something we have almost every day, and it gave a lot of autonomy to this service. And the protocol guided us toward the care, prescription, and treatment of these patients.” (N2)

“I feel autonomous and that I don’t need to call another professional for help at all times.” (N9)

“I feel satisfied with having greater resoluteness, being able to meet people’s needs without having to access another professional, and with the possibility of increasing people’s access to care.” (N10)

It is evident that the autonomy of nurses brings satisfaction to the professionals themselves by expanding their power of resolution and also by improving the population’s access to health services and the quality of care. Thus, it is clear that this process tends to improve the role of nurses in their scope of action in PHC, making the second category emerge.

Category 2. The nurse and their contribution to the quality of service in Primary Health Care

In the second category, terms such as professional satisfaction and user satisfaction stood out.

With the research findings, the nurse is perceived to be in total satisfaction regarding drug prescription. The protocols generated a greater degree of independence for decision making, and it is clear that nurses achieved their work objectives through this instrument:

“I felt happy to be able to help patients. The protocol gave us a lot of autonomy to be able to conduct the case.” (N2)

“I feel satisfied. Not only about prescriptions, but as a whole, we are more participative, our service is broader.” (N7)

“This makes our work more resolute, this autonomy that nurses have today brings a very positive result. The numbers reveal this, the STD notifications have grown and we soon relate it to nursing care. For us this is very satisfying.” (N8)

Another important factor is the nurses’ view in relation to user satisfaction with nursing consultations, since the population they care for seeks public health services to get solutions for their complaints:

“I have 100% patient acceptance. I’ve never seen anyone’s refusal to do what asked for or questioning, we have success and their approval in a very natural way.” (N3)

“The ones I attended really liked it, they had an effective result, and they had no problem with being seen and prescribed by a nurse.” (N5)

“At first, nursing prescription is new for nurses and users. For the user, it is also a novelty, but as they perceive our confidence in the service and our resourcefulness in working with the explanation, they accept it very well.” (N8)

Prescriptions carried out by nurses aim at the excellence of their work, uniting integral care and treatment. There is a direct relationship between nurses' job satisfaction and performance and improvement in patients' health. Autonomy at work was identified as a key element in nurses' satisfaction given the opportunity to apply all their knowledge.¹⁶

All nurses reported that users feel satisfied with the service offered, data that corroborate studies carried out in Spain and Canada. The surveys positively evaluated the drug prescription carried out by the nurse, showing an improvement in the communication between professionals and users, more information for the patient, an increase in the frequency of the user's return and improved access to the health service. Studies also show that users have high levels of satisfaction with the care provided by professional nurses.^{17,18} It can be seen in the speech of one interviewee that there is a question on the part of the user when she receives a prescription for the first time by a professional nurse, but that, with proper guidance, the patient follows the treatment. A survey carried out with PHC users in the United Kingdom stated that users who already had prior knowledge about the role

of nurses were more satisfied with the care than those who did not know the work of these professionals.¹⁹

The practice of drug prescription is a component of the nursing consultation and, when competently carried out, it has contributed to the appreciation and autonomy of nurses. When trained, these professionals are more resolute, and patients trust their abilities.²⁰

Most interviewees did not report negative points in the protocols or in their implementation, although this does not mean that there are no weaknesses in the materials in use and/or in the training offered. The scarcity of these reports may have occurred due to the nature of the research and the content/wording of the triggering questions. Further research may be necessary to address the topic and even counterpoint the present work.

CONCLUSION

The practice of diagnosis and drug prescription carried out by nurses expands the population's access to health care and contributes to greater professional recognition for the category. Such practices further qualify nursing care and increase user and professional satisfaction with their work. Thus, nurses expand their clinical practice and acquire autonomy for decision making.

Through the interviews, it was found that nurses feel able to diagnose and prescribe medication for the treatment of STDs, as well as recognize themselves capable of responding adequately to the health needs of individuals. Participants declared themselves prepared and safe to carry out the prescription. However, they did not mention academic training as being responsible for this preparation, but professional experience, ease of access to Nursing Protocols and the help of more experienced colleagues, proving that this network is consisted of differentiated nurses. The implementation of institutional protocols and the occurrence of training for the use of these instruments enhance the resolvability of nursing consultations for users who access PHC services in the city.

Diagnosis and drug prescription by nurses are innovative practices of qualified care, however there is a lack of national research on the subject.

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CONFLICT OF INTERESTS

Nothing to declare.

AUTHORS' CONTRIBUTIONS

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