

Nursing and drug treatment of syphilis from the perspective of Socio-Humanist Theory

Enfermagem e o tratamento medicamentoso da sífilis sob a ótica da Teoria Sócio-Humanista

Enfermería y tratamiento farmacológico de la sífilis según la perspectiva de la teoría socio-humanista

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ABSTRACT

Objective: to examine nursing's role in syphilis drug therapy in the primary health care context. **Method:** this qualitative study of nine primary care nurses in a municipality in Brazil's Midwest Region was conducted, by interview, from August 2018 to July 2019. Data analysis was based on the Social-Humanist Nursing Theory. **Result:** nursing's role was limited to nursing appointments, and took the form of welcoming reception, listening, syphilis detection, medication prescription and administration, and educational activities. The institutional contribution was characterized by preparation of a protocol on medication prescription by nurses and construction of the care flow for users with syphilis. **Conclusion:** nursing operates autonomously in syphilis drug therapy, seeking to meet user health needs based on its experience and knowledge, institutional support, and teamwork.

Descriptors: Nursing Theory; Public Health Nursing; Syphilis; Drug Prescription.

RESUMO

Objetivo: analisar o papel da enfermagem acerca da farmacoterapia da sífilis no âmbito da atenção primária em saúde. **Método:** investigação de abordagem qualitativa, com nove enfermeiros da atenção primária de município da Região Centro-Oeste do Brasil, realizada no período de agosto de 2018 a julho de 2019, por meio de entrevistas. A análise de dados apoiou-se na Teoria de Enfermagem Sócio-Humanista. **Resultado:** o papel da enfermagem esteve circunscrito à consulta de enfermagem, mediante ações de acolhimento, escuta, detecção da sífilis, prescrição e administração de medicamento e práticas educativas. O aporte institucional caracterizou-se pela elaboração de protocolo sobre prescrição de medicamentos pelo enfermeiro e construção de fluxo de atenção ao usuário com sífilis. **Conclusão:** a enfermagem atua com autonomia na farmacoterapia da sífilis pautada em suas experiências e conhecimentos, aporte institucional, trabalho em equipe, procurando atender às necessidades de saúde do usuário.

Descritores: Teoria de Enfermagem; Enfermagem em Saúde Pública; Sífilis; Prescrição de Medicamentos.

RESUMEN

Objetivo: examinar el papel de la enfermería en la terapia con medicamentos para la sífilis en el contexto de la atención primaria de salud. **Método:** este estudio cualitativo de nueve enfermeras de atención primaria en un municipio de la Región Medio Oeste de Brasil se realizó, por entrevista, de agosto de 2018 a julio de 2019. El análisis de datos se basó en la Teoría de Enfermería Social-Humanista. **Resultado:** la función de la enfermería se limitó a las citas de enfermería y se concretó en la recepción de bienvenida, la escucha, la detección de la sífilis, la prescripción y administración de medicamentos y actividades educativas. El aporte institucional se caracterizó por la elaboración de un protocolo de prescripción de medicamentos por enfermeras y la construcción del flujo de atención a usuarios con sífilis. **Conclusión:** la enfermería opera de manera autónoma en la terapia con medicamentos para la sífilis, buscando satisfacer las necesidades de salud de los usuarios a partir de su experiencia y conocimiento, apoyo institucional y trabajo en equipo.

Descritores: Teoría de Enfermería; Enfermería de Salud Pública; Sífilis; Prescripciones de Medicamentos.

INTRODUCTION

Syphilis is a bacterial infection caused by *Treponema pallidum* which is contracted via sexual, transplacental (vertical transmission) or blood transfusion transmission. The disease can be classified according to the length of stay in the host and symptomatology as primary, secondary, tertiary and congenital syphilis (vertical transmission), and there are also latency periods between phases¹.

There were 650,258 cases of acquired syphilis in Brazil between 2010 and 2019, while there were 324,321 cases of pregnant women with syphilis from 2005 to 2019. Furthermore, 214,891 cases of congenital syphilis were reported between 1998 and 2019. The highest incidence in Brazilian regions occurred in the Southeast region, with increases of 53.5% in SA and 44.4% in SC, and there was an increase of 59.4% of cases in brown women².

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In the context of the current syphilis scenario, the role of Brazilian nursing has activities aimed at health programs conducted by the Unified Health System (*SUS*) to monitor notified cases. As established in Ordinance No. 2,488/2011, the nurse's duties are specifically directed to performing nursing consultations, procedures, group activities, requests for complementary tests, medication prescriptions and referrals when necessary of users to other services, being established according to protocols or technical regulations^{1,3}.

The nursing role in syphilis management has expanded beyond clinical consultation. According to Opinion no. 26/2012, nursing professionals have the right to perform a rapid test to detect diseases such as HIV, syphilis and other diseases⁴. The protocol for the clinical guidelines for sexually transmitted infections provides for the responsibility for nurses to request immunological tests for syphilis⁵. Thus, nursing performs activities related to requesting tests, diagnosis, medication prescription and monitoring users in syphilis treatment in the context of primary healthcare (PHC)⁶.

Regarding benzathine penicillin G, Decree No. 0094/2015 of the Federal Nursing Council (Cofen) and Cofen Technical Note/CTLN No. 03/2017, reinforces the importance of the drug in syphilis treatment and certifies the safe administration practice by the nursing team^{7,8}. In view of the nurse's prescription of drugs, the Professional Exercise Law No. 7,498 of 1986 and Federal Decree No. 94,406 of 1987 ensure the possibility for nurses to prescribe drugs within the Ministry of Health programs (such as syphilis management), provided that they are approved in technical regulations and protocols followed by training for such action⁹.

However, there is the prescription of benzathine penicillin G among the various difficulties pointed out by nursing professionals in the fight against syphilis, constituting a practice which is still centered on medical performance⁴. As a result, there are low requests for tests and prescriptions made by nurses, possibly due to insecurity and lack of knowledge about the possibilities of their professional practices regarding the prescription of medications¹⁰.

Thus, the objective of this study was to analyze the nursing role regarding syphilis drug treatment in the context of primary healthcare from the perspective of the Socio-Humanist Nursing Theory.

THEORETICAL REFERENCE

The theoretical framework was based on the Socio-Humanistic Nursing Theory (SHNT), conceived by Brazilian nurses Beatriz Beduschi Capella and Maria Tereza Leopardi, who deepened their studies in the social context and institutional administration. The theory involves the individual with the disease, the professional and the health unit¹¹.

The theory proposes restoring and preserving the individuality of the individual who is lacking health, considering their subjectivity and particularities in the illness process. It also observes the need to value professionals so that they can recognize their services and contribute to the professional identity and care autonomy. Therefore, the institution aims to favor developing relationships between the patient and the nurse, guaranteeing the necessary resources and supplies for care and treatment safety to the user.¹¹.

METHOD

This is an exploratory descriptive and qualitative study conducted in the municipality of Dourados - Mato Grosso do Sul, Brazil, from August 2018 to July 2019. The municipality had 88 nurses working at the Municipal Secretariat of Health at the time of the study. The inclusion criteria for the study were to be a nurse working in PHC for at least one month in the service. Nurses who were not working at the time of the interview approach due to vacation, sick leave or maternity leave did not participate in the study.

A sample of nine nurses was given for convenience and based on the assumptions of qualitative research in which the participant speeches reveal the group in which they are inserted, and surrounded by the socio-cultural dimension and the singularities of their historical times¹². The sample was defined by saturation, meaning that it happened as the researchers obtained greater proximity to the research objective, as evidenced by speeches which did not add new data to the investigation¹². The invitations to participate in the study were initially for nurses from the health units where practical classes and mandatory supervised curricular internships for the nursing course at a state public university took place.

Collections were obtained through semi-structured and individual interviews of 15 to 30 minutes which were previously scheduled with nurses at their workplaces. Semi-structured interviews enabled the researcher to obtain requested information, also granting the interviewee the freedom to elucidate their experiences¹³. The interviews were audio-recorded, dated, transcribed and coded. Information in the first part of the interviews with closed questions was obtained on age, gender, institution where they graduated, length of service at the PHC, type of employment

relationship and post-graduate studies. The second part of the interviews consisted of open questions about the daily life of this professional in the therapeutic management of syphilis, their experiences and perceptions about the care of people and families, as well as the importance of their role as a nurse. The instrument used in the interviews was built and developed by the researchers, and it is possible to verify its scope in understanding the homogeneities and differentiations in the studied group¹².

The methodological framework was based on Morse and Field, which consists of four stages: comprehending, synthesizing, theorizing and recontextualizing. Comprehending arose from the records of the interviews in which the contents were organized and coded. The synthesis operationalized the analysis of the reports from the perspective of SHNT, knowing and observing the interviewees' experiences and routines. Theorizing sought to define the reports. The recontextualizing obtained an interpretation of the information, reaching the meaning of the analyzed contents, contextualizing new knowledge for the purpose of the study on the nurse's role in the medication treatment of syphilis¹³.

The research was sent to the Ethics Committee on research with Human Beings (CESH) of the State University of Mato Grosso do Sul (UEMS), being approved with the opinion number 3,017,923. The nurses' statements are coded by N-1, N-2, N-3... to ensure anonymity.

RESULTS AND DISCUSSION

Of the total number of nurses interviewed, seven were female and two were male, while five were between 30 and 39 years old, three were between 40 and 49 years old, and one was between 50 and 59 years old. For the time worked in the PHC, three worked between 1 and 10 years and six worked between 11 and 20 years in the area. All said they had a statutory (formal) employment relationship. Ten lato sensu graduate courses were reported, nine of which were related to public health. Regarding stricto sensu postgraduate courses, one nurse has a Master's degree in health education, and another has a Master's degree in obstetrics.

From the nurses' speeches, the relationship between the various aspects of the syphilis therapeutic management was evidenced within the scope of the nursing consultation, such as the detection of syphilis, the prescription and administration of the medication and the promotion tactics for adherence to the treatment:

Where we work most are in consultations with pregnant women, because the nurse performs the rapid syphilis test in the first prenatal consultation and detects it. I can prescribe the medication myself, I can order it at the pharmacy. So, it has become less bureaucratic. I can go there to get the medication, I can prescribe it and start the treatment (N-1).

The strategies for confronting syphilis by nurses are circumscribed both in the nursing consultation and in actions outside this space of listening and embracement. The tracking and control of cases are among the actions which take place in health campaigns and programs, in the propagation of health education, seeking adherence to treatment and in all drug treatment from the prescription to administration and guidance on therapy¹⁴. In SHNT, nursing care must be organized according to the user's needs, since this is how the professional manages to promote their understanding of the treatment, adapting to their social reality¹¹.

The nursing role in treating syphilis requires institutional support for its actions to be effective. Thus, the construction of a protocol on medicine prescription by nurses in PHC prepared and made available by the municipal health department and by the pharmacy and therapeutics commission provides safe and supported practices within the scope of health service management:

After the protocol for the prescription was performed by the nurse within the syphilis issue, this made it much easier for us. We now have support to prescribe, and we have no major difficulties with that. We use the electronic medical record; we print the prescription on the spot and we have the medications already stored here for the pregnant woman to start treatment immediately. As the protocol requires, we do the VDRL test, and then compare it with the final treatment test (N-4).

Care after the protocol has certainly improved. I feel the difference. I feel that we have a faster response to treatment because as the first consultation is with me, I can already start the treatment. So, I see that this is positive (N-9).

Protocols have been used to support SUS guidelines, providing more solid care flows for nurses. Its implementation requires the contribution of permanent education actions, providing the participation of professional nurses, understanding of the work process, technical and legal support, and thus more professional autonomy^{15,16}. Therefore, according to SHNT, the role assigned to the institution is to promote construction of proposals directed to the interests and needs of the user and the professional, which also enable professional autonomy in the political sphere, providing care quality and valuing work¹¹.

In addition to access and prescription of medicines, the elaboration of care flows in the therapeutic management of syphilis at the municipal level favored a more simplified and less fragmented user itinerary, centralizing care in basic health units:

We have a control now which is to report in the minutes. For example, this month I used 6 ampoules of the medication [...] and we took the minutes as a record of the patients to the basic health unit (UBS). As there were 3 syphilis patients and there are 2 vials for each one, so she refills me there. In the past, I had to ask at CAF (Pharmaceutical Supply Center). Now it's easier because it is decentralized. The UBS is nearby and it's easy, because I can go over there and get it. Quite different from before (N-1).

When management and professionals work together to adapt the user's itinerary in SUS, the concern to promote and demonstrate the commitment to providing care for their health becomes apparent to them. Access to drug treatment configured in protocols, which takes the form of doing in health, in addition to working towards adherence to treatment, reduces the complexity experienced by the user when seeking healthcare in PHC^{17,18}. In the view of SHNT, the institution's joint work such as the Municipal Health Secretariat with the professional nurse is a prerogative to meet the user's needs. The articulation between institution and professional makes it possible to pay attention to the subjective and social relations of healthcare and nursing, amalgamated with the health work process¹¹.

The professional nurse requires knowledge about syphilis, prevention and treatment in order to deal with the disease, in addition to the ability to interpret the exam data, thus optimizing the most appropriate therapy for the users involved:

When the partner test does not give a regent, I also do the treatment because when the rapid test of the pregnant women was positive, we understand that we will have to think about the child's risk of having a malformation [...] Then we treat the partner because he maintains sexual relations with her or she has had or may have a serological window. We order the blood test. It is the titration that will tell you how much IgM and IgG, and we rely on that to start the treatment protocol with the partner, when it exists. Treatment of involved third parties is also proposed. This is always open in the query (N-7).

The care of nurses in syphilis management not only consists of technical and scientific knowledge, but also of continuous reflection on their actions which sometimes produce uncertainties in how to act considering that the situations are not always uniform. Thus, continuous education practice is an important condition for this, which converges the technical knowledge, the reinterpretations and reframings of their professional practice and verification of subjective construction as a health professional when dealing with situations which are out of the ordinary. Therefore, nurses are obtaining new knowledge from their professional practices through "action-reflection-action" in seeking higher quality of their nursing services; a quality which is not only technical, but profiled by the social and humanistic dimensions, as reported by the SHNT¹¹.

The focus regarding nurses' actions in treating syphilis with drugs is not only on the prescription and administration of the medication, but also on the exercise of educational health practices in not only informing the patients about it, but additionally providing understanding on the use of the medication and of its implications:

We provide rapid tests for the population [...] If it is positive, we notify and start treatment. We say: "look, you are going to take benzetacil". So knowing that the patient doesn't understand syphilis, then we start talking in the language they understand (N-2).

When adopting language which does not follow the technical vocabulary, the user generally seeks simple and clear speech in the action of health education in the nurse and user relationship, thus demonstrating embracement and empathy based on the concept of equidiversity. Therefore, effective communication provides empathy and builds the bond between user and nurse, collaborating with adherence to treatment, as explained by SHNT. Furthermore, the professional nurse is also configured as a health educator, in addition to being a prescriber and responsible for care^{11,19}.

Among the strategies reported by nurses to sensitize users with syphilis when adhering to medication treatment is the use of teaching materials such as drawings and images related to sexual education:

You have to explain the whole syphilis process. I do drawings and everything: "look at syphilis is a disease which is not like that it depends on who you have sex with. How many in the last year? The one you had a relationship with in the last year, how many relationships did you have?". I keep drawing because it is very difficult to say "who took whom". I explain the whole process: "What is syphilis? It is a disease that is acquired through sex and is transmitted from person to person, if you are infected you will transmit it. If you treated and are having sex again, and your partner does not, you will become infected again" (N-2).

Teaching-learning strategies are used to provide knowledge and understanding of the user's health status. If the understanding makes sense to them, it is expected that other practices will be adopted, treatment decisions will be

made and the construction of new healthy routines will occur. Health education expands through knowledge exchanges, encouraging self-analysis, reflection, collective responsibility and the development of new concepts²⁰. The importance of knowing the patient is emphasized in SHNT so that these actions can be performed in the best way. Thus, knowledge is understood by the subjectivity, beliefs, cultures and experiences of the subject. Therefore, health education strategies generate meaning since they are involved in this patient's perspective of life¹¹.

The nurse does not work alone within PHC, but in and with the health team. The PHC team's joint work benefits the closer relations between the community and the unit. Community agents work in registering the population, recognizing the socioeconomic and health conditions of each family, and actively search for patients, among other functions. Thus, the information that agents communicate to nurses about the population is crucial for field actions on prognosis, treatment and prevention²¹. This converges to the assumptions of SHNT in which patient care is permeated by actions among health workers, providing collaborative strategies among them in order to confront the problems such as syphilis, and thus provide more resolute nursing and health care¹¹.

We advise the partner to start the treatment, perform the exams, and when he does not come, we ask the health agents to conduct an active search. We record it in the medical record, but it is difficult for one who, even with an active search, does not come (N-4).

One of the biggest challenges faced by professionals is the partner's understanding of the disease and the shaking of the couple's confidence during the detection and discovery of syphilis:

Because sometimes only the pregnant woman comes and the partner couldn't come because he works, because he doesn't want to. And many partners don't want to [...] So, I tap the prescription and make a prescription just for the couple. Then I staple, the penicillin prescription on the pregnant woman's card and on the back of the prescription I put the dates they should take it (N-8).

Syphilis discoveries lead to instability in love relationships, which are confronted within nursing offices. Nurses experience these situations in their daily lives and have developed strategies to welcome the couple for this through educational health practices, seeking to understand the users involved as to the importance of treatment for the health of that family. There is possibly no single approach²², but each professional develops methods in his or her trajectory to provide an understanding of the relevance of complying with treatment, even in facing situations which may involve feelings of embarrassment and discomfort for both the professional and for the users. Drug treatment of syphilis is not restricted to the detection, prescription and administration of drugs, but complex hues of human relationships²³.

There is a synthesis of the research findings in the graphical representation of Figure 1 based on a SHNT diagram, bringing the micro or particular level of this network of relationships between the human being (users diagnosed with syphilis) and the nurse, healthcare worker, within the scope primary healthcare.

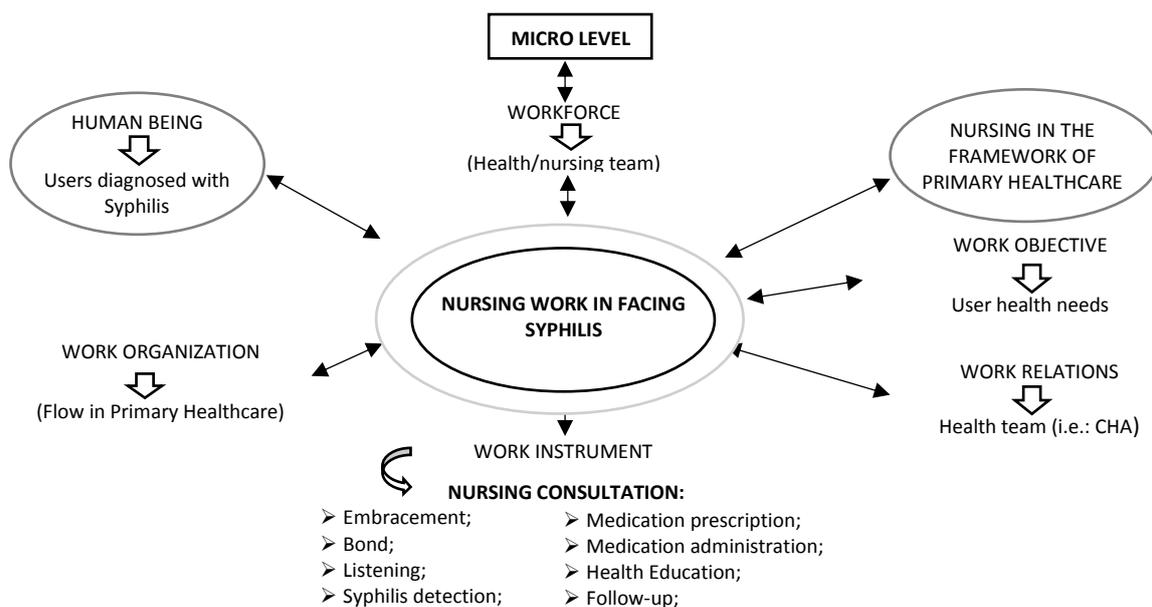


FIGURE 1: Micro level of relationship between human beings and nursing work in treating syphilis and their environment from the perspective of the Socio-Humanist Nursing Theory. Dourados, MS, Brazil, 2019.

Nurses' actions in the fight against syphilis are materialized through the nursing consultation, and in their relations with the health team in seeking to meet the health needs of the *SUS* user. Therefore, it is a representation about the socio-humanist approach in a particular historical context in which relationships of subjectivity are established, being surrounded by complex and contradictory syntheses in the care process¹¹.

Study limitations

As study limitations, the research only involved nursing professionals and their role in the drug treatment of syphilis. Therefore, it is recommended that other studies analyze the perceptions of users assisted by nurses in relation to syphilis, as well as the senses and meanings of the healthcare team regarding the nursing role. These studies may possibly expand understanding on the phenomenon studied in this investigation.

CONCLUSION

The nursing role in relation to syphilis drug treatment in PHC was limited to the scope of nursing consultation through the actions of embracement, listening, syphilis detection, medication prescription and administration, and educational practices in health, with a focus on understanding the disease and adherence to treatment.

The institutional contribution was characterized by elaborating a protocol on medication prescription by nurses and constructing a care flow to users with syphilis. Teamwork mainly took place through collaboration between nurses and community health workers.

The contributions of this research to the field of nursing and its intersection with the public health field go beyond the knowledge and technical-scientific skills of nurses working in PHC. The valorization of human beings in their search for healthcare is emphasized from the perspective of SHNT, a theoretical construct authored by Brazilian nurses, along with the recognition of nurses in their practice which integrates objective and subjective elements of the user, themselves and the team in which they are inserted; and finally, the institution's role, a space in which nursing practice becomes concrete. The proposal in this field of care, assistance and health work relationships is not to conform to what is already delimited, but to look for loopholes and provide persistent confrontations in favor of humanization in care.

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