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ORIGINAL ARTICLE

NEEDS OF WOMEN WITH BREAST CANCER IN THE PRE-OPERATIVE PERIOD

NECESSIDADES DAS MULHERES COM CÂNCER DE MAMA NO PERÍODO PRÉ-OPERATÓRIO

NECESIDADES DE LAS MUJERES CON CÁNCER DE MAMA EN EL PERÍODO PREOPERATORIO

Giovanna Paola Trescher[1], Lúcia Nazareth Amante[2], Luciana Martins da Rosa[3], Juliana Balbinot Reis Girondi[4], Ana Inez Severo Varela[5], Julieta Oro[6], Joel Mancia Rolim[7], Maristela Jeci dos Santos[8]

ABSTRACT

Objective: to know the care needs in the preoperative period for tumor resection in the perception of women with breast cancer and nurses. ***Method:*** this is a qualitative, descriptive study carried out in an oncological institution, with 18 women with breast cancer in the postoperative period and 13 nurses. For data collection, a semi-structured interview roter was used, composed of three open questions. Thematic Analysis was used to organize and analyze the data. ***Results:*** three categories were raised: "Psychosocial needs of women with breast cancer"; "Educational Needs of Women in Resection of Breast Cancer" and "Recommendations for the Operationalization of the Nursing Consultation". ***Conclusion:*** it is considered in the perception of women and nurses that the systematization of the Nursing consultation and the elaboration of educational materials regarding the needs of care for women with breast cancer in the preoperative period provides great benefits on the orientations that are carried out and the organization of nursing actions. ***Descriptors:*** Nursing Care; Preoperative Period; Nursing Process; Breast Neoplasms; Nursing care; Mastectomy.

RESUMO

Objetivo: conhecer as necessidades de cuidados no período pré-operatório para a ressecção tumoral na percepção de mulheres com câncer de mama e enfermeiros. ***Método:*** trata-se de um estudo qualitativo, descritivo, realizado em uma instituição oncológica, com 18 mulheres com câncer de mama em período pós-operatório e 13 enfermeiros. Utilizou-se para a coleta de dados um roterido de entrevista semiestruturado, composto por três perguntas abertas. Utilizou-se a Análise Temática para a organização e analise dos dados. ***Resultados:*** levantaram-se três categorias: “Necessidades psicossociais das mulheres com câncer de mama”; “Necessidades educativas das mulheres em ressecção do câncer de mama” e “Recomendações para a operacionalização da consulta de Enfermagem”. ***Conclusão:*** considera-se na percepção das mulheres e enfermeiros que a sistematização da consulta de Enfermagem e a elaboração de materiais educativos frente às necessidades de cuidados às mulheres com câncer de mama no período pré-operatório proporciona grandes benefícios sobre as orientações que são realizadas e a organização das ações de Enfermagem. ***Descritores:*** Cuidados de Enfermagem; Período Pré-operatório; Processo de Enfermagem; Neoplasias da Mama; Cuidados de Enfermagem; Mastectomia.

RESUMEN

Objetivo: conocer las necesidades de cuidados en el período preoperatorio para la resección tumoral en la percepción de mujeres con cáncer de mama y enfermeros. ***Método:*** se trata de un estudio cualitativo, descriptivo, realizado en una institución oncológica, con 18 mujeres con cáncer de mama en período postoperatorio y 13 enfermeros. Se utilizó para la recolección de datos un guion de entrevista semiestructurado, compuesto por tres preguntas abiertas. Se utilizó el Análisis Temático para la organización y análisis de los datos. ***Resultados:*** se levantaron tres categorías: "Necesidades psicosociales de las mujeres con cáncer de mama"; "Necesidades educativas de las mujeres en resección del cáncer de mama" y "Recomendaciones para la operacionalización de la consulta de Enfermería". ***Conclusión:*** se considera en la percepción de las mujeres y enfermeros que la sistematización de la consulta de Enfermería y la elaboración de materiales educativos frente a las necesidades de atención a las mujeres con cáncer de mama en el período preoperatorio proporciona grandes beneficios sobre las orientaciones que se realizan y la organización de las acciones de Enfermería. ***Descriptores***: Atención de Enfermería; Periodo Preoperatorio; Proceso de Enfermería; Neoplasias de la Mama; Atención de Enfermería; Mastectomía.

[1,8]Masters, Federal University of Santa Catarina / UFSC. Florianópolis (SC), Brazil. Email: gitrescher@yahoo.com.br ORCID iD: https://orcid.org/0000-0003-0374-7823; Email: maristela.santos@cepon.org.br ORCID iD: https://orcid.org/0000-0003-1717-3410; [2,3,4,6]PhDs, Federal University of Santa Catarina / UFSC. Florianópolis (SC), Brazil. Email: luciaamante@gmail.com ORCID iD: https://orcid.org/0000-0002-5440-2094; Email: luciana.m.rosa@ufsc.br ORCID iD: http://orcid.org/0000-0002-1884-5330; Email: juliana.balbinot@ufsc.br ORCID iD: https://orcid.org/0000-0003-0271-259X; Email: julietaoro2009@hotmail.com ORCID iD: https://orcid.org/0000-0003-4990-6172; [5]Master (PhD student), Federal University of Santa Catarina / UFSC. Florianópolis (SC), Brazil. Email: anainezmpenf@gmail.com ORCID iD: https://orcid.org/0000-0002-6221-582X; [7]PhD, University of Vale do Rio dos Sinos / UNISINOS. Porto Alegre (RS), Brazil. Email: joelmancia@uol.com.br ORCID iD: https://orcid.org/0000-0001-9817-2537

INTRODUCTION

It is known that breast cancer is the second type of tumor that affects women in Brazil, behind only non-melanoma skin cancer.[1] The world incidence is 1,671,149 cases, [2] and in Brazil, 59,700 new cases of the disease are estimated for 2019, and in Santa Catarina the estimate for 2019 is 2,190 cases, with 200 cases in the capital.[3]

It is noticed that the discovery of cancer, as well as its treatment, leads the women and their families to experience moments of difficulties, which demand directions and quick and effective answers. It becomes, then, extremely important a health team assistance, with effective and qualified action to meet this demand.[4]

It is pointed out that, even with the diagnostic and therapeutic advances, there is still much to be incorporated into the care of women with breast cancer and their families, especially the respect and recognition of their feelings and needs after the illness has been diagnosed because, when they feel welcomed and strengthened, they present better conditions to experience the daily life of the diagnosis and treatment of breast cancer that, according to the women themselves, is considered an endless period.[5]

It is inferred that there are several forms of treatment for breast cancer, which may or may not be combined, but in the great majority of cases, the ideal is that surgery is the first form of treatment, since this condition is suggestive of disease less advanced. Advanced tumors of early therapeutic radiotherapy are needed to make surgery more efficient, 6 but there are other treatments that may or may not be associated with surgery, depending on each case, such as chemotherapy, radiotherapy and hormone therapy.[7]

The associations of hormonal and other treatments are caused by female self-image, sexuality, psychosocial, emotional and physical aspects, often difficult to cope with.

Several techniques can be adopted for resection of the breast tumor, among them, mastectomy presents, as a disadvantage, amputation of the breast and consequent alteration of the body image of the woman; on the other hand, conservative surgery is associated with radiotherapy and its side effects, a longer course of treatment and a greater fear of recurrence of the disease. It is added that the adverse effects of one and the other surgical technique can compensate each other, leading to very similar adaptive results.[8]

In this context, it is recommended that information and therapeutic decision-making include women's participation in order to obtain better psychological results, lower levels of anxiety and depression, greater optimism about the future and better physical and psychological functioning in the period perioperative. It is essential, even when the woman chooses to take a more passive role, that the health team provides the woman with breast cancer with adequate and adequate information about the different surgical possibilities in her case, 8 and the care related to this process.

It is revealed that, in a reference cancer institution located in the South of Brazil, the women treated in the perioperative period for the resection of the breast tumor are not submitted to the preoperative Nursing consultation. It is observed, therefore, that they have difficulty assimilating and performing actions and self-care, in general, dialogue in the medical consultation. It is evidenced that the psychological changes, which involve this phase, contribute to the limitation of attention, learning and execution, as well as the lack of systematization of the Nursing consultation. It is understood, in this context, that the implementation of the Nursing consultation is essential to the woman with breast cancer and, for this, the identification of the care needs that involve this period are also essential for the systematization and operationalization of the Nursing consultation.

OBJECTIVE

- To know the care needs in the preoperative period for tumor resection in the perception of women with breast cancer and nurses.

METHOD

This is a qualitative, descriptive study carried out at the Cancer Research Center (CEPON), an oncology institution in the South of Brazil, which included women with breast cancer in the postoperative period and care nurses.

The following inclusion criteria were adopted for women with breast cancer: being 18 years of age or older, being submitted to tumor resection and to the first or second cycle of outpatient adjuvant chemotherapy. It was classified as exclusion criterion: to present difficulty in verbal communication.

It was established, for nurses, as an inclusion criterion: to be active in the study scenario in the perioperative care of women

with breast cancer, excluding those who were away from their work activities, due to vacations or leave in the period of data collection.

For the collection of data, semi-structured interviews were developed, composed of three open questions, covering an informal conversation, that is, a free response. They were the same in the months of April and May of 2018.

The data were obtained through the interviews, submitting them to the Thematic Analysis.[9] The organization of the research, its realization and the transcription of the interviews were carried out in the pre-analysis stage. The second stage was the exploration of the material, with the codification of the communications, culminating in the thematic categorization, and in the third stage, the inference and interpretation of the results.

For the development of the study, the ethical precepts of research were respected in accordance with Resolution n. 466/12, which was approved by the Research Ethics Committee of the Federal University of Santa Catarina under the no. 2,549,602, Certificate of Presentation for Ethical Assessment (CAAE) n: 82125817.3.0000.0121 (study proponent) and opinion 2,585 .286, CAAE n: 82125817.3.3001.5355 (coparticipante - study scenario). Participants' secrecy and anonymity were ensured through PTAQ (patient under adjuvant chemotherapy) and IOP (professional oncology) coding followed by Arabic numbering, ie PTAQ 1, PTAQ 2, PIO 1, IOP 2, and so on.

RESULTS

18 women with breast cancer in the postoperative period and 13 nurses, totaling 31 interviewees were included.

The units of significance of the analysis of the communications were codified. These were sequentially grouped into three thematic categories presented below.

Category - Psychosocial needs of women diagnosed with breast cancer

Significance units were included in this category, which portray women's need for guidance and clarification of doubts, concerns, anxiety, fear of illness and treatment, the need for a more affectionate reception, and the importance of the companion's presence in this process . It also includes the perception of nurses who also point out that women with breast cancer are frightened, fearful, anxious and with many doubts about what they can or can not do during the postoperative period. In order to reduce these discomforts, we seek to dedicate special attention to these aspects, acting both as technical professionals and health educators, in the search for a humanized care, articulating the specific knowledge of their area of action with the latent needs of reception and affection manifested by the patients.

Examples are the statements below category.

> *Cancer is something that makes everyone worried, so when you find out you have it, there the fear is great, however much you have a lot of faith. (PTAQ5)*
>
> *Daughter, the doubt is when I can go to my house, because I need to work. (PTAQ7)*
>
> *The importance of the presence of the companion. Doubts also from the family, where support is essential to face the treatment. (PIO4)*
>
> *Worry that will run out of breast, mutilation, appearance, aesthetics, many of them have this worry, this anguish and sadness. (PIO6)*
>
> *A welcoming is important to feel more secure. (PIO1)*

Category - Educational needs of women submitted to resection of breast cancer

> The units of significance are associated in this unit: health education about the surgical process and pre-operative and postoperative care. It should be noted that five participants mentioned that it would be relevant to have some printed educational material, such as guidance, for example, because, according to them, it would help in this process, allowing consultation at any time and more tranquility, for the certainty that important information will not be forgotten or neglected.
>
> *[...]medicines you should continue to take and those you should stop on account of anesthesia. How will the surgery be? If you need an escort, if you need fasting, do not use enamel and makeup, tricotomy, what to bring to the hospital on the day of surgery? (PIO1)*
>
> *The care that we have to have with the surgical part. How should the dressing be done, if I can bathe and wet the dressing? Caring for food and the movement of my arm. (PTAQ2)*
>
> *I had enough questions of what to take to the hospital, food, routine, proper clothing after surgery. (PTAQ12)*
>
> *Stay with the bra, do not drive, sanitize the surgical incision with serum, feed, lots of water, do not lie on top of the operated breast. (PTAQ8)*
>
> *What was going to happen to me in surgery? (PTAQ1)*

Category - Recommendations for the operationalization of the Nursing consultation

Units of significance were grouped together in this unit: attentive listening, standardized therapeutic communication, construction and supply of educational materials, and the importance of nursing consultation. The following are testimonials to exemplify the category.

> *It is important that nurses have a standardized language in care [...]. (PIO1)*
>
> *A checklist of the guidelines that were given. (PIO4)*
>
> *After she went home, it would have to be built as an instrument, as well as a list of guidelines. (PIO6)*
>
> *The Nursing consultation is fundamental, welcomes, establishes a link that facilitates the survey of their needs. (PIO10)*
>
> *I think it's cool filmed on the cell phone so we do not forget why, at the moment of orientation, sometimes we are apprehensive and forget. (PIO4)*
>
> *NCS already focused on the breast, directed to the preoperative period. (PIO3)*

DISCUSSION

It is stated, in the face of the results, that breast cancer and breast tumor resection, through mastectomy or conservative surgery, affect the emotional, psychological and physical aspects of women significantly. It is essential, in this sense, to provide a humane and welcoming service by nurses, with educational support, so that conditions are given to women to return to the routine of their lives, with autonomy and emotional and affective security, reducing stressors and favoring the recovery of health.

It is considered, therefore, that the educational information and actions performed by nurses in the Nursing consultation are fundamental for the promotion of the quality of life of women with breast cancer for providing support and education and for favoring the confrontation of the process of illness, treatment and self-care.

It was reinforced by the findings of this study that the reception, attentive listening and communication contribute to the recognition of the moment experienced by women and their families, as well as the standardization of therapeutic communication for Nursing consultation and better planning of actions and nursing care.

The need for emotional support for the reduction of the unknown and the stressors in the face of the disease and the surgical treatment was evidenced, as regards the psychoemotional needs found, in the perception of women with breast cancer and nursing assistants.

The findings of this study are similar to those of another study that states that the woman suffering from breast cancer faces a high psychic suffering, mixing several emotions, from the fear of death or severe sequelae of the surgery, to the fear of to face herself in the mirror.[10]

Therefore, the multiprofessional team, which serves the woman with breast cancer, must act in a humanized way, deconstructing the mechanical routine of care and enabling the patients to feel more welcomed at such a critical moment in their lives.[11]

Among the findings, the nurses recognize the psychological damage caused by the disease and the treatment and the need for the care and self-care of the post-surgery women.

Accompanying ones in the perioperative period were emphasized as a psychological need, which contributes to emotional health.

It is believed that it is an undeniable historical fact that the human being has always feared the diseases capable of bringing him memories of death and in this context the presence of a reliable person, usually a relative, can make a difference in the success of the patient's treatment , making the patient feel more protected and welcomed, accepting, with greater facility, the procedures by which he will have to pass.[12]

It is added that another contributing factor for the reduction of the psychoemotional impairment in women's perception was faith. A deep sense of spiritual trust has been experienced by breast cancer survivors who believe in the existence of God, and even in circumstances not so ideal, they are able to identify benefits in the experience of cancer, seek personal growth internally, o externally, often through involvement with other people. It is by means of this relationship with faith, with self and with others, in transformational changes in life and in altruism.[13]

It was identified, in relation to educational needs, that the information question and the doubts and needs of orientations were the most cited in the women's perception. The lack of guidance in the study scenario related to fundamental aspects, such as clarifications on the surgical procedure, preparation for surgical hospitalization and postoperative care were also revealed by them.

Thus, the relevance of guidelines in the lives of women with breast cancer is

observed, since "small attitudes" and "few words" are perceived as a need and a more sensitive care, but which have a great impact on their lives.

It was identified, in this sense, that, in addition to the need for systematization of the Nursing consultation, there is a need to construct instruments that record information to women and facilitate the understanding of the care to be performed by them in the perioperative period, such as folders, applications, games, among others.

It is understood, then, that the elaboration of instructional material is of great value to the patients, since it allows them to possess the necessary information regarding the pre- and postoperative care; in this process, they can be empowered to self-care, in the perspective of support for health education.

It is a duty of nurses to propose resources, such as educational materials, that facilitate the life of patients in contexts of serious diseases such as cancer, since they facilitate the care and transfer of information.[14]

It is important to emphasize that health professionals working with women suffering from breast cancer need both a technical knowledge of the specifics of the disease and an awareness of how to act as educators, guiding women about the care they provide. need to have, in order to reassure them, preventing fears and anxieties for lack of information.[15]

A different weight is borne by the uncertainties after the postoperative period because the woman has already undergone the procedure, needs to recover from the surgery and learn to live with her new condition.[16] The emotional and psychic aspects of these patients are driven by psychological issues, which revolve around longings, ranging from concern for the return of the disease to issues of a plastic nature, such as breast reconstruction surgery and the recovery of a healthy life.[17] In this sense, it is understood that the more informed the woman is, the better the quality of life, the coping capacity and the decision-making process for self-care.

It is believed that informing is a part of the reception, because when it is carried out by health professionals, it reassures patients, helping them to move more firmly through this experienced stage of life.[18]

It is considered important, in the professional and patient relationship, when it comes to serious diseases such as cancer, that the implementation of tools as strategies that contribute to a better understanding of the guidelines provided is an essential for certain issues, difficult to be remembered by the patients, be assimilated in the best possible way.[14]

It was verified, in the perception of the revealed nurses, that they are more concerned with issues related to daily work behaviors, emphasizing aspects such as the existence of standard procedures to be followed and the reception during care.

Lastly, it is necessary to take into account the specificities of breast cancer, including the impact of the disease on women, who are mothers and grandmothers and who need to face their partners, family and society, or young people who dream, one day, getting married, establishing their families, bearing children and seeing all their dreams of relationship and family constitution put in doubt by their new condition of life.[19]

It is also required by the current scenario of scientific development and recognition of human needs, better organization in cancer care, because it is time to leave behind the empiricism of individualized care without organization of the Nursing team through systematization of Nursing care and of qualified instruments for the practice and self-care.

In this context, it is essential health education, considering the survival of women with breast cancer and the need for health care throughout the survival of cancer, in order to comply with the recommendations of the national policy for oncology.[20]

There is evidence, in this sense, that health education is of great importance and brings innumerable benefits, significantly increasing the quality of life and the confidence levels of women with breast cancer in face of the decisions that involve their treatment.[21]

It can be seen, therefore, that, in the discussion, it is evident how women with breast cancer benefit when they are well targeted, and this is a positive thing, since they face fears and concerns about their health during the process of treatment if not well oriented, and many doubts about their self-care are lacking in understanding, often hindering the process of improving their quality of life.[22]

The research presented here and its unfolding, which involves requirements for the systematization of nursing care to women with pre-operative breast cancer, for tumor resection and identification content/need, for the construction of educational materials for information and self-care essential for the quality of life of the women portrayed here.

This study was limited by the need to seek new research in favor of the daily improvement of Nursing practice in view of the new vision of social reality.

CONCLUSION

It is understood that the perception of women with breast cancer and care nurses on the preoperative tumor resection presents many elements in common, evidencing that both have similar and complementary understandings.

It should be noted that the need for hospitalization is mentioned by both, as well as attention to psychoemotional changes and the importance of clarifications on the clinical condition, treatment, medications and preparation for surgical hospitalization. Patients and nurses are reciprocally aware of the nuances of the disease in which patients portray their fears and longings, while nurses validate a clear perception of the emotional needs demonstrated by their patients.

It is concluded that the results of this study allow a more humanized and integral approach, which will focus on pre-operative guidelines and care, with a post-operative outcome, as well as the organization of nursing actions highlighting the Nursing consultation and the elaboration of educational materials.

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Corresponding Address

Giovanna Paola Trescher
Centro de Pesquisas Oncológicas - CEPON
Rua Admar Gonzaga, 655
CEP: 88034-000 – Itacorubi (SC), Brazil