The education as a facilitator practice of the process...
One of the health problems of women today in the world is breast cancer, which involves preventive and curative measures. In 2012, were expected for Brazil, 52,680 new cases of breast cancer, with an estimated risk of 52 cases per 100,000 women. The assistance to women with breast cancer requires technical skill and scientific updated, in order to recover the health of the client. For the treatment and care remain therapeutic relationship is necessary and seizure effective health education activities performed by nurses and staff. As indeed there is a responsibility to the full recovery of the client relationship and to assist her in coping with the disease and its consequences.

A mastectomy is a surgical procedure that brings aggressive consequences traumatic experiences in the life and health of women. The body schema is modified by changing the way you feel and experience the body. The breast since adolescence is a striking component of femininity; it represents part of the body image, sexually, and fulfills the role of breastfeeding.

The nurse should value the concerns, expectations, perceptions, knowledge and experiences presented by these women after surgery seeking to improve the dialogical process in health education, promoting self-care and empowerment of women after mastectomy. Sees the need to change the perspective of education is central to insert the patient, restoring it to a conscious life and participatory for the realization of self-care.

The union of knowledge is a process of dynamic and individualized care where the caregiver’s knowledge and be careful, in this case, women with mastectomies, are extremely important and together constitute the process. The change of perspective in thinking and doing nursing in the field of popular health education adds their educational role to the rescue of the person as a citizen, participatory and aware of their condition of life. This implies proposed action oriented dialogue merged practices and knowledge that results from it.

The inclusion of social practice enables formal contents; fixed and abstract contents are transformed into real, dynamic and concrete where the professional must have the ability to incorporate new knowledge, skills, ethical commitments, social and citizenship.

In health, the educational process is much more than the simple act of teaching. The patient who much of the time, the wrong way is termed as individual liability is a key part in the care process, since we now know that the health care process is dynamic and requires participation of both parties, whether or caregiver patient. It is understood that this is potentially creative and sensitive and that the process of educating caring occurs in a bilateral relationship and truly human.

It is recommended the adoption of new behaviors, whereas in the educational process dealing with life stories, a set of beliefs and values, and the very subjectivity of the subject that requires sustained solutions socio culturally. And that, in most cases, do not take this into account. This change will only be realized when a change marks of knowledge is not immediate. It will happen in continuous processes, the exchange of knowledge, in which there will be more knowledge of the professional nurse and the knowledge of the patient, but the construction of new knowledge. It’s the real learning that students are transformed into actual subjects in the construction and reconstruction of knowledge taught alongside the educator also subject of the process.

This knowledge involves the integration of theory and practice of health professionals, here, in particular nurses, who must provide the human being an education geared to your daily life, based on a proposal of care that emphasizes the promotion, prevention or health recovery. The dialogue of the nurse in the context of health education advertises a speech processor, mediated by the participation of the subject patient in an active, critical and questioning and not for participation by extension.

The qualitative improvement of services offered, the democratization of knowledge, the use of technology and people’s participation in the definition of health problems, the choice of priorities and strategies to be implemented through health programs, are guiding ideas of the new health philosophy.

By associating care and education there is the possibility of conversion and diversification of knowledge, in which they can be constructed, deconstructed and tailored to individual needs and collective.

To perform this task, it is necessary to have the confidence to believe the guidance offered by professional and also so that the patient feels the urge to show their needs, as when the patient realizes that his knowledge, his history, not was ignored, but it transformed into a knowledge based on scientific studies, he feels valued and starts...
building a bond offering to nurse more open to carrying out their work.

Health education for women with mastectomies performed in the hospital is in the context of the humanization of care, because the subject, before being treated as just a sick body, this new perspective, becomes perceived as an integral being. Where the adoption of health education can contribute to improving the quality of life of these women, modification of working conditions and encourage nurses to creating a bond with the patient.

Thus, the question that guided this research was: what the evidence in the literature on health education for women with mastectomies performed by nursing? Having as objective to identify the evidence in the literature about health education for women with mastectomies performed by nurses as facilitators of caregiving.

METHOD

Integrative review characterized by the form of studies investigating in order to obtain conclusions about the subject, with the time frame 2008-2012.

To develop this study were followed six stages: identification of the subject and selection of research question; establishing criteria for inclusion and exclusion of studies and literature search; definition of the information to be extracted from the selected studies, critical evaluation of the studies included in the integrative review, interpretation of results, presentation of review / synthesis of knowledge.

The education as a facilitator practice of the process...

With the objective to identify the evidence in the literature about health education for women with mastectomies performed by nurses as facilitators of caregiving, the research question for the study was: “What are the evidences in the literature about Health Education for women with mastectomies performed by nursing?”

To survey articles in the literature, it was conducted a search in the Virtual Health Library (VHL) in two databases: Latin American and Caribbean Literature about Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System online (Medline).

We identified the following keywords relevant to the topic through DECs and MeSH: Health education/Mastectomy/Self Care/Nursing. Thus, were used the search for articles, these descriptors and their combinations in Portuguese, English and Spanish.

Established as criteria for sample selection: Inclusion: free online articles were used to grip the topic presented in Portuguese, English and Spanish published from 2008 to 2012. Exclusion: articles that presented only the summary, dissertations, theses, or they were not relevant to the purpose of the study, such as mammary prosthesis, adjuvant treatments, that dealt with men and children. The search for articles was in September 2012, the figure below describes the strategy used to search for articles in databases.

For the selection of articles was applied selection criteria, was made after an initial reading of the abstract, the selected articles were then read in its entirety to determine whether there were or not, information about the proposed theme and were consistent with the objective of study.

Using the keywords: health education and combined by mastectomy and found an article in the Lilacs. After reading the summary it was found that was relevant to the theme, not on Medline articles were found.

After this search were tested the descriptors: health education and nursing combined by and found 155 articles in Lilacs; in Medline no articles were found.

Using the descriptors: health education and self-care combined, there were found 18 articles in Lilacs, being 12 complete, but there was identified as relevant to the proposed theme just one; in Medline there were found no articles.

Using the keywords: mastectomy and nursing combined by and found 28 articles in 24 Lilacs being complete, but identified as relevant to the proposed topic, only eight were found in Medline articles 60 and 12 complete and five relevant to the proposed
topic but repeated 4 of Lilacs being recorded so one.

Using the keywords: mastectomy and self-care and combined for three articles were found in the three Lilacs and complete, but identified as relevant to the proposed theme only two articles in Medline were 13 articles including five complete but were not relevant to the topic proposed or already had been found previously in the Lilacs.

To avoid losses related articles were searched only the descriptor mastectomy separately being found two articles relevant to the topic in the Lilacs database.

During the reading of each production, the points raised regarding the theme were grouped into an instrument, in order to ensure that all relevant information was extracted, minimize the risk of transcription errors and to ensure accuracy in checking the data. The which includes the following items: identification of the original article, purpose, sample size, characteristics and setting, research design and evaluation of methodological rigor/ level of evidence, the main findings and conclusions.

From the 15 selected articles, we performed a critical reading and interpretive full with the necessary impartiality and objectivity, which were related information and ideas of the authors with the purpose of the study and thematic analysis. From this analysis, three themes were elaborated configured as women with mastectomies and self-care, educational care for the women who had mastectomies; educating from the experiences of women with mastectomies.

RESULTS

After reading previous material selected, the 5023 articles of the initial phase of the research after application of inclusion and exclusion criteria were excluded 5008 not to answer questions that guided the search for articles. Some items were excluded because they were duplicate, totaling 15 articles for analysis described in Figure 2.

<table>
<thead>
<tr>
<th>Bases</th>
<th>Title</th>
<th>Author</th>
<th>Magazine and year of publication</th>
</tr>
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<tbody>
<tr>
<td>Lilacs</td>
<td>Evaluation of educational manual as a knowledge strategy for mastectomized women</td>
<td>Oliveira MS; et al.</td>
<td>Rev. latinoam. Enferm; 2012</td>
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<td>Lilacs</td>
<td>Group for support to mastectomized women: taking care of the subjective dimensions of sick</td>
<td>Santos MA; et al.</td>
<td>Rev. Spagesp; 2011</td>
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<td>Lilacs</td>
<td>Representaciones sociales frente al autocuidado en la prevención del cáncer de mama</td>
<td>Morab CVG; et al.</td>
<td>Invest educ enferm. 2009</td>
</tr>
<tr>
<td>Lilacs</td>
<td>Information for the preparation of an educational manual for women with breast cancer</td>
<td>Gozzo TO; et al.</td>
<td>Esc Anna nery enferm; 2012</td>
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<tr>
<td>Lilacs</td>
<td>Knowledge and expectations of women in the preoperative mastectomy</td>
<td>Alves PC, et al.</td>
<td>Rev esc enferm usp; 2010</td>
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<tr>
<td>Lilacs</td>
<td>Therapeutic communication in the preoperative mastectomy care</td>
<td>Santos MCL, et al.</td>
<td>Rev. bras enferm; 2010</td>
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<tr>
<td>Lilacs</td>
<td>The communication of nurse in nursing care to the woman mastectomized: a grounded theory study</td>
<td>Araújo IMA; et al.</td>
<td>Rev. Latinoam enferm 2010</td>
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<tr>
<td>Lilacs</td>
<td>The information needs of women mastectomized subsidizing the nursing care</td>
<td>Barreto ; et al.</td>
<td>Rev. Eletrônica enferm; 2008</td>
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<tr>
<td>Lilacs</td>
<td>Perceptions, knowledge and life of women with breast cancer</td>
<td>Fabbro MRC; et al.</td>
<td>Rev. Enferm. Uerj; 2008</td>
</tr>
<tr>
<td>Lilacs</td>
<td>Social representations of women mastectomized and its implications for self-care</td>
<td>Silva SED; et al.</td>
<td>Rev. bras enferm, 2010</td>
</tr>
<tr>
<td>Medline</td>
<td>Participation in a support group: experience of women with breast cancer</td>
<td>Pinheiro CPO; et al.</td>
<td>Rev Latino-Am Enfermagem 2008</td>
</tr>
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</table>

Figure 2. Articles selected according to basis, authors, journal and year of publication.

It was observed that the highest rate of published articles related to the topic was in 2008 (05) followed by 2010 (04) 2009 (02) 2011 (02) and 2012 (02). It was found that nursing is a profession of care, which conducts health education, but there are not many publications on this topic in the last five years tied to health education to women with mastectomies performed by nurses as facilitators of caregiving. Of the 15 articles found in this review, only 04 were published from 2011 onwards.

Education for care is embedded in our society since the dawn of time, getting modifications in your way and makes your way of thinking. Nursing is considered the care profession. This is a necessity and a tool of the profession and should be understood in its
full complexity so it can be held in their technical form and also in the interpersonal relationship of the patient and the nursing and social practice through health education. When analyzing the research design including articles, found that a quantitative approach presented descriptive cross, eight had a qualitative approach, four descriptive (non-experimental), an account of experience and a descriptive review of the literature, we selected 14 in Lilacs and Medline. Regarding the strength of the evidences there was found an article with a level of evidence 3, thirteen articles with level of evidence 4 and an article with evidence level 5.10 Noting the technical data collection concluded that five articles used only interview two used two techniques (interviews and field observations) and (interviews and focus groups), three the questionnaire and field observation only, an article written crop circle, a Form, one document analysis. In 12 articles of the sample consisted of patients, the remainder was to sample health professionals, other professionals such as social communicator and educator and documentary survey and bibliography, this shows us that the researchers are looking for answers to their questions directly with the patient and the person who is entered in the practical field. Despite research include three languages established in the inclusion criteria in most studies the predominant languages Portuguese, Brazil being the predominant site of the studies. Regarding the data source most of the articles were published in Brazilian journals, predominantly of the Southeast, only one article was published in a foreign magazine. The origin of the authors dominated the Northeast, followed by the Southeast, North, Midwest and foreigners. All items are designed by nurses, only 1 had also the participation of the professional psychologist. As for the venue of the majority of the studies was in the hospital outpatient clinics or support groups within hospitals. In the articles studied, educational activities were represented by guidelines in support groups and educational manuals, livings and self-care to women with mastectomies.

**DISCUSSION**

- **Women with mastectomies and self-care**

Preparation for self-care and health promotion goes beyond mere information on how to control a chronic health condition. Therefore, as regards the responsibility for creating actions for care, the establishment of a process of knowledge is necessary for the development of educational work with the people involved in the pursuit of quality of life.11 When it comes to health, especially for women with mastectomies, the educational process is much more than the simple act of teaching. The patient is a key part in the care process. The woman underwent mastectomy may present a number of difficulties to resume his professional life, social, family and sexual. This phase becomes often limiting and difficult to adapt, causing it to rely on a support network to cope with this new situation, feeling the need to keep informed about the necessary care after surgery for the following become active agents in their rehabilitation process.12 Given this reality nursing can act minimizing complications and suffering through health and educational interventions for these women, enabling overcome in the process of fighting the disease with a view to recovery, rehabilitation and propagation of information in order to enhance self-care.13 Understanding the fragility of the patient at this stage, the nurse commits to redefine nursing care in partnership in order to meet the needs of the patient, aiming mainly to self-care. With a nursing and managed based on a reciprocal care participatory and humanizing.14 Family support is a key part to address the illness. It believes that the family is a factor of great importance to women undergoing treatment for breast cancer in order to provide support for their adaptation and resilience in the face of disease and to support the actions self-care front mastectomy.15 However, it was observed that, in many situations, the family is so upset about the disease and its treatments that do not have the ability to offer support for the woman necessita.16 And it can bring harm in the recovery of the woman. Therefore, it is understood that the family should also be well guided by professionals in order to be able to provide adequate support for women need. It is understood that nursing has an important role in promoting health through the implementation of educational with these women, sensitizing them on the importance of self-care, was observed in a study a major concern for the health and care of itself after surgery. Thus, providing care means listening, touching, express feelings, and be available to
assist the human being in its entirety by observing the relationship between the body and mind. 16

There is an educational work to be done, that goes beyond the field of information, to integrate the consideration of values, customs, symbols, and social models that lead to specific forms of conduct practices. However, the construction of new health practices has emerged as a challenge for professionals. This fact can be explained by the difficulties of overcoming and mechanistic biological model for the broader, focused on completeness, humanization and include the participation of health workers and users. 17

Integrative review conducted with time frame from 1998 to 2008 women with mastectomies showed that nursing care to this population are scarce and little guidance clarifying 18, little education about self-care and prevention. 19 Contrary to what is found in Articles nursing has a key role in the process of caring for and educating women preparing for self-care, and need a greater focus by the team in relation to its role and care of women in this condition.

Mastectomy causes reactions generating anguish of uncertainty facing the unknown, lack of confidence and expectation of becoming. Therefore, the nurse must help the client overcome such feelings, paying attention to verbal and nonverbal woman guiding them about their worries and concerns. 18

In the care relationship is assumed a position of sharing knowledge and actions, understanding that this favorable attitude towards patient autonomy should be the basis for support of caring in nursing. Nursing as a profession help, their actions are aimed at the welfare of patients to whom such actions are intended. 1 Understanding that nursing care is configured on an act in order to bring the patient to provide self-care, in a stimulating autonomy and a non-dependency relationship professional, then it is to create opportunities for patient participation in care.

◆ Educational activities for caring for women mastectomized

Studies report a concern with educational interventions for women with mastectomies, where knowledge circulates, are built and rebuilt in the speeches and exchanges of information, mainly conducted in support groups. 15,20,23

The results of one study indicate that the group promotes an environment that favors the delivery of social support, sharing feelings, developing skills for coping with difficult situations, health education, information and discussion of existential questions. 20

A mastectomy requires a lot of care, with emphasis on the physical, emotional and social development of women. A study allowed us to recover and also demonstrate the benefits of a support group/support the well-being of women with mastectomies, regarding communication, interaction, and involvement and motivation in order to recover psychosocial well-being and quality of life. 21

The activities carried out were: bodily exercises, self-expressive activities, educational workshops, visual arts through courses and leisure activities. 21 These activities help increase self-esteem, as well as the emotional state of the women about the disease. 16

Performing groups in a warm environment where there is an exchange of knowledge and experiences is a space to talk about their concerns, providing greater ease with herself and greater willingness to accept treatment. 15

Nursing plays a fundamental role in the work done in these groups, it is the nurse's role to teach self-care, valuing the individual, his fears and his doubts to promote individual growth from the group work, giving encouragement and support for self-care.

It is understood that to be the dialogue communication must be satisfactory, the professional needs to be involved and to believe that their presence is as important as the performance of technical procedures that relieve stress situations, and the strategy group reported in the study as facilitating this dialogue. 14 For women with mastectomies who participate in a group the nurse should have expertise and understand the time experienced by the mother. 23

Study of 30 women who had mastectomies, belonging to six groups of support from the city of Fortaleza, concluded that participation in the group provided wellness and special care because it was considered a way to know, accept and understand the disease and healing, facilitating the socialization 22 ideas and developing skills for self-care. 20

Developing educational manuals other educational technology was demonstrated in studies related to women with mastectomies. 25,29

It is considered that the validated manual can contribute to the promotion of health, prevention of complications, development of skills of its members and to promote nursing autonomy and motivation to invent new technologies extracted from praxis. 25
another study that examined the knowledge of women who underwent mastectomy after reading an educational handbook, knowledge evaluation showed positive results after reading, showing that cognition is critical to understanding the guidelines and consequent membership, becoming favorable feature the rehabilitation of women with mastectomies.26

However, it is suggested that the activity of health promotion by using educational manuals is associated with another activity, such as training, since it is believed that only education manual delivery would not, by itself effective in the acquisition process skills and hence the adoption of healthy practices health.26 It must be used to reinforce the verbal directions.27

It should be noted that the level of education variable should be considered by researchers, for those working with groups in the area of breast health and building manuals because it suggests how the communication should be made. In the study described above26, so that women fully understand the information in the manual, it was essential to read. It is evident, then, the importance of the level of education, both for the knowledge of women and for the practice of self-care.

For the construction of the manual, you need together with women, whom we intend to target, define communication strategies for the transformation of selected contents into messages that are actually able to reach that goal.27 In line with the thematic study highlights the importance of developing an educational manual, where it was possible to draw up guidelines for women with breast cancer after the knowledge of reality and expectations of the subjects, that were prioritized customer needs , and not only the therapeutic requirements.28

To facilitate the orientation of the patients and their families in the treatment process, recovery and personal care, the use of guides may be a positive initiative. To have an educational material and tools facilitates and standardizes the guidelines to be absorbed, with a view to health care. However, studies on the use of educational materials, such as the manual, in the process of rehabilitation of women with mastectomies are still incipient in our midst.25,27 In this regard, it is relevant to the contribution of educational technologies in the context of written health education and the role of this feature to promote health, prevent complications, develop skills and encourage autonomy and patient trust.

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<td>experiences</td>
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<td>of mastectomy</td>
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<td>women</td>
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In order to understand the knowledge, concerns and expectations of patients with breast cancer compared to mastectomy, were interviewed in a study 11 women patients in preoperative surgery at the Hospital of Fortaleza, it was found that a woman goes through a stressful time, feel anxiety, fear , and feelings of panic and shock at the removal of the breast, so the importance of the role of education and emotional support targeted by all staff which assist these patients, way to minimize the drama experience.29

Education from the experiences of women with mastectomies is noteworthy, since care must be directed to the real needs of these women. Highlight the importance of listening to them at the conclusion of a study targeted information needs of women with mastectomies, where all questions brought by women were relevant to treatment, surgery and hospitalization, while the nurses and other members of the health team a service focused on customer and their needs, contributing to the quality of treatment.29 It must, therefore, knowing the reality of these women, their expectations and real needs.28

Anxiety is a universal phenomenon and an emotional reality experienced by almost all surgical patients, may influence patient response to the treatment and lead to negative effects on postoperative recovery. Besides the anxiety and fear, feelings of hopelessness and anxiety are common before treatment. The possibility of death due to a disease like breast cancer, causing mayhem, changing body image, most often leads to feelings of depression and fear of the disease and the possibility of finitude of life.29 Mastectomy brought these women to changes in their self-image, the relationship with one's own body, sexuality and social relations.15

Observed how much is necessary to understand the social representations of these women about breast cancer and the consequences of altered body by the disease, recognizing thus its complexity. This understanding allows the design of strategies to provide education which can contribute to health care efficiently and effectively to a particular social group. Emotional support is essential to care for women with mastectomies, considering that delivers better cope with the disease and overcome these difficult times, providing a care holistically.16

In this context, the health professional who intends to work with women with breast cancer who underwent mastectomy, should
assist bringing together technical, science and humanization, providing all the information and guidelines respecting the needs and level of understanding, rehabilitating the self-care. For this it is important that these professionals develop a relationship of trust and encouragement so that they can express what really worries them.

Based on the patient's need for autonomy in self-care, the nurse should give the patient the opportunity to insert under the care of your health, this leading to greater autonomy in their treatment, but with responsibility where it should possess the necessary skill to accomplish it. To perform this task, it is necessary that the nurse has established relationships with the patient; so that there is confidence in believing the guidance offered by professional and also so that the patient feels the urge to show their needs.

The practice of teaching should be done in an open, human, listening to the other, opening the door for the participation of the patient, so that he can decide on your treatment. This practice should be held horizontally, dialogic, where the educator is also nourishes educando.6 up so a new opportunity to carry out the work of nursing, through a practice modified by the exchange of knowledge, based on the patient's performance throughout the care process, and should be used in an integrated various educational activities in the case study in question was found mainly on the use of support groups and educational manuals for women with mastectomies, and these should undergo continuous ratings in a dialogic relationship between professional and these women to try to meet the needs of this clientele.

**CONCLUSION**

Educational activities addressed in studies of this integrative review were considered appropriate, providing the construction of new knowledge in favors of women with mastectomies and might influence self-care.

It is noticed that the shares have been addressed predominantly in support groups women with mastectomies and educational textbooks, was slightly highlighted the importance of family involvement in educational activities, which may hinder the accession of care practice. Therefore, it is understood that changes are needed in health practices in relation to women with mastectomies, integrating family support groups, educational textbooks, lectures, workshops; everyone should be linked in the educational process. Thus, one must implement new shares, based on the principles of health education and more consistent with the needs of those women who experience the experience of having undergone a mastectomy in order to develop more effective actions in favor of self-care, which shares cannot be just to deliver a manual isolation.

The exercise of the practice of health education presupposes openness, willingness to listen to each other, horizontality in interpersonal relations and educational action. Nursing professionals should broaden their understanding, realizing the links that unite women with mastectomies on your back, raise your desires, wishes and feelings. Their relationship is a phenomenon of transformation and care and not an event conditioning only when technological advancement, economic value and profitability. This is because there is no true knowledge, all knowledge is relative, denied, overcome or complemented by other knowledge. Knowledge is not created but added the values, cultures and experiences of each individual person.

The knowledge cannot simply be transferred, but urged the students, in this case, the subject -patient, to be real subjects in the construction and reconstruction along with the teacher, are both included in the care and health education.

Furthermore, it is important to note the inclusion of all individuals involved in the context of the woman who held mastectomy, especially the family, in the activities of health education, which implies also be aware of and understand these people perception about the mastectomy and how can assist in the care of his family. Therefore, we believe that future research on this topic are needed to increase the scientific evidence, and thus extend and improve the implementation of actions in health education aimed at women with mastectomies, clarifying and filling remaining gaps.

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