

Breast cancer in young women: training for primary care nurses

Abstract

Objective: To report on the experience of training nurses working in Primary Health Care. Method: Experience report on an online training held in March 2022, addressing breast cancer in young women (<40 years) for nurses working in primary care.

Results: Six nurses took part in the training. The use of Health Information and Communication Technologies was shown to be an important tool for promoting educational activities. The action contributed to the practice of the nurses, who were satisfied with the approach taken, and the majority (83.7%) replicated the information. The provision of complementary educational materials helped positively in understanding the content.

Conclusion: The role of nurses and the implementation of ICTs as a care tool in health promotion in PHC was highlighted, with a view to raising awareness and early detection of breast cancer in the target audience.

Keywords: primary health care, professional training, nursing, breast cancer, health technologies

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Introduction

Breast cancer is a disease that has a negative impact on people's quality of life and can lead to death. Therefore, in order to minimize the mortality rate, the Ministry of Health has developed strategies to prevent and control the development of this type of cancer at all levels of health care.¹ This pathological condition is the most common worldwide, with an estimated 2.3 million new cases per year (11.7%). In addition, it is the most common type of cancer in women, followed by colon and rectum cancer, with 865,000 (9.4%); lung cancer, with 771,000 (8.4%); cervical cancer, with 604,000 (6.5%); and non-melanoma skin cancer, with 475,000 (5.2%) new cases worldwide.^{2,3} In the country, 73,610 cases are estimated for the three-year period from 2023 to 2025, corresponding to an estimated risk of 66.54 new cases per 100,000 women.¹

This type of cancer predominantly affects women aged 50 and over.⁴⁻⁶ However, the aggressiveness of breast cancer in women under the age of 40 is a complex phenomenon in which several factors contribute to the more intrusive nature of this disease in this age group, outlining a multifaceted scenario involving biological, genetic and clinical factors.³ One of the primary influences is the biology of breast tissue in young women.⁴ Dense breast tissue in this age group can lead to the development of more aggressive tumours, making early identification by traditional detection methods difficult. In addition, the hormonal environment characteristic of youth, with significant fluctuations throughout the menstrual cycle, can create favourable conditions for the accelerated growth of certain types of breast cancer.⁴ The presence of genetic mutations is also a factor that plays a crucial role in predisposing to more aggressive forms of breast cancer. Young women with mutations in the BRCA1 and BRCA2 genes have an increased risk of developing lethal breast tumours, requiring a careful and personalized approach to diagnosis and treatment.⁷

Considering its high rates of diagnosis and morbidity and mortality, as well as the high investments aimed at early detection, better management of the disease and better recovery, breast cancer

represents a serious public health problem. In addition, the therapeutic journey after diagnosis can cause biopsychosocial and spiritual challenges for women with breast cancer and their families.⁸ With this in mind, the Ministry of Health has been working since 1998 to draw up more robust guidelines to promote health and provide comprehensive care for women.⁹ In 2009, the Breast Cancer Information System (SISMAMA) was implemented, with an emphasis on monitoring the health of women treated by the Unified Health System (SUS), as well as focusing on early detection and diagnostic confirmation of neoplasms.¹⁰

As a priority established in Brazil's health pact, in order to improve the monitoring and early detection of breast cancer, which has a profound impact on women's quality of life and their integrality, a new Cancer Information System (SISCAN) was introduced, integrating and replacing SISMAMA.¹¹ As such, this tool is an essential part of monitoring the development of this neoplasm in the country. More effectively, Primary Health Care (PHC) has been restructured to strengthen promotion, protection and recovery actions in the face of the challenges posed by cancer, by universalizing access to health and decentralizing systems.¹² In Brazil, breast cancer screening, diagnosis and treatment began to be incorporated into public health policies in the mid-1980s.¹³ An important milestone was the publication in 2004 of the Consensus Document, which presented recommendations for prevention, early detection, diagnosis, treatment, follow-up and palliative care.¹⁴ These include: the implementation of mammographic screening of women aged 50 to 69 through biennial mammography, with guaranteed diagnosis, timely treatment and follow-up of women; the creation and implementation of an information system in mammography services. These recommendations were updated by the Guidelines for the Early Detection of Breast Cancer in Brazil in 2015.¹⁵ In this context, within the Family Health Strategy (ESF), which is part of PHC, nurses enjoy greater autonomy in their practices, finding a vast field in which to develop their activities. They play an active role in educational processes and take the lead in managerial functions that contribute to cancer monitoring and prevention.¹⁶

Thus, the study is justified because due to the COVID-19 pandemic scenario, health education actions carried out by nurses have been suspended in view of the social isolation measures imposed by health authorities, aiming to preserve well-being and minimize the multiplication of the virus. That said, research carried out by the Oswaldo Cruz Foundation in Pernambuco found that in 2020, the first year of the pandemic, there was a negative impact on breast cancer screening, diagnosis and treatment, increasing the incidence of late diagnosis and, consequently, having a detrimental impact on women's quality of life.¹⁷ Other studies that have analyzed the impact of the COVID-19 pandemic on cancer screening tests in Brazil have identified that screening actions have been affected, generating a considerable decrease in the number of screening tests, mammography, PSA and cytopathological tests, which should translate into an increase in cases of advanced disease, with serious negative consequences for patients and the health system.^{18,19} This highlights the importance of nurses in disseminating information capable of encouraging and favouring the adoption of healthy habits and lifestyles, as well as their importance in providing guidance on the signs and symptoms of this neoplasm in a clear and accessible way to the reality experienced, i.e. carrying out health education activities in the community. This study therefore set out to report on the experience of training nurses who work in PHC, as well as offering complementary tools with the aim of contributing to preventive actions and raising awareness of breast cancer in young women under the age of 40. It is believed that this approach will help to improve nurses' decision making and promote the implementation of more effective educational activities aimed at raising awareness among the population about the importance of early screening.

Method

This is a descriptive study of the experience report type. This method of study enables a reflective analysis of a particular action, activity, or set of them, which helps to approach situations experienced in professional practice, of interest to the scientific community.²⁰ The activity was a training course on breast cancer in young women (under 40) for professional nurses working in the context of PHC. The activity was carried out online, in March 2022, using the Google Meet platform, by a professional with a degree in nursing, who was studying for a postgraduate degree in Oncology Nursing at a Federal Institution in the south of Minas Gerais, and who lives in Bahia, just like the professionals who were trained. Due to the context of the COVID-19 pandemic, which has devastated the world, educational institutions in Brazil, in order to minimize the impacts of social isolation, have had to adapt to ICTs. In this sense, with a view to promoting dynamic and interactive training, this study was carried out using an expository and dialogued teaching methodology, based on a document prepared using the Power Point tool, which was presented to the nurses using the Google Meet platform. The meeting took place on March 20, 2022, and lasted 2 hours and 30 minutes.

In addition, to improve understanding of the content, two educational materials were produced using the CANVA digital platform as complementary training tools. The first material covered topics related to pathophysiology, risk factors, epidemiological data and signs and symptoms. The second handout presented prophylactic methods, with the aim of explaining their importance in identifying breast cancer at an early stage, clinical breast examination and self-care strategies. These materials were made available to the nurses after the activity, to replicate the knowledge with their team and to distribute to the population in their respective areas of coverage. In order to gain a better understanding of the nurses' experiences with the training, a 13-question form was drawn up, with questions

related to how long the professionals had been working, their level of knowledge before and after the action, the replication of knowledge with teams and communities and questions related to the evaluation of the training itself. After each nurse had filled in the form, the data obtained was analyzed. Due to the study's methodological design, there was no need for it to be assessed by the Research Ethics Committee, in accordance with the Sole Paragraph of Article 1 of CNS Resolution 510/16, item VII.

Results and discussion

All the nurses (n= 6) who took part in the training responded to the form provided. The answers collected showed that 50% of the participants have been working in PHC for two years, while the other 50% have been working in the area for more than four years. It was also found that most of these professionals rated their pre-training knowledge above 7 on a scale of 0 to 10. Professional knowledge is essential in clinical practice and is the accumulation of knowledge that enables someone to carry out their profession. This knowledge develops from initial training and is continually improved throughout professional practice. It is therefore crucial that nurses master both the theoretical and practical aspects of their field. The results also showed that all the professionals were satisfied with the training, which helped them to propose interventions in their professional practice aimed at educational actions in health. In addition, the majority of nurses (66.7%) considered the content covered in the training to be important in order to better provide preventive care to their clients.

A study that analyzed the importance of continuing education in the multiprofessional context of primary health care and its process of professional improvement in the scientific literature pointed to these strategies as fundamental for care practice, since many professionals who have recently graduated or who have been working for a long period of time need training to expand their knowledge and skills in order to promote greater safety for their patients.²¹ In addition, periodic updates have proved important, so that professionals who provide direct care to the community can keep up with scientific advances, strengthening nursing as a science and care, and aiming to reduce difficulties and optimize the services provided.²¹ The literature points to the relevance of digital and technological resources as essential tools for promoting health training activities and their positive relationship with the satisfaction of trained professionals.^{21,22} With regard to the resources used for the training (presentation and information), the majority of nurses (66.7%) were satisfied with the quality of the materials produced, as well as with the expository and dialogical meeting (50%). A study whose objective was to report on the experience of a student and teachers regarding health education practices related to the prevention of breast and prostate cancer, pointed out that the use of materials produced by digital tools is an effective strategy for health education actions and contributes to the dissemination of scientific knowledge in a quick, clear and accessible way.²³ It also highlighted the importance of social networks and digital tools to promote training actions for both users of health services and health professionals, especially nurses.^{23,24}

The majority of nurses (83.3%) rated the duration of the training as sufficient to meet their expectations. In view of the demands placed on professionals in their care practice, this highlights the importance of short training periods to satisfactorily address existing weaknesses, according to the reality of each professional. It should also be noted that most professionals (50%) consider once a week to be the ideal time to carry out educational activities in the health unit. A study published in 2018, carried out in a Basic Health Unit in an urban area linked to the ESF, located in a municipality in the southern region of

Rio Grande do Sul, with two nurses who make up the team, identified that although every moment is opportune to promote education and health promotion actions, the availability of time to apply the meetings clashes with the culture of the local community and high demand for daily care, making it difficult to carry out the actions.²⁵ This study also identified the high demand from the municipality's government bodies as an important weakness that makes it exponentially more difficult to carry out the actions. Thus, it can be seen that one health education meeting a week is a factor that can meet the nurses' reality and not overload their other demands, of an administrative and care nature and as a mediating agent in a team.²⁵

All the nurses reported that they carry out health promotion activities in the waiting room. This space is intended for people to wait for multidisciplinary care, but the waiting time can be a factor in physical and emotional exhaustion. A study that sought to describe the experience of students in developing educational activities in the waiting room of a basic health unit identified that the action in the waiting room provided an exchange of knowledge between students, users of health services and health professionals, strengthening the link between educational institutions and the Basic Unit.²⁶ In addition, they highlighted the importance of using complementary educational materials as essential dynamic tools in the development of the activity, which not only favors the nurse's pedagogical practice, but can also alleviate the physical and emotional strain caused by waiting for care.²⁶ The majority of nurses (83.3%) instructed the team as instructed, and 100% of all team members, according to the nurses, were very satisfied with the replication of the training. In addition to the administrative and care demands, nurses act as leaders of their team, being responsible for supervising and training them when necessary. In addition, after the training, the nurses emphasized the importance of activities along these lines, since they enabled better quality care and ensured the more active participation of the people in the catchment area in health promotion actions. The information on self-care strategies, such as identifying signs and symptoms that indicate significant changes in the breasts, was fundamental for empowering women and increasing their bond with the health unit.

In view of the data presented, it can be seen that the health training given to nurses working in PHC on breast cancer in young women had a major impact on the professional practice of nurses, health teams and the community. The use of ICTs helped positively in this process, pointing to the relevance of implementing these technologies in the professional sphere and their applicability in the development of dynamic and interactive information, enabling users and professionals to better understand the content. It should therefore be emphasized that the training carried out by a nurse in training in oncology was essential for the replication of technical-scientific knowledge and for the updating of nurses who work directly in care practice in the context of PHC.

Final considerations

The training course contributed to updating the knowledge of nurses working in the PHC setting about breast cancer in young women. In addition, this experience report highlighted the importance of health education activities carried out by nurses to raise awareness among the population about the importance of adopting healthy lifestyle habits and encouraging self-care. Through the analysis, it can also be concluded that the implementation of ICTs in the professional sphere significantly helps to offer dynamic and interactive educational actions, as well as contributing to the development of materials that can help in nurses' pedagogical practice.

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Conflicts of interest

The authors declare that there is no conflicts of interest.

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