Original Article

TEXTO & CONTEXTO ENFERMAGEM
TEXT & CONTEXT NURSING TEXTO & CONTEXTO ENFERMERÍA

VITAL VALUE IN GYNECOLOGICAL NURSING CARE: CERVICAL CANCER PREVENTION

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ABSTRACT

Objective: to understand the values upheld by nursing professionals working in gynecological care, particularly in the context of cervical cancer prevention.
Method: a phenomenological qualitative study using a descriptive approach grounded in Max Scheler's Theory of Values. Fifteen interviews were conducted with nurses working in primary care in a municipality in the state of Alagoas, Brazil. The data were transcribed and analyzed using content analysis.
Results: based on the identified context units, the category 'Scientific Knowledge' emerged as a vital value for the implementation of best practices in cervical cancer prevention. The values derived from nurses' practices center around the vital value of knowledge, acquired through professional training, which ultimately enhances the quality of healthcare provided to women.
Conclusion: the study highlights the significance of scientific knowledge as a core value in nursing practice, crucial for the implementation of effective strategies in cervical cancer prevention. Embracing this value fosters comprehensive, high-quality care centered on women's health, strengthening the crucial role of nurses in primary care and contributing to the overall improvement of healthcare services.

DESCRIPTORS: Cervical cancer. Primary health care. Ambulatory nursing. Nursing care. Philosophy.

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VALOR VITAL NA CONSULTA DE ENFERMAGEM GINECOLÓGICA: PREVENÇÃO DO CÂNCER DE COLO DE ÚTERO

RESUMO

Objetivo: compreender os valores dos enfermeiros na consulta de enfermagem ginecológica na prevenção do câncer de colo de útero.
Método: estudo com abordagem qualitativa fenomenológica, com uma estratégia descritiva fundamentada na Teoria dos Valores de Max Scheler. Realizaram-se 15 entrevistas com enfermeiros que atuam na atenção primária, em um município alagoano. Os dados foram transcritos e realizou-se análise de conteúdo.
Resultados: conforme as unidades de contexto encontradas, foi identificada a categoria Conhecimento científico como valor vital para aplicação de boas práticas na prevenção do câncer de colo uterino. Os valores apreendidos no processo da prática dos enfermeiros constituem o valor vital do conhecimento, adquirido por capacitação, favorecendo melhor qualidade no cuidado à vida das mulheres.
Conclusão: o estudo destaca a importância do conhecimento científico como um valor essencial na prática dos enfermeiros, fundamental para a implementação de estratégias eficazes na prevenção do câncer de colo de útero. A apreensão desse valor promove um cuidado integral e qualificado à saúde da mulher, reforçando o papel do enfermeiro na atenção primária e contribuindo para melhorias nos serviços de saúde.

DESCRITORES: Neoplasias de colo de útero. Atenção primária à saúde. Enfermagem ambulatorial. Cuidados de Enfermagem. Filosofia.

VALOR VITAL EN LA CONSULTA DE ENFERMERÍA GINECOLÓGICA: PREVENCIÓN DEL CÁNCER CERVICAL

RESUMEN

Objetivo: comprender los valores del enfermero en las consultas de enfermería ginecológica en la prevención del cáncer de cuello uterino.
Método: estudio con enfoque fenomenológico cualitativo, con estrategia descriptiva basada en la Teoría de los Valores de Max Scheler. Se realizaron 15 entrevistas a enfermeros que prestan servicios en la atención primaria, en un municipio de Alagoas, Brasil. Se realizó la transcripción de datos y el análisis de contenido.
Resultados: según las unidades de contexto encontradas, la categoría “Conocimiento Científico” se identificó como un valor vital para la aplicación de buenas prácticas en la prevención del cáncer cervical. Los valores aprendidos en el proceso de práctica profesional del enfermero constituyen el valor vital del conocimiento, adquirido a través de la formación, y favorecen una mejor calidad de atención a la vida de las mujeres.
Conclusión: el estudio resalta la importancia del conocimiento científico como valor esencial en la práctica del enfermero, fundamental para la implementación de estrategias efectivas de prevención del cáncer de cuello uterino. Comprender este valor promueve una atención integral y calificada a la salud de la mujer, refuerza el papel del enfermero en la atención primaria y contribuye a mejorar los servicios de salud.

DESCRIPTORES: Neoplasias cervicales. Atención primaria de salud. Enfermería ambulatoria. Cuidados de enfermería. Filosofía

INTRODUCTION

Non-communicable diseases (NCDs) are the leading causes of global mortality, with cancer being the foremost contributor, significantly affecting life expectancy worldwide[1].

Globally, it is estimated that in 2020 there were 604,127 new cases of cervical cancer (CC) and 341,831 related deaths, with the highest incidence reported in East Africa, Southern Africa, Central Africa, and Melanesia[2]. In South America, there were 41,734 new cases and 22,221 deaths from cervical cancer, resulting in a mortality rate of 65%[2]. In this context, cervical cancer remains one of the leading causes of cancer-related mortality worldwide[1].

The *American Cancer Society* estimates that in 2024, there will be 13,820 new cases of cervical cancer diagnosed in the United States, with approximately 4,360 women expected to die from the disease[3].

Cervical cancer, or cancer of the cervix, is a slow-progressing, preventable, and treatable disease. However, its high prevalence, morbidity, and mortality rates continue to pose a significant challenge, making it a major public health concern for women worldwide[1–3].

A study[4] examining the global distribution, risk factors, and temporal trends of cervical cancer across different countries reveals that, while Brazil has seen a decline in mortality, the highest incidence and mortality rates are observed in countries with lower Human Development Index (HDI). Contributing factors include higher rates of alcohol consumption, smoking, obesity, and hypertension[4].

These findings highlight that populations in certain regions are disproportionately affected by significant inequalities, largely due to limited access to national Human Papillomavirus (HPV) vaccination programs, the primary cause of cervical cancer. This issue is further compounded by inadequate cervical cancer screening and treatment services, as well as the influence of socioeconomic factors[1–7].

In Brazil, the National Cancer Institute (Portuguese Acronym: INCA) estimates that between 2023 and 2025, there will be 17,010 new cases of cervical cancer (CC), corresponding to an incidence rate of 13.25 cases per 100,000 women[8]. Brazil displays intermediate levels of both incidence and mortality compared to global trends, reflecting characteristics common to both developed and developing countries[9].

Despite significant progress in public policies for women's health, including advancements in sexual and reproductive rights, expanded access to healthcare services – particularly preventive screenings for cervical neoplasia (Pap smears) – and the benefits of technological innovations, the challenge remains in meeting the target of having 40% of women aged 25 to 64 undergo at least one preventive screening every three years[10].

Obstacles to achieving this goal hinder both cervical cancer screening and early detection, contributing to an unfavorable epidemiological profile over the decades and reinforcing cervical cancer as the most prevalent malignancy of the female genital tract in Brazil[11].

The Brazilian Unified Health System (Portuguese Acronym: SUS) is one of the largest healthcare systems in the world, offering universal access to health services and interventions. Its structure and effectiveness are internationally recognized by the Pan American Health Organization (PAHO) and the World Health Organization (WHO), serving as a key framework for promoting women's health, particularly in the fight against cervical cancer[12].

In this context, Primary Health Care (PHC) is a fundamental pillar in the organization of healthcare systems. The Family Health Strategy (FHS), a key component of PHC, aims to restructure the Unified Health System (SUS) through innovative actions focused on health promotion, protection, treatment, and recovery. The FHS is particularly notable for strengthening communities and improving strategic health education planning, reinforcing policies that ensure the early diagnosis and treatment of cervical cancer in women[13].

As part of the multidisciplinary team in Primary Health Care (PHC), nurses are trained and legally authorized to provide care to women. Their role extends beyond technical tasks, emphasizing problem-solving and holistic care. By promoting evidence-based practices, nurses can play a crucial role in reducing the morbidity and mortality rates associated with cervical cancer[14].

In this context, gynecological nursing care serves as an ideal framework for providing personalized care, whether through scheduled appointments or walk-in visits, including follow-up and expanded access to services. This approach helps transform healthcare paradigms by enhancing problem-solving capabilities[15] and is supported by the Federal Nursing Council's (Portuguese Acronym: Cofen) Resolution No. 690/2022, which regulates the nurse's role in family and reproductive planning[16]. Gynecological nursing care should be rooted in the humanitarian and social principles of nursing and delivered systematically, following the stages outlined in the Nursing Process (NP)[17].

Therefore, nurses must adopt care models that form the foundation of their practice, ensuring the effective delivery of nursing care as a core component of professional practice. It is essential for healthcare professionals to have instrumental, conceptual, and structural support, grounded in technical and scientific knowledge. Such resources are crucial in enabling nurses to navigate the complexities of care delivery through systematic and rational organization, ultimately aiming to achieve the desired outcomes of care[18].

In this context, to gain a deeper understanding of the phenomenon under investigation, Max Scheler's Theory of Values was adopted[13]. While Scheler does not directly address the concept of care, his onto-axiological assumptions and phenomenological approach offer a strong foundation for understanding the act of caring and its key correlations. In this framework, the essence of care is conceptualized as an interconnected triad of action, value, and way of being[19].

In his theory, Scheler establishes a hierarchy of values based on their objectivity, ranging from the lowest to the highest class, which includes pleasure values, vital values, spiritual values, and religious values[20]. Thus, the durability and indivisibility of these values determine their rank - those that are more enduring and indivisible are considered higher. The deeper satisfaction they provide also makes them more valuable[21–22].

This theoretical perspective provides a philosophical framework for examining the hierarchy of human values. Value imparts meaning by addressing the human need for wholeness through experiential deficiencies, thereby enabling fulfillment[20]. Applying this approach to nursing care can help professionals recognize the importance of different values in making ethical decisions and delivering compassionate care to women.

Based on this theoretical framework[20], the following research question arises: How does gynecological nursing care in Primary Health Care (PHC) relate to nurses' values, according to Max Scheler's Theory of Values, in the decision-making process for cervical cancer prevention? Thus, the objective of this study is to understand the values that guide nurses while providing gynecological nursing care focused on cervical cancer prevention.

METHOD

This is a descriptive study with a qualitative approach, grounded in phenomenology and informed by Max Scheler's Theory of Values[20]. The study followed the guidelines outlined in the *Consolidated Criteria for Reporting Qualitative Research* (Coreq)[23], ensuring transparency and rigor in the reporting of qualitative findings.

The study was conducted in a municipality in the state of Alagoas, Brazil, with 15 nurses working in Primary Health Care (PHC) who provide gynecological nursing care. These nurses were selected through convenience sampling, based on areas with the highest incidence of cervical cancer, according to data from the municipality's Epidemiological Surveillance Department for the period from

2017 to 2021. Once selected, participants were invited via *WhatsApp* and provided with information about the study's theme, objectives, data collection methods, data analysis, as well as the associated risks and benefits. All 15 invited nurses agreed to participate in the research.

Interviews were scheduled at a time and location chosen according to the participants' preferences. Prior to the interviews, participants were asked to sign two copies of the Free and Informed Consent Form (Portuguese Acronym: TCLE).

Phenomenological interviews were conducted between September and October 2022, with an average duration of 30 minutes per session. The interviews were guided by the following question: in gynecological nursing care, how do you perceive the challenges or contributing factors in the prevention of cervical cancer?

A pilot study was conducted with three participants, who were not included in the final sample, to test the sensitivity and assess the suitability of the data collection technique.

The interviews were conducted in a private room within the healthcare facility, with no third-party involvement, ensuring the participants' privacy and fostering uninterrupted dialogue between the participant and interviewer. With prior consent from the participants, the interviews were recorded using an MP3 device, ensuring the security of the recordings and preserving the integrity of their statements.

It is important to note that the interviews were conducted solely by the principal researcher, who had received training from the study's researchers – her master's course advisors – to ensure consistency in the interview process.

Data collection was concluded upon reaching theoretical saturation, when participants' narratives began to repeat, and no new information emerged on the topic. By the 12th interview, the similarity in responses was evident; however, three additional interviews were conducted to complete the data collection phase.

It is important to note that, although the interviewer had a professional relationship with the participants, there was no close personal connection or hierarchical relationship, ensuring the quality and safety of the study. To maintain confidentiality and anonymity, each participant was assigned a code, as required by Resolution n.º 466/2012 of the National Health Council. The code consisted of the letter E (for "*entrevistado*", meaning interviewee in Portuguese), followed by a number indicating the order of the interview (e.g., E1, E2, E3, ..., E15).

The research was approved by the Research Ethics Committee of the Medicine School of the Universidade Federal Fluminense on August 30, 2022.

The collected material was fully transcribed using *Microsoft Office Professional Plus* 2019, version 2302. Three days after each interview, the participants reviewed the transcripts to ensure the accuracy of the content, thereby validating the process in accordance with Coreq guidelines[23]. Following transcription, content analysis was conducted[24] using *ATLAS.ti software*, version 23.0.8.0.

Following the methodological stages, the narratives were analyzed through thorough and exhaustive reading, with context units categorized based on textual and thematic similarities, as outlined by Bardin[24]. The process included the following stages: *pre-analysis*, involving exhaustive reading and organization of the documents; *exploration of the material*, ensuring methodological rigor through multiple readings and identification of context units – specifically: pursuit of technical-scientific knowledge, difficulties in mastering care practice, and safety in care practice; and finally, *treatment of results*, which involved inference and interpretation. These stages collectively contributed to the construction of themed categories.

Figure 1 below presents the Network Relationship Framework of the Context Units associated with the category 'Scientific Knowledge,' regarded as a vital value for implementing best practices. This framework offers a structured representation of the identified relationships, providing a deeper

understanding of the data's complexity and dynamics through graphical visualization. It also offers valuable insights into the structure and interconnections among the elements.

Each cell in the framework indicates the presence or absence of a connection between the corresponding elements. As outlined, the following relationships are observed:

- Context unit – pursuit of technical-scientific knowledge: contributes to safety in clinical practice and clears difficulties in mastering care practice;
- Context unit – difficulties in mastering clinical practice: inversely proportional to the safety of care practice;
- All the context units – safety in care practice, difficulties in mastering care practices, and the pursuit of technical-scientific knowledge – are interconnected and converge toward the category represented both directly and indirectly: scientific knowledge as a vital value for implementing best practices. Therefore, communication among all these elements is a vital value for the effective implementation of good practices, ultimately representing a value for life.

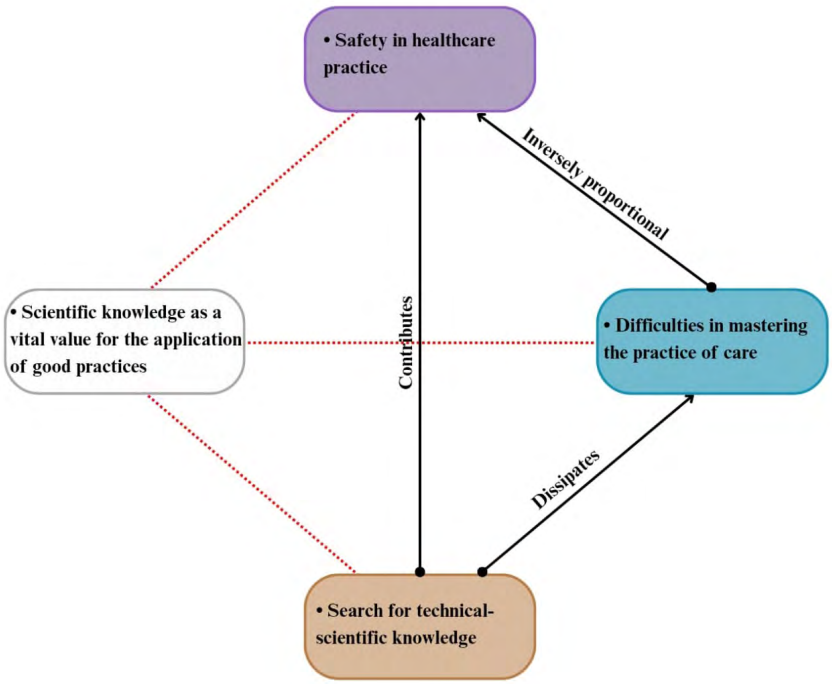

Figure 1 – Network – Scientific knowledge as a vital value for implementing best practices.
Source: S*oftware* ATLAS.ti., 2023.

Still in the context of this network, the terms "inversely proportional," "clears," and "contributes" hold significant meanings, which can be understood through the interaction between the elements herein represented:

- The term "inversely proportional" describes the relationship between "difficulties in mastering care practice" and "safety in care practice". As difficulties in technical skills decrease, safety in practice increases. In other words, the more skilled the professional, the fewer the challenges faced, leading to greater confidence and improved quality of care.
- The term "clears" refers to the relationship between the "pursuit of technical-scientific knowledge" and "difficulties in mastering care practice". It suggests that the continuous

pursuit of knowledge reduces, or even eliminates, the challenges nursing professionals face in their practice. Therefore, ongoing education and a commitment to improvement are essential for minimizing these difficulties.

- The term “contributes” is used in two directions within the framework. First, it indicates that the “pursuit of technical-scientific knowledge” directly contributes to “safety in care practice” emphasizing that acquiring and continuously updating knowledge is essential for ensuring safer and more effective practices. Second, it suggests that “safety in clinical practice” itself reinforces the value of scientific knowledge in the implementation of best practices.

Based on this approach, Scheler’s phenomenology[20] provided valuable analytical insight into the apprehension of values, as it encompasses both the emotional and intuitive dimensions, as well as the preference of certain values over others.

RESULTS

The study aimed to outline the professional profile of 15 nurses working in Primary Health Care (PHC). It was found that all participants were women, and only two held specializations directly related to care for cervical cancer prevention, such as those in the Family Health Strategy.

All the nurses interviewed provide gynecological nursing care, including Pap smear collection. However, only six had received specific training for this practice, and six others reported using a systematic approach in their care delivery.

Regarding the comprehensiveness of care, only six participants believed that their care delivery achieved this goal. The study also revealed that 11 nurses encountered difficulties in providing gynecological nursing care, whether in recruiting women for Pap smears, managing care procedures, or performing the technical aspects of the exam.

Thus, considering the phenomenon under study, it is possible to identify and discuss the values seized by nurses working in Primary Health Care (PHC), recognizing that these values form the foundation of their professional duties[20]. Based on the theoretical framework and analysis of the context units, the following thematic category emerged: scientific knowledge as a vital value for implementing best practices in cervical cancer prevention.

Scientific knowledge as a vital value for implementing best practices in cervical cancer prevention

For the interviewees, technical-scientific knowledge is seen as a vital, essential, and foundational value for ensuring the health, well-being, and life of women. In this context, continuing education on this subject is considered highly important. Moreover, gaps in this knowledge can directly or indirectly affect the outcome for women diagnosed with cervical cancer who seek care at the primary health level, potentially delaying early detection or even hindering the diagnosis of an already established cancer. This is illustrated by the following statements:

The courses helped me stay up-to-date and feel more confident during appointments, knowing how to treat women and perform care procedures, which in turn enables us to provide better care. In this ongoing process of change – from scheduling appointments to collecting data, performing physical exams, interpreting findings, and proposing interventions – I believe we are on the right track, that things will only improve, and that we will continue to enhance our skills, becoming more confident in making better decisions (E1).

The health department has not been providing cytology training for nurses, and new staff members are constantly joining. There are essential skills to be learned, such as how to properly clean the cervix, how to collect an accurate sample, and what to look for when examining the cervix (E3).

I have never had a patient with cancer, so I can't say what I'm supposed to identify, as I don't have that image in my mind. (E11).

What supports my actions is the knowledge I gained from my undergraduate course. However, it would be very important to offer a course like this to all nurses so they could stay constantly updated, always seeking to improve with the latest knowledge. I truly feel that there is a lack of these opportunities from the public sector. The problem is that, when training programs are offered, they are often targeted at a specific group or a small number of people, and don't include all nurses in the health system. This creates challenges for us, because those of us working on the front lines must deal with these issues on a daily basis. Therefore, I believe the focus should be more on us. A course like this would provide us with clearer guidelines and better instructions, including the latest updates, and even advice on how to approach women and conduct appointments. I believe this would make our daily work much easier. In short, I believe such a course would enrich our routine (E15).

The women interviewed reported that they are able to conduct consultations, but when in doubt about treatments and/or referrals to other levels of care, the knowledge value is shared with the team's doctor. Nurses who have received training in gynecological nursing care and/or syndromic management did not report difficulties in conducting consultations, treatments, referrals, or follow-up care. However, those without formal training reported challenges in mastering professional care practices and were often unaware of the care/treatment flow for women with abnormal Pap smear results within the municipal healthcare system. As a result, they struggle to perform their duties with confidence and often seek the doctor's assistance to support their decision-making, as shown below:

If a sexually transmitted infection (STI) or another abnormality is suspected, I share the information with the team's doctor and leave the decision to her discretion. She then orders the appropriate tests and prescribes the necessary medication (E1).

I always refer treatments to a doctor because we don't have a protocol in place. I believe we lack training in syndromic management and knowledge of treatments, especially with the constant advancements in the field. While we conduct general consultations, when specific issues arise in the cytology report, we often say, "That's beyond my scope; it's for the doctor", primarily due to a lack of proper training and up-to-date knowledge. If I had that training, I would be able to manage the treatment and oversee the woman's entire care. I would feel more confident in delivering care, and the consultation would be more structured and effective (E6).

We always encounter difficulties, right? I just think we should all be speaking the same language, meaning we should have a standardized tool to refer to when faced with these challenges. We should also be constantly updated, because that support is often lacking. Sometimes, I struggle to properly visualize the cervix, and when I need to describe it, I rely on what I've learned over time – through practice and experience – because, honestly, I've never had a hands-on lesson on the subject. So, I still struggle a lot; I won't lie to you. I feel limited when it comes to performing physical exams, describing the cervix, and identifying changes. I learned the hard way, and I still feel limited. There should be specific training for this, especially for cytology itself (E13).

Thus, the vital value of knowledge underpins nurses' practice in cervical cancer prevention through gynecological consultations. These consultations are shaped not only by their technical skills but also by their emotional and intuitive perceptions, which are further enriched by an evaluative component that enhances the quality of care provided.

DISCUSSION

For the philosopher[20], value encompasses all that is considered relevant to a person's life, constructed with the purpose of fulfilling their needs. Thus, value becomes meaningful when it contributes to satisfying a person's experiential and existential needs. In this context, the vital value constitutes a fundamental element of the value hierarchy outlined by the philosopher – it is a value intrinsically linked to well-being and life. Its essence, as described phenomenologically, is rooted in emotional intuition, where the vital value is perceived through emotion as a sense of affective value. Therefore, when scientific knowledge acquired through education is pursued, primary healthcare nurses are better equipped to provide care focused on cervical cancer prevention. This ensures more comprehensive care, ultimately safeguarding the health and well-being of the women they serve.

Nurses play a crucial role in cancer control and treatment worldwide, particularly within community and primary care settings. Given the global shortage of nurses, it is vital to expand their education and specialized training, particularly focused on the prevention of cervical cancer – a condition that significantly impacts women's health. Enhancing nurses' competencies and skills in gynecological care is key to ensuring more effective practices[25]. Thus, integrating preventive healthcare management with targeted training for healthcare professionals offers a strategic and cost-effective approach. By fostering trust and building strong relationships within communities, well-trained nurses can conduct effective screenings and play a pivotal role in reducing the incidence and mortality of cervical cancer[26].

Therefore, expanding public education on cervical cancer prevention is essential for encouraging protective measures, as this remains a significant public health issue threatening the well-being of many women. Nurses play a pivotal role in driving this change, with their training directly enhancing the quality of care they provide. Evidence shows that when healthcare professionals receive proper training, they are better equipped to educate women, which in turn increases their likelihood of actively participating in cervical cancer screening[27].

Thus, knowledge acquired through healthcare training, especially Continuing Education, becomes a vital value[20] for decision-making in cervical cancer prevention during gynecological nursing consultations. In this context, the nurse's practice is crucial in fostering positive changes in women's health, ensuring compassionate care that respects both the individuality and rights of patients. In this way, knowledge becomes a fundamental value in women's lives, enhancing their safety and the quality of care they receive.

The knowledge held by healthcare professionals is essential not only for providing more effective care but also for ensuring the adoption of best practices. Through ongoing education and training, knowledge acquires a value that fosters holistic, equitable care rooted in evidence – whether for cervical cancer screening or treatment. Scheler[20] emphasizes that the value of knowledge involves the integration of new practices into daily routines, which, in turn, enhances the nurse's ability to support the health and well-being of the population.

The value of knowledge was perceived by the nurses as both vital and indispensable – it plays a central role in evidence-based nursing practice by enabling informed decision-making, which ultimately ensures the delivery of quality care and improved outcomes. However, for this value to truly impact practice, it must be recognized by healthcare managers. By acknowledging the importance of knowledge, managers can become not only effective partners but also active collaborators in the professional development process. This, in turn, can help elevate nursing as a science of care, promoting its value through the implementation of best practices.

In this sense, nurses are expected to perform a wide range of competencies, many of which are not covered in the undergraduate curriculum and are often overlooked in specialization courses. This highlights the urgent need for healthcare services to implement Continuing Education Programs

to address these gaps. Among the many responsibilities of nurses in Primary Health Care (PHC), one of the most critical is providing nursing consultations. However, research has shown that there is a significant gap in the delivery of this service, particularly in terms of offering comprehensive care[28].

Thus, the role of the nurse is essential, and their legal competencies and technical skills must be respected, as outlined in the Law of Professional Practice, Law No. 7.498/86). However, healthcare institutions also bear the responsibility of ensuring that professionals are continuously updated and adequately trained, in line with the National Policy for Continuing Education in Health (Portuguese Acronym: Pnep)[28].

The Pnep emphasizes that the goal of the training process is to enhance staff performance at all levels of care and across all functions within the healthcare system, which is crucial for delivering quality services. Moreover, it is essential to foster the development of new competencies such as leadership, decentralized management, self-management, and quality improvement. These efforts aim to create a foundation for cultural transformations that align with emerging trends, including the adoption of effective management practices, improvements in care delivery, and strengthened relationships with the community, among other key objectives[28].

Thus, understanding the attitudes and practices related to cervical cancer prevention among healthcare professionals is crucial for developing effective training policies, since healthcare workers play a key role in reaching wider communities by disseminating essential information on how to prevent cervical cancer[29].

According to the Theory of Values, nursing professionals assign great value to knowledge, aiming for an intuitive grasp that not only enhances public health but also fosters a sense of fulfillment in their practice. Through continuous professional development, they adopt an evidence-based approach to care, prioritizing safety, which ultimately leads to improved screening outcomes and better treatment for women with cervical cancer[20].

Nursing professionals in Primary Health Care (PHC) play a vital role in the prevention and management of cervical cancer, particularly for women seeking services related to screening and prevention. To ensure the effectiveness of their work, it is crucial that they receive comprehensive and ongoing training[14].

When a test result indicates a positive diagnosis for neoplasia, the nurse is also responsible for referring the patient to the appropriate specialist and ensuring continuous follow-up throughout her treatment. It is crucial to assess the patient's understanding of her diagnosis and the emotional and practical implications it may have on her life. In this context, the nurse plays a key role in providing essential support, offering guidance, and closely monitoring the patient's progress throughout the treatment process[28].

Nurses who participated in the study acknowledge the importance of valuing scientific knowledge for the professional growth and recognition of nursing. They fully understand their responsibility in providing quality care to women. However, they express frustration with the pressure from management to meet appointment quotas and performance targets. This pressure results in a sense of inadequate support from management, contributing to an overwhelming workload and a burden of responsibilities that impacts their ability to provide the best care possible.

Therefore, investing in the continuous professional development of healthcare workers is crucial. Such initiatives will improve the overall quality of public health by fostering approaches and methodologies that empower professionals in healthcare management. This investment will not only enhance their skills but also strengthen health strategies, ultimately improving their ability to address challenges more effectively and achieve positive outcomes[27–29].

Thus, a key aspect of the nurse's role is the urgent need to develop their technical-scientific, socio-educational, and ethical-political competencies, which are essential for supporting public health

policies aligned with the organizational principles of the Unified Health System (SUS) which, in turn, strengthens Primary Health Care (PHC). Healthcare management plays a pivotal role in initiating and promoting continuing education as a guiding principle, ensuring the ongoing development of professionals and, ultimately, the delivery of quality care[30]. This is especially critical in preventing the spread of cervical cancer and reducing its associated morbidity and mortality.

In this sense, the scientific value aligns with the vital value, as Scheler suggests[20], becoming an essential technique for life that sustains and grounds the caregiving process. This integration not only enhances the effectiveness of care but also contributes to the biopsychosocial and spiritual well-being of women. Additionally, it fosters a sense of professional fulfillment among nurses, as they provide meaningful and impactful care that positively influences the lives of those they serve.

When applying the Theory of Values[20], nursing professionals must balance the various values embedded in their practice, making decisions based on a holistic understanding of each situation. This involves considering the patient's unique context and individual preferences, ensuring that care is not only clinically effective but also ethically grounded. This approach underscores the importance of an ethical framework in nursing care, emphasizing both the clinical aspects of treatment and human values.

The study highlighted the deep appreciation the interviewed nurses have for the act of caring and their commitment to furthering their professional qualifications in women's health. It also emphasized their strong recognition of the need for safe, effective practices in cervical cancer prevention. Ultimately, the study underscores the profound value these nurses place on life and their pivotal role as caregivers.

Regarding the limitations of the study, it is important to note that it was conducted in a specific setting, limited to a particular region of Alagoas, Brazil. As such, there may be gaps in understanding the phenomenon on a national level. Additionally, the lack of prior research on the topic addressed can also be considered a study limitation.

FINAL CONSIDERATIONS

This study revealed that scientific knowledge is fundamental to evidence-based nursing practice, ensuring informed decision-making and the delivery of high-quality care. In the context of Primary Health Care, nurses play a central role in providing both preventive and curative care for cervical cancer.

Nursing consultations, with an emphasis on comprehensive care, play a crucial and impactful role in promoting women's health. In this context, the great value placed on technical-scientific knowledge by nursing professionals not only improves the resolution of cases but also fosters a more humanized and compassionate approach to care.

The study's findings highlight the critical need for ongoing investment in nurse training, including the implementation of continuous education programs. These initiatives are essential for enhancing nurses ability to make informed and confident decisions in Primary Health Care (PHC), thereby fostering a more skilled practice that aligns with public health policies, particularly those focused on cervical cancer prevention.

Thus, the valorization of scientific knowledge, combined with the critical role of nurses in Primary Health Care (PHC), forms an integral and essential approach to promoting women's health. The pursuit of evidence-based practices and the recognition of the importance of nursing professionals are vital to addressing the challenges associated with cervical cancer prevention and ensuring the delivery of high-quality, humanized, and effective care within the context of women's health.

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NOTES

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CONTRIBUTION OF AUTHORITY

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CONFLICT OF INTEREST

There is no conflict of interest.

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