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Nursing consultation for women with breast cancer: Profile, diagnoses and interventions

women

Nursing consultation for women with breast cancer: Profile, diagnoses and interventions

RESUMO | Objetivo: analisar a implementação da consulta de enfermagem para mulheres com câncer de mama por meio da Sistematização da Assistência de Enfermagem. Método: estudo retrospectivo transversal quantitativo que analisou os prontuários das pacientes atendidas entre agosto de 2018 a dezembro de 2019, nas consultas de enfermagem em um hospital oncológico de Porto Alegre. Resultados: analisou-se 32 prontuários de mulheres em tratamento para o câncer de mama; evidenciaram-se 38 Diagnósticos de Enfermagem, a saber: Estilo de vida sedentário, Mobilidade física prejudicada, Disposição para controle da saúde melhorado e Risco de baixa autoestima situacional como prevalentes. Dentre as intervenções encontradas, o Domínio Comportamental foi preponderante. Conclusão: a sistematização da assistência e das taxonomias padronizadas pela NANDA I utilizadas na consulta de enfermagem, propiciam um cuidado ampliado e relevante para populações específicas e um estímulo à pesquisa para integrar as correlações entre os diagnósticos, os resultados e as intervenções.
Descritores: Neoplasias da Mama; Diagnóstico de Enfermagem; Processo de Enfermagem; Terminologia Padronizada em Enfermagem.

ABSTRACT | Objective: to analyze the implementation of the nursing consultation for women with breast cancer through the Systematization of Nursing Care. Method: retrospective cross-sectional quantitative study that analyzed the medical records of patients seen between August 2018 and December 2019, in nursing consultations in an oncology hospital in Porto Alegre. Results: 32 medical records of women undergoing breast cancer treatment were analyzed; 38 Nursing Diagnoses were evidenced, namely: sedentary lifestyle, poor physical mobility, improved health control disposition, and situational low self-esteem risk as prevalent. Among the interventions found, the Behavioral Domain was preponderant. Conclusion: the systematization of care and the taxonomies standardized by NANDA I used in the nursing consultation, provide an expanded and relevant care for specific populations and a stimulus to research to integrate the correlations between diagnoses, outcomes and interventions.
Keywords: Breast Neoplasms; Nursing Diagnosis; Nursing Process; Standardized Nursing Terminology.

RESUMEN | Objetivo: analizar la implementación de la consulta de enfermería para mujeres con cáncer de mama a través de la Sistematización de la Atención de Enfermería. Método: estudio retrospectivo transversal cuantitativo que analizó los prontuarios de pacientes atendidos entre agosto de 2018 y diciembre de 2019, en consultas de enfermería de un hospital oncológico de Porto Alegre. Resultados: se analizaron 32 historias clínicas de mujeres en tratamiento por cáncer de mama; Se evidenciaron 38 Diagnósticos de Enfermería, a saber: Sedentarismo, Movilidad física perjudicada, Voluntad para mejorar el control de la salud y Riesgo de baja autoestima situacional como prevalentes. Entre las intervenciones encontradas, el Dominio Conductual fue predominante. Conclusión: la sistematización de la atención y las taxonomías estandarizadas por la NANDA I utilizadas en las consultas de enfermería brindan cuidados ampliados y pertinentes para poblaciones específicas y estimulan investigaciones para integrar correlaciones entre diagnósticos, resultados e intervenciones.
Palabras claves: Neoplasias de la Mama; Diagnóstico de Enfermería; Proceso de Enfermería; Terminología Normalizada de Enfermería.

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INTRODUCTION

In recent decades, cancer has gained exponential dimensions, becoming an evident global public health problem. According to more recent cancer incidence and mortality data produced by the Department of Noncommunicable Diseases of the World Health Organization (WHO), it is estimated that one in six deaths will be from cancer and, still, 29.4 million new cases of cancer will occur in the world in 2040. [1] By the same year, according to the International Agency for Research on

Cancer (IARC), breast cancer will be among the most frequent types of malignant neoplasm, with an increasing worldwide incidence of 3,059,829. [2]

It is estimated that by the end of 2022 there will be 625,000 new cases of cancer in Brazil, of which 66,000 will be due to breast cancer in women, 6,000 more cases than the 2019 estimate.

In addition, there are variations between the regions of Brazil with the highest incidence of breast cancer in the South and Southeast regions, with an estimated risk of 81.06/100,000 women and 71.16/100,000 women, respectively. In Rio Grande do Sul there will be 4,050 new cases of breast cancer and of these, 660 will be in Porto Alegre. [3]

Treatments for breast cancer involve surgery, adjuvant and neoadjuvant therapies, such as chemotherapy, radiotherapy, hormone therapy and immunotherapy. They also include physical and psychological health care focused on the basic needs of human beings, in addition to environmental factors. In this way, the nurse in the nursing consultation, through health education, has a leading role in promoting and maintaining the health of patients, in the transition of care before, during and after treatment. [4]

The nursing consultation uses the Systematization of Nursing Care (SAE) and the steps of the Nursing Process (NP) as a method, guided by the NANDA-I, NOC and NIC taxonomies [5,6,7], commonly used in Brazil and in the countries of America. Therefore, the standardization of nursing actions generates international support for the care established by nurses with their patients. [7] In view of the importance of standardizing nursing care, the creation of classifications achieves greater security in the care provided by nurses. [8]

Therefore, the objective of this study was to analyze the implementation of the nursing consultation for women with breast cancer, through the Systematization of Nursing Care.

METHODS

Cross-sectional quantitative retrospective study supported by the recommendations of the tool The Strengthening the Reporting of Observational Studies in Epidemiology (STROBE). Data were collected through electronic and physical medical records, from January to February 2020, at the SUS outpatient clinic of the Santa Rita Hospital, belonging to the Santa Casa de Misericórdia Hospital Complex in Porto Alegre.

All medical records of patients with breast cancer attended in a nursing consultation were included in the study, from August 2018 to December 2019. Thirty-five physical and electronic medical records were found for the study and those whose data were incomplete were excluded.

A specific instrument was used to extract data regarding the sociodemographic profile, nursing history, treatments for breast cancer, the diagnoses listed and the interventions carried out in the consultations, contained in the electronic (Tasy) and physical records of the nursing consultation.

Data analysis was performed in two stages. At first, the data were arranged in the Microsoft® Office Excel 2016 program, for the registration and formatting of the database, from which the study variables presented in absolute number, percentage, mean and median were removed. In the second moment, there was a listing and comparative analysis between the nursing diagnoses, according to the standardization of the NANDA-I classification (2018-2020), the time of open diagnoses and the nursing behaviors described in the medical records of each patient listed according to the nursing interventions recommended by the NIC classification, 2016 edition.

The study complied with all human research standards, according to Resolution number 466/12 of the National Health Council and started after approval by the Research Ethics Committee (CEP) with Human Beings of the Federal University of Health Sciences of Porto Alegre (UFCSPA) and the CEP of the co-participating institution, Santa Casa de Misericórdia de Porto Alegre, under opinion and CAEE numbers, 3,567,366 and 15206719.7.3001.5335, respectively.

RESULTS

The results of this research are divided into two specific topics: Characterization of the profile of the study population and Nursing Diagnoses and Interventions for women with breast cancer.

Characterization of the population profile

The research obtained a total of 35 medical records analyzed, between August 2018 and December 2019. Three medical records with only one consultation and insufficient information necessary for the research were excluded. Resulting in 32 medical records investigated, according to pre-established criteria.

Most of the patients completed high school, live in distant regions of Porto Alegre, are married and self-declared white. The age group ranged from 39 to 80 years, with the most frequent being between 40 to 50 years, with an average of 54 years.

Invasive Ductal Carcinoma (ICD) was the most common type of cancer in 75% [24] of patients; two of them had concomitant Invasive Lobular Carcinoma (ILC) in the contralateral breast; 15.6% of women were diagnosed with Ductal Carcinoma in Situ (DCs); 3.1% with Invasive Lobular Carcinoma; 3.1% with Mucinous Carcinoma and 3.1%

with Inflammatory Carcinoma. In view of the immunohistochemical analysis, 37.5% of the women had the Luminal B molecular subtype.

The most common location of the cancer was in the left breast, in 16 patients, four had a diagnosis of bilateral cancer and one had a recurrence of the primary tumor. In this population, 6.25% had lung and bone metastases and one died two years after diagnosis. More than half of the women reported a family history of cancer, with 34% breast cancer, in first-degree relatives.

Surgery was the main treatment for 97% and mastectomy compared to sectorectomy, the most frequent. Less than half of the patients who underwent the surgical procedure underwent breast reconstruction immediately or after radiotherapy. During the treatment for cancer, 37.5% of the patients developed some side effect related to radiotherapy, such as problems with the healing of the surgical wound and rejection of the silicone prosthesis. Of the patients with healing problems, two were smokers. Partial and deficient loss of upper limb movement was identified in 59% of the sample after surgery.

As for support, care and personal relationships during treatment, 28 patients reported having had support from their own family circle since diagnosis. Changes in interpersonal relationships were investigated and most of the medical records found records of changes in women's daily activities, work, family life, habits, beliefs and mood.

Nursing diagnoses and interventions for women with breast cancer

In view of the analysis of the 32 medical records, 220 nursing consultations were carried out, with an average number of consultations per patient of 6.8 (ranging from 3 to 19).

In the consultations carried out, 175 Nursing Diagnoses (38 different) were listed, with an average of five diagnoses per patient. Among the most

prevalent diagnoses were Sedentary lifestyle and Impaired physical mobility; for Health Promotion, the Willingness for Improved Health Control; and, for Risks, the risk of low situational self-esteem. The Coping and Stress Tolerance domain had the highest number of diagnoses listed among all domains, the most prevalent being the diagnosis of anxiety. Table 1 includes the Nursing Diagnoses found, according to the number and frequency of patients who presented the diagnosis.

After analyzing the diagnoses, it was found that the Nursing Interventions (NI) were described as nursing

Table 1 - Nursing diagnoses listed for the 32 women with breast cancer and NANDA-I code, according to number and absolute frequency (%). Porto Alegre, Rio Grande do Sul, 2018-2019.	
NANDA-I Diagnostics 2018-2020 - Code	**f(%)**
Sedentary Lifestyle – 00168	23(71,9)
Risk-prone health behavior - 00188	6(18,8)
Provision for improved health control - 00162	10(31,3)
Obesity – 00232	9(28,1)
Overweight – 00233	5(15,6)
Willingness for Improved Nutrition – 00163	5(15,6)
Impaired urinary elimination - 00016	2(6,25)
Constipation – 00011	4(12,5)
Insomnia – 00095	6(18,6)
Impaired physical mobility - 00085	19(59,4)
Fatigue – 00093	2(6,25)
Self-negligence - 00193	1(3,12)
Willingness to improve self-care - 00182	9(28,1)
Willingness for improved self-concept – 00167	4(12,6)
Low situational self-esteem – 00120	5(15,6)
Risk of situational low self-esteem - 00153	10(31,2)
Willingness for Improved Hope – 00185	1(3,12)
Caregiver role tension – 00061	1(3,12)
Dysfunctional family processes - 00063	9(28,1)
Willingness for improved family processes - 00159	1(3,12)
Ineffective relationship - 00229	1(3,12)
Sexual Dysfunction – 00059	1(3,12)
Committed family coping – 00074	1(3,12)
Anxiety Related to Death – 00147	1(3,12)

Defensive Engagement – 00071	1(3,12)
Anxiety – 00146	7(21,9)
Chronic sadness - 00137	1(3,12)
Feeling of helplessness - 00125	4(12,6)
Fear – 00148	6(18,8)
Willingness for improved coping - 00158	2(6,25)
Risk of feeling helpless - 00152	1(3,12)
Risk of infection - 00004	1(3,12)
Impaired skin integrity – 00046	7(21,9)
Impaired tissue integrity - 00044	2(6,25)
Risk of impaired skin integrity – 00047	1(3,12)
Impaired comfort - 00214	1(3,12)
Acute pain - 00132	4(12,5)
Social isolation - 00053	1(3,12)
Total	175

Source: survey data, 2022.

conducts/actions. Thus, they were adapted to the international nomenclature of the NIC classification and cross-mapping was carried out by word association, which connected the title and description of the intervention with the nursing actions listed in the medical records. Therefore, 42 conducts were mapped, totaling 35 different interventions. The Behavioral Domain was the most prevalent (51%), which involved changes in lifestyle.

In addition, the presence of NI related to Integrative and Complementary Health Practices (PICs) such as Acupuncture and Auriculotherapy (classified as Acupressure) and Meditation (classified as Facilitation of Meditation) was found in the patients' charts. These interventions were verified in 68.75% [22] of the medical records; the Acupressure intervention in 17 charts; 14 for Meditation Facilitation and 9 had the combination of these two practices. Regarding Facilitation of Meditation, in 50% [7], the ND Low situational self-esteem was also identified in 42.8% [6], the ND Anxiety and the ND Fear in 21.4% [3].

In view of these results, the length of stay of open diagnoses was verified, which varied according to the patient and the diagnosis itself; however, diagnoses related to behavior changes remained for a longer period of time. Table 2 presents the diagnoses and the average length of stay.

The longest length of stay was observed in the ND Dysfunctional family processes, listed for 28% of the sample in this study. This ND was related to NI Family Maintenance, involving more than one person in the family as an agent of change. The second ND with the longest stay, a sedentary lifestyle, was listed in 72% of the sample. The NI for this ND were identified as guidelines and promotion of physical exercise.

DISCUSSION

Table 2 - Nursing diagnoses by length of stay of the 32 women with breast cancer, according to the average time in days. Porto Alegre, Rio Grande do Sul, 2018-2019.

Nursing Diagnoses	Time (average)
Sedentary lifestyle	123 days
Impaired physical mobility	43 days
Risk of low situational self-esteem	55 days
Dysfunctional family processes	158 days
Willingness for improved health control	53 days

Source: survey data, 2022.

In this study, we found, mostly, women residing in the interior of the state of Rio Grande do Sul, where there is a predominance of white ethnicity - seen in 78.12% of this sample and which corroborates the findings of another survey carried out in southern Brazil, where 97% of women declared themselves white.[9] According to data from a North American study from Jackson State University, there is a higher incidence of breast cancer in white women compared to black, Hispanic and Asian women. [10]

Patients' age is also an important marker that determines a risk factor for breast cancer, as evidenced in this study by the average age of women at diagnosis, 54 years. This result corres-

ponds to national and international findings, which point to a higher incidence of this neoplasm in women over 50 years of age. [3,11]

After tumor detection and biopsy, 75% of the women in this sample were diagnosed with Invasive Ductal Carcinoma (IDC), so these findings reaffirm the two most common types of breast cancer in women. [12,13] The literature points to the Luminal B molecular subtype as the most frequent (32.46%), followed by Luminal A (15.79%) and triple-negative (12.28%), which corroborates the findings of this sample in which 37.5% of women were diagnosed with the Luminal B subtype. [14,15]

Regarding the surgical treatment of the study sample, 56% of the patients underwent Modified Radical Mastectomy (MRM), most of them (72%), accompanied by axillary dissection (AD); 13 patients underwent sectorectomy. Also, in this sample, 56% underwent joint treatment of surgery, chemotherapy and radiotherapy, which match the 63.16% of a study carried out in Belém, in the state of Pará, which followed the same treatment combination. Given the combination of treatments performed, it can be inferred that in Brazil women are diagnosed with aggressive tumors of intermediate to high risk, requiring more complex interventions. [15]

Faced with so many significant changes in the body, routine and relationships of women, nursing care becomes essential and is permeated by the Theory of Basic Human Needs (psychobiological, psychosocial and psychspiritual), by Wanda Horta. [16] A review study that sought to evidence changes in these needs in cancer patients concluded that most findings in the literature (59.81%) were related to psycho biological needs, followed by 37.38% psychosocial and only 2.7% psycho spiritual needs [17,] which can be compared with the most frequent diagnoses found in the medical records of the 32 women investigated: Sedentary lifestyle (72%) and Impaired physical mobility (59%), followed by the ND Willingness for improved health control and Risk of situational low self-esteem, present in 31.2% of the sample.

Other findings, found in our study, when it was observed that the "Domain Coping and Tolerance to Stress" was the domain with the most diagnoses listed; the most prevalent was the ND Anxiety, which appeared in 22% of the sample, followed by the ND Fear (19%). Thus, these diagnoses may be related to the lack of familiarity with the cancer experience, with the different treatments and with the physical deformity. These experiences are pointed out by authors who discuss the relationship between these NDs, with the uncertainty regarding the cure and argue how fundamental support by nurses and psychologists is in the process of adapting to new situations. [18,19] It is extremely important to emphasize that each woman experiences her cancer in a peculiar way, which must be understood by health professionals in order to provide a healthy coping, going through the phases of denial, anger, bargaining, sadness and acceptance. However, these phases are diverse, with completely different durations for each experience. [20]

Under analysis of the ND Risk-prone health behavior, listed in six patients, 50% smoked and 17% drank alcohol during treatment. In this way, it is possible to point out the difficulties between the risks for the search for an appropriate treatment and addiction. Changing this type of behavior requires knowledge, time and will, both from the patient and from the professionals who provide care. [19] Faced with the challenges provided by changing habits, nurses feel co-responsible for the health of the patient under their care and, as a transforming agent and educator, they seek in this dual relationship to bring knowledge, exchange experiences and organize the routine of their patients in order to positively impact their life habits, both physical and psychic, spiritual, and even in interpersonal relationships. [21]

According to the nursing interventions proposed by the Nursing Interventions Classification (NIC) of 2016, there are 43 interventions that support cancer patient care; of these proposed interventions, 14 were performed in the consultations analyzed by this study. However, other interventions were also identified, adding up to 35 different NI. Most of these were categorized by the Behavioral Domain, which point to the very important role of the nurse, as an educator, in helping to change behavior. [7]

Many of these interventions refer to the concept of Self-care, which is established by the development of activities to be performed by patients for their own benefit, for the maintenance of life and well-being. A literature review that analyzed 30 articles showed that the NI proposed by the authors were categorically related to Treatments, Disease or Pathological Process, Lymphedema, Side Effects, Complications, Medication Regimen Management, Daily Activities, and Support, in descending order of frequency. In addition, the NI were related to the patients' knowledge about the control and prevention of cancer side effects, in addition to the promotion of cognitive skills. This study also identified that the interventions belonged to the actions of informing, teaching, instructing, advising and guiding. [22]

In a methodological study carried out in Brazil that carried out a cross-mapping of the biopsychosocial and educational needs of women with preoperative breast cancer, 39 nursing interventions were identified that were necessary to meet the needs seen by nurses during outpatient consultations. The interventions cover educational, emotional, physical and symptom control themes, such as the interventions Strengthening the home, Strengthening

self-esteem, Improving body image, Preventing bleeding, Increasing safety and Controlling pain. [23] These findings are similar to the interventions found in the medical records of the 32 patients, such as Emotional Support, Improvement of Body Image, Strengthening of Self-Esteem, Facilitation of Self-Responsibility and Modification of Behavior.

In addition, the Integrative and Complementary Health Practices (ICHPs) were present in our study with Acupuncture, Auriculotherapy and Meditation; these interventions were verified in 68.8% of the medical records. According to this finding and, according to the Society for Integrative Oncology (SIO) guidelines, ICHPs have been shown to be strong complements to cancer treatments and the consequent resumption of quality of life. According to SIO, meditation is strongly recommended for reducing anxiety, disorders and depressive symptoms and, therefore, improving quality of life. Acupuncture, on the other hand, obtained a higher degree of recommendation when considered as a complement to antiemetic drugs, in the control of nausea and vomiting during chemotherapy; this practice was also evidenced as a recommendation to improve mood and depressive symptoms, improve post-treatment fatigue, manage pain and night sweats. [24]

Thus, nurses must be aware of the clinical predictors, perform a complete anamnesis, physical examination and interrelate the data obtained with the defining characteristics of each diagnosis. Therefore, it is necessary for nurses to be clear about the definition of diagnoses and the different variations of these in each domain, where it is possible to identify different diagnoses in the same set of data. Thus, specific training for the use of classifications and accuracy of diagnoses are important in health services, with discussions of clinical cases, elaboration of NDs, implementation of the Systematization

> Treatments for breast cancer involve surgery, adjuvant and neoadjuvant therapies, such as chemotherapy, radiotherapy, hormone therapy and immunotherapy. They also include physical and psychological health care focused on the basic needs of human beings, in addition to environmental factors.

of Nursing Care and establishment of possible goals. [25]

Regarding the open time of the ND, a longer period was observed for dysfunctional family processes and a sedentary lifestyle. These two diagnoses are related over time and show the difficulty in changing behavior, however, they differ in terms of the agent of change. In the case of the ND Dysfunctional family processes, the patient is dependent on a family member to improve the results. No study was found that compared the time, in days, of the open diagnosis.

Results should be viewed with consideration due to topic specificity and sample size. It is considered important that new studies establish correlations between diagnoses, results and interventions, in order to investigate and promote new forms of care for this population. It was also identified the lack of studies that investigate the length of stay of the ND, in the sense of examining the interventions provided.

CONCLUSION

The knowledge of the Nursing Process and, mainly, of the nursing diagnoses is extremely important for the nurse's work because in addition to identifying needs and determining the degree of dependence of patients, they are also aimed at promoting health. In this way, the nursing consultation for women with breast cancer through the Systematization of Nursing Care leads the nurse to carry out reliable diagnoses and interventions to the problems and situations brought by the patients, ensuring effective and individualized care, and instituting possible goals.

It is essential that nursing studies can identify gaps in nurses' knowledge and produce scientific evidence for better care management and consequent patient safety.

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