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NURSING CARE ORIENTATIONS FOR WOMEN UNDER TREATMENT FOR BREAST **CANCER**

ORIENTAÇÕES DE CUIDADO DO ENFERMEIRO PARA A MULHER EM TRATAMENTO PARA CÂNCER DE MAMA

ORIENTACIONES DE CUIDADO DEL ENFERMERO PARA LA MUJER EN TRATAMIENTO PARA CÁNCER **DE MAMA**

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Objective: identify the main health complaints the nurses receive in their care practice for women undergoing chemotherapy for breast cancer, as well as the main care orientations they provide. Method: qualitative and descriptive study involving ten nurses who work at an inpatient ward of a private hospital and a referral outpatient clinic for chemotherapy, through semistructured interviews. The interviews were held at a private room, audio recorded and later fully transcribed and analyzed by means of thematic content analysis. Results: 32 units of meaning were found, which were later grouped in two categories, which were called: Physical response to the chemotherapy and Nursing care in response to the complaints. *Conclusion*: the interventions the nurses presented in the study were punctual, scientifically supported and relevant for the women's complaints, highlighting this professional's protagonist role in care and care supervision.

Descriptors: Breast Neoplasms; Community Health Nursing; Drug Therapy; Women's Health.

Objetivo: identificar as principais queixas de saúde que os enfermeiros recebem ao cuidar de mulheres em tratamento quimioterápico para câncer de mama e quais as principais orientações de cuidado são realizadas. Método: estudo qualitativo, descritivo, com dez enfermeiros que trabalham em uma unidade de internação de um hospital privado e em ambulatório referência para tratamento quimioterápico, por meio de entrevista semiestruturada. As entrevistas foram realizadas em sala privativa, audiogravadas e, posteriormente, transcritas na íntegra, analisadas por meio da técnica de Análise de Conteúdo na modalidade Análise Temática. *Resultados*: foram encontradas 32 unidades de significado, as quais posteriormente foram agrupadas, formando duas categorias: Resposta corporal diante da quimioterapia e O cuidado do enfermeiro frente às queixas. Conclusão: as intervenções que os enfermeiros expuseram ao estudo foram pontuais, respaldadas cientificamente e relevantes frente às queixas relatas pelas mulheres, salientando o protagonismo desse profissional no cuidado, e na supervisão do mesmo. Descritores: Câncer de Mama; Enfermagem; Quimioterapia; Saúde da Mulher.

Objetivo: identificar las principales quejas de salud que los enfermeros reciben en su cuidado a mujeres en tratamiento quimioterapéutico para cáncer de mama y cuales son las principales orientaciones de cuidado proporcionadas. Método: estudio cualitativo, descriptivo con diez enfermeros que trabajan en una unidad de hospitalización de un hospital privado y en ambulatorio de referencia para tratamiento quimioterapéutico, mediante entrevista semiestructurada. Las entrevistas fueron realizadas en sala privada, audio grabadas e posteriormente transcritas por complete, analizadas mediante la técnica de Análisis de Contenido en la modalidad Análisis Temático. Resultados: fueron encontradas 32 unidades de significado, posteriormente grupadas en dos categorías, llamadas: Respuesta corporal ante la quimioterapia y El cuidado del enfermero ante las quejas. Conclusión: las intervenciones que los enfermeros expusieron al estudio fueron puntuales, apoyadas científicamente y relevantes ante las quejas relatadas por las mujeres, subrayando el protagonismo de ese profesional en el cuidado y en su supervisión. Descriptores: Neoplasias de la Mama; Enfermería en Salud Comunitaria; Quimioterapia; Salud de la Mujer.

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INTRODUCTION

Breast cancer is the second most prevalent cancer in the world, corresponding to 25% of the cancer cases in the population. It is also responsible for the highest mortality rates in Brazil, with 14,206 deaths among women in 2013. It is estimated that, in 2016, the number of cases reaches 57,960. Although this cancer also affects the male population, it accounts for only 1% of all cases of the disease.1 Cancer can be defined as the disordered proliferation of cells, multiply rapidly and erroneously, consequently turning into a disease in the body.² Among the different regions of the body cancer can affect, the breast is highlighted here.

The risk factors that are related to the development of breast cancer can be endocrine, genetic and behavioral factors. Some examples of these are nulliparity, early menarche, use of oral contraceptives, full-term pregnancy over 30 years, hormone replacement and late menopause for endocrine factors; postmenopausal obesity, alcoholic beverages, exposure to ionizing radiation for behavioral factors; as well as histories of breast cancer in relatives for genetic factors.¹

During clinical examination and self-examination of the breasts, however, one of the main clinical manifestations of breast cancer is the nodule, fixed, usually painless, and present in about 90% of cases when detected by the woman herself. Other symptoms that may also be noticed are reddish breast skin, changes in the appearance of the breast, changes in the nipple, small nodules in the armpits or in the neck, and output of fluid through the nipple.¹

For breast cancer, there are several treatments currently: surgical, radiotherapy and chemotherapy. Chemotherapy treatment is a procedure by which the patient undergoes intravenous drug therapy, intending to destroy cells that are proliferating inappropriately due to genetic error, with a view to controlling the disease.¹

Chemotherapy drugs are drugs that result in adverse effects and changes in the patients' lives, such as intense fatigue, hair loss, nausea, weight loss, stomatitis, lack of energy, exhaustion, loss of interest in previously pleasurable activities, weakness, dyspnea, pain, changes in the sense of taste, pruritus, slowness, irritability and loss of concentration.³⁻⁴ Therefore, patients with breast cancer require specific care for their health condition, thus demanding trained and

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qualified professionals for appropriate care provision.

Among the health professionals involved in the care for women with breast cancer, nurses stand out because they provide care during all stages of the disease: in diagnosis, during treatment and when they are discharged from hospital. Nurses' interventions and care practices need to be provided holistically. Therefore, the professionals need to possess technical and scientific knowledge of their area of care.²

Nurses' actions start with basic care, providing guidelines such as the realization of the Breast Self-Examination (BSE), Clinical Breast Examination (CBE) and mammogram for prevention purposes. Thev are responsible for guiding the patient during chemotherapy and its adverse effects, being essential to clarify the patients' doubts and to instruct them on the correct form of self-care. The orientations nurses provide to patients chemotherapy can undergoing help promote self-care and are of the utmost importance for them to understand that they also take responsibility can treatment.5

Thus, this study has the following concern: what are the main complaints that nurses face in the care for women in chemotherapy for breast cancer? And what are the main guidelines for self-care?

The choice to study the female public affected by breast cancer was due to the large number of women who are affected by the disease in Brazil and all the physical and psychological changes they suffer when they are confronted with cancer in their lives. By identifying the main forms of guidance by nurses in response to the complaints received from women in chemotherapy for breast cancer, this study can help to reinforce guidelines and guide the qualitative improvement of care.

OBJECTIVE

• To identify the main health complaints nurses receive in care for women undergoing chemotherapy for breast cancer and the main care orientations provided.

METHOD

Qualitative, descriptive study, undertaken at an inpatient service of a private hospital and a referral outpatient clinic for chemotherapy in the city of Curitiba, Paraná. The research was developed between July and August 2016.

Breast cancer is the second most prevalent cancer in the world, corresponding to 25% of the cancer cases in the population. It is also responsible for the highest mortality rates in Brazil, with 14,206 deaths among women in 2013. The research subjects were 10 nurses who work directly in care for women undergoing chemotherapy for breast cancer and who accepted to participate in the study by signing the Informed Consent Form (ICF). The inclusion criteria for the research were nurses who work directly in care for women in chemotherapy treatment for breast cancer and who accepted to participate in the study by signing the ICF. The exclusion criteria were nurses who refused to participate and/or who were on vacation or away.

The data were collected through a semistructured interview based on the following initial requests: Tell me which are the main complaints you hear when caring for women who are undergoing chemotherapy for breast cancer? And in view of these complaints, which care guidelines do you provide them with?

The interviews were carried out in a private room, audio-recorded and later fully transcribed and analyzed through thematic content analysis⁶, composed of four stages: organization of analysis, categorization and inference. After repeated readings of the interviews and further contact with the statements, we found 32 units of meaning, which were marked using colored pens segregation per subject. for Subsequently, they were grouped in another document to constitute the registration units, totaling seven. From these, two categories emerged, named: The physical response to the chemotherapy and Nursing care in response to the complaints.

Ethical aspects were observed according to resolution 466/2012. Interviewees were guaranteed anonymity, identified in the text by the letter "I" followed by the identification number. The research started after getting ethical approval from the Ethics Committee at Universidade Positivo (C.A.A.E: 56298716.2.0000.0093), with approval on 06/30/2016.

RESULTS

Ten nurses participated in this study, nine of them female and one male. As for age, they are between 24 and 57 years old, three are single and seven are married. As for the complementary training, six have a specialization degree in several areas, such as nursing management, occupational health nursing, audit and health surveillance, but one

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of them has a specialization degree in oncology, having taken a residency program in this area and holding a Master's degree. As for the length of experience in the area, five nurses have less than five years of experience in the area, three have between five and ten years of experience, and two over ten years of experience.

♦ The physical response to the chemotherapy

Baldness was one of the main concerns for the women. The nurses mentioned it as follows:

One of the first things she asks is, is my hair going to fall out? (I1)

The main complaints in fact are related to baldness, in fact the main complaint is, when the baldness happens, that already puts the women in social isolation. (14)

They complain about losing the eyelashes, losing the eyebrows, losing the body hair they didn't use to miss in daily life, and which they also lose. (19)

Another complaints seven nurses mentioned included nausea, vomiting and consequently lack of appetite, according to the following quotes:

After they do the chemotherapy, one of the complaints is nausea and vomiting, which many patients mention [...]. Lack of appetite, besides nausea and vomiting, lack of appetite. (I1)

[...] they complain about loss of appetite, the indifferent taste of foods. (I3)

Other complaints are nausea and vomiting, some of them often get even a bit dehydrated because they are unable to eat. (17)

The majority complains about losing their taste because of the taste of the medicine, they report a metal taste when they eat.

The effects of the chemotherapy are systemic. Four nurses appointed changes to the nails, skin and mucosa, according to the following statements:

It's related to the nails, they get very brittle, white, some black, others very sensitive, they complain a lot about that because it ends up bothering a bit, you know. Another complaint I end up having is the dryness. (I1)

It is a frequent complaint among the women under treatment, the dry skin, the chemotherapy causes a lot of dryness. They complain of dry lips. (16)

The patients have a lot of problems in the nails, they develop mycosis and detachment of the nails. (I7)

Some women feel great vaginal discomfort, so they complain. (18)

Next, another complaint four nurses mentioned was mucositis, according to the following reports:

There are also complaints about mucositis, which is very common for all women with breast cancer, the protocol characteristically causes mucositis. (14)

[...] mucositis, that is very frequent in several oncology treatments too. (16)

Next, three nurses highlighted complaints about the changes in the gastrointestinal system, such as constipation and diarrhea, as follows:

Constipation is a very common complaint, also characteristic of the medication. (14)

Then there's the diarrhea, which they often complain of. (18)

Another complaint two nurses appointed was peripheral neuropathy, according to the following statements:

They complain of peripheral neuropathy, they report losing sensitivity. (Iamor2)

They report numbness in the feet and hands, a bit of sensitivity loss. (110)

They also question the color of the chemotherapeutic drugs, which two nurses mentioned in their statements:

Another complaint they have been asking, this medication that is made for breast cancer? Is this medication red because it's dangerous? Is it red because it is bad? (I2)

And one of the main complaints is also related to diuresis because, when you do this first phase of chemotherapy, it is a red chemotherapy and the urine will come out red the first days. (14)

♦ Nursing care in response to the complaints

In view of the complaints presented above, each nurse reported guidelines they give to the patients in chemotherapy treatment for breast cancer. For the most prevalent complaint, which was baldness, the following guidelines were highlighted:

What I advise is "that the hair will fall, but it does not fall like that all at once, you will notice that it will fall a little bit at a time. (11)

- [...] I always say like, I'm not going to lie because I give you the chance you have, there's a 1% chance of not falling ... so we give you the actual chance you have. (I2)
- [...] advise that it is transitory, but that it is only after the treatment ends that the hair and body hair grow again. Therefore, we are always advising to use whichever aesthetic accessory, whether a wig or scarf, whatever she feels comfortable with. (14)
- [...] at the beginning of this hair loss, that she should cut it as short as possible, or even do the trichotomy. And also the use of protection if she goes out and exposes

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herself to the sun, because the hair is protection, the eyelashes, among other hairs they are protection, so we advise you to wear the hat, wear a scarf, sunscreen even if you are inside the hospital environment. (16)

Consecutively, the most recurrent complaint in the interviews was nausea, vomiting, and consequently lack of appetite. For these, the guidelines were:

[...] I advise an intake of at least two to three liters of fluid per day, because of the chemotherapy that enters the body, it has to come out somehow right? Like that, it goes out faster, less toxicity it causes for the patient [...] in general, what we are advising is not to leave the stomach empty, to eat every 2 or 3 hours, to fractionate these meals, we ask if you are taking the medication. (I1)

What we can advise as a nurse is a lot of fluid intake. (I7)

As for the changes in the skin, nails and mucous membranes, the interviewed nurses reported the following guidelines:

[...] I always indicate a dermatologist [...] in general, when they ask about fingernails we advise, look, avoid removing the cuticles because it ends up involving the immunity issue too, they decrease, they become neutropenic [...] We suggest removing the enamel, so that the nail can breathe. (11)

In the advice, I talk about the importance of fluid, for fluid intake, and to pass sunflower oil, a moisturizer, always wear sunscreen, we indicate that because the sun can dry out the skin and cause stains. (11)

We then advise you to seek a doctor to advise which cream would be the most ideal, because sometimes you can have a different consequence not only of the medicine, but of their immunity as well. (18)

For complaints of mucositis, the nurses reported the following guidelines:

[...] let's try to improve, let's try to give a spray, let's make a chamomile tea, to give some relief, calm down. (13)

We advise preventive mouthwash with mauve or chamomile tea, they can even drink it, because fluid is already one of our main guidelines, so it already helps to moisturize the entire mucosa of the mouth, which is the most attacked. (14)

Indicate a diet without very coarse foods, such as bark of bread that hurts the mucosa, always prefer more viscous foods, advise that she can also consume other foots, but in small portions. (14)

The flagship of the mucositis care is bicarbonate, purely, with the aid of a cotton swab, which she should place directly on the sore but, as it is also very abrasive, although its result is very good, some patients do not tolerate it. (14)

I advise to use ice, which is not a medication so we can advise, ice, popsicle, ice cream, jelly, cooler things, you know, to try to avoid, so after it has developed a bit we advise to use chamomile tea. (16)

Next, for complaints of changes in the gastrointestinal system, the nurses presented the following guidelines:

Fluid intake also encompasses the bowel issue and, other than that, we never give any specific medication until the patient returns [...] So, through his complaint, we usually advise to increase the fluid, increase the exercise, prefer slightly more laxative foods, yoghurts that end up making the bowel work better. (14)

Cold foods, some fruits, fluid and if you have too much diarrhea visit your doctor. I advise not to stay too long on an empty stomach. (18)

Subsequently to the complaint of peripheral neuropathy, the nurses reported the following guidelines:

It's a process, it's an effect the chemotherapy causes. In fact, what she can try to do for relief is some stretching, a massage, there's not much, right, there is no medicine we can mention. (110)

After complaints about the color of the chemotherapy, the nurses appointed the following guidelines:

[...] and we have to say, so it is red because it is red, there is no reason, coincidentally or not, it is this red that causes let's say the hair to fall out, which plays that role. (I2)

We always advise for her to be able to distinguish between what is a possible bleeding and what will be the chemotherapy being eliminated. So, in the first few days, the urine will come out reddish, but that's due to the chemo. After this time it can be a bleeding, which should also be informed then. (14)

DISCUSSION

By identifying the main complaints the nurses receive from women under chemotherapy treatment for breast cancer, correlations could be established with the main care guidelines they provide them with, permitting a comprehensive view on the disease, their recovery and nursing care.

The baldness is in line with the study in which 11 articles were analyzed, baldness being identified as the main side effect of chemotherapy treatment in women with breast cancer. In addition to the physical effects, however, the social changes due to the baldness were also evidenced.⁷ In response to this complaint, besides the use of sunscreen, the nurses advised using wigs and scarves, thus stimulating the femininity of the

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woman who is affected by the breast cancer treatment, as many of them set themselves aside in response to the disease and end up getting isolated, so that finding means to recover their self-esteem is fundamental in care practice.⁸

The complaint of nausea and vomiting was the second most cited in this study; nevertheless, research indicates that this side effect is the most prevalent. Of the 79 women interviewed, 93% presented nausea and 87% vomiting. 9 In relation to the care practices the nurses in this study cited, however, the following care was indicated: fractionate meals, avoid prolonged fasting, increase water intake, and give preference to foods that give you more pleasure. Some nonpharmacological approaches to relieve nausea and vomiting can be used, such as small, frequent meals. Light and mild foods may reduce the severity or at least the frequency of these symptoms. 10

The role of nurses in reviewing guidelines and providing health education is of paramount importance throughout the treatment process for women with breast cancer, as it makes the patient feel safer and consequently helps to better adhere to treatment.¹¹

There were also guidelines regarding the management of how to administer prescribed medication for nausea and vomiting complaints, ensuring that the patient is taking it correctly, highlighting its importance. In a survey, it was found that 94.4% of the women who had nausea and 77.7% of those who suffered from vomiting said they had been instructed to use the prescribed medication, favoring self-care.¹²

As for the change in the skin, nails and mucous membranes, the complaint of vaginal dryness is important when it comes to the relationship of the patient and her partner. As in a study, 145 women were questioned about their quality of life, revealing that 50.50% of them have difficulty in their sexual relationship.⁴ This reveals the impact that women suffer through chemotherapy, in their intimate relationship.

In a research performed at a gynecology service of a hospital in Portugal with 94 women who underwent breast cancer treatment, higher levels of marital intimacy were associated with lower levels of anxiety symptoms. Thus, this study reinforces the importance of intimate relationship with the partner, as a form of restructuring and adjustment of mental health to the breast cancer. Sharing one's fears and experiences with one's partner brought them closer

together and proved to be an important factor for coping and overcoming adversity. Thus, the authors of this research suggest that the partner should be included in the treatment process, as his proximity helps to reduce the symptoms of anxiety.¹³

When the patients in this study report the vaginal discomfort to the nurses, they end up being a bridge for them to share secrets and doubts about their new life, so this professional should be able to attend and solve the patient's doubts, always showing knowledge about the subject and passing on correct and effective care guidelines. ¹⁴ In addition to hearing the patients, nurses make referrals to medical professionals, advise not to remove the cuticles, increase the water intake, use moisturizers and sunscreen.

Thus, welcoming and active listening should be the nurse's care instruments in their daily practice, in accordance with the National Humanization Policy that refers to the welcoming as something built between professional and patient, through care instruments such as active listening, warm environment, aiming to develop relationships and bonds of trust, among teams, users and workers.¹⁵

Mucositis, also evidenced in the study, is a common side effect in this type of treatment. It is an inflammatory response of oral tissues characterized by edema, painful ulceration, redness, bleeding and even secondary infections.²

In a study in which 244 medical records of patients with neoplasia were analyzed, of which 23.7% referred to breast cancer, it was pointed out that 11.5% suffered from mucositis between grades 1, 2 and 3. The nurses in this study advised the patients about the use of specific sprays for mucositis and baking soda, as well as mouthwash and ingestion of mauve and chamomile tea, as well as ice. This reinforces the patients' wellbeing, so that they end up preventing the mucositis and alleviating its symptoms if it has already developed. ¹⁶

In another study, the analysis of 44 medical records of patients undergoing chemotherapy revealed that 44.5% were female patients. In this case, mucositis was reported in 95.5% of the cases and, as a control measure for this condition, chamomile tea, oral hygiene associated with chamomile tea and sodium bicarbonate, oral hygiene associated with chamomile tea, and oral hygiene associated with chamomile tea and xylocaine were evidenced. This is in line with the guidelines the nurses interviewed here provided.

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In addition to the gastrointestinal system disorders mentioned earlier, diarrhea and constipation are also common in treatment. In study, 60 patients undergoing chemotherapy were evaluated. It was observed that these patients can suffer alterations in the nutritional status, as they suffer variations in response to chemotherapy, affecting the gastrointestinal system. 18 In another study, however, in which 145 women were interviewed who were treated with chemotherapy for breast cancer, in addition to other symptoms, 20.68% had diarrhea and 29.88% constipation.

For diarrhea and constipation, the nurses in this study transmitted the following guidelines to the patients: fluid intake, increased exercise, laxatives and ice creams and no prolonged fasting. It is important to highlight the importance of the professional's look at each patient, offering alternatives to make the chemotherapeutic process less shocking and uncomfortable.⁹

Among the other complaints the interviewed nurses reported, peripheral neuropathy was also cited. In a study of 244 chemotherapy patients' charts, only 20 of these patients presented neuropathy. 16 Although peripheral neuropathy is not much discussed in studies, it is a relevant topic because of its importance, neuropathy being a lesion caused in the peripheral nervous system (PNS), due to high repeated doses of neurotoxic chemotherapeutics. This alteration can be identified through the patient's complaints of tingling, needles or numbness of the limbs, extreme sensitivity to touch. 10 Therefore, this implies impacts in the patient's quality of life.

In the category of complaints, the item "chemotherapy color" was also found in this research. In this item, the interviewed nurses mentioned that the specific drug for breast cancer treatment can interfere in the color of the patient's diuresis, making it red. The guidelines for this complain were to explain about the drug's interference after its application, but highlighting about possible hemorrhages during the chemotherapy process.

CONCLUSION

After the diagnosis of breast cancer, the woman goes through phases, such as the treatment, which leads to countless changes of physiological, social and psychological nature. Although advances in the area of chemotherapy have positively increased, there is still much to achieve within a joint

line between risk and benefit for the patient, such as side effects.

These effects are usually related to complaints patients bring to practitioners during their chemotherapy sessions, one of the main professionals related to the treatment of patients with breast cancer undergoing chemotherapy being nurses, as they are in a constant therapeutic relationship.

The complaints these professionals receive are many and end up varying according to each patient, because the impacts of the chemotherapy treatment affect the organism of each person who receives it differently. As the Nurse is the professional who provides direct care to the woman throughout this treatment, this professional becomes very important for the patient to be able to cope better with the treatment.

During this study, it could be observed that many of the guidelines the nurses transmitted to their patients, and although there were several studies proving effective guidelines for each complaint, the nurses used knowledge coming from their academic training and the knowledge acquired in their daily work to transmit the appropriate management of the complaints listed. Thus, as only one nurse held a specialization degree in the area, the importance of universities is highlighted to introduce and emphasize nursing care to cancer patients, being a prevalent disease with high incidence rates in society.

It was observed that the interventions the nurses exposed in the study are punctual, based on the theory, and extremely relevant to the patients' complaints, emphasizing this professional's protagonist role in care and care supervision.

Thus, the proposed objective was reached, but the limitations of this study should be highlighted, as these results apply to the social group investigated and are therefore not generalizable. Thus, it is suggested that studies of this nature be replicated in other institutions.

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