REVISTA ONLINE DE PESQUISA

CUIDADO É FUNDAMENTAL

Universidade Federal do Estado do Rio de Janeiro • Escola de Enfermagem Alfredo Pinto

RESEARCH

DOI: 10.9789/2175-5361.rpcfo.v13.9239

THERAPEUTIC ROUTINES OF WOMEN WITH BREAST CANCER: PERCEPTIONS OF NURSES OF PRIMARY HEALTH CARE

Itinerários terapêuticos das mulheres com câncer de mama: percepções dos enfermeiros da atenção primária em saúde

Itinerarios terapéuticos de mujeres con cáncer de mama: percepciones de enfermeras de atención primaria de salud

Jeane Barros de Souza[1]*, *Maraísa Manorov*[2], *Emanuelly Luize Martins*[3], *Luana Reis*[4], *Ivonete Teresinha S. Buss Heidemann*[5]

How to quote this article:
Souza JB, Manorov M, Martins EL, *et al*. Therapeutic routines of women with breast cancer: perceptions of nurses of primary health care. Rev Fun Care Online.2021. Jan./Dec.; 13:1186-1192. DOI: http://dx.doi.org/10.9789/2175-5361.rpcfo.v13.9239

ABSTRACT

Objective: To reveal primary care nurses' perceptions regarding health care provided to women with breast cancer. **Method:** an exploratory, descriptive study using a qualitative approach, conducted with eight nurses who worked in the Family Health Strategy of a city in Santa Catarina. Data were collected through semi-structured interviews in the second half of 2018. For data analysis, content analysis was used. **Results:** The offer of free treatment by SUS and the fact that municipality is a reference in cancer treatment emerged as opportunities. The lack of protocols to expand the autonomy of nurses and a flow of reference and counter reference were highlighted as challenges. **Conclusion:** Continuous training for professionals, establishment of flows and prevention and health promotion strategies are necessary In order to reduce the incidence of this disease.

Descriptors: Nurses, Primary health care, Breast neoplasms, Unified health system.

[1] Nurse from the University of *Vale do Itajaí - UNIVALI*. PhD in Sciences from the *Federal* University of *São Paulo - INIFESP*. Nursing Professor at *Federal* University of *Fronteira Sul – UFFS*. Nursing Professor, *Federa*l University of *Fronteira Sul - UFFS.*

[2] Nurse from the *Federal* University of *Fronteira Sul - UFFS*. Resident in Family Health at the *Federal* University of *Paraná – UFPR*. Resident in Family Health, *Federal* University of *Paraná - UFPR*.

[3] Nurse from the *Federal* University of *Fronteira Sul - UFFS*. Master's student in Nursing at the *Federal* University of *Santa Catarina – UFSC*. Master's student in Nursing, *Federal* University of *Santa Catarina - UFSC*.

[4] Nursing Student at *Federal* University of *Fronteira Sul – UFFS*. Nursing Student, Federal University of *Fronteira Sul - UFFS*.

[5] Nurse from the *Federal* University of *Fronteira Sul - UFSC*. Post Doctorate in Public Health Nursing degree from the Lawrence Bloomberg Faculty of Nursing at University of *Toronto*. Professor at the Department of Nursing and the Postgraduate Program in Nursing (Master and Doctorate) at the *Federal* University of *Santa Catarina - UFSC*. Nursing Professor, *Federal* University of *Fronteira Sul - UFSC*.

RESUMO

Objetivo: Desvelar as percepções dos enfermeiros da atenção primária quanto a assistência em saúde fornecida as mulheres com câncer de mama. **Método:** estudo exploratório, descritivo, com abordagem qualitativa, realizado com oito enfermeiras que atuam na Estratégia Saúde da Família de um município catarinense. A coleta de dados deu-se através da entrevista semiestruturada, no segundo semestre de 2018. Para análise dos dados utilizou-se a análise de conteúdo. **Resultados:** a oferta do tratamento gratuito pelo SUS e o munícipio ser referência para o tratamento oncológico despontaram como potencialidades. A falta de protocolos para ampliação da autonomia do enfermeiro e de um fluxo de referência e contra referência foram destacados como fragilidades**. Conclusão:** são necessárias ações de educação permanente para profissionais e estabelecimento de fluxos visando a qualificação da assistência em tempo oportuno, bem como adoção de estratégias de promoção e prevenção para a diminuição dessa enfermidade.

Descritores: Enfermeiros, Atenção primária a saúde, Neoplasia de mama, Sistema único de saúde.

RESUMEN

Objetivo: Revelar las percepciones de las enfermeras sobre la atención primaria con respecto a la atención médica brindada a las mujeres con cáncer de seno. **Método:** estudio exploratorio descriptivo con enfoque cualitativo, realizado con ocho enfermeras que trabajaron en la Estrategia de Salud Familiar de una ciudad de Santa Catarina. Los datos se recopilaron a través de entrevistas semiestructuradas en la segunda mitad de 2018. Para el análisis de datos, se utilizó el análisis de contenido. **Resultados:** la oferta de tratamiento gratuito por parte del SUS y el municipio como referencia para el tratamiento del cáncer surgió como potencialidades. La falta de protocolos para ampliar la autonomía de las enfermeras y un flujo de referencia y contrarreferencia se destacaron como debilidades. **Conclusión:** se necesitan acciones de educación continua para los profesionales y el establecimiento de flujos destinados a la calificación de asistencia oportuna, así como la adopción de estrategias de promoción y prevención para reducir esta enfermedad.

Descriptores: Enfermeros, Atención primaria de salud, Neoplasias de la mama, Sistema único de salud.

INTRODUCTION

Breast cancer is the disease that most affects women in Brazil and worldwide, representing the leading cause of death from malignant neoplasia in the female population.[1] Cancer is a public health problem in two aspects: the first concerns the gradual increase in incidence and mortality due to the disease, and the second concerns the challenge imposed to the Unified Health System (SUS), in terms of ensuring full and balanced access for the population to diagnosis and treatment.[2]

Given this reality and the need to structure an integrated service network, guaranteeing comprehensive care to the population, the Ministry of Health (MS) organized care involving in all levels, aiming to ensure palliative care for patients with cancer.[3] The objectives for each service level were defined. Secondary and tertiary care include outpatient clinics, general and specialized hospitals qualified for cancer care, and must support and complement the Primary Health Care (PHC) services in diagnostic investigation, cancer treatment and attention to emergencies related to complications and worsening of the disease, guaranteeing comprehensive care within the Health Care Network (RAS).[4]

The Basic Health Units (UBS), considered the first source of attention and the main contact of the patient with the system, need to be prepared to meet the specific needs of these patients in a holistic manner. Moreover, it is the responsibility of the PHC team, to carry out educational meetings, mobilize self-care, share information on health promotion, and actively search for the target population and refer to the Reference Units.[5] Among the professionals of the health teams who work in the UBS, the nurses are fundamental in the provision of the aforementioned care and are able to identify changes in health status, in addition to contributing to the construction of an integrated system of welcoming actions through reference and against reference.[6]

From this perspective, the following research question emerged: What are the perceptions of nurses working in PHC regarding health care provided to women with breast cancer? Thus, the objective is to reveal the perceptions of primary care nurses regarding the health care provided to women with breast cancer.

This study is justified by the opportunity to understand therapeutic routines of women who experience breast cancer, as seen by nurses who work in PHC, the preferred point of entry to the RAS, managing the flows and counterflows of personnel and information in all the points of assistance in the SUS, in order to contribute to the debate on the improvement of health policies in the sector.[7]

METHODS

This work is part of a research project carried out under the nursing program at a public university in the south of the country. The study is of an exploratory, descriptive character, using a qualitative approach. The latter is a method that allows to evaluate the explanation of the subjects questioned through interviews and observations, focusing on the understanding of aspects of reality and how social relations take place, without quantifying values or subjecting participants to proof of facts.[8]

The research took place in a municipality in Santa Catarina, where the university has a partnership in implementing internship program and practical theoretical activities. Eight PHC nurses, who work in the Family Health Strategy (FHS) took part. Nurses were selected based on the inclusion and exclusion criteria. Only nurses who had at least one year of experience in PHC in the municipality were considered. And as an exclusion, we chose only nurses from UBS who receive students every six months from the university referred to above.

Data collection took place in the second half of

2018, based on prior scheduling, according to the participants' convenience. The interviews took place in the nurses' workplace, following a semi-structured script, including questions on the profile of the participants, the opportunities and / or weaknesses observed in the RAS in assisting women with breast cancer and their suggestions for improving health care provided to them.

For organization and analysis of the data obtained, the content analysis method was used. Initially, the pre-analysis was carried out, scanning the data obtained in the interviews, construction of a table with the collected data, choosing documents for the constitution of the data considered to be submitted to the analytical procedures. Afterwards, the analysis was carried out in three stages: organization of units, definition of counting rules and definition of categories.[9]

The following categories recur: "Women with breast cancer in SUS: what do nurses think?" and "Possibilities to promote the health of women who experience cancer".

This study was assessed and approved by the Committee on Ethics in Research with Human Beings of the Federal University of Santa Catarina, under opinion No. 2,634,165, and Certificate of Presentation for Ethical Appreciation (CAAE) 86982318.5.0000.5564, approved on May 3, 2018. The anonymity of the participants was respected by attributing the names of stars - an analogy made between the professional nurse and the stars, as both symbolize light, protection and hope. Participation was authorized by signing the Free and Informed Consent Form (ICF).

RESULTS AND DISCUSSION

Eight nurses participated, all female, aged between 26 and 45 years. Six of them declared themselves white and two brown, six were married and two were single. The length of training ranged from three to eighteen years, and as for the length of experience at UBS, they indicated the period from one to thirteen years.

The woman with breast cancer in SUS: what do nurses think?

The nurse, as a professional in the multi-professional PHC team, has a fundamental role in health promotion and disease prevention. Contributing to the actions to control cervical and breast cancers, the Ministry of Health established duties for nurses, such as: providing comprehensive care to patients, carrying out a nursing consultation and clinical breast examination, collection of cytopathological examination, request for general and mammographic examinations, evaluation of patients with signs and symptoms related to cervical and breast cancers, evaluation of test results.[5]

When asked about screening and early diagnostic actions or raising awareness of the population about breast cancer, all mentioned the nursing consultation, with qualified listening, clinical breast examination, mammography request and guidance, as shown in reports:

> *All the women who pass by me, who are at the age for mammography, I look in the chart if it was done recently, if not, why not? I always follow the Ministry of Health protocol, I provide guidance on the importance of mammography. (Maia)*

> *During the nursing consultation, we perform breast exam, request the mammogram, advise on the prevention and mammography. (Adhara)*

In detecting changes in these exams, it is up to the nurse to refer women to referral services for diagnosis and / or treatment.[4] Nurses reported how referral to specialized centers happens, when assistance to women with suspected or diagnosed breast cancer begins:

> *Any changes we refer to do the ultrasound, talk to the gynecologist. (Enif)*

> *We are open door, [...] the woman comes any day and any time, says she has a lump in the breast, goes through a nurse, will be evaluated, if there is what we call the clinician, usually in the room together, if you have any abnormality go to mammography, go to ultrasound, refer to mastologist. (Giennah)*

> *When lesions / alterations appear, mammography is performed immediately, and for other exams are immediately referred to the mastologist. We got appointments for the next day. After consultation with a mastologist which no longer occurs in primary care, she will perform biopsy, surgery, radiotherapy and chemotherapy if appropriate. (Zaniah)*

In 2012, Brazil adopted a law that guarantees the various treatments for cancer patients, which are then updated to achieve the best results, maintaining them free of charge through SUS.[10] When inquiring about SUS, the nurse reported:

> *SUS guarantees free care to all people affected by cancer, which is very good. However, we still have a long way to go to achieve excellence in service. (Electra)*

The participants pointed out the potential of the care offered to women who underwent mastectomy, highlighting that it is a reference municipality in cancer treatment, with the presence of the hospital, exams and support from the Women's Network to Fight Cancer:

> *Our municipality is a reference for cancer treatment, until some time ago patients would have to go to major centers. (Adhara)*

I think the service provided is very good, we have the hospital, the Women's Network that provides care to these women, which is excellent and helps. (Maia)

There are doctors here, two mastologists [...] When the patient needs a referral, there is the service, the ultrasound, the hospital, a good network that offers the services. (Sabik)

However, in addition to the strengths mentioned, some existing weaknesses were noticeable, such as professional preparation in cancer care:

Not all professionals are always prepared to make a good clinical assessment. (Electra)

Often, professionals are unprepared to assist such patients, due to the specificities of the illness process, and it is up to them to identify the situations to be improved in health care and instigate, together with their team, improvement in order to seek solutions.[11 -12]

Another vulnerability is the issue of work overload and flexibility of schedules, which become one of the obstacles to care, as highlighted in the statements: [4]

Health promotion, which we really should do more, basic care is not able to, we have no capacity to do promotion, we lack time [...]. (Giennah)

We end up not doing it due to the lack of time [offering educational group activities]. (Adhara)

Attention to breast cancer must pass through PHC, secondary and tertiary, maintaining integration between the three levels, but neoplasms occupy the second place as causes of death in all socioeconomic strata, which requires effective actions for its reduction.[13] As the UBS is the coordinator of care, it is worth remembering that the professionals of this service are prepared to perform initial triage and investigate the client's problem and that it is not necessary to maintain a follow-up in the specialized sector only, as there is often an established link between the patient and the unit and this relationship of trust and commitment between service and community must be maintained, welcoming patients complaints and seeking to find solutions.[14] However, a badly coordinated and fragile network was found through the research, where the woman with breast cancer, after diagnosis, is treated practically exclusively at the secondary and tertiary level:

From the moment they receive the diagnosis, they end up staying a little away from us. They go more to specialized assistance, tertiary, secondary, mainly tertiary and end up returning less here. I think we end up losing our bond and failing to give due attention. (Giennah)

We pick up the patient here, she has the diagnosis and she goes to the Women's Clinic, so we don't have much access later, they usually don't come back to us. (Sabik)

The initial contact of the woman who experiences breast cancer in the HCN is usually with the nurse, who performs the first triage, requests exams and makes referrals. Thus, the importance of the PHC nurse, as a professional qualified to perform a complete nursing consultation, is obvious, representing the challenge of maintaining the bond with these patients, even in specialized treatment, in order to guarantee the reference and counter reference in RAS services.

Possibilities to promote the health of women who experience cancer

In view of the weaknesses pointed out, aiming at promoting health and improving the quality of the care provided to women who experience cancer, nurses emphasized the importance of referral and counter referral in health care and the link between services:

Having a better referral and counter referral, a greater link between the primary, secondary and tertiary services, not only in breast cancer, but the whole area of health needs to improve. (Giennah)

Communication between the PHC and the specialized sectors is still a challenge encountered, as there is no flux to be followed and the responsibility rests with the patients.[11] Nurses also highlighted the need to establish flux in the HCN and time limit for response for all sectors:

Creating flux to be followed by everyone. (Zaniah)
Improved description of the flow for oncology and organization of a response time limit for other sectors. (Maia)

The time frame recommended by the Ministry of Health between the first visit to people with symptoms of malignant neoplasm and the beginning of treatment is sixty days. It is recommended that the assistance begins at PHC, where suspected cases will be referred to the secondary level for exams and diagnosis, and for treatment at the oncological treatment reference units, at the tertiary level. It is up to health services, at different levels of care, to observe this sequence and provide adequate and timely assistance to this group of patients, since the time and quality of reception are factors that influence the advance in terms of stages and increase survival rates. [4.6.15]

In this context, considering that the nurse has the competence to refer users to referral services for diagnosis and / or treatment, optimizing the process and minimizing the unnecessary consultations for women with various professionals, in order to make the process less time-

consuming and bureaucratic, the participants suggested removing some barriers in assistance by creating protocols:

Request breast ultrasound for diagnosis, we don't have the protocol that the nurse requests, it's just the doctor. So, when mammography changes, we see refer to the doctor for the request, the breast ultrasound is at his discretion and this may take time. (Eridani)

If I am with a patient [...] and notice a change, I cannot order the mammogram exam, because it is mammography diagnostic and not a screening one. (Giennah)

In Brazil, the biomedical care model, centered on the health-disease process, is still hegemonic, generating dissatisfaction and subordination of the non-medical professionals, which has an impact on the organization of the health care process.[16] However, the autonomy of nurses other professionals that make up the FHS can be expanded, making it possible to build knowledge and practices based on health promotion and care. In PHC nurses perform practices aimed at health promotion, developing individual and collective capacity to identify health needs, in addition to participating jointly in the search for solutions.[17]

They explained that as a way of promoting health, coping experiences in this phase, the insecurity of the disease relapse and the readjustments of daily life led to a greater positivity in relation to life, which until then was not as valued: [18]

With cancer, the woman ends up knowing that things can really happen, so it is easier to promote health, guide and get her to really take care of herself, to worry, because the person starts to value life more. (Sabik)

The patient who undergoes an oncological treatment, sees health with different eyes, because he begins to think about what he eats, what he drinks, rethinks the question of physical activity, the importance of this care, so he already leaves the cancer treatment as someone else , very different from how he enters it. (Adhara)

In this context, they cited the holding of support groups for women who experienced breast cancer as an instrument to alleviate the suffering caused by the disease, helping to promote health:

Groups, through collective consultations, involving multi-professions. (Eridani)

Groups of women with mastectomies who have all the support of a health team, psychologist, doctor, nurse, in short, who follow up on women after treatment, and many times the women themselves end up acting as an example of overcoming others. (Adhara)

Groups with the presence of the multidisciplinary team to patients who experience cancer provide a space for the exchange of information, knowledge and experiences, demystifying the stigma that cancer still represents.[19] The groups also enable the development of projects, realization of campaigns and events that assist in the dissemination of information about breast cancer and, consequently, actions that aim to promote health.[20]

Finally, the study participants suggested the need to provide continuing education for professionals working in the care of women with cancer:

Training on this for health professionals. (Giennah)
Training of employees jointly between basic and specialized care. (Zaniah)

Continuing education for all professionals, regardless of the level of care, within the scope of health promotion, expands the autonomy of these professionals, improving the quality of cancer care.[12] Trained professionals can instigate and empower people's self-knowledge and self-care at the individual and collective level, through the groups, which may contribute to the early detection of the disease, timely treatment and increase in the disease survival rate.

Therefore, greater efforts by health workers and municipal, state and federal managers to plan care network and review the practices of care for patients with cancer, especially existing public policies, are essential as well as organizing referral and counter reference flux, allowing greater agility between the time of diagnosis and beginning of treatment, as recommended by the Ministry of Health.[15,19]

CONCLUSIONS

The nurse has a significant role in promotion, prevention, diagnosis, treatment and recovery of women with breast cancer. PHC practitioners noted that during the nursing consultation additional actions that contribute to the screening of breast cancer cases are taken, in addition to encouraging health promotion through self-care and self-knowledge.

Among the opportunities, PHC was mentioned as an "open door", that is, when the patient detects any change or node in the breast, she is attended to at immediatelly. Another positive point is the offer of free treatment by SUS, in addition to the municipality being a reference center for cancer treatment, with availability of tests, hospital and support from the Women's Network to Fight Cancer.

However, there were some obstacles that delay detection and diagnosis, such as nurse's lack of autonomy in requesting diagnostic ultrasound, which can be resolved by creating protocols. Another obstacle is the existence of a flux without direction and references and counter references, leading to a longer waiting time for the adequate treatment. In addition, the lack of connection with

women diagnosed with cancer, when they are undergoing specialized treatment, hinders comprehensive care in the HCN and, consequently, the promotion of the health of this patient group.

In order to improve the quality of the care provided and promote the health of women who experience cancer, groups organized by the multi-professional team were suggested, enabling the formation of the bond between women and the health team, as well as psychological support and exchange of experiences.

Continuing education and studies in the area are recommended to deepen knowledge and provide improvements in PHC regarding the detection, diagnosis and treatment of breast cancer. There are challenges to be overcome, as nurses have an important role in this cycle, needing to increase health promotion actions, and to implement intra- and inter-sectoral public policies that promote healthy lifestyle. These actions are still limited and require further advances in the SUS.

REFERENCES

1. Brasil. Instituto Nacional de Câncer José Alencar Gomes da Silva. Coordenação de Prevenção e Vigilância. Estimativa 2018: incidência de câncer no Brasil [Internet]. Rio de Janeiro: INCA, 2017 [acessado em 2019 Fev 16]. Disponível em: http://www1.inca.gov.br/estimativa/2018/estimativa-2018.pdf
2. Migowski A, Stein AT, Ferreira CBT, Ferreira DMTP. Diretrizes para detecção precoce do câncer de mama no Brasil. I – Métodos de elaboração. CSP [Internet]. 2018 [acessado em 2019 Out. 16]; 34(6): 1-14. Disponível em: https://www.scielosp.org/pdf/csp/2018.v34n6/e00116317/pt
3. Santos CC, Moreira RCR. Políticas públicas de atenção à saúde da mulher no tratamento ao câncer de mama em Feira de Santana – BA. Seminário de Iniciação Científica [Internet]. 2018 [acessado em 2019 Out. 16]; 22: 1-4. Disponível em: http://periodicos.uefs.br/index.php/semic/article/view/3813/3032
4. Silva NEK, Sancho LG, Figueiredo WS. Entre fluxos e projetos terapêuticos: revisitando as noções de linha do cuidado em saúde e itinerários terapêuticos. Cienc Saude Colet [Internet]. 2016 Jan/Mar [acessado em 2019 Jun 15]; 21(3): 843-851. Disponível em: https://doi.org/10.1590/1413-81232015213.08572015
5. Prolla CMD, Silva PS, Netto CBO, Goldim JR, Prolla PA. Conhecimento sobre câncer de mama e câncer de mama hereditário entre enfermeiros em um hospital público. RLAE [Internet]. 2015 [acessado em 2019 Jun 15]; 21(1): 90-97. Disponível em: http://www.periodicos.usp.br/rlae/article/view/100042
6. Traldi MC, Galvão P, Morais SS, Fonseca MRCC. Demora no diagnóstico de câncer de mama de mulheres atendidas no Sistema Público de Saúde. Cad Saúde Colet [Internet]. 2016 [acessado em 2018 Nov 12]; 24(2): 185-91. Disponível em: http://dx.doi.org/10.1590/1414-462X201600020026
7. Brasil. Ministério da Saúde. Portaria nº 2.436, de 21 de setembro de 2017. Aprova a Política Nacional de Atenção Básica, estabelecendo a revisão de diretrizes para a organização da Atenção Básica, no âmbito do Sistema Único de Saúde (SUS). [Internet]. 2017 Set [acessado em 2018 Mar 06]. Disponível em: http://www.foa.unesp.br/home/pos/ppgops/portaria-n-2436.pdf
8. Cyriaco AFF, Nunn D, Amorin RFB, Falcão DP, Moreno H. Qualitative research: key concepts and a brief overview of its application in geriatrics/gerontology. Geriatrics, Gerontology and Aging [Internet]. 2017 [acessado em 2019 Jun 15]; 11(1): 04-09. Disponível em: http://www.ggaging.com/details/410/en-US/qualitative-research--key-concepts-and-a-brief-overview-of-its-application-in-geriatrics-gerontology
9. Bardin L. Análise de Conteúdo. 2ª Edição. Lisboa: Edições 70; 2011.
10. Carvalho PG, Dwer GO, Rodrigues NCP. Trajetórias assistenciais de mulheres entre diagnóstico e início de tratamento do câncer de colo uterino. Saúde e debate [Internet]. 2018 Jul./Set. [acessado em 2019 Out. 16]; 42(119): 687-701. Disponível em: https://www.scielosp.org/pdf/sdeb/2018.v42n118/687-701/pt
11. Silva MRF, Braga JPR, Moura JFP, Lima JTO. Continuidade assistencial a mulheres com câncer de colo de útero em redes de atenção à saúde: estudo de caso, Pernambuco. Saúde debate [Internet]. 2016 Set [acessado em 2019 Jun 15]; 40(110): 107-119. Disponível em: http://dx.doi.org/10.1590/0103-1104201611008.
12. Souza GRM, Cazola LHO, Oliveira SMVL. Work of family health strategy nurses in oncology care. Esc. Anna Nery Rev. Enferm. [Internet]. 2017 [acessado em 2019 Jun 03]; 21(4): 01-08. Disponível em: http://www.scielo.br/pdf/ean/v21n4/pt_1414-8145-ean-2177-9465-EAN-2016-0380.pdf
13. Andrade SSCA, Oliveira TP, Moura L, Prado RR, Souza MFM. Probabilidade de morte prematura por doenças crônicas não transmissíveis, Brasil e regiões, projeções para 2025. Rer. brasil. epidemiol. [Internet]. 2019 Abr [acessado em 2019 Jun 15]; 22: 1-13. Disponível em: http://dx.doi.org/10.1590/1980-549720190030
14. Ferreira, LBB. Experiência de mulheres com câncer de mama: a espera pelo tratamento. Dissertação [Mestrado]. Curso de Mestrado em Ciências da Saúde, Universidade Estadual de Campinas Faculdade de Enfermagem. 2017 [acessado em 20 Out. 2019]. Disponível em: http://repositorio.unicamp.br/handle/REPOSIP/331109
15. Sousa MM, Figueiredo EN, Gonçalves VCS, Gutiérrez MGR. Women with mammographic changes: journey on a basic health unit. Rev Enferm UFPE online [Internet]. 2017 Mar [acessado em 2018 Mar 30]; 11(3): 1244-54. Disponível em: https://periodicos.ufpe.br/revistas/revistaenfermagem/article/viewFile/13500/16231
16. Dias, LF. A organização do processo de trabalho do núcleo de apoio à saúde da família: potencialidades e desafios. Dissertação [Mestrado]. Curso de Saúde Coletiva, Universidade Federal de Goiás, Goiânia. 2016. [acessado em 19 Out. 2019]. Disponível em: https://repositorio.bc.ufg.br/tede/handle/tede/8685
17. Melo CMM, Florentino TC, Mascarenhas NB, Macedo KS, Silva MC, Mascarenhas SN. Professional autonomy of the nurse: some reflections. Esc. Anna Nery Rev. Enferm. [Internet]. 2016 [acessado em 2019 June 15]; 20(4): 01-06. Disponível em: http://www.scielo.br/pdf/ean/v20n4/1414-8145-ean-20-04-20160085.pdf
18. Volkmer, C. O significado da vivência do processo de reconstrução mamária para a mulher submetida à mastectomia por câncer da mama. Tese [Doutorado]. Curso de Enfermagem, Universidade Federal de Santa Catarina, Florianópolis. 2016. [acesso em 20 Out. 2019]. Disponível em: https://repositorio.ufsc.br/bitstream/handle/123456789/167703/341353.pdf?sequence=1&isAllowed=y
19. Bieyabanie MH, Charandabi SMA, Mirghafourvand M. A Randomized Controlled Trial Regarding the Effectiveness of Group Counseling on Self-efficacy in Mastectomized Women. Crescent Journal of Medical and Biological Sciences [Internet]. 2019 Jan. [cited 2019 Out. 16]; 6(1): 78-84. Available from: https://www.researchgate.net/profile/Mojgan_Mirghafourvand/publication/330727141_A_Randomized_Controlled_Trial_Regarding_the_Effectiveness_of_Group_Counseling_on_Self-efficacy_in_Mastectomized_Women/links/5c512b68299bf12be3ed070b/A-Randomized-Controlled-Trial-Regarding-the-Effectiveness-of-Group-Counseling-on-Self-efficacy-in-Mastectomized-Women.pdf
20. Martins AB, Ouro TA, Neri M. Compartilhando vivências: contribuição de um grupo de Apoio para mulheres com câncer de mama. Rev. SBPH [Internet]. 2015 Jun [acessado em 2019 Jun 15]; 18(1): 131-51. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1516-08582015000100007&lng=pt

Received on: 13/08/2019
Required Reviews: 16/10/2019
Approved on: 04/02/2020
Published on: 14/06/2021

***Corresponding Author:**
Jeane Barros de Souza
Rua Nicacio Portela Diniz, nº 470 D
Jardim Itália, Chapecó, Santa Catarina, Brasil
E-mail: jeanebarros18@gmail.com
Telephone: +55 (47) 9 933-3131
CEP: 89.802-400

The authors claim to have no conflict of interest.