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RESEARCH

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Insecurity in cervical cancer controlling actions: the nurse's role in the family health strategy

Insegurança nas ações de controle do câncer de colo uterino: atuação do enfermeiro na estratégia de saúde da família

Inseguridad en las acciones de control del cáncer de cuello uterino: actuación del enfermero en la estrategia de salud de la familia

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ABSTRACT

Objective: The study's purpose has been to analyze the Cervical Cancer (CC) controlling actions performed by nurses related to the Brazilian healthcare program named Family Health Strategy (FHS). This research was carried out in a municipality from the *Mato Grosso* State southern region. **Methods:** It is a descriptive-exploratory research with a qualitative approach, which was carried out in twelve FHSs. Data collection was done over the period from May to June 2017, having 12 participating registered nurses, and using semi-structures interviews. Data analysis was performed through the Bardin's Content Analysis. This research was approved by the Research Ethics Committee on April 26th, 2017. **Results:** Based on data analysis, the following two categories came about: "The insecurities in accomplishing the Papanicolaou test" and "CC controlling actions". **Conclusion:** Therefore, it is possible to conclude that althought the nurses recognize the relevance and necessity of screening and the early diagnosis, the professional practice reported is still divergent from the proposed by the Brazilian Ministry of Health.
Descriptors: Uterine cervical neoplasms, Papanicolaou test, nursing care.

RESUMO

Objetivo: analisar as ações de controle do câncer de colo uterino (CCU) desenvolvidas pelo enfermeiro na Estratégia de Saúde da Família (ESF) em um município da região sul de Mato Grosso. **Métodos:** trata-se de uma pesquisa exploratória, descritiva e com abordagem qualitativa, realizada em doze ESFs. A coleta de dados ocorreu no período de maio a junho de 2017, com 12 enfermeiros, por meio de entrevistas semiestruturadas. Para a análise dos dados utilizou-se a Análise de Conteúdo de Bardin. A pesquisa foi aprovada por Comitê de Ética em Pesquisa em 26 de abril de 2017. **Resultados:** a análise dos dados resultou em duas categorias denominadas: "a insegurança na realização do exame *Papanicolaou*" e "ações de controle do CCU". **Conclusão:** podemos concluir que, embora os enfermeiros reconheçam

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a necessidade e a relevância de rastreamento e diagnóstico precoce, a prática profissional relatada é bem divergente do preconizado pelo Ministério da Saúde.

Descritores: Neoplasias do colo do útero, Teste *Papanicolaou*, Cuidados de Enfermagem.

RESUMEN

Objetivo: analizar lãs acciones de control Del cáncer de cuello uterino (CCU) desarrolladas por el enfermero em la Estrategia de Salud de La Familia (ESF) em el municipio región sur de Mato Grosso. **Métodos**: se trata de una investigación exploratoria, descriptiva y com abordaje cualitativo, realizada en doce ESF's. La recolección de datos ocurrióen el período de mayo a junio de 2017, con 12 enfermeros, por medio de entrevistas semiestructuradas. Para el análisis de los datos se utilizo el Análisis de Contenido de Bardin. La investigación fue aprobada por el Comité de Ética en Investigación el 26 de abril de 2017. **Resultados**: el análisis de los datos resultóen dos categorías denominadas: "La inseguridad en la realización del examen Papanicolaou" y "Acciones de Control del CCU". **Conclusión**: podemos concluir que aunque los enfermeros reconocen la necesidad y relevancia Del rastreo y diagnóstico precoz, la práctica profesional relatada es muy divergente del preconizado por el Ministerio de Salud.

Descriptores: Neoplasias del Cuello Uterino,Prueba de Papanicolaou, Atención de Enfermería.

INTRODUCTION

In the world, approximately 530 thousand new cases of Cervical Cancer (CC) appear annually, being responsible for 265 thousand deaths in the same period. It is considered to be a serious public health problem in Brazil, because it is the third most frequent tumor in the female population and the fourth cause of cancer death in women, except for cases of non-melanoma skin.[1]

It is a slow developmental pathology, which begins with a pre-invasive lesion, considered curable in up to 100% of cases, when diagnosed early, and progresses generally between 10 and 20 years, reaching the invasive stage, when the chances of cures become more difficult.[2] The initial phase may be symptom-free but may progress to episodes of intermittent vaginal bleeding or vaginal bleeding, abnormal vaginal discharge, abdominal pain, and urinary or bowel dysfunction in more severe cases of the disease. [1]

In an attempt to reduce the specific morbimortalities of the female population, in 1983, the Ministry of Health (MH) created the Program for Integral Assistance to Women's Health (PAISM) to prioritize the female population and incorporated into it the principles and guidelines of the *Sistema Único de Saúde (SUS)* [Brazilian Unified Health System]. This proposal involved the expansion of care for the female population through a new way of approach and integral approach, through the inclusion of educational, preventive, diagnostic, treatment and recovery actions.[3]

The policy that is in force is the National Policy of Integral Care towards Women's Health (NPICWH) - Principles and Guidelines. Its construction started in 2003 and was implemented by the MH in May 2004.[4] Its objective is to broaden, qualify and humanize comprehensive health care for women in the *SUS*, with the aim of improving living and health conditions at all stages, ensuring rights and access to health promotion, prevention, care and recovery.[5]

Currently, the actions of control of this pathology in the country are based on health promotion, prevention, early detection, treatment and palliative care. These actions have as objectives to reduce the incidence and morbimortality by CC and the physical, psychological and social repercussions caused by this disease through the wide access to health services.4

Basic Health Care, as the structuring axis of the *SUS* and as the first level of care in the Health Care Networks (HCNs), plays a fundamental role in the aforementioned strategies. Among its functions is the prevention of CC through the activities of health education, vaccination of groups indicated from 2014 and early detection of cancer and precursor lesions through its tracing.[1]

In relation to early detection, the strategies involve early diagnosis by approaching individuals with the signs and symptoms of the disease and screening by performing a safe, easily accessible and cost-effective examination. The purpose of the examination is to identify precursor or suggestive lesions of CC and to refer them for investigation and treatment.[4]

The periodic execution of the Papanicolaou test (also known as Pap smear or Pap test) is the main action performed in the Family Health Strategies (FHSs) towards CC screening.[6] Therefore, the nurse working at this level of care must have knowledge of the procedure, its periodicity and the target population (from 25 to 64 years old). Among its attributions, is to perform the examination, interpret it, guide and refer women to referral services according to clinical protocols and guidelines.[4]

Bearing in mind the aforementioned, this study has the objective of analyzing the cervical cancer controlling actions performed by nurses related to the FHS from a municipality of the *Mato Grosso* State southern region.

METHODS

It is a descriptive-exploratory research with a qualitative approach, which was carried out in twelve FHSs from a municipality located in the *Mato Grosso* State southern region. The city has a population of approximately 195,476 thousand inhabitants and is considered the third largest municipality of this state.[7] It has 37 FHSs, but 32 are registered in the Health Foundation National Register, divided into five districts, named district I, district II and so on.

The population of this study was composed by nurses who work in some of the aforementioned FHSs, being randomly selected. There were included the randomly selected nurses who agreed to participate voluntarily in the research and who act directly in the collection and delivery of the Papanicolaou test in the FHS of the municipality in the southern region of Mato Grosso, excluding those who were on vacation or medical leave during the collection that failed to respond after three attempts.

In order to collect data from May to June 2017, the authorization of the Municipal Health Department (MHD) was first sought. The interview was previously scheduled,

the place and time were the professional's choice, so as not to disturb their work activities. For the collection, the semi-structured interview was used, applied individually to each participant, being recorded in a digital recorder and transcribed in full to the Word 2007 program.

The semi-structured interview contained data on the identification, training and professional experience of the interviewees and the following questions: Do you feel secure to perform the Pap test? What aspects do you consider important before, during and after the colpocitopathological examination? What do you understand by CC controlling actions? What control actions do you take on the FHS unit?

Data analysis was performed through the Content Analysis that proposes some operational steps, which are as follows: Pre-analysis; Free-floating reading; *Corpus* composition; Formulation of hypotheses and objectives; Material exploitation and Results handling and interpretation.[8]

Throughout the research, ethical and legal procedures with human beings have been respected, such as anonymity, confidentiality of information and the right to withdraw from the research at any time; with reading and signing of the Informed Consent Form (ICF) after presentation and clarification on the research.

This study is a cut-off from a larger research named "Colpocytopathological examination: multiprofessional evaluation of collection of results - managers, professionals and users"; and met the precepts of the Resolution No. 466/2012 from the National Health Council, since it began only after the approval of the Research Ethics Committee from the *Universidade Federal de Mato Grosso*, *Rondonópolis* Campus, on April 26th, 2017.

RESULTS AND DISCUSSION

Sample characterization

The study sample consisted of twelve nurses, eleven female and one male, all within the age group from 25 to 35 years old. Regarding the academic background, three professionals do not have postgraduate training and there are two professionals with specialization in Family Health. They all live in the city where they live. With regard to the entrance of the professionals in the FHS, six had a temporary contract with the municipality in past administrations and the other six have been in the municipality for less than seven months.

From the objective of the study, it was possible to define the following categories: "The insecurities in accomplishing the Papanicolaou test" and "CC controlling actions".

The insecurities in accomplishing the Papanicolaou test

According to the National Program for Cervical Cancer Control, the Pap smear is the predominant form of screening for women within the age group from 25 to 64 years old who either have had or keep having sexual intercourse. It is performed annually and after two tests with a negative result, every three years. This procedure aims to identify probable precursor lesions of the neoplasia, which are initiated by oncogenic Human papillomavirus (HPV) infection, mainly types 16 and 18.[9]

Nowadays, CC screening requires smearing squamous cells from the ectocervix, metaplastic cells from the transformation zone, and endocervical cells from the cervical canal.[10] Therefore, the health professional must make sure that it is safe to do so and that has the material needed for collection.[4]

From the findings of this research, all the professionals reported being sure about the procedure, as it can be observed:

> *"Yes, I think every nurse has to have this confidence, the minimum of a nurse in a health unit is how to collect the preventive". (N 4).*

Nevertheless, it can be inferred that most professionals are uncertain about the Pap smear, in the pre, trans, and post-exam stages, as stated in the following speech:

> *Most of the time, yes, because there are patients that are hard to find, just like the question I mentioned to the patient about not being able to relax... often the visualization of the cervix is complicated, but we try to get to the right point, but I believe that 90% I am, I feel secure in the conduct of the examination. (N 6).*

Another interviewee also makes evident her uncertainty, by acting in the same way: *"(...) sometimes they have a cervix that only God could help us,... I call, the doctor helps, help me, it is easer (...) in the first few years I did not harvest, I was insecure." (N 3).*

Therefore, in the speech of these professionals a certain insecurity, since they must discuss the cases with the doctor of the unit. The debate about some specific cases with the doctor is of great value to improve the intervention, since the nurse is also qualified to perform such a function. Nonetheless, the performance of the same cannot be ruled in the function of another member of the team, since he must have technical-scientific background knowledge and the ability to make immediate decisions.

Moreover, in reality, the municipality of study, due to the particularities of its services, as well as the community served, the majority of the exams are collected by nurses. For the MH and for educational actions, the collection of cervical material and smear preparation in women without gynecological disease or complaint can and should be performed by the appropriately trained nurse, releasing the physician from this assignment, with the goal of reaching a larger number of women.[4]

It is also worth mentioning that the Resolution No. 381/2011 from the *Conselho Federal de Enfermagem (COFEn)* [Federal Nursing Council], rules that the execution of the collection of material for oncocytic colpocitology by the Papanicolaou method, in the first article, defines the procedure as a private accomplishment of the Registered Nurse. Likewise, the sole paragraph of the same article states that the professional must have the knowledge, skills, and

abilities to ensure the procedure with technical-scientific accuracy, highlighting the need for continuous training.[11]

The nurse is the member of the multiprofessional team most active in the search of the CC, since in the act of the exam it is responsible for providing information to the woman, performing the reception and maintaining privacy in the nursing consultation. Therefore, professionals should feel prepared to offer assistance that provides positive results in order to minimize the deaths resulting from this pathology.[12]

Among the factors that allow nurses to be trained for the early detection/screening of CC is the quality of professional training. As a serious public health problem, the nurse's role in this regard should be considered in the graduation, but it is important to point out that in order to guarantee a safe care for women seeking basic care, it is indispensable to update complementary information based on MS books, articles and manuals and in postgraduate courses in the area.[12]

Among the interviewees, only one affirmed that the undergraduate degree offered experience and certainty about the examination, as shown in the following speech:

> *(...). It's an already common exam that women (pause) since trainee, a student is doing, so have an experience back, right? We work a lot in college, it's something that is safer when we are in practice, it's within the theory (...). (...) the collection of the CC is a procedure that allows us to work very well... (N 7).*

Nonetheless, in another speech the same professional exposes insecurity and reports that the experience came with the time of service, contradicting itself: *"At first I felt insecure, but, over time we are gaining experience and nowadays I have no more this fear. When we start to work we are afraid even to open the exam... ". (N 7).*

Another nurse reports that the knowledge obtained at the undergraduate level is not enough to execute the practice: *"(...) I think I left the university very raw... I think the college itself has to put the (pause) nurses to collect enough to have the experience to know the difference of what is good what is bad, what is normal what is abnormal." (N 5).*

Considering all the participants, only those two mentioned that the insecurity is a result of the formation process, placing responsibility in the training institution. The other nurses did not mention graduation when questioned about the safety of the Pap smear.

Another participant also referred his security to the presence of a teacher, someone who guides and helps - what happens during graduation, but not in practice.

> *(...) but in relation to the collection yes, so much so that in the first three that I collected suggested a new collection, that I had not harvested preventive 4 years (...) just like the faculty has a supervisor and a supervisor, people I'm talking to myself, I'm fine now. (N 3).*

Professional education in the nursing area is a dynamic and permanent process that goes beyond graduation, extending during the career. In this conception, professional training should incorporate theoretical-practical strategies that integrate teaching and service with the purpose of developing a critical-reflective perspective in the professionals in regards to the socio-political and regional context. However, the nurse cannot be based only on knowledge obtained in academic life.[12,13]

The constant updating and search for scientific improvement should be part of the routine of the nurse. The Graduation Course is the preliminary base, it offers a general education to the nurse, but, specialization is one of the contributions to the formation of qualified human resources, independent of the area, besides being one of the conditions that allow the effective improvement of the professional. Thus, it is a fact that postgraduate education is the most successful level of education, since it corresponds to a consolidated segment of Brazilian education.[14]

During training, the nurse must incorporate strategies that will improve care and promote safety in the conduct of the examination. In this research, there was a speech in which the interviewee related the effective assistance with the need for training in relation to the Pap smear and the referral flow chart.

> *(...) training, I think it needs to have a training not in a matter of hours, but issues of days, at least for us, because, same, my case, I stayed three years out of the network, wanting or not, if it gets a little bit outdated (...). (N 12).*

All the participants affirm that they received training from the municipal network, but there was no consensus on the number and topics addressed. They acknowledge that to provide adequate assistance in relation to the Pap smear, training is required, however, all interviewees affirmed the relevance of capacity building by the municipality, as follows: *"The important thing is always be having training, guidance for collection, so you keep updated (...)". (N 11).*

Note the concern of the nurses regarding the lack of training or a protocol that directs and facilitates their actions. Given the complexity of their field of action, it is required the development of skills corresponding to knowledge, attitudes, and skills, which will contribute to their performance. As in the following words:

> *"(...). I think it goes a lot of the person's interest (...) maybe readings for result reading for diagnoses." (N 1).*

> *The training that always changes. Just like this training that we had with the doctor explaining that it was not just the act of collecting the material (...) then if you have a notion, your vision has a higher level. And if we stand back there, we lose some things and that loss of knowledge harms our user. (N 7).*

These updates contribute significantly to the improvement in the quality of care and the safety of the Pap smear. Therefore, the nurses' qualification corroborates decisively for the execution and the assistance according to the doctrinal principles of the *SUS*, being a totally relevant finding.[12]

One of the interviewees, in addition to suggesting more training for nurses, also stated this need for physicians who

work in primary care, as stated in the speech: *"(...) also enable those doctors who do not like us to call. Then guide both the nurse and the physician (...) ". (N 3).*

The suggestion of qualification for the doctor referred by the interviewee was not in the sense of performing the collection, but to provide assistance in the procedure itself and in the decision making in case of changes. The Pap smear is also part of the doctor's assignment, but the nurse has full autonomy to perform the exam and provide a resolution assistance.[1]

From the analysis of the speeches of the professionals in relation to the accomplishment of the procedure, we observed, then, the insecurity of eight nurses, whose most evident statements were transcribed above. Among the reasons are the lack of experience, the insufficiency of knowledge provided in the graduation, the need for the help of another professional to make a decision and the importance of skills.

These data show that part of the nurses, working in the FHSs, seem to feel insecure to perform a procedure that is the main strategy for the detection of precursor lesions of the CC. To impact the epidemiological structure of the disease and decrease the high morbimortality rates, if necessary a qualified professional to carry out this examination. Therefore, the insecurity of the professional interferes greatly in the quality of the collection of the exam, in the diagnosis and early treatment, at which time there is more chance of cure of the CC.

The lack of experience, the fact of feeling with little knowledge of the subject and any other reason cannot justify such a situation. According to the Nursing Code of Ethics, in the Resolution No. 311/2007, Section I of the relations with the person, family and community, in Article 13, it is stated that it is the responsibility and duty of all nurses to "Evaluate their technical, scientific, ethical and legal competence, and only accept charges or assignments, when capable of secure performance for themselves and for others."[15]

Nevertheless, all the interviewees recognized the importance of training and constant updates, since care cannot be based on empirical knowledge and that its methodology is constantly changing. This finding was a welcome surprise, since the participants perceive that such actions interfere positively in the exercise of their function.

Furthermore, training Primary and Secondary Care professionals to CC screening is a control action foreseen in the Strategic Action Plan for Coping with Noncommunicable Chronic Diseases in Brazil 2011-2022,[16] this action has a significant influence on effective care and treatment.

CC controlling actions

The CC controlling actions that must be executed by the nurse of the FHSs as recommended by the MH are as follows: performing a full-time nursing consultation and the collection of the Pap smear; requesting and assessing test results; examining and evaluating patients with signs and symptoms; referring to referral services; palliative care; periodically evaluate users who need follow-up; and contributing, carrying out and participating in ongoing education activities with the team.[4]

In regards to the Papanicolaou test, it is a procedure that must be performed in the context of the Nursing Consultation, thus meeting the principles of the NPICWH and also the Resolution No. 358/2009 form the *COFEn*.[17] The collection of material for this examination is a complex procedure that demands technical and scientific competence in its execution.

The nurse examines the cells collected from the cervix, being an external sample (ectocervix) and another from the inside (endocervix), through the insertion of an instrument called a speculum in the vaginal canal. The cytological material is collected by an Ayres spatula and an endocervical brush, then placed on a suitable and properly identified glass slide and the sample is fixed with specific solution. The slide is then sent to the specialized laboratory.[18]

The cytological content of the cervical smear is considered, as already mentioned, the most cost-effective method for the detection of precursor lesions. It allows the identification of a set of cellular alterations classified according to the presence and degree of the atypical presented and when the screening and detection occurs in the initial phase, women are guaranteed a better opportunity for treatment and cure.[19]

All the interviewees demonstrated to understand the real need of the exam when asked about its importance, as can be visualized in one of the lines:

> *(...) When you're a nurse, you know, both a nurse and a health professional, you know the importance. Collection, prevention, health promotion. It is a very simple exam that can diagnose future things worse. Even ordinary thing that sometimes happens to be disregarded. (N 1).*

When questioned about how to collect and what aspects are considered important before, during and after the examination, only two participants gave a brief and superficial description of the procedure, indicating lack of organization and preparation. These were considered the best answers to the questioning, as can be observed in: *"The collection, the patient lies on the stretcher, I will get a speculum, the spatula and the brush. I insert the speculum, open it, first collect the outside of the uterus, then the inside, place it on the blade, fixed and ready."(N 9)*. And also:

> *"The collection has to be performed initially by introducing the speculum - it is chosen according to the patient's posture - after the introduction, the collection of the material from the neck is performed with the spatula (...), harvested from endo with the cervical brush. "(N 11).*

However, most of the interviewees did not describe the steps of the collection, and when they describe it succinctly, it does not meet the technique recommended by the MH, dividing the response before, during and after the collection, most evidence the importance of dialogue and confidence in the performance of this action.

(...). I ask if you are having any complaints, if you have any problems, if you use certain medications, if you are in the menopause period, if you are pregnant or not, if you use contraception. We ask a series of questions, talk directly with the patient. Generally they come here to talk and in the end I can convince them to take the exam, which would be done annually, then I'll do the patient's file, a report on the slide, that we have to write in our own the blade is to be sent to the laboratory, I position the patient in the gynecological position, I check which speculum to take, usually I use either S or M, I have never used L, even in obese patients I try to use M more, so as not to hurt both the patient, because wanting or not has patients that do not have lubrication, then already makes the examination even more difficult. I put the speculum, try to check the cervix, collect the material I need, step the fixative and remove the patient from the litter, I return to talk with the patient, if she felt pain, if she felt anything; if she still has a complaint, then I'll get the rest of the data I need from the patient and I'll let her go. (N 6).

This interviewee was one of those who presented a more comprehensive speech about the examination as a whole, but does not meet all the steps of the nursing consultation advocated by the MH. The professional must perform the nursing consultation and the collection of the Pap smear, depending on the patient's age and clinical status.[4]

According to the World Health Organization, the incidence of this cancer increases in women aged from 30 to 39 years old and reaches its peak in the fifth or sixth decades of life. The prioritization of this age group as the target population of the Program is justified because it is the one with the highest occurrence of high-grade lesions that can be effectively treated so as not to progress to cancer. Before the age of 25, HPV infections and low-grade lesions predominate, which usually regress spontaneously in most cases and therefore can only be monitored according to clinical recommendations.

After 65 years old, if the woman has taken preventive exams regularly, with normal results, the risk of developing cervical cancer is reduced due to its slow evolution.[1]

Still about the previous speech, the professional does not describe the technique of introducing the speculum, it refers only to trying to check the cervix, showing incoherence with the examination, because by introducing the speculum, in a vertical and slightly inclined position, that the cervix is completely exposed, it becomes essential to perform a good collection. Then, the rotation is performed leaving it in a transverse position. In the difficulty, the woman's cough helps, and, in the last case, the help of another more experienced professional.[4]

The professionals do not mention at any moment that the exam should be part of the nursing consultation, in other words, they only perform in part this control action. It is perhaps explained by the professionals' need to meet goals and then see this as an isolated action, not observing the integral view of the woman, one of the FHS principles, the integrality of care.

The nursing consultation has a fundamental role in the approach of the patient, because during its accomplishment the user acquires confidence and security, which facilitates the exchange of important information for the detection of problems that affect health and quality of life. Thus, the strategy of recruiting women for consultations with the Papanicolaou test should guarantee not only the attendance, but also educational activities, delivery of results and adequate follow-up in all treatment.[3]

It is recommended that this examination be performed during the nursing consultation, because in addition to facilitating the preventive is also a propitious opportunity to strengthen the bond between the woman and the professional, and the consultation consists of four phases: data collection, the establishment of nursing diagnoses, the implementation of care and the evaluation of the results of the plan; this allows full care of the user.[20]

The principle of integrality in primary care is one of the pillars of the FHS, based on actions of promotion, prevention of diseases and recovery of health. It allows for the holistic perception of the subject, considering every historical, social, political, family and environmental context in which it is inserted, an attention that is both individual and collective, rendering all isolated action unfeasible.[21]

Regarding the guarantee of the Papanicolaou test, the nurse inserted in this context needs to work on the active search, on the accompaniment and awareness of the women of the recommended age for collection and who present difficulties of adherence, providing them with explanations about the procedure and the disease. It should also carry out a notification when necessary and adopt effective health education conduits through groups, meetings and even individually, taking advantage of the opportunities that arise.[3,22]

Considering the aforementioned control actions, most of the participants emphasize only the active search and health education as a stimulus to the accomplishment of the procedure, being able to be evidenced: *"Then, we carry out an active search; we did a lot of orientation during the attendance and lectures and visited companies in the region that had a lot of female employees." (N 11).*

Another participant, who says not carrying out any type of control action:

In the CC? Control actions? Look, at the time of the time that I have here we did not have it, but the demand is great for collecting cervical material. *There are certain units that have to campaign at night with the active search. From the time I've been here, there's no need for that yet. (N 7).*

These findings represent a major concern, since knowing and executing control actions is an assignment of all primary care professionals and this has a significant influence on the epidemiological situation of the disease since the delay in detection promotes a delay throughout the treatment process and decreases the chances of cure. Since the municipality contemplates a great turnover of professionals in the FHSs, including in the period in which the research was carried out, a reality that causes the ignorance of the control actions.

Considering the high incidence and mortality related to these diseases, it is the responsibility of the managers and the health professionals to carry out actions aimed at the control of cervical and breast cancers and that allow the integrality of the care, combining the actions of early detection with the guarantee of access to diagnostic and therapeutic procedures in a timely and quality manner.[4:18]

Still, on the control actions, it was possible to perceive that only two professionals do the active searching:

(...) these days the girls (Community Health Agents) gave me the data, I have 840 women aged 25 to 64 years that is what the ministry predicts (...) we make a multi-campaign campaign does an active search, does something to draw attention to these women are coming here, yeah, I really like to open on Saturday (...). (N 8).

(...) same as last month we had Women's Health; to extend the time to seven thirty, seven and forty, almost eight o'clock at night, to have the woman after she leaves the service, to be taking the exam. We made a lottery of gifts, snacks, we brought people who handle the question of aesthetics, eyebrows these things like that, to see if it pulls the community further, but whether or not it is yet difficult... (N 12).

This scenario is alarming because the active search is a responsibility of the whole team, and the nurse, as manager, must guarantee the execution of this action, aiming at the early detection and improvement of the prognosis of cervical cancer.

Among the actions taken by the FHS teams are the "campaigns", the "gathering people" event or the intensification of the collection of cytopathology on unusual days, with an availability of different hours of operation of the unit. These are considered important assistance strategies in which nursing is integrated, performing the scheduling, recruitment and active searching.[23]

The nurse of the FHS should develop strategies for volunteering at alternative times in order to reach women who are not in their residence during the hours of care. In addition, users who do not go spontaneously can be summoned in some other way because, regardless of the approach, the test needs to be collected and the test needs to be the focus.[4]

However, when the nurse performs the territorialization of the area, it is possible to elaborate a plan that allows women to be included in the routine of the unit, which is one of the requirements to be performed at the FHS.

The other nurses report that they attend only on demand, as can be seen: *"It is I give her freedom to enter the time she wants inside the post from seven to five in the afternoon...". (N 7).* And in: *"Free demand..., free demand..., I being in unity I reap any time (...)". (N 4).* Perceived also in this statement:

(...) but the CC is passed on that we, the professionals, cannot have an agenda, it has to be free demand. We have a goal, above all, we have a goal. And if I schedule a woman today and she cannot come, I have to make an extensive schedule, then she comes the day she can. Demand is free. (N 1).

Performing the on-demand procedure is excellent because it allows for greater reach and coverage of women with regard to early detection of the disease. The problem here is to seek only to meet the goal and make the action a mechanical procedure; it is necessary, above all, to guarantee a quality examination and to establish a professional relationship based on trust. Thus, these women will understand the importance of Pap tests.

Concerning the results of the preventive approach, the participants report that the women who did most of them seek the results in the unit, but that there are those who are disinterested or forget to look for it.

(...) when the results arrive, I always try to schedule for this woman to come and get it soon, because I noticed that there is a folder in the unit, where all the exams that were collected are stored; the results that have come, and have looked like this, from years ago, so the question I asked myself: was the woman warned? Does she know that the exam is here? Or she did not want to come. So, to prevent these tests from accumulating more, I started scheduling, you know? Then it arrives, I read, I read the result, I move to the notebook and then I try to schedule for this woman to come and get it. I do not answer for a specific date, I'll let her free so she can come and show me when she can. (N 1).

When there is some kind of misplacement of the document, only one nurse reports that it seeks to remedy the problem with the laboratory so that patients have guaranteed access to diagnosis and treatment, if necessary. It is observed in the following speech: *"Look, in the delivery of the result there is a great demand yes, all who carry out the exam run behind, question, seek if the result has arrived or not; we look for people to see if they have gone astray or if it has not been printed, we will contact the laboratory." (N 10).*

It is clairvoyant that the examination is of paramount importance, but if the procedure is performed and there is no science of the result for later referral, either because there was no delivery or because there was a loss of the exam, all the work had no value. In this way, the woman's coverage goes into statistics and the nurse can meet the goal, but there was no sequencing, screening.

The MH recommends that a manual registration of the exams be done to follow the return of the reports, thus avoiding any kind of loss. The result must be informed to the woman, preferably during a consultation, and from that, the professional adopts the necessary conduct.[4]

As part of the question about knowledge of the CC controlling actions, there was the question about the knowledge of the flow chart of the municipality after the result. About this, a nurse could not answer, not even with more focused questions. Ten others could not answer, not knowing what the term flowchart was about, as can be seen in: *"So why does it vary, depends, do you talk about the material delivery? Or the consultation for women in gynecologists? "(N 4).* Only after the more direct questioning, did the ten nurses know how to answer the reference and counter-reference for the results of the Pap smear. Only one participant knew the

terminology, presenting it in his speech without needing directed questioning, as can be seen below:

> *(...) altered result the conduct is to refer according to the flowchart (...). Only, so I always do this pre-consultation before, I advise the patient because when she picks up the altered result she already thinks it's cancer and most of the time it's not, it's just an injury that's going to be investigated. (N 1).*

In this process, a referral flowchart for the medical specialists of the city, in accordance with the changes in the uterine cervix of the patients, is in the process of implantation and was initiated in the period between 2013 to 2015 by the undergraduate Nursing and Psychology students through the Education Program by the Work from the *Universidade Federal de Mato Grosso* and finalized by the MHD in the years 2016 and 2017. Despite this, the participants do not know the terminology and a respondent, even after secondary questions, did not contemplate the sequence.

For the control of CC, the flowchart appears as an effective reference tool of the FHS patient for higher levels of complexity in the municipal health network, based on the findings of the Pap smear. The purpose is to ensure the systematic and rapid follow-up of all women, with the conclusion of the treatment and closure of the case, without the user being lost in the system.

According to the MH, the flowchart should contain basic information necessary to manage patients and guide the professional in decision making according to clinical findings. It directs the professional to refer and counter-refer the user to the HCN.

Regarding the reference and counter-referral, the nurses in their totality, describe as the simple referral to a particular doctor. It was also noticed that this system is not praxis of the nurses of the municipality, and there is no communication between the HCNs. When they execute, they are based on guidelines passed on by MHD in a formal and written representation about which doctors the patients should be referred to.

> *(...) if you have any changes we refer you to a doctor, because you have certain medications that I, as a nurse, cannot be passing through. When the examination arrives she does the treatment. But even so, when something other than what one imagines arrives, it is referred to the physician from the FHS (...). (N 7).*

> *(...) when there is a change, immediately I have already talked to the doctor, she is already aware, so when people arrive she is already being approached by the doctor, she will make the next appointment with the doctor and we will if necessary (...) After going there it is difficult to go back and when it does, sometimes comes back with the complaint (...). (N 6).*

It is interesting to note from the statements the dependence of the doctor, again, only now in the moment of treating and referencing the woman. According to the guidelines from the MHD, as mentioned above, nurses can refer patients when there is a low-grade lesion.

These lesions involve: a Low-grade intraepithelial lesion (comprising the HPV cytopathic effect cervical intraepithelial neoplasia grade I); Atypical squamous cells of undetermined significance (ASC-US); Atypical glandular cells of undetermined significance (AGUS); Condyloma; Endocervical polyp and ectopic cauterization.

High-grade intraepithelial lesions - grades II and III (cytology or biopsy); Adenocarcinomas or *in situ* or invading carcinomas; Chronic vulvar pruritus in elderly women with white or red patches; Atypical squamous cells, it is not able to rule out high grade (ASC-H); Atypical glandular cells, it is not able to rule out high grade; and immunosuppressed patients with altered cytology.

The organization of referral and counter-referral has a direct influence on the time and cost of treatment and even on the chances of cure. The flowchart is an extremely effective instrument, because it guides the care of women in the various levels of the health network in the municipality, in the orientation of the treatment of high and low-grade lesions, and in the follow-up of all women with altered or uncorrected results, according to the cytopathological and histopathological exam.[12]

The service must have a properly organized referral and counter-referral system in order to enable women to comply with the findings of the examination and with protocols established by the National Program for Cervical Cancer Control.[3]

All of the control actions described here were compared with those recommended by the MH. The findings at this stage showed an extremely worrying situation, because in spite of the participants recognize the importance of screening and early diagnosis, they feel insecure about performing the Pap smear and does not incorporate the recommended strategies in their professional practice.

Faced with this situation, an important result was that nurses recognize the need to receive more skills to optimize the care provided to women in the city.

CONCLUSIONS

Considering the findings, there has been evidence of insecurity by most nurses while performing the Pap smear, due to lack of experience, lack of knowledge provided during graduation, the need for assistance from another professional over the decision-making process and the lack of training. It was also observed that although the participants report understanding the importance of CC screening, the professional practice reported is still divergent from the proposed by the Brazilian Ministry of Health.

Here we highlight the use of women's health care flow chart after the result of an examination, whose terminology was almost entirely unknown by nurses and that such an instrument, although it is being deployed in the city, not part of the routine work of FHSs. Thus, referencing is performed according to guidelines from MHD, based only on medical referrals.

It should also be noted that, in relation to the CC controlling actions, the scenario is even more alarming. Participants reported attending on demand, but there is almost no active search for women. Also, the test results are delivered to women who go to the unit search and there is no strategy for out of the enrolled area - which shows numerous barriers in implementing the coping strategies of the disease - and the nurse has a large portion of responsibility.

Given the aforesaid, it is possible to carry out other research in a multicentric way, on the nurse's knowledge about the CC controlling actions, thus complementing what was investigated here. As a development of this study, it is expected to contribute to changes in posture of the nurses working in the FHSs for the CC controlling actions.

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