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ATTENDANCE BY THE NURSING TEAM OF PEOPLE WITH CANCER IN PRIMARY HEALTH CARE: INTEGRATIVE REVIEW*

*Acompanhamento pela equipe de enfermagem às pessoas com câncer na atenção primária à saúde: revisão integrativa**

*Seguimiento por el equipo de enfermeira de personas com cáncer en la atención primaria de salud: revisión integrativa**

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ABSTRACT

Objective: to analyze the scientific evidence on nursing team follow-up for individuals with cancer in Primary Health Care. **Methods:** integrative review using the PICo strategy. Primary articles published from 2005 to 2022 in Portuguese, English, and Spanish were included, conducting the search in six databases. The Concept Mapping strategy was used for analysis. **Results:** a sample of four studies was obtained, revealing that follow-up is carried out through home visits and nursing consultations. These are characterized by non-specific actions, scarcity of available resources, a fragmented and fragile information network, and a lack of communication between specialized sectors. **Conclusion:** in order for follow-up to occur effectively, it is necessary to establish information flows between levels of care, provide ongoing education, and offer content on oncology care from undergraduate education.

DESCRIPTORS: Family health strategy; Continuity of patient care; Nursing; Cancer;

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RESUMO

Objetivo: analisar as evidências científicas sobre o acompanhamento pela equipe de enfermagem às pessoas com câncer na Atenção Primária à Saúde. **Métodos:** revisão integrativa utilizando a estratégia PICo. Incluídos artigos primários, publicados de 2005 a 2022, nos idiomas português, inglês e espanhol, realizando-se a busca em seis bases de dados. Para análise, utilizou-se a estratégia de Mapa Conceitual. **Resultados:** obteve uma amostra de quatro estudos, evidenciou-se que o acompanhamento ocorre por meio de visita domiciliar e consulta de enfermagem. Estes caracterizam-se pela realização de ações inespecíficas, escassez de recursos disponíveis, uma rede de informações desarticulada, frágil e pela falta de comunicação entre os setores especializados. **Conclusão:** para que o acompanhamento ocorra de forma efetiva, é necessário estabelecimento de fluxos de informações entre níveis de atenção, educação permanente e oferta de conteúdo sobre assistência oncológica desde a graduação.

DESCRITORES: Estratégia saúde da família; Continuidade da assistência ao paciente; Enfermagem; Câncer;

RESUMEN

Objetivos: analizar evidencias científicas sobre el acompañamiento por parte del equipo de enfermería a personas con cáncer en Atención Primaria de Salud. **Métodos:** revisión integradora utilizando la estrategia PICo. Incluyendo artículos primarios publicados entre 2005 y 2022, en portugués, inglés y español, realizando la búsqueda en seis bases de datos. Para análisis, se utilizó la estrategia de Mapa Conceptual. **Resultados:** obtuvo una muestra de cuatro estudios, que mostraron que el seguimiento se realiza a través de visita domiciliaria y consulta de enfermería. Estos se caracterizan por acciones inespecíficas, escasez de recursos disponibles, red de información desarticulada y frágil, y falta de comunicación entre sectores especializados. **Conclusión:** para que el seguimiento sea efectivo, es necesario establecer flujos de información entre los diferentes niveles de atención, educación permanente y ofrecer contenido sobre atención oncológica desde la graduación.

DESCRIPTORES: Estrategia salud de la familia; Continuidad de la atención al paciente; Enfermería, Cáncer.

INTRODUCTION

In Brazil, it is estimated that there will be 73,610 new cases of neoplasms for each year of the three-year period 2023-2025, which demonstrates the importance of public policies and trained professionals in this area.[1] Ministry of Health (MS) Ordinance No. 4,279 of 2010 presents the strategy of organizing Health Care Networks (RAS) and establishes them as organizational configurations of health actions and services, of different technological densities, which, integrated through technical, logistical and management support systems, seek to guarantee comprehensive care. In this way, networks make it possible to operationalize the Unified Health System (SUS), promoting continuous care, and have thus been gaining prominence in discussions.[2]

Although the process of diagnosis, examinations, treatments and consultations with the doctor in charge do not take place, for the most part, in the Primary Health Care (PHC) of the region where the person with some type of cancer is registered, the family health team is responsible for providing care for them throughout their treatment, even if it takes place in other health services. They are also responsible for monitoring the person's state of health, especially with regard to the counter-referral ("CRR") of the information generated by these health services, which should also be included in the information provided by the person's FHS.[3]

With specific regard to nursing, this team's support for people with cancer in PHC is important. Nursing care includes home visits to monitor the patient's state of health. It is during the HV that the nursing process (NP) takes place, since the team is able to collect data, make nursing diagnoses, plan care and implement it according to the particularities of the patient and their family and, finally, carry out the evaluation. Therefore, the NP is important for carrying out care aimed at promoting health in accordance with the biopsychosocial dynamics of the patient and their family and mental health care. This shows how important it is for the CRR system to function properly.[3]

Despite this, the nursing team's follow-up of people with cancer may not be effective in PHC, and one of the reasons for this is the failure of the CRR. There are many obstacles to adequate CRR, but some are more constant, such as the lack of communication between health teams and the lack of knowledge among professionals about how this system works within the services.[4]

In light of the above, and considering the shortcomings of the CRR system, it is important to consider how the nursing team has monitored people with cancer in PHC, in order to identify the shortcomings and vulnerabilities of care and develop strategies aimed at providing comprehensive care and the well-being of these patients. In this way, this review aims to analyze the scientific evidence on the monitoring of people with cancer by the nursing team in Primary Health Care.

METHODS

This is an integrative review (IR), drawn up according to a complex design, which encompasses everything from the investigation of the question to its elucidation and consequent implementation of the results obtained. As a reference for this IR, we used the methodological resource developed by Souza, Silva and Carvalho (2010).5 This identifies six stages to be followed during the preparation of this review, namely: the development of the guiding question; the literature search or sampling; data collection; the critical analysis of the studies included; the discussion of the results and the presentation of the IR. The PICo strategy was used to draw up the guiding question: "What is the scientific evidence on the monitoring by the nursing team of people with cancer in Primary Health Care?"

The following Health Descriptors (DeCS) were defined for the data search: "Family Health Strategy" (alternative terms: "Health Centers"; "Primary Health Care"); "Continuity of Patient Care" (alternative terms: "Health Care Follow--up"); "Nursing" (alternative term: "Primary Care Nursing"); "Oncology" (alternative term: "Neoplasms"), using the respective terms in Portuguese, English and Spanish. And also the Medical Subject Headings (MeSH) descriptors: "Health Centers"; "Continuity of Patient Care"; "Nursing"; "Primary Care"; "Medical Oncology"; "Neoplasms". The uncontrolled descriptor "Cancer" was also used. Boolean operators represented by the connecting terms AND and OR were also used, in an attempt to meet the inclusion and exclusion criteria and answer the guiding question.

The search for scientific articles was carried out jointly by two researchers in the following databases: LILACS, WEB OF SCIENCE, BDENF, CINAHL, PUDMED and SCOPUS. The stipulated inclusion criteria were: the cut-off period from 2005 to 2022, articles that answered the guiding question and primary studies in Portuguese, Spanish and English, available in the databases to be searched. It is worth noting that on December 8, 2005, decree number 2,439 was introduced, establishing the National Oncology Care Policy: Promotion, Prevention, Diagnosis, Treatment, Rehabilitation and Palliative Care, to be implemented in all federal units. Thus, this year was defined as the start of the research. Exclusion criteria were: reviews, book chapters, editorials, experience reports, case studies, conference abstracts, letters to the editor, commentaries and duplicate publications.

In order to guide the results and check for duplicate articles, the EndNote Online program was used. The remaining articles were then exported to the Rayyan® QCRI program. The articles included in this review were independently and blindly analyzed by two reviewers. If there were differences between the inclusion or non-inclusion of articles, a third reviewer carried out an additional analysis.

The selection of the articles extracted from the databases mentioned above was based on the inclusion and exclusion criteria, and to extract the information we used the "Integrative review data collection tool" 6, which comprises the following dimensions: study identification data (article title, journal, authors, training, year, country of publication and language) and study characterization (objective(s), type of study, study participants, result(s), limitation(s) and conclusion(s)).

The Strength of Evidence classification proposed by Polit and Beck (2019)7 was used in this IR. The Preferred reporting items for systematic reviews and meta-analyses (PRISMA)8 was used to present the selection of articles and the composition of the integrative review corpus.

In addition, the spider's web conceptual map (CM) strategy was used in the analysis of the data obtained, which enabled a synthesis of the main results obtained in the analysis of the articles included.9 It should also be noted that CMs are diagrams that reflect on concepts in order to simplify and order the content covered, so that it can be visualized and analyzed in depth and to a greater extent.10 The CM was generated with the support of the CmapTools software®.

RESULTS AND DISCUSSION

The final research sample consisted of four articles, after reading the titles and abstracts and applying the eligibility criteria. The results of the database searches are shown in Figure 1.

Tables 1 and 2 show the characterization of the articles included in the review according to authors, year of publication, country of origin, language, type of study, objectives and conclusion.

Of the four articles selected, they were published in the years 2017, 2019, 2020 and 2021, with one (25%) for each. Three (75%) articles were published in journals located in Brazil, all in Portuguese, and one (25%) was published in a journal in Cuba, in Spanish. All the articles were written by nurses. With regard to the type of study of the articles selected in this review, it can be seen that they are all qualitative, descriptive studies. The participants evaluated in the selected studies included active PHC nurses. When analyzing the strength of evidence of the studies in this review, they all have level VI (Individual descriptive/qualitative/physiological study).

The CM emerged from the synthesis of the aforementioned results (Figure 2). It revealed problems related to health services for monitoring people with cancer in PHC, with regard to referrals, counter-referrals and continuing education. In addition to problems related to professionals, such as lack of preparation, demotivation and technical and scientific knowledge of the oncology area. To this end, it was extremely important to build a conceptual map to better organize, understand and articulate these problems, condensing them based on their similar meanings.

From this point of view, the map constructed in this study enabled us to point out some important aspects, such as: the ways in which the process of monitoring users with cancer takes place within the scope of PHC; the main actions carried out by nurses to monitor this user; the main difficulties in monitoring these users; and strategies for monitoring to take place.

Figure 1 - Results of database searches. Alfenas, MG, Brazil, 2022

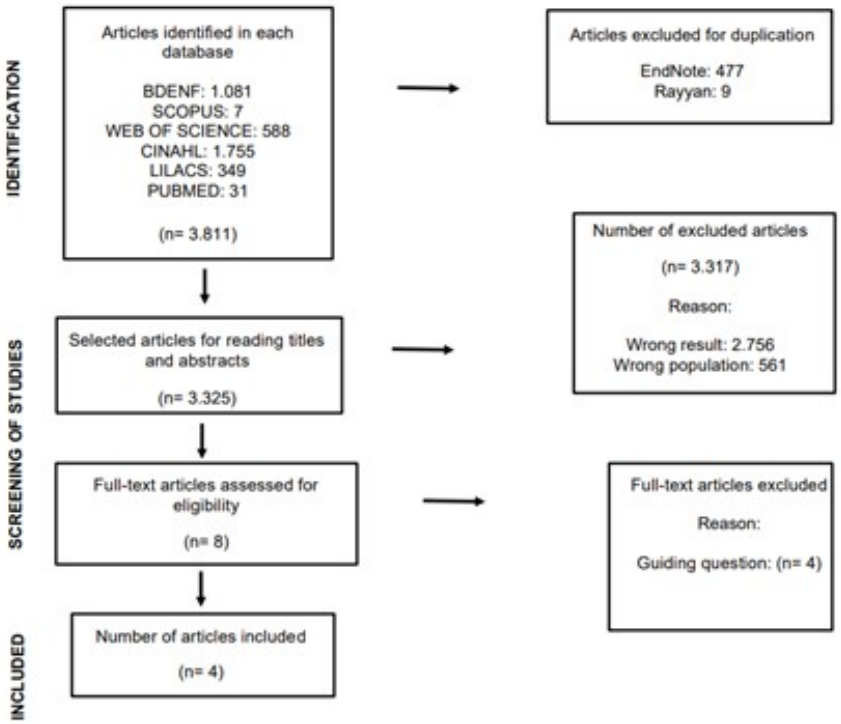


Chart 1 – Characterization of the articles included in the study according to the authors' names, year of publication, country of origin and type of study. Alfenas, MG, Brazil, 2022

ID	Authors	Year	Country of Publication	Language	Type of study
1	SOUZA, J. B. de; MANOROV, M.; MARTINS, E. L.; REIS, L.; HEIDEMANN, I. T. S. B.	2021	Brazil	Portuguese	Qualitative, descriptive and exploratory
2	BELTRÃO, T. A. de; RAMALHO, M. N. A.; BARROS, M. B. S. C.; OLIVEIRA, S. H. S.	2019	Cuba	Spanish	Qualitative and descriptive
3	de SOUZA, G. R. M; CAZOLA, L. H. de O.; OLIVEIRA, S. M. V. L.	2017	Brazil	Portuguese	Qualitative, cross-sectional and descriptive
4	CHAVEZ, A. F. L.; PEREIRA, U. L.; da SILVA, A. M.; CALDINI, L. N.; LIMA, L. C.; VASCONCELOS, H. C. A.	2020	Brazil	Portuguese	Qualitative and descriptive

Chart 2 – Characterization of the articles included according to the objective and conclusion of the study. Alfenas, MG, Brazil, 2022

ID	Objective of the study	Conclusion
1	To uncover the perceptions of primary care nurses regarding the health care provided to women with breast cancer.	There is a need for ongoing education for professionals and the establishment of flows to improve monitoring and timely care.
2	To understand the process of monitoring people with cancer by primary care nurses.	This study allowed the identification of weaknesses in the follow-up of people with cancer in primary care, such as the lack of counter-referral from the specialized service to the FHS team and the lack of training of some nurses.
3	To identify the qualifications and knowledge of Family Health Strategy nurses in cancer care.	There was evidence of nurses' unpreparedness to monitor cancer patients and an explicit need for continuing education.
4	To understand nurses' perceptions of caring for cancer patients.	Nurses working in PHC need to improve their care for cancer patients and their families, and this process needs to start at undergraduate level, with the inclusion of nursing care in oncology in current curricula.

It should be noted that the discussion of the selected articles was based on the thematic points established in the CM, which are: the ways in which the process of monitoring users with cancer occurs in the context of PHC; the main actions carried out by nurses to monitor this user; the main difficulties in monitoring these users; and strategies for monitoring to occur.

The nursing team's follow-up of people with cancer in PHC takes place mainly through nursing consultations. This makes it possible to improve self-care, allowing users to expand their own capacities so that they are able to improve their quality of life. It is therefore a tool that gives nursing professionals, especially nurses, the autonomy to develop comprehensive care methodologies to promote the health of the user, their family or the population.[11]

We can see the plurality of the nurse's role in consultations, which maintains their main function as a health educator. Follow-up also takes place through home visits (HV), which aim not only to promote health, but also to humanize care, in an environment outside the unit, providing health care in a welcoming way and building a bond of trust between professionals and users. From a care perspective, this allows for the expansion of actions, such as changing lifestyle habits with guidance on the need to maintain a healthy diet, recommending the adoption of measures capable of contributing to a reduction in the incidence of both neoplasms and other chronic non-communicable diseases, maintaining self-care and guidance on nursing procedures and exercising them.[11]

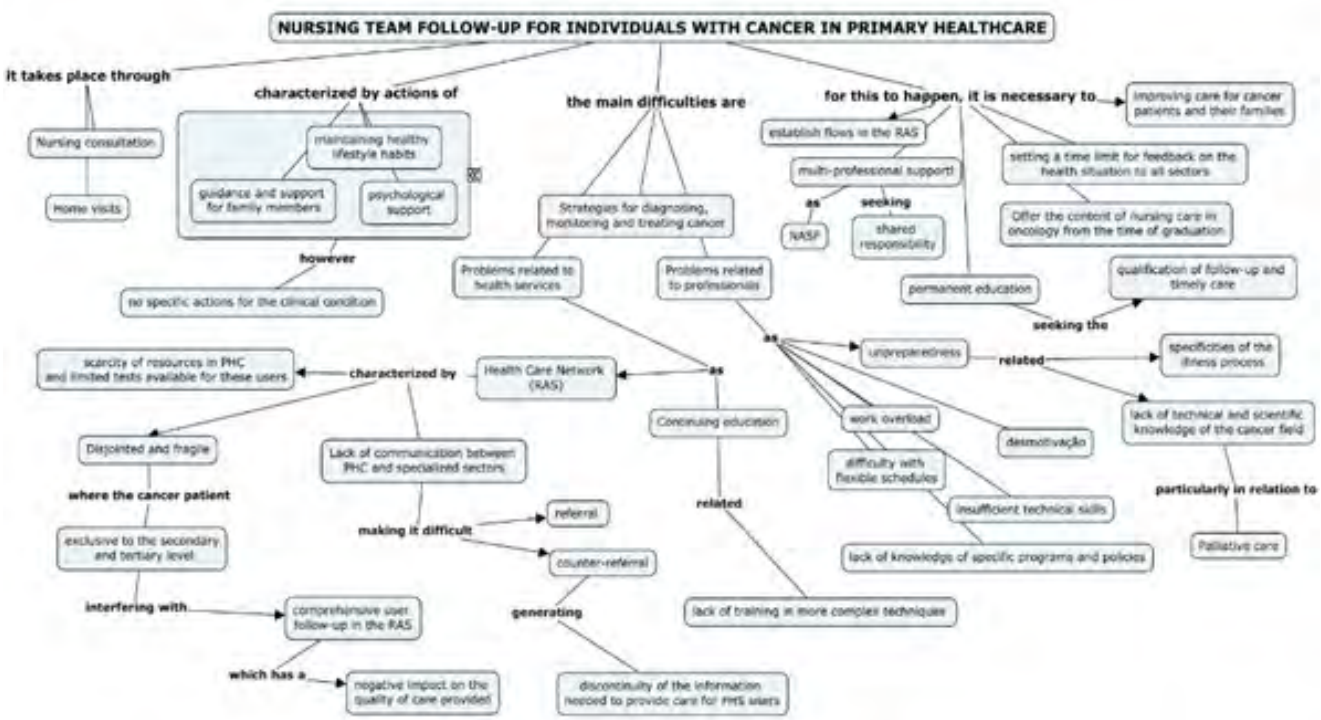
Despite this, it is necessary to point out that no specific actions are carried out for the clinical condition, since the professionals who work in this health sector are unprepared and limited in their nursing consultations. Furthermore, given the scarcity of resources within PHC, which makes up a weak network of care for cancer patients, they are mostly kept in the secondary and tertiary sectors, where all the complexity of their pathology and specific procedures are dealt with.[12,13]

The main obstacles to monitoring cancer patients in PHC found in this IR are issues related to health services and the professionals who make them up. When it comes to the health service, it can be seen that the RAS, one of the main proposals drawn up by the government to review the current health model and improve the quality of health care provided to the population, has an impasse when it comes to monitoring cases such as cancer.[14]

It can be seen that the RAS suffers from a shortage of resources in PHC, a situation that not only limits the tests and treatments that can be offered to these users, but also interferes with their comprehensive follow-up. Once it becomes disjointed and fragile, people with cancer start to receive treatment exclusively at the secondary and tertiary levels, having a negative impact on the continuity and quality of care provided at the PHC.[13]

It was also possible to understand from the analysis of the articles included in this IR that the lack of communication between PHC and the specialized sectors interferes with the follow-up of people with cancer. At this point, referral and counter-referral become the main means of discontinuity of the information needed for comprehensive care provided by FHS professionals.[13,14]

Figure 2 – Conceptual map, Alfenas, MG, Brazil, 2022



The exchange of information during the hospital discharge process and other types of counter-referral is fundamental to the continuity of care provided to users by PHC, since it enables professionals to know the needs and complexities that will be faced in caring for users. Inadequate or delayed information can result in unprepared health professionals, unnecessary referrals and even prolonged hospital stays, a situation that compromises not only the patient's health, but also the care provided in PHC.[15]

It is therefore necessary to consider that the constitution of the HCN is extremely dependent on the professionals who make it up, since their technical and scientific training and continuing education processes dictate the quality of the service provided.[3,14] This point was another impasse detected by this study. The lack of technical training for professionals to deal with the diversity of techniques needed to care for these patients has also caused a setback in cancer patient care.

Knowledge about follow-up is still conducted in a generalized way. In this sense, there is a need for nurses to update their learning through continuous training on the subject, aiming for technical competence to assess and promote comprehensive care for cancer patients, taking into account technological and scientific advances in order to provide comprehensive, quality care for patients and their families. On-the-job learning, through continuing education, introduced into primary care is the necessary way to bring this competence into nurses' daily lives, as it establishes communication and bonds between professionals.

With regard to problems related to professionals, the main ones highlighted were: lack of preparation, work overload, difficulty in making schedules flexible, demotivation, insufficient technical skills and lack of knowledge of specific programs and policies for assisting this target population.[14, 17]

The lack of preparation of the professionals involved in PHC care is related to their knowledge of the specificities of the illness process of the population in question and their lack of technical-scientific knowledge of the oncology area. Work overload, on the other hand, is related to demotivation and difficulty in making schedules flexible, since excessive workload makes it difficult to schedule home visits, nursing procedures and consultations, as well as the quality of the care provided, since any of these actions are time-limited, thus demotivating the professionals involved.[14, 17]

It is also considered that the majority of professionals who care for cancer patients do not have adequate training and specialization, which results in deficiencies in the knowledge and techniques needed to care for this population, a situation that is evident in the gap in knowledge about palliative care. Among the professionals who took part in the selected surveys, the vast majority have no knowledge of this area and do not see the need to understand, improve and implement palliative care in their care, which exacerbates the gap in the care provided to patients.[12, 14, 17]

Despite this discrepancy in oncology care, there is also little awareness among professionals of the programs and policies aimed at this population. The National Oncology Care Support Program (PRONON) and the Family Health and Primary Care Support Center (NASF) are examples of public policies available for this population and their families, which, in addition to supporting and qualifying the care provided by these professionals, could be capable of improving the quality of life of cancer patients in PHC.[18, 19]

To sum up, in order for PHC to be truly effective, certain conditions must be met, such as the appropriate professional profile of the team members; the existence of an integrated network of services that is appropriate through a system of referrals and counter-referrals; the creation of an environment and working conditions that are suitable for providing care and developing interactive health promotion actions with the community that lead to their awareness and participation; and compatible remuneration.[20]

Considering all this, it was understood that for nursing care for people with cancer to take place in PHC, it is necessary to establish some key points. These include flows in the HCN, a time limit for feedback on the patient's health situation to all sectors, improving care for people with cancer and their families, providing content on oncology nursing care during undergraduate courses and continuing education.

On this last point, it's important to consider that continuing education should always seek to improve nursing care for these patients in a timely manner, aiming to meet the current demands of the FHS and the population it assists, but above all, uniting and training the multi-professional team, since shared responsibility for patient care provides the patient with more qualified and comprehensive care.

LIMITATIONS

With regard to the limitations encountered in conducting this IR, we would highlight the small number of studies available on the subject, the lack of studies on palliative care as part of cancer treatment and the fact that PHC is a component of the health system in only a few countries, which limits the greater diversity of countries producing studies on the subject and the possible analysis of the differences in care provided to cancer patients. It is also worth mentioning the restriction of controlled descriptors for this topic, which can make it difficult to access studies that have addressed this issue.

CONCLUSION

It can be concluded from the analysis of the articles included in this IR that the scientific evidence produced about the nursing team's monitoring of people with cancer in PHC shows that it has been carried out only through home visits and nursing consultations, and without specificity with regard to the oncological area.

It is important to point out that although monitoring is taking place, obstacles such as the disjointed and fragile HCN, with a shortage of resources and communication between sectors, which hinders the referral and counter-referral system, and the lack of preparation of professionals, whether in the technical-scientific field or due to work overload and flexible schedules.

In view of the information and limitations identified in this IR, there is a need to improve the care provided to cancer patients and their families, through the implementation of effective information flows, ongoing education for professionals and improved follow-up and timely care.

Advances in knowledge in this area could result in greater care and attention for cancer patients and their families. This can be exemplified by the development of a care plan that takes into account the particularities of each cancer patient, that is able to meet their demands and needs, as well as those of their family and the comprehensive monitoring of the entire course of their pathology. Therefore, with individualized and assertive follow-up, complications can be avoided and the bond between patients and the multi-professional team strengthened, reinforcing the importance of PHC as a welcoming place trained to deal with health-related challenges, consequently reducing the overload in the secondary and tertiary sectors.

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