

CONTENT VALIDATION OF AN INSTRUMENT FOR NURSING CONSULTATION IN SEXUALLY TRANSMITTED INFECTIONS

VALIDAÇÃO DE CONTEÚDO DE UM INSTRUMENTO PARA CONSULTA DE ENFERMAGEM EM INFECÇÕES SEXUALMENTE TRANSMISSÍVEIS

VALIDACIÓN DEL CONTENIDO DE UN INSTRUMENTO DE CONSULTA DE ENFERMERÍA EN INFECCIONES DE TRANSMISIÓN SEXUAL

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Objective: to validate the content of a research instrument for the application of the Nursing process in sexually transmitted infections. **Method:** cross-sectional study of the methodological type of content validation with expert judges with quantitative design. The theoretical reference used was the theory of Basic Human Needs, proposed by Wanda Aguiar Horta. The empirical material used was the Clinical Protocol and Therapeutic Guidelines for Comprehensive Care to People with Sexually Transmitted Infections. **Results:** the reformulations suggested by the expert judges were considered and included in the final version. The validation allowed the verification of the accuracy of the instrument, consisting of 32 terms after two rounds of validation. **Conclusion:** the development of health technologies and the use of a validated instrument for the nursing process allow to direct care and improve the quality of care, standardizing records and ensuring greater patient safety.

Descriptors: Nursing Theory. Office Nursing. Validation Study. Sexually Transmitted Diseases. Nursing Process.

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Objetivo: validar o conteúdo de um instrumento de investigação para aplicação do processo de Enfermagem em infecções sexualmente transmissíveis. Método: estudo transversal do tipo metodológico de validação de conteúdo com juízes especialistas com delineamento quantitativo. Como referencial teórico, utilizou-se a teoria das Necessidades Humanas Básicas, proposta por Wanda Aguiar Horta. Como material empírico, utilizou-se o Protocolo Clínico e Diretrizes Terapêuticas para Atenção Integral às Pessoas com Infecções Sexualmente Transmissíveis. Resultados: foram consideradas e incluídas na versão final as reformulações sugeridas pelos juízes especialistas. A validação possibilitou verificar a precisão do instrumento, composto por 32 termos após duas rodadas de validação. Conclusão: o desenvolvimento de tecnologias de saúde e o uso de um instrumento validado para o processo de enfermagem possibilitam o direcionamento de cuidados e melhorias na qualidade da assistência, padronizando os registros e garantindo maior segurança ao paciente.

Descritores: Teoria de Enfermagem. Consulta de Enfermagem. Estudos de validação. Infecções sexualmente transmissíveis. Processo de Enfermagem.

Objetivo: validar el contenido de un instrumento de investigación para la aplicación del proceso de Enfermería en infecciones de transmisión sexual. Método: estudio transversal del tipo metodológico de validación de contenido con jueces especialistas con delineamiento cuantitativo. Como referencia teórica, se utilizó la teoría de las Necesidades Humanas Básicas, propuesta por Wanda Aguiar Horta. Como material empírico, se utilizó el Protocolo Clínico y Directrices Terapéuticas para Atención Integral a las Personas con Infecciones de Transmisión Sexual. Resultados: fueron consideradas e incluídas en la versión final las reformulaciones sugeridas por los jueces especialistas. La validación permitió verificar la precisión del instrumento, compuesto por 32 términos después de dos rondas de validación. Conclusión: el desarrollo de tecnologías de salud y el uso de un instrumento validado para el proceso de enfermería posibilitan la direccionamiento de cuidados y mejoras en la calidad de la asistencia, estandarizando los registros y garantizando mayor seguridad al paciente.

Descriptores: Teoría de Enfermería. Enfermería de Consulta. Estudio de Validación. Enfermedades de Transmisión Sexual. Proceso de Enfermería.

Introduction

Sexually Transmitted Infections (STIs) are caused by various microorganisms, such as bacteria, viruses and fungi and are characterized as a global public health problem, due to their magnitude and impairment of the quality of life of the affected person. The high incidence of STIs is related to lack of access to effective and reliable health services, inadequate or absent treatment⁽¹⁾.

The insufficient approach of STI in the various health care services involves the insufficiency of trained professionals and the non-compliance with the recommended actions for testing and counseling. This may result in severe complications, such as pelvic inflammatory disease (PID), ectopic pregnancy, male and female infertility, miscarriages, prematurity, congenital infections, and increased risk of HIV transmission⁽²⁾.

The approach in STI includes the care, educational, managerial dimensions and covers health education actions, evaluation, counseling, treatment, active search for sexual

partnerships and support to the user for decision-making, according to the national clinical protocol⁽³⁾. These actions, when carried out jointly in the scope of Primary Care (PC), enable the identification and timely treatment of symptomatic and asymptomatic infections, as they enable the interaction between health professional and user, as well as between the user and family/ community⁽⁴⁾.

In this context, the nurse must perform actions such as the identification of the target population for screening of STIs, rapid testing and immunization, whose main objective is the breakdown of the transmission chain, the reduction of the number of affected people, as well as diseases brought by infections⁽⁵⁾. For this, nursing actions should be based on the Nursing Process (NP), which consists of recording information systematized from the completion of the stages of investigation, diagnosis, planning of care, implementation and evaluation^(5,6).

In this perspective, the role of nurses in PC is related to the identification of responses from the individual him/herself as part of the care process, family and community. It should be noted that

the main objective of nursing as a science is to seek evidence and answers to the problems that lead to the focuses of nursing diagnoses and not to solve only the diseases themselves⁽⁷⁾.

In the literature, several studies have invested in the construction and validation of instruments to support NP^(8,9). However, there was a low number of studies related to STIs⁽¹⁰⁾. This aspect corroborates the understanding about the weaknesses of the nurse's practice in the nursing process and the assistance to the person with STI. This gap results in an inadequate approach, which compromises the detection of STIs, counseling and timely treatment of cases⁽¹¹⁾.

It should be noted that the use of a validated data collection instrument can contribute significantly to the qualification of the care practice provided by the nurse, as it encourages the practice of evidence-based nursing and systematizes the actions to be developed respecting the recommendations and resulting in an integrated approach of the patient⁽¹²⁾.

Given the above, the objective of this study was to validate the content of an instrument for the application of the nursing process in sexually transmitted infections.

Method

The design chosen was the cross-sectional study of the methodological type with a quantitative design. According to Polit & Beck⁽¹³⁾, methodological studies deal with the development, validation and evaluation of research tools and methods, like the present study, which aimed to validate the content of a new instrument for the area of nursing in STI.

The theoretical reference used was the theory of Basic Human Needs (BHN) proposed by Wanda Horta in 1979, which allows the evaluation of the patient in an integral way, as a whole in his/her universe. Three levels of needs are attributed, namely: psychobiological, psychosocial and psychospiritual⁽¹⁴⁾.

The instrument was developed in six moments, denominated: 1) establishment of the conceptual structure; 2) definition of the objectives and the population involved; 3) construction of items

and domains; 4) selection and organization of items (preparation of nursing diagnoses, results and interventions); 5) structuring of the initial version of the instrument; 6) content validation⁽¹⁵⁾.

The construction of the instrument was carried out between September 2020 and March 2021 and used as empirical material the Clinical Protocol and the Therapeutic Guidelines for Comprehensive Care to People with Sexually Transmitted Infections (CPTG-STI)⁽³⁾. In turn, the diagnoses, results and nursing interventions related to the main signs and symptoms of people with STI were drawn from the standardized language entitled International Classification for Nursing Practice - ICNP[®]; version 2019/2020⁽¹⁶⁾ and International Classification of Primary Care (ICPC-2), used as a correspondence for the diagnoses used in the PC system.

As a result, an instrument composed of five stages was obtained, namely: research; results; diagnoses; interventions; evaluation. The instrument in its entirety was built from the theory of BHN, in which the items of investigation followed the recommendations and actions recommended in the CPTG-STI, according to the Ministry of Health, while the items that made up the diagnoses, results and interventions were linked to ICNP and ICPC-2.

The content validation corresponded to the process of verifying the suitability of the set of items proposed within a universe of possible items, remaining in the final instrument only the items that reflected the accuracy of the instrument to support the nursing process in STI (DEVELLIS, 2017)⁽¹⁷⁾. At the end of this stage, it was considered as a valid instrument for its construction and application, since it enables the real verification of the phenomenon to be addressed⁽¹⁸⁾.

The content validation was performed between the months of March and August 2021 and consisted of the submission of the instrument to a group of expert judges.

A minimum of six judges⁽¹⁹⁾ was established with the following characteristics: graduation in nursing; previous knowledge and experience in teaching, research, extension and assistance in the nursing process and/or care to people with

STI⁽²⁰⁾. Non-nursing professors and those who did not have experience in the nursing process and/or care to people with STI were excluded.

Initially, 16 professors-judges were invited, and two refused to participate for professional or personal reasons, totaling 14 participants in the final sample.

To carry out the validation step, the judges were contacted electronically by sending an invitation letter containing the guidelines for participation via email and WhatsApp. Along with the invitation letter, the judges received the informed consent form (ICF) for reading and signing. After accepting the form, the judges received the Word file containing the instrument in its entirety to be evaluated and sent back to the researchers within 10 days.

The judges evaluated the instrument built according to the evaluative criteria of **objectivity** of the items, **clarity** in the formulation and **relevance** of the content contained in each variable, attributing the following judgments: "Adequate"; "Needs adequacy" and "Inadequate". To evaluate each category individually, the formula Content Validity Index (CVI) = number of "Adequate" responses/ total number of responses for each criterion evaluated in each variable⁽¹⁵⁾ was considered. Thus, each variable of the instrument has three CVI.

The data collection was distributed in a table in the Microsoft Excel 2010 program, according to the responses of the evaluation form. To verify the validity of the instrument, a minimum value of CVI > 0.78 for the individual items and CVI 0.80 for the instrument in general was considered, since the number of judges that participated in the validation was greater than six^(15, 21). Thus, the variables with CVI ≥ 0.78 were classified as adequate, those with CVI < 0.78 were reevaluated according to the observations made and those with CVI ≤ 0.64 were excluded.

In the first validation round, judges evaluated the instrument as a whole, judging whether each domain was adequately covered by the set of items and whether all dimensions were included. Therefore, they could suggest the inclusion or

elimination of items, and express possible suggestions.

After data analysis, the instrument was reformulated and sent back to the experts for the second validation round. In the second round, 12 variables were submitted to the judges for analysis and referral, with a period of 07 days. All 14 judges delivered the instrument in the second round.

After the return of the judges, the considerations and suggestions were compiled and analyzed, subsequently making the necessary and relevant changes. The items of the instrument were changed from the suggestions of the judges and based on the updated guideline for approach in STI, that is, the CPTG-STI (2020). Therefore, those considered adequate were complied with, while those that contradicted the CPTG-STI could not be met.

This research was submitted and approved by the Research Ethics Committee of the *Hospital Universitário Alcides Carneiro* (HUAC), opinion n. 4.568.582.

Results

The analysis of personal characteristics showed that most of the 14 judges that evaluated the instrument were female (64.28%), the age ranged from 37 to 60 years, with a mean of 43.35 years.

The professional profile revealed that the time since graduation ranged from 14 to 27 years, with a mean of 19 years; 71.42% were PhD, 21.42% MSc and 7.14% graduated with specialization. As for the experience on the subject, all participants had prior knowledge through research and teaching activities, as shown in Table 1:

Table 1 - Judges' experience on the topic of Nursing Process and/or STI. Campina Grande, Paraíba, Brazil - 2021. (N=14)

Type of experience about the theme	% of judges
Supervision of theses, dissertations or monographs	64%
Participation in thesis, dissertation or monograph board	78%
Teaching of theoretical and/or practical content at graduate or postgraduate level	85%
Orientation of research and/or extension projects	42%
Scientific and/or technical production (article, book, manuals, opinions, others)	50%
Member of groups or research centers	35%
Healthcare	92%

Source: Created by the authors.

The data collection instrument, structured in five domains, thus distributed: Investigation, Diagnosis, Results, Interventions and Evaluation, was evaluated by the judges and resulted in their CVI, as shown in Table 2 below:

Tabela 2 - Content Validity Index of the data collection instrument for nursing consultation to the person with STI. Campina Grande, Paraíba, Brazil - 2021. (N=14) (continued)

Stage	Variables of the instrument	IVC ¹	IVC ²	IVC ³
Investigation	1 User Identification	85,70%	92,90%	71,40%
	2 Socioeconomic Data	71,40%	78,60%	50%
	3 Main Complaint	85,70%	100%	85,70%
	4 Personal Background	78,60%	85,70%	57,10%
	5 Key and priority pop. for STIs	71,40%	78,60%	78,60%
	6 Immunization and testing for STIs	78,60%	92,90%	50%
	7 Past history of the current problem	64,30%	85,70%	57,10%
	8 Environment/Shelter	92,90%	100%	85,70%
	9 Sleep and rest	71,40%	85,70%	85,70%
	10 Olfactory, visual, auditory, tactile, gustatory and painful perception	92,90%	71,40%	85,70%
	11 Locomotion/Body Mechanics	85,70%	85,70%	85,70%
	12 Exercises and physical activities	100%	100%	85,70%
	13 Nutrition and Hydration	85,70%	92,90%	100%
	14 Elimination: Urinary and Intestinal	85,70%	92,90%	92,90%
	15 Sexuality	85,70%	92,90%	92,90%
	16 Cutaneous-mucosal integrity	85,70%	100%	85,70%
	17 General physical examination	92,90%	78,60%	85,70%
	18 Male Genitourinary Needs	85,70%	100%	85,70%
	19 Female Genitourinary Needs	85,70%	100%	85,70%
	20 Security	92,90%	85,70%	78,60%
	21 Love/Participation/Gregarious	92,90%	92,90%	85,70%
	22 Freedom	78,60%	92,90%	71,40%
	23 Communication	85,70%	85,70%	85,70%
	24 Learning (Health Education)	85,70%	78,60%	64,30%
	25 Recreation/Leisure/Creativity	78,60%	85,70%	92,90%

Tabela 2 - Content Validity Index of the data collection instrument for nursing consultation to the person with STI. Campina Grande, Paraíba, Brazil - 2021. (N=14) (conclusion)

Stage	Variables of the instrument	IVC ¹	IVC ²	IVC ³
	26 Orientation in time and space	92,90%	85,70%	92,90%
	27 Acceptance	57,10%	64,30%	35,70%
	28 Self-realization	57,10%	78,60%	42,90%
	29 Self-esteem	64,30%	78,60%	50%
	30 Self-image	57,10%	64,30%	64,30%
	31 Religious or theological, ethical or philosophy of life	85,70%	92,90%	85,70%
Diagnoses		85,70%	78,60%	78,60%
Results		92,90%	92,90%	85,70%
Interventions		92,90%	85,70%	64,30%
Evolution		78,60%	85,70%	85,70%
Evaluation		78,60%	85,70%	85,70%

Source: Created by the authors.

Subtitle. N = Instrument variable number; CVI 1 = Content Validity Index by objective evaluative criterion; CVI 2 = Content Validity Index by relevance evaluative criterion; CVI 3 = Content Validity Index by clarity evaluative criterion.

There was agreement between the judges, represented by the value of CVI ≥ 0.78 , in 20 variables among the 36 evaluated. Therefore, they were considered validated in the first round of evaluation.

The variable "Socioeconomic Data" received a large number of suggestions. Being considered relevant by the vast majority of judges, however, it obtained low CVI regarding objectivity and clarity, requiring total reformulation. Important questions were included after the first round of validation, such as the inclusion of the number of residents in the household and monthly family income in minimum wages.

Sixteen variables with CVI < 0.78 were identified, of which four were excluded, resulting in a final instrument with 32 variables. Among the reasons for exclusion are: the variables called "Perception", "Acceptance" and "Self-image" were excluded, because they obtained a CVI-2 (relevance) lower than expected. Therefore, categories without relevance to the target population proposed by the instrument were considered.

In addition to these three aforementioned variables, the variable called "Evolution" was also excluded by suggestion of the judges and

in attention to the Resolution of the Federal Nursing Council (COFEN) n. 358 of 2009 that provides for the Systematization of Nursing Care and the implementation of the Nursing Process. Thus, the remaining 12 variables that obtained CVI < 0.78 were maintained, but reformulated and rewritten according to the suggestions made by the judges.

The variables "Self-realization" and "Self-esteem" were considered relevant, however, the CVI 1 (objectivity) and CVI 3 (clarity) received low values, which resulted in the reformulation for the second stage. The conceptual modification aimed to add clarification alongside the variable to facilitate the understanding by the judges.

Concerning the request to change variable titles, the so-called "Main Complaint", "Immunization and Testing for STI", "Learning (health education)" and "Key and priority pop. for STI" underwent modifications and became called "Reason for Consultation/ Complaints", "Immunization, Testing for STI and Other Exams", "Learning" and "Target population for STI screening", respectively.

From this information, the instrument was reorganized and sent back to the judges for the second round of evaluation. The instrument was

sent in full, highlighting the 12 reformulated variables and the judgment was performed based on the same evaluative criteria of the first stage of validation. After the return of all judges, a new data collection and analysis of the material

answered was performed. Table 3 below shows the results obtained in the second validation stage for the remaining 12 variables that did not obtain the required CVI in the first stage:

Table 3 - Content Validity Index of the data collection instrument for nursing consultation to the person with STI. Campina Grande, Paraíba, Brazil - 2021. (N=14)

Stage	Variables of the instrument	CVI ¹	CVI ²	CVI ³	
Investigation	1 User Identification	78.60%	92.90%	78.60%	
	2 Socioeconomic Data	78.60%	100%	85.70%	
	3 Personal Background	92.90%	100%	85.70%	
	Anamnesis	4 Target Pop. for STI screening	92.90%	100%	92.90%
	5 Immunization and testing for STIs	100%	100%	92.90%	
	6 Past history of the current problem	100%	100%	78.60%	
	Psychobiological Needs	7 Sleep and rest	100%	100%	92.90%
	Psychosocial Needs	8 Freedom	85.70%	85.70%	78.60%
		9 Learning (Health Education)	78.60%	100%	92.90%
	Psychospiritual Needs	10 Self-realization	85.70%	92.90%	92.90%
		11 Self-esteem	92.90%	92.90%	85.70%
Interventions		85,70%	92.90%	78.60%	

Source: Created by the authors.

Subtitle. N = Instrument variable number; CVI 1 = Content Validity Index by objective evaluative criterion; CVI 2 = Content Validity Index by relevance evaluative criterion; CVI 3 = Content Validity Index by clarity evaluative criterion.

From the construction of Table 3, the CVI > 0.78 was identified in all 12 variables, thus, the instrument was considered validated.

Some suggestions were made in the second round of evaluation, which were considered and included in the instrument, such as the option of quantitative doses regarding immunization and the reformulation of the variables of self-esteem and self-realization, leaving only one question per item "Do you feel satisfied the way you are?" and "Do you feel fulfilled the way you are?", respectively.

The Global CVI of the instrument regarding the evaluative criteria of clarity, relevance and objectivity was calculated from the sum of CVI 1, CVI 2 and CVI 3 of all variables after the second stage of validation / total number of variables, resulting in a Global CVI of 86.84% for clarity, 93.32% for relevance and 88.4% for objectivity.

Discussion

Data collection instruments gain space in health practices and their use grows progressively. In the nursing area, building and validating an instrument correspond to the development of health technologies for the profession, enable the direction of nursing care and improvements in the quality of care, in addition to standardizing records and referrals, minimizing prescription errors and ensuring patient safety, especially in primary health care⁽²²⁾. Moreover, they encourage clinical and critical thinking by nurses from the use of NP in their clinical practice.

By understanding the relevance of the construction and validation of instruments that contribute to nursing practice, the study participants showed expressive adherence and collaborated to collect data within the expected deadlines. Importantly, between the first and second round, there was no loss of participants.

In contrast, other studies found it difficult to obtain a high percentage of responses⁽²³⁾.

The instrument received several contributions that allowed to raise the objectivity, clarity and relevance of most domains and their items, especially in the anamnesis and psychosocial needs domains, which received more contributions and suggestions.

The experts were concerned about contemplating some data and specific hospital care of medium and high complexity. However, it is worth saying that the proposed instrument is intended for NP carried out in the scope of Primary Health Care, the main scenario of the National Health Policy (PNS) in Brazil⁽³⁾, which made it impossible to adhere to certain suggested changes in the variables that made up the instrument.

Regarding the overall evaluation of the instrument, only two out of the 14 judges suggested the insertion or withdrawal of groups as a whole. One of the judges suggested removing the list of diagnoses, results and interventions, and suggested maintaining only the stage of investigation in the instrument.

The suggestion of removing the diagnoses, results and interventions was not accepted, because the difficulty to implement the Systematization of Nursing Care (SNC) was considered, since there is absence of instruments that assist the nurse in decision making.

It is noteworthy that the nurse has full autonomy to draw other diagnoses, results and interventions whether or not they are in the instrument, because the instrument has the purpose of assisting in decision making, being, therefore, the nurse responsible for the choices of his/her actions from the clinical reasoning of the professional before the singularity and the response to the illness process of each person⁽¹¹⁾.

A general problem highlighted is the use of instruments, applied during the nursing consultation, restricted to a superficial approach to the health status of the patient, with a focus on sociodemographic data collection and generic physical examination, which does not

correspond to the real objective of implementing an instrument⁽²⁴⁾.

In contrast, a problem in the approach of STI that stands out is the execution of a stiffened consultation, which is restricted to the biological scope, which represents a barrier between the professional and the patient, referring to the need for training of professionals and adherence of professionals to evidence-based clinical practices⁽²⁵⁾.

Given the above, thinking about the resolution of the problems presented, the BHN theory of Wanda Horta (1979) was chosen as a theoretical reference to guide the instrument. This theory enables care focused on the human being and his/her basic human needs, constituting a set of actions performed depending on the physiological needs, security, affective-social, esteem and self-realization of the person, family or community⁽¹⁴⁾.

Thus, the construction and use of an instrument based on the principles of BHN contribute to a truly holistic care and to the individuality of the patient. Therefore, it is worth noting that the patient affected by an STI brings some particular implications, being the nurse responsible for having the knowledge to identify and contemplate them, in order to enable the individuality of care and promote health care in STI.

Therefore, the use of an instrument, guided by theoretical references of nursing in STI, allows the identification of the target population for screening, which contributes to nursing care aimed at the public of greater vulnerability. An instrument duly validated, as in this study, contributes to health care based on a national clinical protocol and thus favors the implementation of available and effective strategies for the care of the user in relation to STIs, the identification of asymptomatic infections, the update of the recommended immunization, the promotion of rapid testing and, consequently, the breakdown of the transmission chain and the prevention of complications.

The validation of the instrument proposed in this study promotes the practice of nursing

care and expands the profession as a science, bringing autonomy to nurses. Thus, it allows to guide actions and operationalize the nursing consultation according to the demand of each patient, leading to effective results in the health conditions of each person.

A limitation of the study concerns the lack of current literature regarding instruments of measurement and use of health technology in the scope of STIs. In addition, the search for expert judges to participate in the validation was also characterized as a limitation, with the participation of professors in the area only. For future stages, it is essential to apply the instrument in clinical practice, aiming at a reassessment by nurses working in PC.

The study brings as contributions the implementation of a validated instrument to support NP focused on user care in STI. Nurses will benefit during clinical consultations related to the adult population that has complaints, risk factors and/or is part of the priority population for STI. The creation of the instrument contributes to improvements in the quality and offer of service to this public, enabling the full and timely service for the user. In addition, the instrument assists the professional in carrying out actions such as appropriate treatment, breaking the transmission chain, prevention, immunization and testing.

The use of the instrument should be done by trained nurses and/or graduate students under supervision, paying attention to clinical evaluation and detailed physical examination. Thus, decisions will be based on evidence, as well as respect the individuality of each user assisted. Moreover, it is important to highlight that the use of the instrument promotes the approach of sexual health of the user by aspect that is often not questioned and investigated during the anamnesis process due to insecurity and/or lack of effective strategies for the theme⁽²⁵⁾. Thus, the instrument shall be able to guide the planning and implementation of NP and will enable safe, quality and more efficient nursing care.

Conclusion

The use of health technologies during nursing consultation is known to provide improvements in the quality of care provided by nurses. Thus, the instrument built and validated enables the approach of the patient considering his/her psychobiological, psychosocial and psychospiritual needs, going beyond the aspects focused only on the complaint and fragmented information.

It is evident the relevance of the theme addressed, given the need to expand the support network to these professionals and the proposed target population. Thus, this research brings important contributions to the advancement of the implementation of the nursing process, stimulating clinical reasoning and the execution of practices based on scientific evidence. There is also the need to carry out new studies that enable the exchange of knowledge and detail the theme addressed, in order to encourage the systematization of nursing care.

This study intends to develop strategies to encourage the use of an instrument to perform the nursing consultation in STI by professionals and students during their assistance activities.

Collaborations:

1 – Conception and planning of the project: Sheila Milena Pessoa dos Santos;

2 – Analysis and interpretation of data: Maria Eduarda Ferreira de Albuquerque and Sheila Milena Pessoa dos Santos;

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4 – Approval of the final version: Maria Eduarda Ferreira de Albuquerque, Sheila Milena Pessoa dos Santos, Érik Cristóvão Araújo de Melo, Juliana Andreia Fernandes Noronha, Gerlane Ângela da Costa Moreira Vieira, Larissa

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Competing interests

There are no competing interests.

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