

COMPETENCE FOR GYNECOLOGICAL CARE IN PRIMARY HEALTH CARE FROM THE PERSPECTIVE OF NURSES

COMPETÊNCIA PARA O CUIDADO GINECOLÓGICO NA ATENÇÃO PRIMÁRIA À SAÚDE SOB A ÓTICA DAS ENFERMEIRAS

COMPETENCIA PARA EL CUIDADO GINECOLÓGICO EN LA ATENCIÓN PRIMARIA A LA SALUD BAJO LA ÓPTICA DE LAS ENFERMERAS

Alessandra Vieira de Mello Bueno Machado¹

Marilene Loewen Wall²

Deisi Cristine Forlin Benedet³

Silvana Regina Rossi Kissula Souza⁴

Tatiane Herreira Trigueiro⁵

Juliane Dias Aldrighi⁶

Adriana Aparecida Piler⁷

How to cite this article: Machado, AVMB, Wall, ML, Benedet, DCF, Souza, SRRK, Trigueiro, TH, Aldrighi, JD, Piler, AA. Competence for gynecological care in primary health care from the perspective of nurses. *Rev. baiana enferm.* 2023; 37 e51030.

Objective: to describe gynecological nursing care performed competently in Primary Health Care from the perspective of nurses. **Method:** convergent care research conducted with 31 nurses in southern Brazil, through thematic workshops, from August to September 2020. The data were analyzed by Creswell's proposal, supported by IRAMUTEQ®. **Results:** four categories emerged, being (lack of)knowledge of the competencies for performing gynecological care; professional (dis)satisfaction and the development of competencies for gynecological care; protagonism and autonomy of the nurse to perform gynecological care competently in nursing consultation; importance of the search for knowledge to care competently. **Final considerations:** the study allowed the description of gynecological nursing care, identification of barriers and weaknesses in the process of gynecological care, commentary and discussion of the constant need to seek knowledge for maintenance and acquisition of competence.

Descriptors: Professional Competence. Gynecology. Nursing Care. Primary Health Care.

Corresponding author: Alessandra Vieira de Mello Bueno Machado, alevmbm@gmail.com

¹ Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0002-5559-2643>.

² Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0003-1839-3896>.

³ Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0002-0665-3104>.

⁴ Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0002-1679-4007>.

⁵ Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0003-3681-4244>.

⁶ Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0002-9270-7091>.

⁷ Universidade Federal do Paraná, Curitiba, Paraná, Brazil. <https://orcid.org/0000-0002-0766-0429>.

Objetivo: descrever cuidados ginecológicos de enfermagem realizados com competência na Atenção Primária à Saúde sob a ótica das enfermeiras. Método: pesquisa convergente assistencial realizada com 31 enfermeiras no sul do Brasil, por meio de oficinas temáticas, no período de agosto a setembro de 2020. Os dados foram analisados mediante a proposta de Creswell, apoiado pelo software IRAMUTEQ®. Resultados: emergiram quatro categorias, sendo elas (des) conhecimento das competências para realização do cuidado ginecológico; (in) satisfação profissional e o desenvolvimento de competências para o cuidado ginecológico; protagonismo e autonomia da enfermeira para realizar o cuidado ginecológico com competência na consulta de enfermagem; importância da busca pelo conhecimento para o cuidar com competência. Considerações finais: o estudo possibilitou descrever os cuidados ginecológicos de enfermagem, identificar as barreiras e fragilidades no processo de cuidado ginecológico, comentar e discutir a necessidade constante da busca do conhecimento para manutenção e aquisição da competência.

Descritores: Competência Profissional. Ginecologia. Cuidado de Enfermagem. Atenção Primária à Saúde.

Objetivo: describir cuidados ginecológicos de enfermería realizados con competencia en la Atención Primaria de Salud bajo la óptica de las enfermeras. Método: investigación convergente asistencial realizada con 31 enfermeras en el sur de Brasil, por medio de talleres temáticos, en el período de agosto a septiembre de 2020. Los datos fueron analizados mediante la propuesta de Creswell, apoyado por el software IRAMUTEQ®. Resultados: emergieron cuatro categorías, siendo ellas (des) conocimiento de las competencias para realización del cuidado ginecológico; (in) satisfacción profesional y el desarrollo de competencias para el cuidado ginecológico; protagonismo y autonomía de la enfermera para realizar el cuidado ginecológico con competencia en la consulta de enfermería; importancia de la búsqueda del conocimiento para el cuidado con competencia. Consideraciones finales: el estudio permitió describir los cuidados ginecológicos de enfermería, identificar las barreras y fragilidades en el proceso de cuidado ginecológico, comentar y discutir la necesidad constante de la búsqueda del conocimiento para el mantenimiento y adquisición de la competencia.

Descriptorios: Competencia Profesional. Ginecología. Cuidado de Enfermería. Atención Primaria de Salud.

Introduction

The nurse of Primary Health Care (PHC) is qualified, legally supported, with attributions supported in women's health care and stands out in the multiprofessional team for his/her daily performance with the users of the service, through the nursing consultation as a space of interaction conducive to execute care, based on scientific evidence ⁽¹⁾. It is important to mention that the profession is mostly composed of female professionals (about 88% of the workforce) ⁽²⁾.

Gynecology as a discipline arises only from the XIX century and is now presented as "the study of women" or "science of women", in a broad sense, because the concept covers more complete care than usual, which consists of caring for female diseases, which goes beyond the elementary care of the reproductive organs, presenting itself as a specialized practice and endowed with a vision of the feminine nature, constituted as the science of femininity ⁽³⁾.

In the specificity of gynecological consultation, the professional develops individual and

community care to women, related to sexual and reproductive health, preconceptional period, climacteric, aid in health-disease processes, passing through the Pap smear exam and/ or request for screening mammography, welcomes the needs of the user and, through interpersonal relationships, it is possible to early detect health problems, in addition to providing effective strategies in monitoring treatment ⁽⁴⁻⁵⁾.

The Comprehensive Women's Health Care Program points out gaps related to gynecological care provided by PHC professionals, since women lack information and receiving such care ⁽¹⁾, for example, attention to climacteric/menopause, as well as gynecological complaints, infertility and assisted reproduction, women's health in adolescence, chronic degenerative diseases, occupational health, mental health, infectious diseases and the inclusion of the gender and race perspective in the actions to be developed.

In this sense, the World Health Organization (WHO), in partnership with the International

Confederation of Midwives (ICM), supports strategies for professional qualification in order to ensure the strengthening of women's health through the development of standards and guidelines that guide from the training of nurses for female care, to the skills for their practice, being ICM the world leader in this area⁽⁶⁾.

Accordingly, Portugal, through the Order of Nurses (ON), an organ analogous to our Federal Nursing Council, has guideline with the skills of the nurse active in maternal, obstetric and gynecological health, in order to provide a regulatory framework for the certification of competencies⁽⁷⁾. Thus, these bodies define the guidelines through knowledge, skills and attitudes that the qualified nurse should have to provide competent care to the woman⁽⁶⁻⁷⁾.

Among the different meanings of competence, in this study, we will adopt the definition proposed by Perrenoud, designating it as the ability to act effectively in certain type of situation, supported by knowledge, but not limited to it⁽⁸⁾.

In the national context, actions were also developed based on the best scientific evidence with the intention of improving women's health and generating changes in the model of care, being expressed by the Ministry of Health (MH), through the inclusion of guidelines, manuals, notebooks of primary care and care protocols, aiming at integral care focusing on quality, safety and humanization.

In this perspective, to better understand how nurses describe competent, humanized, quality and safe gynecological care, we have as a research question: how do PHC nurses describe the gynecological care performed competently?

Based on these arguments, this study aims to describe the gynecological nursing care performed competently in PHC from the perspective of nurses.

Method

Study with a qualitative approach based on the guide Consolidated criteria for reporting qualitative research (COREQ), based on the methodological framework of the Convergent

Care Research (CCR)⁽⁹⁾, carried out in a municipality in Southern Brazil from August to September 2020. Thirty-seven nurses work in the municipality, distributed in the 11 Family Health Units (FHU) and in management positions, of these, 31 professionals from all FHU participated with direct assistance in gynecological care, and indirect when in management. Professionals who were on vacation, with certificates or leaves were excluded. The participants were indicated by the municipality's own management and the invitation was passed on by the Department of Health Care (DHC) by instant messaging program for all nurses.

For data collection, thematic workshops were used, composed of the phases of recognition, revelation, separation and rethinking that allowed to know the reality experienced by the group in relation to the practice of gynecological care and provided the opportunity for reflection, discussion, sharing and consensus among participants on gynecological nursing care during this process.

Three thematic workshops were held with an average duration of 210 minutes each, in the morning and afternoon, on the premises of the Municipal Health Department of the municipality, totaling six meetings. All meetings were held by the first author, recorded on video and audio, and contained the Informed Consent Term, signed by all participants. The three workshops took place twice each, so that all professionals could participate, as they took place during working hours and by relay, so as not to harm the service and not cause lack of assistance.

The data were fully transcribed in a digital document, whose identification of each participant was called "Nur.", which means Nurse, followed by sequential Arabic numerals to ensure anonymity.

Data analysis followed the steps proposed by John Creswell⁽¹⁰⁾, which constituted the organization and preparation of data for analysis, reading and coding, detailed analysis, description, representation of analysis and interpretation of analysis. Data encoding was supported by the free software *Interface de*

R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRAMUTEQ®)⁽¹¹⁾, in which the method of Descending Hierarchical Classification was used.

The study was approved by the Research Ethics Committee on November 25, 2019, under Opinion n. 3.721.980, CAAE22534819.8.0000.0102, according to the guidelines and regulatory standards of Resolutions n. 466/2012 and n. 510/2016 of the National Health Council/MH.

Results

Data analysis resulted in four categories, as listed below:

(Lack of) Knowledge of skills to perform gynecological care

The reports revealed the knowledge, or not, of nurses, about the competence to perform gynecological care in PHC and demonstrated the need for professionals to have knowledge about their competence to perform care, as highlighted:

[...] I've heard very little about nurses' competence in gynecological care for women in PHC, it's a subject that should be better and more discussed [...] (Nur. 02)

[...] I've never heard about the nurse's competence for gynecological care. I only studied care management skills in college [...] (Nur. 05)

Points highlighted were related to differences in skills development, which are related to training and qualification needs:

[...] yes, there are differences due to the professional qualification of each nurse and protocols in force in each location [...] (Nur. 12)

[...] yes, there are differences. It depends a lot on the nurse's training and the development of skills and competencies, and sometimes due to bureaucracy [...] (Nur. 23)

However, they emphasized that the way in which gynecological care is provided by PHC nurses, through the humanization policy and the bond between user and professional, favors caring competently:

[...] the nursing consultation helps in the development of skills, because in it we develop active listening to the problems and we have to develop actions for individual intervention [...] (Nur. 17)

[...] it favors the development of skills due to this nurse-user relationship [...] (Nur. 29)

Professional (dis)satisfaction and the development of skills for gynecological care

The discourses referring to the unsatisfactory aspects for the accomplishment of the gynecological care competently dealt with the professional devaluation, both by other professional classes and by the population itself, as well as the lack of knowledge of society regarding the skills of the nurse, lack of resources, high workload and excessive bureaucratic activities, as can be seen in the following statements:

[...] dissatisfaction due to the devaluation of the profession and lack of resources [...] (Nur. 21)

[...] dissatisfaction often due to lack of recognition by the population and tiring workload [...] (Nur. 09)

[...] dissatisfaction with coworkers from other classes devaluing nursing work [...] (Nur. 30)

[...] the dissatisfaction is with the bureaucratic administrative area, it goes far beyond just performing a procedure, it is comprehensive care [...] (Nur. 29)

Concerning satisfactory aspects in the development of skills for gynecological care, they explained their contentment by being valued and recognized for providing quality and competent problem-solving care, as follows:

[...] I feel satisfaction when I reach the proposed objective, which is to improve health conditions [...] (Nur. 15)

[...] the satisfaction is due to the appreciation of the work and the appreciation of the role of the nurse by the user, the problem solving [...] (Nur. 16)

It is evident, therefore, the opposite and complementary aspects between satisfaction and dissatisfaction on the part of professionals, alluding to the completion of the nursing consultation and how these aspects end up influencing the quality of care offered.

The protagonism and autonomy of the nurse to perform gynecological care with competence in the nursing consultation

This category focused on activities related to gynecological nursing care, described which care professionals performed and emphasized the performance of nursing consultation with qualified listening for health promotion, associated with the need for the principles of humanization and comprehensiveness to competently perform this care, as well as the techniques used for the operationalization of care, according to the own competences pointed out by ICM and ON, as we can verify below:

[...] *collection of oncotic colpocytology, inspection speculum exam, breast exam, request and evaluation of exams, counseling, guidelines, treatment, evaluation of vaginosis, family planning (...), having ability(...), in order to be able to carry out an early diagnosis of cervical cancer to identify other gynecological problems during the nursing consultation [...]* (Nur. 01)

[...] *sexual education and reproductive education, family planning, STI prevention, care related to urinary incontinence, recurrent UTI, prenatal care, [...]* (Nur. 04)

[...] *the nurse has a more comprehensive view of the patient, not only limiting herself to the oncotic colpocytology collection or a request for a screening mammogram, she has a more discerning look, active and generous listening, [...]* *guiding, clarifying doubts [...]*, [...] (Nur. 10)

[...] *hygiene care, abuse prevention, violence prevention [...]* (Nur. 30)

When asked about what they knew about the nurse's competence for performing gynecological care, the participants presented extensive knowledge on the subject, as can be seen in the excerpts:

[...] *gynecological care is extremely important, essential and differentiated, as we are closer to women and users in general. We have a broader view of the context in which the woman is inserted [...]* *knowing the current protocols, involving the user in the responsibility of safe sex, performing quick tests, nursing consultation, groups [...]*, *the skills are care for women throughout their life cycle [...]*, *it is also important to be aware of the behavior of women in the territory to support and facilitate the understanding of breast CA, during the nursing consultation and in educational activities [...]* (Nur. 20)

[...] *carrying out active listening, leaving yourself available for doubts and questions, it is also important to observe the woman in its entirety [...]* (Nur. 22)

Nurses recognize the importance of their knowledge and know-how to care competently

for women during gynecological consultations. Nursing care has relevance as a social practice, since these professionals have technical and scientific knowledge, and work with evidence-based practices, being expressed their contributions and established their actions for the care of women in PHC.

The importance of seeking knowledge for competent care

Knowledge and its constant search proved to be essential for nurses to maintain competence, through the development of skills and attitudes. However, continuous updating is necessary, in addition to the existence of protocols to systematize the care offered.

Among the presented forms of knowledge, the nurses reinforced that the knowledge acquired during the college is an essential factor for their care:

[...] *the nurse must have scientific knowledge and is always up-to-date [...]* (Nur. 07)

[...] *the nurse needs to have knowledge about anatomy, physiology, current clinical protocols [...]*, *the network of structures [...]*, *etiological agents, transmission mechanisms [...]*, *technical knowledge -scientific [...]* (Nur. 12)

Aligned with these considerations regarding the need to mobilize knowledge, nurses value the need to be skilled in performing technical procedures related to gynecological care, mobilizing skills as a way of know-how, and applying, therefore, the theoretical knowledge they have.

[...] *practical skill, technical skill, and experience [...]*" (Nur. 04)

[...] *ability to recognize and manage adverse situations [...]*, *ability to conduct the health-disease process, to solve the problem, communication skills, articulation with the patient, and articulation with society [...]* (Nur. 09)

From the reflections and provocations carried out during the workshops, the nurses pointed out the need to have knowledge and ability, coordinating with behaviors and attitudes concerning the competent action:

[...] *attitude to work with health education [...]*, *attitude in the nursing consultation [...]*, *attitude in carrying out*

appropriate referrals [...] and carrying out the treatments [...] (Nur. 06)

[...] attitude in handling situations that are within the nurse's attributions, working as a team, making the necessary referrals [...] (Nur. 16)

[...] professional attitude, listening, guiding, welcoming that person, always looking at their totality and individuality [...] (Nur. 22)

Discussion

The use of the term competence began in Europe and the United States from 1960, however, only in the 1990s it was introduced in Brazilian universities⁽¹²⁾. In our country, however, the use of the terminology in gynecological care is incipient, because much is said about obstetric nursing, which has national regulation through resolutions and ordinances, and representation by the Brazilian Association of Midwives and Obstetric Nurses (ABENFO).

Although the Law of Professional Exercise ensures that the nurse performs gynecological care and there are documents, protocols and ministerial, state and municipal manuals that regulate the duties of the professional in PHC in this context, there is no national guideline that regulates the nurse's competencies in gynecological care, limiting this care to those related to the collection of uterine preventive and request for screening mammography.

Even the National Curricular Guidelines for the Nursing Graduation Course of 2001, which point to competencies as fundamental aspects for the training of nurses, do not clarify what skills are necessary for the specificity of gynecological care.

In the present study, the participants mentioned that the lack of training, in which the development of skills and abilities to perform the work activities are not associated with the lack of discussion of skills and the lack of knowledge of them by professionals, impairs the development of skills for caring in gynecology.

The literature emphasizes, however, that the PHC nurse during her work process must evolve and acquire skills gradually, through the improvement of knowledge, skills and attitudes

in order to offer comprehensive and qualified nursing care to the user, since the lack of competence and knowledge of competence on the part of professionals generates divergences^(8, 12-13), however, to have solid and consistent knowledge shows positively in the attitudes and practice of the professional⁽¹³⁻¹⁴⁾.

In this regard, research indicates that the model of PHC led by nurses has been shown to be effective, given that these professionals provide qualified care and improve the health of the population as a whole, including women, through nursing consultation, when transforming the medicalized model with rescue of care actions⁽¹⁵⁻¹⁶⁾.

The nurse should also act as a social educator, for performing a social practice, and take care beyond the complaint or disease, motivating reflection for self-care and providing spaces during the gynecological consultation so that women can expose doubts and share intimate matters, valuing them as to their knowledge, beliefs and values, with competence to solve the doubts of the users regarding their care and their health issues, in order to guarantee the clarification of the anguishes brought by the woman^(1, 15-17).

However, the lack of preparation of nurses related to their skills to perform gynecological nursing consultation shows that these professionals end up performing fragmented actions, centered on techniques⁽¹⁸⁻¹⁹⁾ or only collection of cervical examination⁽²⁰⁾, due to inconsistent knowledge.

The problems brought by professionals, as generators of feelings of dissatisfaction, refer to those related to the absence of protocols, the bureaucracy of labor processes, follow-up and referral of users, lack of resources to perform competent care, lack of commitment of the user, high and tiring workload, devaluation by society and other professional categories.

Likewise, researches mention that the problems faced by the nurses from the PHC compromise the bond with the assisted population as well as the performance of care with competence, which are generators of dissatisfaction and difficulties,

which end up being obstacles to develop care competently^(4, 18, 20).

They also cite the scarcity of human resources, materials and equipment, leading nurses to cover the attributions of other professionals to the detriment of the execution of their specific duties, such as nursing consultation, which is considered central action in PHC. In addition, there is work overload with administrative, managerial and support activities, lack of recognition of work, understanding of users and the community, lack of properly equipped office and for the exclusive use of the nurse, lack of qualification for nursing consultation in the various areas of the scope of PHC for quality assurance in the care provided⁽¹⁸⁻²¹⁾.

These aspects, stressors and generators of dissatisfaction and displeasure by labor, increase the occurrence of physical and psychosocial pathologies, with chronic stress, being considered penalizing situations that generate great physical effort and mental overload, impairing, therefore, caring competently⁽²⁰⁻²¹⁾.

The bond between professional and woman, in turn, is a decisive factor for the development of competence, for generating confidence, through humanization, communication and dialogue, based on qualified listening and good service, in which the user is understood in a global way, favoring the strengthening of bonds, making assistance more efficient, an aspect highlighted in nursing care^(3,5,16-17).

The role of nursing is internationally recognized, including the worldwide campaign Nursing Now, launched to instigate professionals to reflect on their professional practice, in order to strengthen the profile and status of nursing globally, empowerment of nurses to contribute to achieving universal access to health and improving the health of the population^(2, 22).

In this sense, one of the ways nurses ensure comprehensive care to women's health is through the use of welcoming and humanized practices in the process of health production, based on ethics and respect, with clear and efficient communication, assisting women in the search for autonomy, protagonism, demonstrating

confidence and security, because the emotional content is fundamental for carrying out effective health actions^(1, 3, 15-17).

On the other hand, studies on the factors that generate job satisfaction in PHC indicate the satisfaction of users with the assistance received and their collaboration in the care process by listing the existence of teamwork and good interpersonal relationship, affinity with work/profession and liking the occupation, bond between professionals and users, wage, dynamics of activities, demand when reduced, recognition and appreciation of work, pleasure in the tasks, autonomy in decision making in the nursing process, completeness of care and longitudinality of care^(18-21, 23).

In this way, care is problem-solving through the execution of the nursing consultation with competence, in which there is improvement in health conditions, leading professionals to feel valued both by users and by coworkers and society⁽¹⁵⁻¹⁷⁾.

Likewise, the WHO states that strong PHC, with competent nurses, generalists, critical, reflective, with humanistic values and able to interact with various areas of knowledge, involving people, available resources, social context and technical competence^(14, 15, 16, 31), provides better health outcomes of the population, lower health costs and higher quality of care, impacting the indicators of quality of care and organizational efficiency, in addition to raising greater satisfaction of users in relation to other models of care, giving robustness to the health system^(15, 17, 18, 25).

In Brazil, one can reach these criteria of competence through different documents and guidelines that present the attributions of the nurse in this dimension, including gynecological consultation, prescription of contraceptive methods and sexual and reproductive guidance as well as sexual and reproductive rights, which, in line with the ICM and ON documents, provide subsidies for the acquisition of competence, guiding professionals on the practices to be carried out, care in gynecology with competence

and guarantee of compliance with the promotion of women's gynecological health ⁽⁶⁻⁷⁾.

The criteria for evaluating these competencies are in the domain of all the care actions that the nurse offers regarding the idealization, planning, coordination, supervision, implementation and evaluation of the programs, screening projects and interventions to promote gynecological health related to the genitourinary system and the breast, in all life cycles, including women in menopause or climacteric, in order to promote health, sex education, preconception, fertility, family planning, prevention of sexually transmitted infections and sexual dysfunctions, and these care actions are related not only to women, but also to their significant cohabitations and partners ⁽⁷⁾.

Thus, important aspects are listed concerning promotion, early diagnosis and care actions to reduce maternal-fetal morbidity and mortality rates, according to the general competences of the ICM ⁽⁶⁾, allusive to the autonomy and responsibilities of the nurse as a health professional, to the relationship with women and other health professionals, as well as lists care activities applied to all aspects of nursing practice in women's health ⁽⁷⁾.

To achieve this degree and competence a broad framework of knowledge that professionals should have is necessary, such as knowledge of the resources available in the community for the care of women, the diagnosis of women living in the coverage area and their care needs, epidemiological issues related to the population, women's empowerment, national vaccination program, access to available health programs, care and monitoring in the context of sexual and reproductive health as well as care with regard to maternal and child morbidity and mortality ⁽⁷⁾.

In this regard, the search for knowledge, combined with the mobilization of knowledge and the existence of protocols to systematize the care offered, through constant updates as a way to develop skills and attitudes to acquire and maintain competence, deserves attention.

Knowledge is therefore one of the aspects that make up the competence ⁽⁸⁾, and this must be

based on recent literature, in order to guide the use of the best available scientific evidence, as one of the essential requirements for a qualified, safe and efficient care practice ⁽⁶⁾.

In PHC, given its comprehensive scope of action, nurses need to mobilize multiple skills to perform their function competently, and should expand their practice beyond technical processes and problem solving, including communication skills, management, leadership, techniques, management, clinical and abstract reasoning, planning, time management and technical-scientific knowledge, to be recognized by society as a competent, qualified, safe and confident professional, in order to practice care assisting users in their entirety ^(2, 4, 5).

We recognize, however, that the search for competence is of a personal nature, through training, and the professional is responsible for offering qualified, safe and efficient care to the woman, adding value to their tasks and generating positive results to the profession.

However, we infer that the lack of knowledge on the part of nurses in the performance of gynecological care that is mostly daily in their HU is due to the training processes that need to deepen this knowledge, providing subsidies for professionals to act in this care with attitude to acquire skills, as the lack of knowledge of the professionals themselves about the existing guidelines and protocols to help them in their tasks, as well as insufficient training by the employer to prepare the nurse to perform gynecological care.

Final considerations

The present study allowed the description of the gynecological care performed in PHC with competence, showing that those that are required and recognized as primordial for the participants are in line with the main health agencies, hence the need for constant search for knowledge.

For gynecological care to be developed competently, nurses must have mastery of the skills recommended by ICM and Portugal, as they

deal with guidelines for use in the gynecological area, which address the general skills that nurses should have when caring for women, confirming that these professionals deserve to be recognized for exercising qualified, competent and autonomous gynecological care.

In the present study, the professionals reported not knowing their competence to perform gynecological care, being possible to reiterate the need for updating in relation to their competencies recommended by the ICM and ON.

The speeches of the participants revealed that the lack of knowledge of the competence to perform gynecological care in PHC is a generator of problems, difficulties and divergences. However, there was a need for constant search for knowledge as an important point of acquisition and maintenance of competence, concluding that nursing is the protagonist and has autonomy to perform gynecological care in PHC with competence.

As limitations, we highlight that the results presented here do not allow generalizations, since it is a specific scenario with specific participants, as well as the lack of references addressing the theme, both nationally and internationally, however, we recommend the need to develop studies and similar national guidelines, in order to contribute to know the praxis of nursing in gynecological care in PHC, aiming to enhance its visibility as competent professionals in this area, not only to meet the needs of women assisted, but also of professionals involved in care, to have the necessary qualification in order to develop their know-how with excellence.

Collaborations:

1 – conception and planning of the project: Alessandra Vieira de Mello Bueno Machado, Marilene Loewen Wall and Deisi Cristine Forlin Benedet;

2 – analysis and interpretation of data: Alessandra Vieira de Mello Bueno Machado and Marilene Loewen Wall;

3 – writing and/or critical review: Alessandra Vieira de Mello Bueno Machado, Marilene

Loewen Wall, Deisi Cristine Forlin Benedet, Juliane Dias Aldrighi, Silvana Regina Rossi Kissula Souza, Tatiane Herreira Trigueiro and Adriana Aparecida Piler;

4 – approval of the final version: Alessandra Vieira de Mello Bueno Machado, Marilene Loewen Wall, Deisi Cristine Forlin Benedet, Juliane Dias Aldrighi, Silvana Regina Rossi Kissula Souza, Tatiane Herreira Trigueiro and Adriana Aparecida Piler.

Conflicts of interest

There are no conflicts of interest.

Financing sources:

The research was financed by the authors themselves.

Acknowledgments:

We would like to thank the Municipal Health Department of Pinhais for providing the space for the workshops that originated this work.

References

1. Oliveira LL, Santos MRS, Rodrigues ILA, André SR, Silva IFS, Nogueira LMV. Exclusividade na coleta de material para exame de colpocitologia oncológica: percepção dos enfermeiros. *Revista de Enfermagem da UFSM*, v.10, n.e15, p.1-17, 2020. Doi: <https://doi.org/10.5902/2179769233721>
2. Oliveira, Ana Paula Cavalcante de et al. State of Nursing in Brazil. *Revista Latino-Americana de Enfermagem* [online]. 2020, v. 28 [Acessado 7 Junho 2022], e3404. Disponível em: <<https://doi.org/10.1590/1518-8345.0000.3404>>. Epub 09 Dez 2020. ISSN 1518-8345. <https://doi.org/10.1590/1518-8345.0000.3404>
3. Rohden F. A ginecologia: uma ciência da mulher e da diferença. In: *Uma ciência da diferença: sexo e gênero na medicina da mulher* [online]. 2nd ed. rev. and enl. Rio de Janeiro: Editora FIOCRUZ, 2009. ISBN: 978-85-7541-001-6. 2ª edição (revista e ampliada): 2009.
4. Ferreira SRS, Périco LAD, Dias VRGF. The complexity of the work of nurses in Primary Health Care. *Rev*

- Bras Enferm [Internet], v.71, n.Supl 1, p.:704-9, 2018. <https://doi.org/10.1590/0034-7167-2017-0471>
5. Ilankoon IMPS, Goonewardena CSE, Fernandopulle RC, Perera PPR. Public Health Midwives as a Family Health Care Worker to Promote Vaginal Health: Evidence from a Community Study in Sri Lanka. *Iran J Public Health, Tihrán / IRA*, v. 49, n.5, p.:1003-1005, 2020
 6. International Confederation of Midwives (ICM). *Essential Competencies for Basic Midwifery Practice*. Holanda: ICM/OMS/FIGO, 2019
 7. Portugal. Ordem dos Enfermeiros. Regulamento n.140, de 18 de janeiro de 2019. Regulamento das Competências Comuns do Enfermeiro Especialista. *Diário da República Eletrónico*, n.26, Lisboa / PT, 6 fev. 2019. 2ª Série, 4744.
 8. Perrenoud P. *Desenvolver competências ou ensinar saberes? A escola que prepara para a vida*. Porto Alegre: Penso, 2013.
 9. Trentini M, Paim L, Silva DMGV. O método da Pesquisa Convergente Assistencial e sua aplicação na prática de enfermagem. *Texto contexto - enferm.*, Florianópolis, v.26, n.4, e1450017, 2017.
 10. Creswell JW. *Projeto de pesquisa: métodos qualitativo, quantitativo e misto*. 3.ed. Porto Alegre: Artmed, 2010.
 11. Camargo BV, Justo AM. Tutorial para uso do software IRAMUTEQ (Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires). Universidade Federal de Santa Catarina, 2021
 12. Camelo SHH, Angerami ELS. Competência profissional: a construção de conceitos, estratégias desenvolvidas pelos serviços de saúde e implicações para a enfermagem. *Texto contexto - enferm.*, Florianópolis, v. 22, n. 2, p. 552-560, 2013. <https://doi.org/10.1590/S0104-07072013000200034>.
 13. Marcinowicz L, Wojnar D, Terlikowski SJ. Work activities of primary health care nurses in Poland: National Survey Results. *BMC Nurs. (Online)*, v.20, art.: 22, 2021. DOI: 10.1186 / s12912-021-00541-2.
 14. Josi R, Bianchi M, Brandt SK. Advanced practice nurses in primary care in Switzerland: an analysis of interprofessional collaboration. *BMC Nurs. (Online)*, v.19, n.1, ecollection. 2020. DOI: 10.1186 / s12912-019-0393-4.
 15. Dias IHP, Silva MR, Leite EPRC, Freitas PS, Silva SA, Calheiros CAP. (2018). *Assistência de enfermagem na Estratégia Saúde da Família quanto à sexualidade feminina/Nursing assistance in the Family Health Strategy regarding feminine sexuality*. *Ciência, Cuidado e Saúde. (Online)*, v.17, n.1, 8p., 2018.
 16. Oliveira ES, Silva ÍF, Souza Araújo AJ, Santos MVS, Queiroz PES. A consulta de enfermagem frente à detecção precoce de lesões no colo do útero. *Revista Enfermagem Contemporânea*, Salvador, v.6, n.2, p.186-198, 2017. DOI: 10.17267/2317-3378rec.v6i2.1369. Disponível em: < <https://www5.bahiana.edu.br/index.php/enfermagem/article/download/1369/1079> >
 17. Catafesta G, Klein DP, SILVA EF, Canever BP, Lazzari DD. Consulta de enfermagem ginecológica na estratégia saúde da família. *Arq Ciên Saúde, São José do Rio Preto*, v. 22, n. 1, p. 85-90, 2015. Disponível em: http://www.cienciasdasaude.famerp.br/index.php/racs/article/view/32/pdf_15.
 18. Marques CRD, Ribeiro BMDSS, Martins JT, Dias HG, Dalri RDCDMB, Bernardes MLG, Karino ME. Fatores de satisfações e insatisfações no de enfermeiros. *Rev Enferm UFPE on line. [Internet]*. 2020; 14:e244966. Disponível em: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/244966/35391>
 19. Ozanam MAQ, Santos SVM, Silva LA, Dalri RDCMB, Bardaquim VA, Robazzi MLDCC. (2019). Satisfação e insatisfação no trabalho dos profissionais de enfermagem. *Brazilian Journal of Development*, 5(6), 6156-6178. DOI: <https://doi.org/10.34117/bjdv5n6-127>
 20. Moreira MJ, Farah BF, Dutra HS, Sanhudo NF, Friedrich DBC. Fatores Desencadeadores De (In)Satisfação No Trabalho Dos Enfermeiros Da Atenção Básica De Saúde. *Ciencia y Enfermería (online)*, v. 25, p.:12, 2019. http://www.scielo.cl/scielo.php?script=sci_arttext&pid=S0717-95532019000100209&lng=e. 13--2019. <http://dx.doi.org/10.4067/s0717-95532019000100209>
 21. Li H, Shi Y, Li Y, Xing Z, Wang S, Ying J, Zhang M, Sun J. Relationship between nurse psychological empowerment and job satisfaction: A systematic review and meta-analysis. *J Adv Nurs* 2018; 74(6):1264-1277
 22. Kalinowska P; Marcinowicz L. Job satisfaction among family nurses in Poland: A questionnaire-based study. *Nurs Open*. 2020;7(6):1680-1690. <https://doi.org/10.1002/nop2.550>.
 23. Brandão AMR, Andrade FWR, Olivindo DDF. Atuação do enfermeiro da estratégia da saúde da família no manejo da mulher com resultado de

- colpocitologia alterado. *Research, Society and Development* [Online], v.9, n.10, p.:e5899108962-e5899108962, 2020. e5899108962-e5899108962. DOI: <http://dx.doi.org/10.33448/rsd-v9i10.8962>
24. Kalinowska P; Marcinowicz L. Job satisfaction among family nurses in Poland: A questionnaire-based study. *Nurs Open*. 2020;7(6):1680-1690. <https://doi.org/10.1002/nop2.550>
25. Vejgaard AS, Rasmussen S, Jarbøl DE, Balasubramaniam K. Is healthcare-seeking with gynaecological alarm symptoms influenced by personal and professional relations? A Danish population-based, cross-sectional study. *BMJ Open*. 2020;10(5):e033471. <https://doi.org/10.1136/bmjopen-2019-033471>
26. Obol JH, Lin S, Obwolo MJ, Harrison R, Richmond R. Knowledge, attitudes, and practice of cervical cancer prevention among health workers in rural health centres of Northern Uganda. *BMC cancer*, 21(1), 1-15.

Received: September 11, 2022

Approved: August 06, 2023

Published: October 10, 2023



The Revista Baiana de Enfermagem use the Creative Commons license – Attribution -NonComercial 4.0 International. <https://creativecommons.org/licenses/by-nc/4.0/>

This article is an Open Access distributed under the terms of the Creative Commons (CC BY-NC). This license lets others remix, adapt and create upon your work to non-commercial use, and although new works must give its due credit and can not be for comercial purposes, the users do not have to license such derivative works under the same terms