



BREAST SELF-EXAMINATION PRACTICED BY NURSING PROFESSIONALS IN FAMILY HEALTH UNITS

AUTOEXAME DAS MAMAS POR PROFISSIONAIS DE ENFERMAGEM EM UNIDADES DE SAÚDE DA FAMÍLIA

AUTO EXAMEN DE LAS MAMAS POR PROFESIONALES DE ENFERMERÍA EN UNIDADES DE SALUD DE LA FAMILIA

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ABSTRACT

Objective: to identify the practice of breast self-examination (BSE) by nursing professionals in two family health basic units (FHUs) in Natal city, Rio Grande do Norte, Brazil, and identify the teaching of the proper technique for the examination in female users who attend these health units. **Method:** this is an exploratory-descriptive study with non-participant observation and quantitative approach. The population consisted of nurses and nursing technicians who work in the FHUs concerned, totaling 15 nursing professionals, being 5 nurses and 10 nursing technicians. From this total number, 12 individuals participated in the sample. The instrument for data collection was an interview containing closed questions with data on the characteristics of the subjects and questions related to the theme, besides a field diary for the researcher to make notes. The collection was carried out in the waiting room of the FHUs, with an average time of 30 minutes for each interview in the period from July to August 2011. The research was approved by the Research Ethics Committee of Universidade Federal do Rio Grande do Norte (UFRN), under the Opinion 307/2011 and the Protocol 109/11-P CEP/UFRN. **Results:** the results showed that the frequency of the practice of BSE by the nursing professionals is low, most of the individuals know the period for carrying out the BSE, as well as the proper technique, and, in general, they present a satisfactory knowledge on the importance of the examination practice. **Conclusion:** one concludes that, despite the low frequency of the practice of BSE among the nursing professionals, they still have a satisfactory knowledge on the examination and they are able to develop actions for the prevention of breast cancer. **Descriptors:** nursing; breast cancer; prevention; breast self-examination.

RESUMO

Objetivos: identificar a prática do autoexame das mamas (AEM) por profissionais de enfermagem em duas unidades de saúde da família (USFs) na cidade de Natal-RN; identificar o ensino da técnica correta para o exame nas usuárias que frequentam essas unidades de saúde. **Método:** estudo do tipo exploratório-descritivo com observação não participante e abordagem quantitativa. A população foi composta por enfermeiros e técnicos de enfermagem que atuam nas USFs em questão, totalizando 15 profissionais de enfermagem, sendo cinco enfermeiros e 10 técnicos de enfermagem. Desse total, 12 indivíduos fizeram parte da amostra. O instrumento para coleta de dados que ocorreu na sala de espera das USFs foi um formulário, com tempo médio de 30 minutos para cada entrevista no período de julho a agosto de 2011. A pesquisa foi aprovada pelo Comitê de Ética em Pesquisa da Universidade Federal do Rio Grande do Norte (UFRN), sob o Parecer n. 307/2011 e o Protocolo n. 109/11-P CEP/UFRN. **Resultados:** os resultados mostraram que a frequência na prática do AEM pelos profissionais de enfermagem é baixa, a maioria dos indivíduos conhece o período de realização do AEM, bem como a técnica correta, e, em geral, apresentam conhecimento satisfatório sobre a importância da prática do exame. **Conclusão:** conclui-se que, apesar da baixa frequência da prática do AEM pelos profissionais de enfermagem, estes ainda detêm conhecimento satisfatório a respeito do exame e estão capacitados para desenvolver ações para a prevenção do câncer de mama. **Descritores:** enfermagem; câncer de mama; prevenção; autoexame das mamas.

RESUMEN

Objetivo: identificar la práctica del auto examen de las mamas (AEM) por profesionales de enfermería en dos unidades de salud de la familia (USFs) en la ciudad de Natal, Rio Grande do Norte, Brasil, y identificar la enseñanza de la técnica correcta para el examen en las usuarias que frecuentan esas unidades de salud. **Método:** esto es un estudio del tipo exploratorio-descriptivo con observación no participante y abordaje cuantitativo. La población fue integrada por enfermeros y técnicos de enfermería que actúan en las USFs en cuestión, totalizando 15 profesionales de enfermería, siendo 5 enfermeros y 10 técnicos de enfermería. De ese total, 12 individuos hicieron parte de la muestra. El instrumento para recogida de datos fue una entrevista conteniendo preguntas cerradas con datos característicos de los sujetos y cuestiones relacionadas al tema y un diario de campo para anotaciones del investigador. La recogida ocurrió en la sala de espera de las USFs, con tiempo medio de 30 minutos para cada entrevista en el periodo de julio a agosto de 2011. La investigación fue aprobada por el Comité de Ética en Investigación de la Universidad Federal do Rio Grande do Norte (UFRN), bajo la Opinión 307/2011 y el Protocolo 109/11-P CEP/UFRN. **Resultados:** los resultados mostraron que la frecuencia en la práctica del AEM por los profesionales de enfermería es baja, la mayoría de los individuos conoce el periodo de realización del AEM, así como la técnica correcta, y, en general, presentan conocimiento satisfactorio acerca de la importancia de la práctica del examen. **Conclusión:** se concluye que, apesar de la baja frecuencia de la práctica del AEM por los profesionales de enfermería, estos aún tienen conocimiento satisfactorio acerca del examen y están capacitados para desarrollar acciones para la prevención del cáncer de mama. **Descritores:** enfermería; cáncer de mama; prevención; auto examen de las mamas.

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INTRODUCTION

Breast cancer (BC) is now a disease of great importance to public health worldwide, having grown in incidences in both developed and developing countries and being a leading cause of death in women in Western countries.¹⁻²

The World Health Organization (WHO) estimates that approximately one million and fifty thousand new cases of BC occur in the world each year. In Brazil, for its high frequency, morbidity and mortality in the female population, affecting the perception of sexuality and personal image among women, it is possibly the most feared cancer in women from 35 years of age, resulting mainly in psychological repercussions.³⁻⁶

The number of new cases of BC expected for Brazil in 2010 was forty-nine thousand two hundred and forty, with an estimated risk of forty-nine cases per hundred thousand women. In the state of Rio Grande do Norte (RN), five hundred and forty new cases were expected, with an estimated risk of thirty-three new cases per hundred thousand women.⁷

Within this context, BC has motivated extensive discussion concerning the measure that promotes early diagnosis and, consequently, reduction in morbidity and mortality rates.¹

Breast self-examination (BSE) has been systematically recommended since the 1930s and has been part of U.S public health policies since 1950. Thus, it can increase chances of early detection and favourable prognosis when performed properly and on a monthly basis, contributing to a successful treatment.⁴

Health services' daily reality indicates that early detection of BC is still not strongly emphasized by professionals, who provide guidance on BSE in a routinely, mechanical manner, and not in a way for women to understand their importance in participating in health issues related to their own bodies.⁸

The Brazilian health system continues with a practice focused almost exclusively on curative medicine. Studies show that the rate of practice is insufficient in many parts of the world, although knowledge about the advantages of BSE is highly publicized by the education sector, the media and public health programs.⁸⁻⁹

Being a relatively simple and low cost option, it is necessary to urge women to adopt this healthy habit and prioritise health care

for their breasts. In this way, the frequency of BSE along with clinical examination and mammography should be encouraged.²

Research on socio-economic factors that influence the practice of the examination indicates that women with higher incomes and high educational levels are those that adhere to the practice of BSE and have the most knowledge about this. On the other hand, women with low levels of information and awareness about the importance of this technique for early detection of BC have a high deficit of knowledge and do not practice it.⁹

The responsibility to guide women as to the BSE is up to professional nurses working in preventive services in primary health care. Educational interventions must be developed through the teaching of breast palpation by the woman herself, as a strategy to care for her body.^{4,10}

Authors report the need to increase awareness about the importance of practicing BSE in health care teams that work in basic care units, being fundamentally relevant that these professionals are continuously informed about the importance of this practice. This way, they will be able to provide quality information about this topic to the population that needs the services of health facilities, both on an individual and at group levels.³

The internship in two Family Health Basic Units (FHUs) in the Northern Health District of Natal, the capital of Rio Grande do Norte State (RN), as part of the Bachelor of Nursing degree at the Federal University of Rio Grande do Norte (UFRN), class of 2011.2, provided the opportunity to observe roles specific to and performed by nurses, but delegated to nursing technicians, such as the practice of BSE.

It was also noted that nurses have great potential to develop other actions in FHUs, such as: stimulating demand for Pap tests and raising awareness about its importance; expanding women's access to examination in case of unmet demand by increasing the number of examination days in the weekly attendance schedule at the Family Health Unit (FHU); guiding women with positive results for precursor lesions with follow-up support; helping reduce the number of new cases and deaths caused by this disease; working with data collection on examination coverage; employing means such as establishment of partnerships with non-governmental organisations (NGOs), factories and educational institutions, as well as using mobile collection units in areas with difficult

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access to the FHUs.

With the finding that nursing technicians were developing roles specified for nurses at the surveyed FHUs, the object of this study is to fully understand the practice of BSE by nursing professionals in two Northern District FHUs in the city of Natal/RN. With the perspective of finding an answer for this purpose, the question is: Do nursing professionals have knowledge about teaching the right technique and practice of BSE in two FHUs in Northern Health District in Natal?

Considering this question, this study was developed aiming to identify the practice of BSE by nursing professionals in two Northern District FHUs in the city of Natal / RN and to identify the teaching of correct technique for BSE among women attending these health facilities.

Given the above, this study is relevant in trying to contribute to the investigation and discussion with nursing professionals working in the surveyed units indicating that this is a function of the professional nurse, who must assume this reality, rather than delegating it to the nursing technician. Thus, the knowledge and application of this theme are essential, and this study may contribute to greater understanding and concern about BSE by nurses of these units, in order to strategically assume their roles and delegate those of the nursing technicians responsibility to them, thus providing women with opportunities for better assistance. New studies aiming at the teaching of correct technique of BSE by nurses of these units are also relevant, given the verification of the presence of concomitant BC risk factors, already proven in the literature such as: family history, early menarche, pregnancy after 30 years of age, late menopause, nulliparity, regular intake of alcohol, among others.¹¹

METHODOLOGY

This is an exploratory-descriptive cross-sectional non-participant observation and quantitative approach study developed in FHUs of the Northern District of Natal/RN. This District consists of the following units: Soledade 1 Family Health Unit and Parque das Dunas Family Health Unit.

The target population consisted of nurses and nursing technicians working in the Northern District FHUs in Natal/RN selected as the study site. In this way, the study population was composed of fifteen nursing staff - five nurses and ten nursing technicians.

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The latter were included because of their responsibility in full assistance to the individual and the collective in the FHUs, which includes actions for the prevention and control of BC. From the total population of fifteen, twelve individuals were part of the sample.

Inclusion criteria were: professionals working in the units selected and present to answer the interview; accepting participation in the study and signing an Informed Consent Form (ICF).

The instrument used for data collection was a form with closed questions divided into three parts containing data on subjects' characteristics and issues related to the theme. A field diary was used for the researcher's observations about the teaching and practice of BSE offered to the women users of the selected health units.

Data collection occurred in the FHUs' waiting rooms with an average time of thirty minutes for each interview before the examination for oncotoc cytology in the period from July to August 2011. After collection, the quantitative data was transferred to an Excel spreadsheet application whose analysis was done by descriptive statistics, with measures of frequency and percentage.

It is important to highlight that this study was approved by the Ethics Committee in Research of the Federal University of Rio Grande do Norte (UFRN), receiving Approval nº 307/2011, Protocol nº 109/11-P CEP/UFRN and CAAE 0128.0.051.000-11, respecting the principles of Resolution 196/96 in relation to human research.

RESULTS AND DISCUSSION

Twelve nursing professionals were interviewed, 50% aged between 30 and 40 and 50% aged between 50 and 60; regarding level of education, the majority (67%) had completed high school and 33% a university degree. In relation to graduation, 67% were nursing technicians and 33% nurses; it was observed that 67% had over 20 years of experience in nursing, 92% with basic training in public universities, 83% with specialization courses and 50% had the specializing course in women's health.

Regarding the practice of BSE, it was identified that 50% of participants said they had acquired information about the BSE through internet research, books, journals and the training course. This finding is quite relevant since the cited means of information reach almost the entire population surveyed,

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contributing to the knowledge about BC prevention.

A growth in mortality rates can be noticed, credited mainly to delayed diagnosis of BC, making the placement of a broader approach to the issue as a public health problem relevant.^{3,6} Due to its high lethality and physical and emotional sequelae, the prevention and early identification of BC is important, focusing on educational campaigns on prevention and BSE, thus increasing the chances of cure.

Among the actions to prevent BC, results showed that the respondents developed actions in their units such as lectures, teaching the BSE technique, answering questions and discussions on the subject; information to women users as to the means by which they can self-examine.

In a retrospective evaluative study developed in the municipality of Paranapanema with data from 2002, it is noted that campaigns by the Ministry of Health (MOH) are not enough; it is also necessary for the municipality to develop routine activities of actions encouraging women to prevent cancer. These activities can be scored as educational activities, media discussion, lectures, group activities, and importantly, professionals being able to draw women to the practice of BSE in their local area, corroborating the mentioned study.⁵

Concerning the importance of periodic practice of BSE, results show that most participants (41%) attribute the following factors to the BSE: body knowledge, early detection of breast changes, BC prevention and adoption of priority breast health care. The results from the context mentioned above are consistent with the literature, since the BSE is a procedure used in screening and early diagnosis of BC, which will provide women's familiarization with their breasts, causing them to know the form, size, appearance of the skin and nipple, and being able to early identify abnormalities from this preliminary assessment.^{4, 8}

Regarding the practice of BSE by nursing professionals in the surveyed health facilities, it was found that the majority (67%) had not performed BSE in women attending FHUs during the past six months (Fig. 1). It is important to note that FHUs nurses are responsible for nursing consultations, including preventative examinations, BSE, low risk prenatal examination, growth and development (GD), as well as administrative functions and delegation of procedures to

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nursing technicians and assistants.

Although studies have not yet demonstrated that the BSE can reduce mortality rates, it still contributes to warn women about the potential risks of BC and help them to better understand their bodies, paying attention to abnormalities that can be detected by this routine practice.

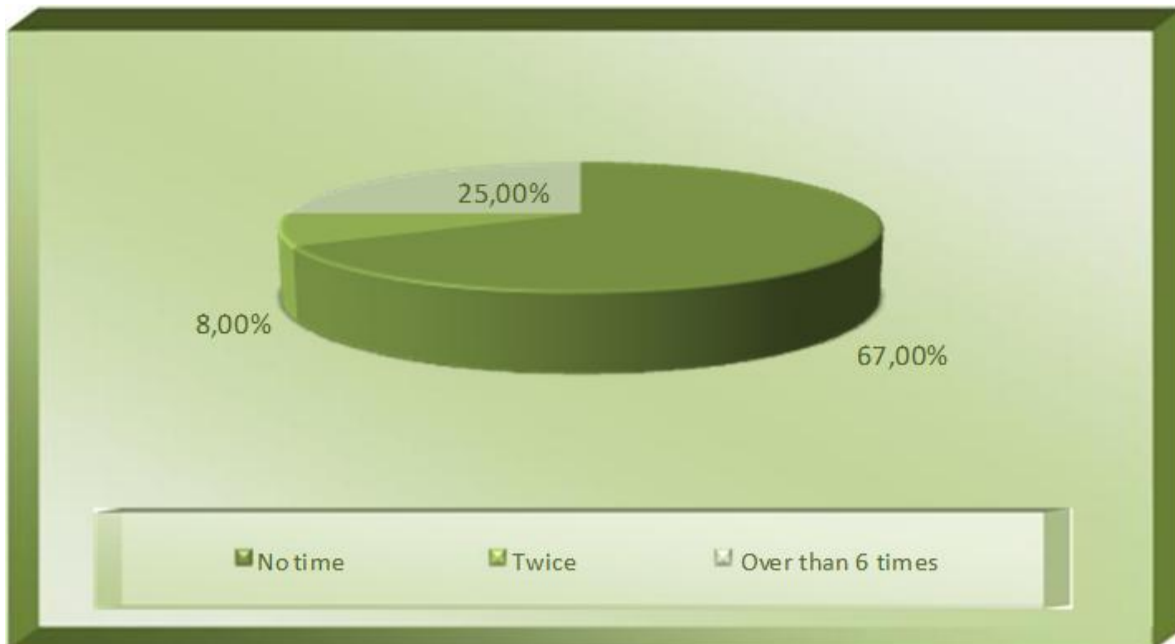


Figure 1. Frequency of BSE conducted over the past six months. Natal, 2011. Source: Research data.

For the BSE period of practice, it was observed that 50% of participants responded that it should be made between the 7th and 10th day of the menstrual cycle (Fig. 2). This result is in agreement with the literature, which indicates that BSE should be performed by all women from 21 years of age, between the 7th and 10th day of the menstrual cycle when the breasts are flaccid and painless.

This practice is mandatory, especially in women over fifty who had their first child after 30 years of age and have cases of BC in

the family, early menarche, late menopause, nulliparous and women using estrogenic hormones for a long time or those who had breast carcinoma. Women who do not menstruate (due to hysterectomy, menopause or breastfeeding) must determine a day in the month for the BSE, always with a 30 day interval.¹²

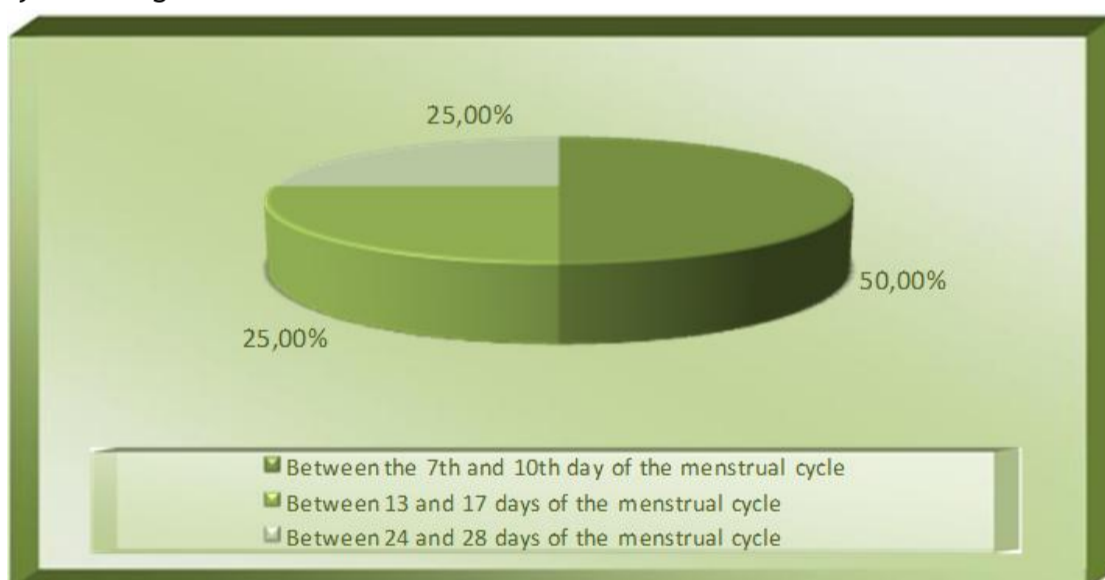


Figure 2. Period of the BSE. Natal, 2011. Source: Research data.

In relation to the knowledge of the steps for the practice of BSE (Fig. 3), 42% of the participants have knowledge about the correct steps. According to the literature, during the BSE women will have to perform palpation of the breasts, carefully paying attention to symmetry, colour, shape, skin or

nipple retraction, bulges, cracks and other changes. Palpation is performed using a circular motion beginning at the nipple, extending gradually to the outside of the breast and axilla. This can be done in the bath, in front of the mirror or laying down.⁴

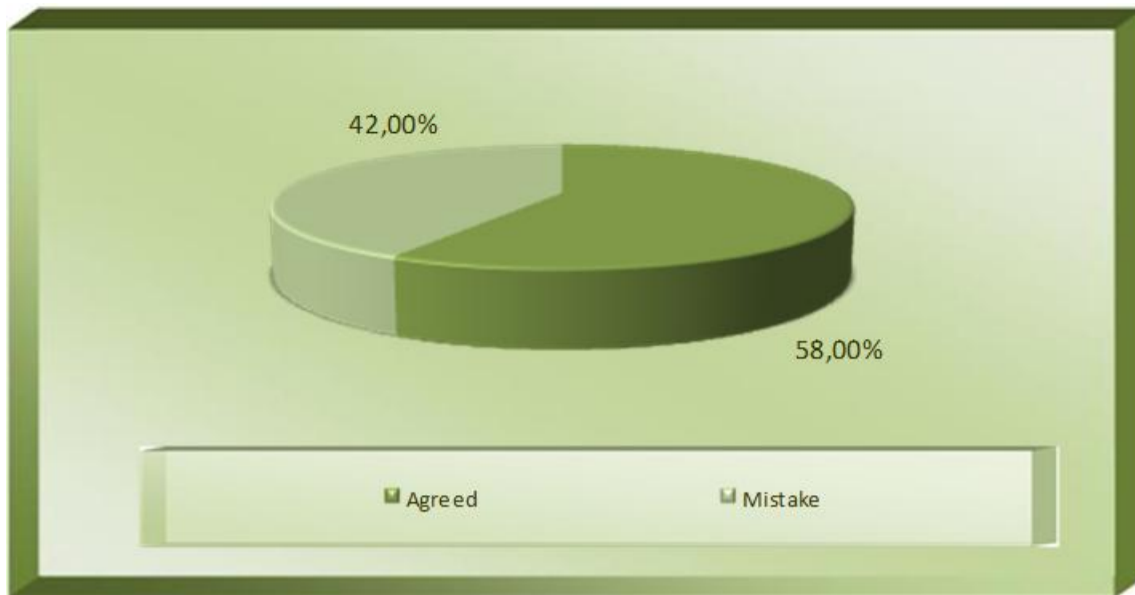


Figure 3. Knowledge of the steps of the BSE. Natal, 2011. Source: Research data.

As for teaching the practice of BSE, it was poorly developed in the surveyed units, considering that it was only occurring before cervix preventative examination. This result is troubling, given that nurses are not fulfilling their specific functions, which include prioritizing prevention and health promotion with correct information from BSE. Therefore it is necessary that they think about their health practices, resuming their sense of humanity and duty to the health of the population that they attend, as well as to properly delegate the nursing technicians' duties.

CONCLUSION

BSE has a very strong meaning for women, awakening different emotions that can interfere with self-care practice. Therefore, all nurses who work directly with these users can be engaged and establish strategies for prevention and early detection of BC that are designed for the community, and the nursing staff must provide information on the matter and teaching of correct BSE practices, thus being an effective strategy.

For the majority of nurses surveyed, the practice or teaching of BSE for women attending the FHUs wasn't very frequent in their daily work, despite having satisfactory knowledge of this examination.

In this sense, it is necessary that the nurses of the surveyed basic health units play their part in the teaching and practice of BSE to women users, addressing the importance of it being performed monthly and informing about this interval, correct technique and relevance of this procedure. All this attention on women seeks to provide comprehensive care, investing efforts in the prevention of breast cancer, guiding and assisting women in the practice of BSE, as well as offering assistance

and support throughout the treatment when a nodule is found. They must therefore understand the particularities of each user, fears, worries and anxieties, developing joint activities with the other health care team members.

The results presented here suggest the need to sensitize nurses and all nursing staff in the investigated units on the importance of BSE, considering that it provides a relatively simple and inexpensive alternative, and encourages women to give priority health care to their breasts, as well as emphasize the clinical examination performed by the nurse during nursing consultation.

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