

**RAPID TESTS FOR SEXUALLY TRANSMITTED INFECTIONS IN PRIMARY CARE: NURSING CHALLENGES AND STRATEGIES**

**PRUEBAS RÁPIDAS PARA INFECCIONES DE TRANSMISIÓN SEXUAL EN ATENCIÓN PRIMARIA: DESAFÍOS Y ESTRATEGIAS DE ENFERMERÍA**

**TESTES RÁPIDOS PARA INFEÇÕES SEXUALMENTE TRANSMISSÍVEIS NA ATENÇÃO BÁSICA: DESAFIOS E ESTRATÉGIAS DA ENFERMAGEM**

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**Fomento:** Financiamento próprio.

**ABSTRACT**

**Introduction:** Rapid tests take less than 30 minutes to perform and interpret, without the need for a laboratory, making them a great ally in the fight against sexually transmitted infections. Primary Care is responsible for family and reproductive planning, and it is necessary to ensure that nursing professionals feel safe when applying these tests. **Objective:** To understand the challenges and strategies developed by nursing professionals for the implementation and performance of rapid tests for STIs in Primary Health Care. **Method:** Descriptive study, qualitative approach, carried out with nurses who are members of 18 teams of basic units in a municipality in the interior of Bahia. Data were collected using a semi-structured instrument, and then categorized using Bardin's content analysis. **Results:** The difficulties and strategies found were divided into three categories: 1 - The execution of rapid tests and their difficulties, 2 - Strategies adopted by nursing in facing adversities and 3 - The protagonists in the actions to minimize the problems, which elucidate and respond to the research objective. **Final considerations:** It appears that nurses' challenges are associated with personal difficulties, overload and structural impasses; strategies vary between techniques for collecting material, managing the agenda, requesting new tests, guidance, among others. Given the importance of testing, there is a need to improve the logistics behind testing and decentralizing the service. Even so, progress in the qualification system is essential.

**Keywords:** Primary Health Care; Sexually Transmitted Diseases; Diagnostic Tests; Nurses.

**RESUMEN**

**Introducción:** Las pruebas rápidas tardan menos de 30 minutos en realizarse e interpretarse, sin necesidad de laboratorio, convirtiéndose en un gran aliado en la lucha contra las infecciones de transmisión sexual. Atención Primaria es responsable de la planificación familiar y reproductiva, y es necesario garantizar que los profesionales de enfermería se sientan seguros al aplicar estas pruebas. **Objetivo:** Comprender los desafíos y estrategias desarrollados por los profesionales de enfermería para la implementación y realización de pruebas rápidas para ITS en la Atención Primaria de Salud. **Método:** Estudio descriptivo, abordaje cualitativo, realizado con enfermeros integrantes de 18 equipos de unidades básicas en un municipio del interior de Bahia. Los datos se recopilaron mediante un instrumento semiestructurado y luego se categorizaron mediante el análisis de contenido de Bardin. **Resultados:** Las dificultades y estrategias encontradas fueron divididas en tres categorías: 1 - La ejecución de las pruebas rápidas y sus dificultades, 2 - Las estrategias adoptadas por la enfermería frente a las adversidades y 3 - Los protagonistas de las acciones para minimizar los problemas, que esclarecen y responder al objetivo de la investigación. **Consideraciones finales:** Parece que los desafíos de los enfermeros están asociados a dificultades personales, sobrecarga y bloqueos estructurales; Las estrategias varían entre técnicas de recolección de material, manejo de agenda, solicitud de nuevas pruebas, orientación, entre otras. Dada la importancia de las pruebas, es necesario mejorar la logística detrás de las pruebas y descentralizar el servicio. Aún así, el progreso en el sistema de calificación es fundamental.

**Palabras clave:** Atención Primaria de Salud; ITS; Técnicas y Procedimientos Diagnósticos; Enfermeros.

**RESUMO**

**Introdução:** Os testes rápidos levam menos de 30 minutos para realizar e interpretar, sem precisar de laboratório, tornando-se um grande aliado no combate às infecções sexualmente transmissíveis. A Atenção Básica é responsável pelo planejamento familiar e reprodutivo, sendo preciso garantir que os profissionais da enfermagem se sintam seguros ao aplicar estes testes. **Objetivo:** compreender os desafios e as estratégias desenvolvidas pelos profissionais de enfermagem para a implementação e realização dos testes rápidos para ISTs na Atenção Primária à Saúde. **Método:** Estudo descritivo, abordagem qualitativa, realizado com enfermeiros componentes de 18 equipes de unidades básicas em um município do interior da Bahia. Os dados foram coletados com o auxílio de instrumento semiestructurado, e em seguida categorizados a partir da análise de conteúdo de Bardin. **Resultados:** As dificuldades e estratégias encontradas foram divididas em três categorias: 1 - A execução dos testes rápidos e suas dificuldades, 2 - Estratégias adotadas pela enfermagem no enfrentamento das adversidades e 3 - Os protagonistas nas ações de minimização dos problemas, as quais elucidam e respondem o objetivo da pesquisa. **Considerações finais:** Verifica-se que os desafios dos enfermeiros se associam com dificuldades pessoais, sobrecarga e impasses estruturais; já as estratégias variam entre técnicas para a coleta do material, manejo da agenda, solicitação de novos testes, orientação, entre outros. Diante da importância dos testes, nota-se a necessidade de melhoria na logística por trás da testagem e descentralização do serviço. Ainda assim, é primordial que aconteçam avanços no sistema de qualificação.

**Palavras-chaves:** Atenção Primária à Saúde. IST. Testes Diagnósticos. Enfermagem.

## INTRODUCTION

Primary Health Care (PHC) has as its main function the prevention of health problems in the community. Therefore, it needs to be effective, accessible and practical. However, it is possible to notice shortcomings that prevent the quality of operation and the provision of health actions, such as in the application of rapid tests for Sexually Transmitted Infections (STIs).

STIs are a health problem that needs to be defeated by the community and by public agencies. Examples include viral hepatitis, syphilis and the Human Immunodeficiency Virus (HIV). So, it is understood the urgency to implement a project that allows an early and instantaneous diagnosis, in order to start therapeutic procedures quickly. In view of this, the Rapid Tests have precisely this purpose and have become an efficient strategy in the fight against these diseases<sup>(1)</sup>. The result is revealed in a very short time and the treatment can begin before the disease intensifies or is disseminated, which causes a relevant minimization of virus propagation<sup>(2)</sup>.

Rapid tests have the main role of confirming or denying the presence of STIs in each person. The result is shown in a maximum of half an hour after the collect of blood or oral fluid. Amongst many advantages, there is no need for a laboratory structure to perform the immunoassay<sup>(3)</sup>, which makes access to the test greater and more efficient.

Within the reality of PHC, the role of nurses is fundamental when it comes to testing for STIs, especially in pregnant women. One of the most important assistances is during prenatal

consultation appointments, in which these tests are performed in order to avoid perinatal transmission, as well as reproductive planning. So, the importance of the professional is observed from the Health Centers to more complex assistance, such as in maternity hospitals<sup>(4,5)</sup>. The early detection of STIs is a very important health indicator, therefore, it requires competent assistance, clear of problems<sup>(6)</sup>.

Therefore, it is justified that the approach to this topic becomes relevant and essential, since it is of huge importance to highlight which are the topics that generate difficulty when the nursing professionals plan and handle these tests. At the same time, it is also essential to point out which methods are used to resolve adversities and the possibilities for improving the effectuation of testing in Health Centers.

The study highlights the theme that has insufficient scientific projects about it and needs to be widely discussed, including the practical experience of the professionals involved in its execution. In this context, it will bring clarity to the scientific nursing community on some issues, seeking to improve the services offered to society.

Consequently, the study aims to understand the challenges and strategies developed by nursing professionals for the implementation and performance of rapid tests for STIs in Primary Health Care.

## METHODS

This is a descriptive study, with a field survey method and a qualitative approach. It was

carried out with 58% of the 31 Health Centers Units teams in the city of Vitória da Conquista – BA (Brazil), totalizing 18 nurses, between June and August 2022. The units were chosen according to the criteria of performing the tests in the unit.

The nurses selected for convenience and the responsibility of carrying out the rapid tests in the referred units participated in the study. The following inclusion criteria were adopted: being a professional on the nursing team, responsible for carrying out the tests, having undergone training to apply the tests and having experience with this practice. As exclusion criteria: nursing professionals who have some condition or limitation that would prevent participation in the study, do not have training and have no experience with tests. For data collection, a semi-structured instrument (script) previously developed by the researchers of the current project was used, with six guiding questions about the daily routine in the application of the tests and which was initially applied to a nurse as a pilot test and after small adjustments, applied to the others.

Soon after permission was granted by the City Hall and submission to the Research Ethics Committee, the nurses who met the established criteria were defined, by convenience and geographic location by proximity. Then, telephone calls were made to the units in the city and appointments were scheduled with the potential participants.

The interviews were happened through the application of the script, in person at their respective workplaces, with a short length, at a

previously agreed time and in a private environment, restricted to the interviewer and interviewee. All workers who were contacted accepted to participate; however, one of them did not fit the precepts of the research because they did not have the necessary training to apply the tests in question. The interviews were recorded and initially stored in audio files. There was data saturation in some questions between the 8th and 11th interviews, with saturation and achievement of the goals in the 16th interview. Respondents received the nurse code N, numbered from N1 to N18.

Because it is a research with a qualitative approach, data analysis was done based on a detailed interpretation of the gathered responses. The collected material was submitted to a systematized categorization through specific tables, according to its context, and analysis by Bardin<sup>(7)</sup>.

After explaining the objectives and the research instrument, the participants were invited to sign an Informed Consent Form, which guarantees confidentiality of the information provided only for research purposes. Research Ethics Committee authorization, with approval No. 5,428,315, as well as the permission of the institutions involved were legally obtained. The free will of the participants was preserved, with respect to their wishes to participate or not to participate, including the knowledge of the relation between the risks and benefits of the research. The methods available to bring comfort and minimize inconveniences to respondents were used, in accordance with Resolution No.

466 of 2012<sup>(8)</sup> and the ethical principles of the Declaration of Helsinki.

## RESULTS

To accomplish the research, 18 nurses were interviewed, however, one of the interviewees did not meet the inclusion and exclusion criteria, resulting in a sample of 17 nursing professionals. Among these, 16 (94.12%) are female and 1 (5.88%) is male.

At the time of application of the instrument, the youngest respondent was 23 years old and the oldest was 48, with a general average of approximately 38 years of age. Most of the nurses reported being 36 years of age or older. As for occupation within the team, 5 (29.41%) are exclusive care nurses and 12 (70.59%) also have attributions for shared management of the unit.

The individuals had between 06 months and 27 years since university graduate, most (47.06%) with 11 to 15 years since graduation. Two of the professionals reported not having done any type of specialization after finishing higher education, which results in 88.24% of workers having a postgraduate, master's or residency degree.

All components of the final sample underwent training to apply the rapid tests, even though some of them did not take a practical course, only the theoretical part. Furthermore, only one person had contact with the tests during their academic journey, since most graduated before the implementation of the tests in the city.

The data described are shown in Table 1.

**Table 1** - Social and professional profile of the study participants, Vitória da Conquista - BA, Brazil, 2022.

PROFILE CHARACTERISTICS	N	PERCENTAGE
<b>Gender</b>		
Female	16	94.12%
Male	1	5.88%
<b>Age</b>		
Under 30 years	1	5.88%
30 - 35 years	4	23.53%
36 - 40 years	6	35.29%
Over 40 years	6	35.29%
<b>Performed function</b>		
Assistance nurse	5	29.41%
Nurse with management functions	12	70.59%
<b>Time since graduation</b>		
Under 10 years	3	17.65%
11 to 15 years	8	47.06%
16 to 20 years	4	23.53%
Over 20 years	2	11.76%
<b>Specialization</b>		
Has	15	88.24%
Has not	2	11.76%

<b>Experience with testing during graduation</b>		
Had	1	5.88%
Did not have	16	94.12%
<b>TOTAL</b>	17	100%

Source: Elaborated by the authors.

From the professionals' reports, subjective data were discovered, which elucidate the objective of the research. This information was divided into three categories: 1 - Difficulties during the execution of rapid tests, 2 - Strategies adopted by nurses in coping with adversities and 3 - The protagonists in actions to minimize problems, presented in the charts below. These divisions classify the nurses' responses, which are represented by the letter "N" and the order in which the interview was granted.

The first category formed refers to the main difficulties mentioned during the applicability of the tests. It is possible to notice

that professionals often face very similar scenarios, since inconveniences with the collection technique, ineffective communication, appointment time, lack of tests and materials are recurring problems for everyone. This fact becomes explicit with the repetition of the same impasses related to personal barriers (11 nurses), problems with overload and its consequences (11 nurses) and adversities with the structure of the unit (8 nurses), as clarified in Chart 1.

**Chart 1** - Category 1: Difficulties during the execution of rapid tests, Vitória da Conquista - BA, Brazil, 2022.

<b>CATEGORY 1: DIFFICULTIES DURING THE EXECUTION OF RAPID TESTS</b>	
<b>Personal barriers</b>	N1, N3, N6, N8, N9, N12, N13, N14, N15, N17 e N18 (11).
<b>Overload and time management</b>	N2, N4, N5, N6, N8, N9, N10, N12, N16, N17 e N18 (11).
<b>Structural difficulties</b>	N1, N5, N8, N10, N12, N13, N15, N16 (08).

Source: Elaborated by the authors.

Chart 2, on the other hand, brings results consistent with the solutions put into practice by professionals to minimize difficulties in daily work.

For personal obstacles, those responsible manipulate the patient's hand for better blood

collection and carefully observe the different brands of tests. In order to reduce the overload, actions such as managing the agenda, applying the tests before the end of the consultation, and waiting for other professionals on the team to also apply the tests are performed. In order to solve the structural problems, the actions cited

were improvising with available resources and requesting absences to the municipal

management. Orientation is also used as a device for various problems.

**Chart 2** - Category 2: Strategies adopted by nurses in coping with adversities, Vitória da Conquista - BA, Brazil, 2022.

<b>CATEGORY 2: STRATEGIES ADOPTED BY NURSES IN COPING WITH ADVERSITIES</b>	
<b>Manipulation of the patient's hand for better blood collection</b>	N3, N8, N13 e N15.
<b>Management of the schedule and appointment time</b>	N4, N8, N9, N10, N12, N17 e N18.
<b>Waiting for the training of the other professionals on the team</b>	N9, N16 e N18.
<b>Improvising with available resources</b>	N5, N8, N12 e N16.
<b>Request for new tests to city management</b>	N1, N5, N13, e N15.
<b>Patient guidance and education</b>	N3, N5, N8, N14 e N17.

Source: Elaborated by the authors.

In addition to the items presented, the interviewed professionals were asked to suggest actions to end or minimize the problems quoted by themselves, composing Category 3. Chart 3 reveals who are responsible for such proposals, where the municipal management was the most

cited to solve adversities. The other entities mentioned were the nursing team itself and the multidisciplinary health team. There were also those who did not name any specific responsible or believe that there is nothing to be done.

**Chart 3** - Category 3: The protagonists in actions to minimize problems, Vitória da Conquista - BA, Brazil, 2022.

<b>CATEGORY 3: THE PROTAGONISTS IN ACTIONS TO MINIMIZE PROBLEMS</b>	
<b>City Hall/Management</b>	N1, N6, N8, N9, N10, N12, N13, N15 e N16.
<b>Nursing team</b>	N4 e N17.
<b>Multidisciplinary health team</b>	N2, N12 e N14.
<b>No responsible identified</b>	N2, N3, N5, N13, N14, N15 e N18.

Source: Elaborated by the authors.

It is understood that, in general, the nurses interviewed are comfortable with the protocols to be followed in case of a positive test. Referral, treatment in the unit, treatment of partners, notification and double testing are the conducts cited by all of them. Still, some of them never experienced a situation of positive test for all illnesses. Cases of syphilis were the most relevant, emphasized by practically all professionals. The presence of well-established workflows can help professionals in their daily lives, in addition to giving them better direction.

## DISCUSSION

The implementation of reproductive planning is one of the key points of Primary Health Care (PHC), as it provides knowledge to the couple or person seeking this action. Mechanisms, explanations and data are propagated that provide protection against diseases, the presence or absence of pregnancy, respecting the personal expectations of the client. This all occurs through qualified listening, with open and realistic communication about reproductive rights<sup>(9)</sup>.

In this sense, the Brazilian Public Health System (SUS) noted the need to provide rapid tests in order to extend the community's access to the diagnosis of Sexually Transmitted Infections - STIs. Thus, especially during the gestational period, it began to be offered as a way to guarantee a safe pregnancy and reduce the rates of vertical transmission, being the responsibility of the Primary Care (PC) teams. In addition to ensuring quality of life for pregnant women's partners, the Health Secretariats should

also provide the tests, develop strategies for their storage and transport, and ensure that the units have trained professionals to apply them<sup>(10)</sup>.

Ordinance 77 of January 12, 2012 of the Health Ministry determined that the testing of Viral Hepatitis B and C, HIV and Syphilis became decentralized, that is, the PC also becomes responsible for this service, including counseling<sup>(11)</sup>. The great benefit is to promptly bring the identification of diseases, for an early start of treatment. Wherefore, it entails the possibility of a reduction of approximately 50% in serious cases such as Acquired Immunodeficiency Syndrome (AIDS), for example. Therefore, patients affected by these testable diseases are more likely to live with the disease and maintain a high standard of living<sup>(12)</sup>.

Only those individuals who have undergone training can carry out the test. The TELELAB platform, indicated by the Federal Government, provides training courses for free, through manuals and online classes. However, in order to give out and sign the report with the test result, the responsible person needs to be qualified at a higher level in the health area<sup>(3)</sup>. Although the professionals of the multidisciplinary team, such as dentists and doctors, have the possibility of training, in the reality of the country, it is perceived that the nurse is the main responsible for such activity within PC. According to the technical advice of the Federal Council of Nursing (COFEN), practical nurses can apply the tests if they have undergone training and supervision<sup>(13)</sup>, however, this is not common.

With regard to the social and professional profile, it could be noted that the statistics from the participants studied indicate that gender, age and occupation within the team do not interfere with the amount of adversity that the employee faces in their routine. Likewise, the time since graduation and the possession of specializations do not necessarily ensure an effective resolution of the impasses cited, even if some have specialized in another area of care. This can be noticed, since only one worker said they had no problems, and the vast majority of others demonstrate the ability to create plans to deal with difficulties.

According to a study carried out in a municipality in Rio Grande do Sul, it was found that the participating nurses reported having several setbacks when assuming management functions, due to the recent departure from higher education. In that way, they reported feeling hesitant, insecure about making mistakes due to their lack of experience, which contributed to a decrease in the quality of performing their functions within the units<sup>(14)</sup>. On the other hand, in the present study, due to the fact that the vast majority of professionals have more than 10 years since completing the undergraduate course, it is clear that the training time is not directly related to the degree of difficulty encountered by the professional; adversity can be much more linked to initiative and updating.

Personal barriers, Overload and time management and Structural difficulties revealed in Chart 1 can be perceived in the daily life of

other locations, as shown by previous studies on rapid tests in the Health Centers<sup>(15,1,16,17,18)</sup>.

In disagreement with the findings already mentioned, the main personal difficulties of a research carried out in Volta Redonda - RJ are associated with inefficient communication with the partners of the pregnant women, who do not adhere well to the treatment of syphilis. The nurses interviewed state that this is one of the causes of reinfection in women undergoing prenatal care<sup>(15)</sup>. In the present study, however, this does not represent the most significant problem, as only N14 reported having a difficulty of this same species.

Still within this category, the nurses declared that they had obstacles with the technique for performing the tests, whether due to ineffective handling of the collection materials or the tests from different brands. This fact points out to the need for a possible retraining. Ineffective communication with the multidisciplinary team or the community were also mentioned, which reveals the inferiority of the role of the professional from the perspective of those around them. Such episodes can be identified in the reports below:

*The only difficulty is to get the pregnant women's partners to accept doing the tests. (N14)*

*The pipette is difficult to handle depending on the laboratory. (N8)*

*Tests are from different brands, it requires a lot of attention to the handling of each specific type. (N15)*

*Resistance of practical nurses in carrying out the tests, because they*



*say they already do a lot. Other professionals also say this, such as doctors and dentists. (N9)*

In the region of Seridó - RN, an analysis revealed that most nurses, as they also assume the role of unit managers, end up having the quality of their activities compromised and become overloaded. “In a service where nurses are routinely overloaded, meeting a new demand with excellence in execution was the reality of few”, state the authors<sup>(1)</sup>.

These findings demonstrate that, due to the large number of natural attributions to a PC nurse, exercising all competences with primacy becomes difficult. Associated with the opposition of other workers on carrying out the test, the weight of this attribution becomes a great challenge. Some of the interviewees in the present study also mentioned that the duration of the first prenatal consultation, which is already extensive, becomes even longer due to the need to perform rapid tests. The time used to apply the tests could be redirected to another of the professional's various attributions or to another service, if the practice were carried out by a different professional. This finding was not mentioned in any of the studies used as a comparison, which makes it exclusive data.

A study realized with pregnant women in São Luís - MA found that they feel fulfilled by the long period of the appointment, as they believe they are being truly heard<sup>(16)</sup>. This shows the divergent perspectives of the same situation, in which the patient persists with the feeling of embracement, while the worker has a feeling of

overload. The circumstances mentioned are corroborated by the statements:

*Deficiency of qualified people to test, which generates overload. (N16)*

*Only nurses do tests; in the absence of the nurses, the unit does perform the tests. (N9)*

*It wastes the time of the prenatal consultation appointment, it gets long. The test results should be printed [...]. (N2)*

*The appointment is longer because of the tests, patients wait a lot. It takes time to report and write it on the book, which takes time. (N12)*

According to an investigation carried out by the authors, who researched the impressions of nurses in Recife - PE about the rapid tests for STIs, the main difficulties of the professionals are related to “[...] delay in the delivery of orders for materials and inputs; aspects related to the availability of personal protective equipment [...]; and the structure and physical space for testing”<sup>(17)</sup>. Still on the limitations, another study carried out throughout the Brazilian territory revealed that the infrastructure is inadequate in almost half of the units studied, which confirms the loss of quality in prenatal consultations, which rapid tests are part of<sup>(18)</sup>.

From this, it can be inferred that the professionals in the study in question are not the only ones to experience an insufficient supply of materials to carry out the tests. Thus, patients are sometimes left with an incomplete diagnosis, or with their care hampered by the lack of supplies and personal protective equipment. It does not

configure a favorable reality for the professional, who has an ineffective structure to provide assistance, nor for the patient, who does not fully enjoy the artifices offered by PC, which can be observed through the reports below:

*Lack of tests, some are applied and others are missing, which causes embarrassment for the patient. [...]Patients are left with an incomplete diagnosis. (N1)*

*Inadequate space, the test has to stay in an improvised place for the result. (N5)*

*Material, such as gloves and cotton, does not stay in the room, it's necessary leave the room to get it. There's the need to share the test kits with a colleague. (N12)*

As for the strategies used, which can be seen in Chart 2, the facts indicate that PC nurses constantly need to reinvent their work within the Health Centers and seek artifices to maintain a high standard of work.

The dexterity in handling the materials was pointed out as one of the advantages for the nurses in Porteiras - CE<sup>(19)</sup>, in opposition to the present work, in which the participants try to control the difficulties with the collection technique. This shows that the handling of the tests is something particular to the nurse, who may or may not have inconveniences with this technique. Even so, professionals do not stop testing, but they overcome such obstacles and solve them as possible, as mentioned:

*Shaking the hand, squeezing the finger so you don't pierce twice, guide. (N13)*

*Use the pipette until capturing the blood and guide the patient about why the collection is taking so long, the test is not left undone because of this. (N8)*

In a municipality in Minas Gerais, low levels of qualification of the professionals were found<sup>(20)</sup>, which denotes the existence of locations with a shortage of professionals who are truly capable of administering the tests. Despite undergoing training, it is noted that some nurses still have doubts about the technique, which should not be usual. Steps need to be taken to ensure that training is effective as hesitations persist.

The components of the service in a municipality in the interior of São Paulo feel equally overloaded and need to “reorganize the work process of the team and also of the service”<sup>(21)</sup>, as well as those responsible in the current research, who manage the agenda to systematize the activities. It is noted that this is not an exclusive action of the interviewees in this study, since overload is a PHC reality and mechanisms need to be developed to alleviate this. Within this theme, professionals claim:

*Do not schedule too many 1st appointments in the same shift, prioritizing subsequent appointments. (N4)*

*Take the test as soon as the patient comes in for the appointment. Talking with her while the test “acts”, taking anamnesis and providing guidance to optimize the time. (N9)*

*Organize agenda, book only two 1st appointments in the morning. (N18)*

In addition, professionals from Ceará revealed a preference to transfer the responsibility of communicating a positive test to psychologists and psychiatrists, who could handle the situation more appropriately<sup>(19)</sup>. This fact is similar to the workers in this study, who want a better distribution of tasks and are waiting for training from other professionals to optimize service flows. The situation highlights the self-perception of insufficiency by certain nurses, who often do not feel qualified enough for the action or do not assess themselves as capable of performing the service alone, exemplified by:

*It has already been transferred to Epidemiological Surveillance to train the practical nurses, awaiting the promised training. Dentists are trained, but do not test.* (N16)

*It has already been discussed with other professionals, but the resistance persists.* (N18)

In a study carried out in primary care in Porto Alegre - RS, it was found that those in charge of the tests similarly stated that they needed to share places, with the aim of improving the physical environment of the units, which is limited and with little privacy for the patient<sup>(22)</sup>. Therefore, it is possible to conclude that the management of municipalities is not relevant when allowing assistance to occur without adequate structure in relation to physical space and the necessary inputs for testing. This reiterates the urgency to look for techniques that alleviate the gaps created by third parties, as stated:

*Improvise a place to let the cassettes show the result, using the gurney or the work table itself.* (N8)

*There's no accessory table. It's necessary to improvise using a gurney or the table.* (N16)

*It's necessary to leave the room to get the material, a lot of wasted time.* (N12)

In Recife - PE, workers explain difficulties related to the distribution of materials in the units by the municipal management, since the time taken is longer than expected<sup>(17)</sup>. This fact contests the technique requesting new tests taken by the participants of the present analysis, showing that the conduct of each professional is different and the planning created must adapt to the reality of each one. The important thing is to do what you can to help the community. The strategy put into practice can be perceived by the narratives:

*Notify the Epidemiological Surveillance coordination/board about the lack of tests.* (N15)

*Requesting rapid tests correctly and accurately. Warn in advance in the system when you have a campaign and will need more tests.* (N5)

Finally, patient education and reception were also strategies used by caregivers in Volta Redonda - RJ<sup>(15)</sup>. Just as a survey carried out in Niterói - RJ found that the environment was conducive to the proliferation of health education, which helps to understand the client's experiences and provides bonding<sup>(23)</sup>. In this way, it is possible to notice that the patient's

orientation is an accessible and necessary method, due to generating information about the health process and the reason for not receiving adequate follow-up. The strategies could be identified from the explanations below:

*Health education, approach to health, talking about the risks of not testing. (N14)*

*Communicate the person about the positive test and provide prior guidance on the diseases that will be tested. (N17)*

According to data in Chart 3, when asked about the actions or responsible parties involved in solving problems, nurses demonstrate, in general, that they need help to apply their tasks, since the solutions they exercise do not always have results.

A study carried out in Tubarão - SC verified the need for the municipality to provide a group to train the Health Centers employees that had already been trained to apply rapid tests, but had difficulties in implementing it<sup>(24)</sup>, which means it was management's initiative to put an end to problems related to testing.

This is not the reality of most of the interviewees, since they agree to make the municipal managers responsible for the actions to be developed. Thus, the failure of communication between public servants and those who command them is evident, configuring a situation to be improved. It is essential that nurses can count on the help of administrators from all levels of government, in order to have support in cases of absence, which

is not similar to reality, as exemplified by the following nurses:

*City Hall should make a survey of the population and send enough quantity to keep stocks up to date, because the sexually active population is large. (N1)*

*The ideal would be for the City Hall to hire one person just to do rapid tests. (N6)*

*The City Hall should improve the structure of the unit, [...] increase the number of practical nurses. (N8)*

*The city hall could provide more materials, such as gloves, for example. (N12)*

*The city hall could train practical nurses and other professionals on the team. (N16)*

*City management could encourage nursing technicians to take the tests, financially or otherwise. (N9)*

It is an orientation of the Health Ministry that the State and Municipal Health Secretariats develop actions with the objective of favoring the reach of the population to rapid tests, being responsible for supplying them to the Health Centers, in addition to all the logistics of distribution of the inputs. Its role is to ensure that the locations have sufficient support to carry out the procedure and meet the requests made<sup>(10)</sup>. However, the professionals' daily life suggests that such entities are not fulfilling their functions as expected, since professionals need to create strategies to provide complete assistance, as seen in Chart 2, and demonstrate the desire for

advances in management actions, as clarified the Chart 3.

The nurses themselves in southern Brazil follow the protocols indicated for testing in reference units. According to the authors<sup>(25)</sup>, “professional qualification, awareness and standardization of health professionals' conduct are necessary [...]” so that the nursing team performs its functions with quality. Some professionals in the present study think the same way, who believe that the nursing team itself, which uses a lot of critical thinking in everyday life, has the capacity to establish artifices that solve the challenges. A fact that supports the qualification of the professional when creating plans, as suggested by:

*It is up to nursing to coordinate its own agenda in the best way. (N4)*

*The unit's nurses could train the practical nurses to apply the tests, even though they are also overloaded. (N17)*

Another resource used by workers from Porteiras - CE is the support of the entire multidisciplinary team, as they demonstrate that they need the help of teammates in order to combat certain adversities<sup>(19)</sup>. Such a statement serves as an example of complicity that must exist between employees for the benefit of the enrolled community. It is essential to have the help of the entire team, since patient support is only complete with everyone's collaboration, as indicated by the professionals:

*Other professionals should also assume the function, including*

*pregnant women and routine testing. (N2)*

*The team itself could provide a wastebasket, organize better the flow to order more test kits. (N12)*

*The hole team could do lectures, health education. (N14)*

Some professionals do not attribute to anyone the responsibility for resolving the problems mentioned, or are unable to relate the planned action to some entity. This reveals the feeling of frustration and hopelessness that can be provoked in the worker, as observed:

*It is a characteristic of the patient, there is no way to change or end it. (N3)*

*Nobody can do anything, not a big problem. (N13)*

*Standardization of test marks. (N15)*

*Redivide the areas, because the unit covers a larger community than it supports. (N10)*

*Raise the awareness of other higher-level professionals, who can also report tests. (N18)*

Only one of the interviewees claimed not to have any type of problem related to the application of rapid tests. N11 was the only one to mention that the practical nurses of their units are responsible for the testing, that is, the nurse in question only makes the report with the result. In this way, there is no overload, consultation time is not so long and other adversities that may arise are minimized. It is a step that can serve as a parameter to be followed, validated by the

satisfaction of the professional perceived in the statement:

*Practical nurses are the ones who perform the tests [...]. The fact that they do the tests is very useful for the city, it doesn't leave the nurses overloaded. (N11)*

Given the above, it is possible to conclude that rapid tests for STIs are a revolutionary tool in Primary Health Care, essential for maintaining the health of the entire sexually active population served. In order to improve the offer to the community, it is necessary to consider the quality of the service and follow the strategies devised by the interviewed workers, who make up the front line of this activity and are urgently needed to overcome their deprivations.

It is understood that prenatal care, one of the main moments for the application of rapid tests, needs to be accessible and of good quality, in order to avoid serious consequences such as maternal mortality<sup>(26)</sup>.

## FINAL CONSIDERATIONS

The challenges of nursing professionals for the implementation and performance of rapid tests for Sexually Transmitted Infections (STIs) in Primary Health Care are understood as personal barriers, overload and structural difficulties. The strategies developed vary between techniques for collecting material, managing the agenda, waiting for the training of other professionals, improvising with available resources, requesting new tests precisely, guidance and patient education. The results

indicate that the agents have sufficient critical skills to perceive the mishaps that involve them and to systematize ideas to solve them.

Nurses are proven to be overloaded professionals, therefore, is understood the demand for improvement on the structure and distribution of inputs by the management, in addition to the decentralization of the operation of rapid tests, which can be performed by the entire team.

It is expected that future nursing professionals will have the opportunity to perform tests on patients during their academic graduation, in order to get used to the practice. In addition, there is a need to return to the practical course to apply the tests, since this was the protocol at the beginning of the implementation, but currently the training takes place only over the internet. With this, the workers would have the opportunity to go through an evaluation regarding their technique and resolve doubts. Even so, a “renewal” of training is essential, in which the entire team would be trained again after a certain number of years. Therefore, possible updates will also be part of the repertoire.

There were no major limitations for carrying out the research, as those responsible, in general, were receptive. The main problem was scheduling interviews over the phone, as the units took too long or did not answer the calls. However, once it was taken care of, there were no major complications in arranging an appointment. In addition, because there are not many specific studies on the subject, it was

challenging to build comparisons for the discussion.

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**Submission:** 05-11-2022

**Approval:** 17-11-2022