

ORIGINAL ARTICLE

PERFORMANCE OF THE NURSING TEAM IN THE RAPID HIV TEST
ATUAÇÃO DA EQUIPE DE ENFERMAGEM NO TESTE RÁPIDO ANTI-HIV
DESEMPEÑO DEL EQUIPO DE ENFERMERÍA EN LA PRUEBA RÁPIDA ANTI-VIH

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ABSTRACT

Objective: to identify the nursing team's strengths and weaknesses in the management of patients in the rapid HIV test. **Method:** this is a quantitative, descriptive, exploratory study, with the nursing team that works on the rapid HIV test. A census sampling was carried out, totaling six nurses and six nursing technicians who answered the sociodemographic questionnaire and the performance of the rapid test. **Results:** it was observed, as potentialities, the realization of educational groups, the realization of post-test counseling and the delivery of results individually. The following weaknesses were found: improper form for data collection; execution of rapid test steps by different professionals; ambiguity in the execution of the partner recruitment protocol and mandatory notification; feeling insecure to perform the procedure; work overload; restriction of opening hours of the Basic Health Units. **Conclusion:** it is emphasized that the weaknesses seen demonstrate that this is not an exclusive problem to PLWHA care from the perspective of Primary Health Care, but also to other programmatic actions within the scope of the National Primary Care Policy. **Descriptors:** HIV; HIV Infections; Acquired Immunodeficiency Syndrome; Nursing, Team; Primary Health Care; Early Diagnosis.

RESUMO

Objetivo: identificar potencialidades e fragilidades da equipe de enfermagem no manejo de pacientes no teste rápido anti-HIV. **Método:** trata-se de um estudo quantitativo, descritivo, exploratório, com a equipe de enfermagem que atua na execução do teste rápido anti-HIV. Levantou-se amostragem censitária, totalizando seis enfermeiros e seis técnicos de enfermagem os quais responderam ao questionário sociodemográfico e sobre a realização do teste rápido. **Resultados:** observaram-se, como potencialidades, a realização de grupos educativos, a realização do aconselhamento pós-teste e a entrega de resultados de forma individual. Verificaram-se as seguintes fragilidades: ficha imprópria para a coleta de dados; execução de etapas do teste rápido por profissionais distintos; ambigüidade na execução do protocolo de recrutamento de parceiros e notificação compulsória; sentir-se inseguro para a realização do procedimento; sobrecarga de trabalho; restrição de horários de funcionamento das Unidades Básicas de Saúde. **Conclusão:** ressalta-se que as fragilidades visualizadas demonstram que não se trata de uma problemática exclusiva à atenção PVHA na perspectiva da Atenção Primária à Saúde, mas, também, a outras ações programáticas no âmbito da Política Nacional da Atenção Básica. **Descritores:** HIV; Infecções por HIV; Síndrome da Imunodeficiência Adquirida; Equipe de Enfermagem; Atenção Primária à Saúde; Diagnóstico Precoce.

RESUMEN

Objetivo: identificar las fortalezas y debilidades del equipo de enfermería en el manejo de pacientes en la prueba rápida de VIH. **Método:** es un estudio cuantitativo, descriptivo, exploratorio, con el equipo de enfermería que trabaja en la prueba rápida de VIH. Se realizó un muestreo censal, con un total de seis enfermeros y seis técnicos de enfermería que respondieron el cuestionario sociodemográfico y el desempeño de la prueba rápida. **Resultados:** se observó, como potencialidades, la realización de grupos educativos, la consejería posterior a la prueba y la entrega de resultados individualmente. Se encontraron las siguientes debilidades: forma incorrecta para la recopilación de datos; ejecución de pasos de prueba rápidos por diferentes profesionales; ambigüedad en la ejecución del protocolo de reclutamiento de socios y notificación obligatoria; sentirse inseguro para realizar el procedimiento; sobrecarga de trabajo; restricción de los horarios de atención de las Unidades Básicas de Salud. **Conclusión:** se enfatiza que las debilidades observadas demuestran que este no es un problema exclusivo para la atención de las PVVS desde la perspectiva de la Atención Primaria de Salud, sino también para otras acciones programáticas dentro del alcance de la Política Nacional de Atención Primaria. **Descritores:** VIH; Infecciones por VIH; Síndrome de Inmunodeficiencia Adquirida; Grupo de Enfermeira; Atención Primaria de Salud; Diagnóstico Precoz.

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INTRODUCTION

Acquired Immunodeficiency Syndrome (AIDS) is considered a major public health problem due to its pandemic character. It is reported that, in the world, 36.7 million people live with the Human Immunodeficiency Virus (HIV) and only two thirds of people know their positive serological status¹. In addition, in 2016, 19.5 million people living with the HIV virus gained access to treatment and were able to protect their health and prevent transmission.¹

It is known that, in Brazil, there is a process of internalization of HIV / AIDS cases, that is, the geographical spread of the disease towards small towns.² It is noted that these places have limited access to specialized health institutions, which increases the chance of late diagnosis and inadequate management of associated diseases.³

In this sense, it is described that new guidelines have placed Primary Health Care (PHC) in a leading role in the theme of HIV / AIDS, with the role of decentralizing, maintaining and expanding actions of promotion, prevention and diagnosis and of incorporating the monitoring of users with HIV infection.⁴

Between 2011 and 2012, by the Ministry of Health, new diagnostic technologies were introduced in PHC, with emphasis on Rapid Tests (RT), expanding access to testing and increasing the diagnosis of HIV in all regions of the country.⁴ It should be noted that early diagnosis is extremely important for the improvement of comprehensive care for people living with HIV / AIDS, thus, the Family Health Strategy (FHS) becomes essential in this process.⁵

The nurse stands out as an important member in the consolidation of health policies, although the FHS is guided by multidisciplinary health teams, acting as a protagonist in the planning, organization and operationalization of services.⁵⁻⁶ The RT must be performed by a duly trained professional, so, according to the opinion of counselor No. 259/2016, the nurse has technical and legal competence to perform the RT.⁷ It is pointed out that nursing technicians can perform RTs as long as they are properly trained and under the supervision of the nurse, in addition to being responsible for the notes in medical records or service bulletins, the date and time of the procedure and other characteristics of the reception.⁷

The realization of HIV RT in the FHS space is an opportunity for the nursing team to act in the promotion and prevention of health around HIV/AIDS.⁵ The aim of this work, at this juncture, is to answer the following guiding question: "How is the management of the patient carried out by the nursing team during the HIV RT?".

OBJECTIVE

- To identify the nursing team's strengths and weaknesses in patient management in the rapid HIV test.

METHOD

This is a quantitative, descriptive, exploratory study, carried out in Basic Health Units (BHU) in an Amazonian border municipality. It was specified, as an inclusion criterion, to be part of the nursing team that performs RT in the BHU of the city for more than six months. The exclusion criterion was listed: being away from the service due to sick leave, vacation or other nature. It is noteworthy that the sample was census: all members of the nursing team responsible for the implementation of RT in BHU participated in the study, totaling 12 employees, six nurses and six nursing technicians.

Data collection was previously scheduled and it took place in a reserved environment in the five BHU in the city, with an average duration of 30 minutes. It is detailed that the employees answered a questionnaire containing sociodemographic data and on the performance of HIV RT. The presentation and analysis of data were guided by descriptive statistics, in which relative frequency and absolute frequency were defined.

The research complied with Resolution 466, of December 2012, which approves the guidelines and regulatory standards for research involving human beings. The project was sent to the Ethics Committee of the Federal University of Amapá, approving it through opinion 3,237,157.

RESULTS

It is revealed that all employees were female (12/100%), mostly with experience of six months to one year (8/67%), all trained to perform RT (12/100%) and those who obtained training less than five years ago predominated (10/83%).

It was stated, about the performance of collective pre-test counseling (educational groups), by most of the participants (7/58%), that they carry out this type of activity, and most of the employees (11/92%) exposed who performs counseling before and after RT.

It is pointed out that there was a predominance of employees who carry out counseling individually, in a reserved environment at the BHU (11/92%), but there was also mention of the advice provided collectively, both in the waiting room of the BHU (1/8%) as in community spaces (1/8). It is noteworthy that, regarding this questioning, the participants could answer more than one item, exceeding the margin of 100%.

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It was declared, regarding the performance of the RT, by half of the participants, to be performed in an exclusive or reference room (6/50%) and half informed that they perform the RT in the office (6/50%). Post-test counseling and results are delivered individually by all participants (12/100%), in an office or appropriate room (12/100%).

Most respondents reported that pre- and post-test counseling and RT is performed by the same professional (8/67%), however, there was mention of counseling by a different professional than the RT (4/33%).

It was reported, in cases of immunological window, by most professionals, that clients are instructed on the return to perform a new RT (10/83%). Half of the interviewees (6/50%) revealed positive cases and, given the positive result, the majority of the team believes that the advice provided during the pre-test ensures that there are no difficulties in giving the result (7/58%).

In the case of positive results, it was discussed by most of the team, that the protocol to be performed is the request for confirmatory laboratory examination (9/75%) and, even in cases of positive diagnosis, most employees reported that it is necessary to sensitize the user to reveal the diagnosis and call the partner to perform the RT (11/92%). Most respondents were notified of a positive result (11/92%). It was found that there was a predominance of collaborators who perform the consent approach before the RT (11/92%).

It is observed that, when questioned about their skills to perform counseling, most professionals reported feeling able to perform all stages (8/67%) and, for the interviewees who considered themselves able to perform the counseling, most (8/67%) reported that the routine helps with counseling.

As for those who indicated that they did not feel able to carry out counseling, there was reference to doubts about conducting dialogues about sexuality (1/8%) and the need for further training (3/24%), however, the Most of the team reported that handling the RT is easy (9/75%) and admitted that the training they received was satisfactory to handle the RT (9/75%).

It is shown, in relation to the individual's accessibility to the RT, that the majority of employees stated that access to the performance of the RT is easy (11/92%) and, regarding the possible difficulties encountered by the user at the time of the search for the performance most of the test reported that there was no difficulty in performing HIV RT (8/67%), however, it was listed, among the difficulties, that the entrance door is

limited by the times and periods available for the performance of the RT (3/25%) and that the delay in service causes difficulties for the user to perform the RT (1/8%).

In this study, it was found that the majority of the nursing team admitted that it is possible to perform HIV RT in routine care (10/83%).

It was reported that, in their daily practice, employees are able to incorporate and execute the HIV RT in prenatal care (11/92%), in elderly health care (5/42%), in reception (5 / 42%) and home visits (2/17%), but there was also a reference to not being able to perform RT in the BHU routine (2/17%). As a complicating factor to the incorporation of the HIV RT in the work process of the Nursing team, the work overload was mostly mentioned (5/42%).

DISCUSSION

It refers to the length of time the professionals have been working - in the same institution - in the literature regarding HIV / AIDS diagnosis and treatment services, as an important factor in adhering to treatment after diagnosis,⁸ since the care process for this clientele needs time⁸ to be governed by trust, by the emotional support established by the professional, in order to act as a support to the conflicts experienced by patients in face of the condition of seropositivity.⁸

These professionals deal with anxieties, fears and uncertainties that permeate the disease process.⁸ It was observed, in this direction, in order to favor the interaction between user and professional, the collective pre-test counseling as a potential in the practice of the nursing team that performs the HIV test.⁹ Collective groups become important tools for the exchange of information on the theme of HIV / AIDS among professionals and patients, as well as among the participants themselves.⁹

In this perspective, it constitutes an important strategy in the fight against HIV / AIDS, either due to the low cost of applying the technique, its potential effectiveness or the distribution of preventive inputs such as condoms and, also, post-exposure prophylaxis.⁹⁻¹⁰

It is added that another potential observed was individual advice and the delivery of results in a confidential manner. It is portrayed in the literature that individual counseling favors the client's safety regarding the confidentiality of their results, allows the exchange of information, in addition to providing comfort when talking about their background, history and possible risk behaviors.¹¹

It is also observed that post-test counseling must be done individually and confidentially, regardless of the result. The integrity of the client must be one of the main points to be protected, and the environment to be used when delivering

the result is very important so that the user does not feel embarrassed under any circumstances.⁸⁻⁹

It referred to the precarious physical structure of the BHU as a limitation in the process of care and counseling, since the lack of an adequate place to talk privately with the client causes prejudice, shame and low adherence to treatment by the users.^{8,12}

As weaknesses in the team's practice regarding the realization of the HIV RT, it was verified the use of improper form for data collection. It is noteworthy that, by not using specific forms for the collection of patient data, much information can be omitted when passed on to the Notifiable Diseases Information System (SINAN).¹³

In studies carried out on the underreporting of co-infection between tuberculosis (TB) and HIV, it was demonstrated that the variables associated with the underreporting of TB refer, for the most part, to the care network and not to individual characteristics, which points to the the need for training of health professionals to make the correct notification to information systems.¹³⁻⁴

In this sense, nurses need to act in front of their team in order to humanize it regarding the importance of written communication in order to properly proceed with the notes, with detailed and organized information about the client living with HIV/AIDS. It is important to highlight that the systematized procedures for the development of counseling should not be used as a prescription or a mere instrument for collecting data and passing on information, replacing the relationship/bond with the user and much less inhibiting the expression of feelings and doubts.

It is explained that, in cases of positive results, the protocol to be adopted is to carry out the collection of a second sample to confirm the positivity of the result, preferably within an interval of up to 30 days after the issue of the result for the first sample.⁷ Thus, there are weaknesses regarding compliance with the protocol in this regard, since some professionals did not report the need for a second RT in case of a positive result.

It is essential, for the transmission chain to be interrupted, that the sexual contacts of infected individuals are notified, a process by which the sexual contacts of an index patient (the one who has received a diagnosis) are identified and informed of their exposure and invited to undergo testing, counseling and, if necessary, treatment.¹⁵⁻

⁶ It is known that the inadequate notification of partners is one of the main difficulties in the control of Sexually Transmitted Infections (STIs).¹⁵⁻

⁶ It has been reported, in studies carried out in Europe and the United States, that partnering strategies should be used as methods to prevent the spread of STIs.¹⁵⁻⁷

It is observed that health professionals adopt a drug treatment conduct, without calling on the sexual partnerships of individuals affected by STIs, not getting involved in issues that may compromise them in the service.¹⁸ In a recent study, it was suggested that alternative notification methods be combined with conventional ones, incorporating the internet, mobile phone applications, social networks or a notification system integrated with health services to facilitate the communication of sexual contacts.¹⁹

It was narrated, about the feeling safe for the realization of RT, by some professionals, who did not feel fit. In this sense, it is recommended by the literature that, in addition to specific training, it is necessary to have a permanent education policy in the health service.²⁰ These must address, in addition to the technical procedures of RT, the psychological, emotional and social aspects related to HIV / AIDS.²⁰⁻¹

It was pointed out, in recent evidence, that nurses who work in Health Centers feel unprepared to approach People Living with HIV / AIDS (PLWHA) and their life and health issues, especially concerning the disclosure of the diagnosis.²¹

STI user access to the PHC service is still marked by a reduced demand related mainly to stigma and discrimination.²² The demand for the service is reduced due to fear of looking for services close to their places of residence or even the fear of being identified and meeting people they know,²² and the restriction of hours can cause even more reduction in the search for assistance.

It is indicated, by the Ministry of Health, that the service to users who seek to perform the RT should happen by spontaneous demand.²³ This strategy allows all users who seek the service to be welcomed, increasing the possibility of carrying out health promotion and prevention actions. Weaknesses to the spontaneous demand were found, the restriction of working hours of the BHU and the difficulty of assimilating this practice in view of the overload of tasks.

It is difficult to incorporate RT in the routine of the nursing team at BHU due to work overload.^{21,24} It is added that several health professionals have the task of carrying out HIV testing, however, some aspects of this decentralization process impact the way it has been carried out. It evidences a logic of fragmentation of care instead of working with care and the user in its entirety, as seen in this study, in which the execution of steps of the RT was referred to as performed by different professionals.

CONCLUSION

The following potentialities were observed: organization of educational groups; conducting

post-test counseling individually and delivering results individually and confidentially. The weaknesses were verified: use of improper form for data collection; execution of stages of the TR performed by different professionals; ambiguity in the execution of the partner recruitment protocol; perception of feeling insecure to perform the procedure; restriction of hours in the BHU and work overload by the nursing team.

It is noteworthy that the weaknesses seen demonstrate that this is not a problem exclusive to PLWHA care from the perspective of PHC, but also to other programmatic actions within the scope of the National Primary Care Policy.

It is hoped that the results of this study may instigate considerations around the professional practice of the nursing team regarding the attention to PLWHA in PHC, especially with regard to the contexts of remote areas, such as permanent health education. It is understood that actions of this nature can contribute to the mitigation of social inequities in the assistance to PLWHA.

CONTRIBUTION

It is informed that all authors contributed equally in the design of the research project, collection, analysis and discussion of data, as well as in the writing and critical review of the content with intellectual contribution, and in the approval of the final version of the study.

CONFLICT OF INTERESTS

Nothing to declare.

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