THE WORK OF PRIMARY HEALTH CARE NURSES IN ONCOLOGY CARE: AN INTEGRATIVE REVIEW

Geize Rocha Macedo de Souza¹, Luiza Helena de Oliveira Cazola², Renata Palópoli Picoli³

ABSTRACT: Objective: to identify the role of the primary health care nurses in oncology care, based on scientific literature evidence. Method: this is an integrative review with data collected in October 2017, from four databases, resulting in 117 articles. Based on the established inclusion criteria, seven articles were selected. Results: the articles allowed the organization of results into three thematic categories: six health care activities (86%); four health education activities (57%); and one professional primary health care competence (14%). Final considerations: in oncology nursing care, it is crucial to combine knowledge with clinical practice, centered in holism and individualized follow-up, to allow its involvement in activities related to healthcare, health education, and prevention and control actions in primary health care.

DESCRIPTORS: Oncology Nursing; Nursing Care; Primary Health Care; Oncology; Family Health Strategy.

ATUAÇÃO DO ENFERMEIRO DA ATENÇÃO PRIMÁRIA À SAÚDE NA ASSISTÊNCIA ONCOLÓGICA: REVISÃO INTEGRATIVA

RESUMO: Objetivo: identificar a atuação do enfermeiro da Atenção Primária à Saúde na atenção oncológica, a partir de evidências na literatura científica. Método: trata-se de uma revisão integrativa, cuja coleta de dados foi realizada em outubro de 2017, por meio de quatro bases de dados, sendo identificados 117 artigos. A partir dos critérios de inclusão estabelecidos, foram selecionados sete. Resultados: os artigos permitiram organizar os resultados em três categorias temáticas: atividades assistenciais, seis (86%); atividades de educação em saúde, quatro (57%); e competências dos profissionais da Atenção Primária à Saúde, um (14%). Considerações finais: para a assistência de enfermagem oncológica é substancial aliar o conhecimento com a prática clínica, centrada no holismo e no acompanhamento individualizado, de maneira a permitir o seu envolvimento em atividades assistenciais, de educação em saúde e de ações de prevenção e controle na Atenção Primária à Saúde.

DESCRITORES: Enfermagem Oncológica; Cuidados de Enfermagem; Atenção Primária à Saúde; Oncologia; Estratégia Saúde da Família.

ACTUACIÓN DEL ENFERMERO DE ATENCIÓN PRIMARIA DE SALUD EN LA ATENCIÓN ONCOLÓGICA: REVISIÓN INTEGRATIVA

RESUMEN: Objetivo: Identificar la actuación del enfermero de Atención Primaria de Salud en la atención oncológica a partir de evidencias en la literatura científica. Método: Revisión integrativa, con datos recolectados en octubre de 2017 a partir de cuatro bases de datos, identificándose 117 artículos. Considerando los criterios de inclusión establecidos, fueron seleccionados siete. Resultados: Los artículos permitieron organizar los resultados en tres categorías temáticas: actividades de atención, seis (86%); actividades de educación en salud, cuatro (57%); y competencias de profesionales de Atención Primaria de Salud, uno (14%). Consideraciones finales: Para la atención de enfermería oncológica es fundamental cohesionar el conocimiento con la práctica clínica centrada en el holismo y en el seguimiento individualizado, de modo tal de permitir su involucración en actividades de atención, de educación en salud y de acciones de prevención y control en Atención Primaria de Salud.

DESCRIPTORES: Enfermería Oncológica; Atención de Enfermería; Atención Primaria de Salud; Oncología; Estrategia de Salud Familiar.

²Nurse. PhD in Health and Development. Professor at the Federal University of Mato Grosso do Sul. Campo Grande, MS, Brazil.

Received: 27/02/2018
Finalized: 23/10/2018

Corresponding author:
Geize Rocha Macedo de Souza
Secretaria Municipal de Saúde Pública
R. José Amadei, 19 – 79091-130 – Campo Grande, MS, Brasil
E-mail: geize01@yahoo.com.br

http://dx.doi.org/10.5380/ce.v23i4.58152
INTRODUCTION

Cancer is a pathological process in which cells proliferate abnormally, ignoring signs of growth regulation in the environment adjacent to the cells\(^1\). This disease reached worldwide relevance, given the epidemiological evidence in Brazil and in the world, and was considered an important public health problem\(^2\). Classified as a chronic-degenerative disease, it has urbanization, industrialization, and increasing life expectancy as the main factors contributing to the increase of its incidence in the world\(^3\).

The World Health Organization (WHO) estimates that by 2030, there will be 27 million cases of cancer in the world, 17 million deaths from the disease, and 75 million people living with cancer each year\(^4\).

In this scenario, care for cancer patients should include all levels of care, from basic to specialized care, for promotion, prevention, diagnosis, treatment, rehabilitation, and palliative care actions\(^5\).

Of the three levels of care, primary health care (PHC) is recognized for its ability to guide health system organization, with the aim of creating favorable conditions for changing the care model centered in disease and hospitalization to a model focused on health determinants, emphasizing the organization of services centered in family care, development of bonds, care longitudinality, coordination, and comprehensiveness\(^6\).

When this concept is adopted, nurses who work in PHC conduct the monitoring of the population's health conditions, as the essence of nursing care, either individually or collectively, interfering in diseases of pathological nature\(^7\).

Therefore, it is important to emphasize the importance of actions in oncology care, in which professionals shall act in the health-disease process, from promotion to palliative care\(^8\). Thus, it is the nurse's role to provide systematized, comprehensive and continuous care based on the patient's and family's well-being, including the identification of situations of vulnerability during the different stages of the neoplastic disease, providing information about the treatment and possible side effects, and meeting the patients' socio-psychological needs based on a humanized treatment\(^9-10\).

Considering the complexity of knowledge on oncology, and the need for nurses to be qualified to provide care to Unified Health System (SUS, as per its acronym in Portuguese) users with a diagnosis of cancer,\(^1-2\) this study is relevant for promoting a reflection of the care practice focused on health promotion and cancer prevention, and subsidizes quality care for cancer patients and their families. Hence, the present article aimed to identify the performance of PHC nurses in oncology care, based on the scientific literature evidence.

METHOD

This is an integrative literature review that consisted in summarizing the research already completed on a given topic in a systematic way.

The research followed the standards of methodological accuracy proposed for integrative literature reviews, which included the following steps: 1) creation of the thematic question; 2) establishment of criteria for inclusion and exclusion of studies and search in the database; 3) creation of a data collection instrument for the key information to be extracted from the studies; 4) evaluation of studies included in the review; 5) interpretation of results; and 6) presentation of the evidenced results/synthesis\(^11\).

In the first stage, the guiding question was formulated: What is the role of PHC nurses in oncology care according to the scientific literature in the health area?

The second stage involved the bibliographic search in indexed databases: Medical Literature and Retrieval System Online (MEDLINE), Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF), Coleciona SUS, Scientific Electronic Library Online (SciELO), using their advanced forms, in October 2017, through a link provided by the library of the Federal
For the survey of articles, the following Health Sciences Descriptors (DeCS) were used: nursing oncology, nursing care, family health strategy, primary health care, and the uncontrolled descriptor oncology care. The descriptors were cross-referenced using Boolean operator “AND”. The terms were then combined, as shown in Table 1.

Table 1- Combination of descriptors. Campo Grande, MS, Brazil, 2017

<table>
<thead>
<tr>
<th>1st Descriptor</th>
<th>2nd Descriptor</th>
<th>3rd Descriptor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oncology nursing</td>
<td>Nursing care</td>
<td>Primary health care</td>
</tr>
<tr>
<td>Oncology nursing</td>
<td>Nursing care</td>
<td>Family health strategy</td>
</tr>
<tr>
<td>Oncology nursing</td>
<td>Primary health care</td>
<td>-</td>
</tr>
<tr>
<td>Oncology nursing</td>
<td>Family health strategy</td>
<td>-</td>
</tr>
<tr>
<td>Oncology care</td>
<td>Primary health care</td>
<td>-</td>
</tr>
<tr>
<td>Oncology care</td>
<td>Family health strategy</td>
<td>-</td>
</tr>
</tbody>
</table>

In this study, keywords related to body systems and hospital care, which would broaden the sample, were not used. The words that would most likely contribute to answer the guiding question were selected to analyze the scientific production on oncology nursing in PHC.

The inclusion criteria adopted for the selection of the sample were: articles available online in Portuguese, English, and Spanish, from January 2008 to August 2017, in the selected index databases, which addressed cancer in PHC. Scientific studies that were not related to the research scope were excluded, such as articles published in sources that were not electronic, with only the abstract available, monographs, dissertations, theses, studies of narratives and systematic integrative reviews, editorials, letters to the readers and comments.

A total of 117 articles were identified and, after the removal of the 80 duplicates, 37 were pre-selected by a thorough reading of their titles and abstracts, of which 22 were excluded because they did not meet the inclusion criteria. Of the 15 results, the texts were thoroughly read; then, the final sample was made up of seven articles, as shown in Figure 1.
In the third step, the selected articles were organized by means of a data collection instrument, to facilitate access, for later complete reading and identification of the information that included authorship, year, title, objective, database, journal, and type of study, as shown in Table 2.

Table 2 - Description of articles included in the review. Campo Grande, MS, Brazil, 2017 (continues)

<table>
<thead>
<tr>
<th>No.</th>
<th>Database</th>
<th>Title</th>
<th>Authors</th>
<th>Journal and year</th>
<th>Objective</th>
<th>Study type</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SciELO</td>
<td>Work of family health strategy nurses in oncology care</td>
<td>Geize Rocha Macedo de Souza Luiza Helena de Oliveira Cazola; Sandra Maria do Valle Leone de Oliveira(12)</td>
<td>Anna Nery School 2017</td>
<td>To know the role of Family Health Care nurses in cancer care.</td>
<td>Cross-sectional Quantitative</td>
</tr>
<tr>
<td>2</td>
<td>BDENF</td>
<td>Access to health services for the control of cancer of the uterine cervix in primary care</td>
<td>Magna Maria Pereira da Silva; Maria Tereza Cicero Lagana; Clélia albino Simpson; Ana Michele de Farias Cabral(13)</td>
<td>Journal of Research Fundamental Care on Line 2013</td>
<td>To analyze the control of cervical cancer in primary care.</td>
<td>Cross-sectional</td>
</tr>
</tbody>
</table>
In the fourth stage, the articles were grouped according to their similarities, and the fifth involved a careful analysis of the studies, and the thematic categories of the research were formed, proceeding with discussion based on the pertinent literature. Finally, in the sixth stage, the synthesis was processed by descriptive statistics.

### RESULTS

The review sample consisted of seven studies describing activities or proposing interventions to be performed by primary health care nurses in oncology patient care, as presented in Table 1.

In the identification of the sources for the location of articles, those of numbers 1 and 4 were found in the SciELO database; articles 2 and 7 came from the BDENF; 5 and 6 were found in the Coleciona SUS database; and number 3 in LILACS. The keywords most used by the authors were “oncology nursing”, present in five articles, and “primary health care” in three articles.
Seven (100%) journals were found: three articles (42.8%) from the Brazilian Journal of Cancerology; one (14.3%) from Anna Nery School; one (14.3%) from the APS Journal; one (14.3%) from the Journal of Research Fundamental Care online, and one (14.3%) from Acta Paulista de Enfermagem.

Regarding the year, the intervals between the publications occurred from 2008 to 2017, with predominance from 2012 on, which demonstrated the gradual and recent interest in the theme.

In the study design analysis, four cross-sectional and two descriptive studies were identified, with one being of exploratory and qualitative approach, and the other being quantitative.

The findings were grouped according to the similarities of the activities developed. From this analysis, the thematic categories were formulated to carry out the synthesis of the knowledge of the integrative review, presented below: 1) care activities, 2) health education activities, and 3) skills of PHC professionals.

**Category 1 - Care activities**

In this category, activities described in six (86%) articles (1, 2, 3, 4, 5, 6) that comprised the sample were included. The care activities carried out by PHC nurses in oncology care varied according to the type of screening or cancer that the patient had. The activities mentioned were the performance of procedures in five (83%) studies (2, 3, 4, 5, 6), nursing consultation in three (50%) (1, 4, 6), screening activities in three (50%) (2, 4, 6), follow-up in three (50%) (1, 4, 6), referrals to a multidisciplinary team for diagnostic complementation and secondary care in three (50%) (3, 4, 6), home visits, family care and palliative care in one (17%) (1).

**Category 2 - Health education activities**

This activity was found in four (57%) articles (1, 4, 5, 6), with two being collectively or individually performed for patients and their relatives/caregivers (50%) (1, 4). The themes of the educational activities covered oncology care in a variety of ways, with one focusing on patient care and caregiver health (25%) (1), one on breast cancer prevention (25%) (4), one on patient's hygiene and care of the oncology wound (25%) (5), and one on breaking taboos about the colpocytological examination, to make women aware of the importance of its regular performance (25%) (6).

**Category 3 - Skills of PHC professionals**

In this category, one (14%) article (7) was found, which describes all activities that shall be performed by professionals for the prevention and control of cancer in PHC.

**DISCUSSION**

Nursing has, in its essence, a commitment to comprehensiveness, which is achieved through embrace, bonding, and dialogue, and is based on the identification of the care needs referred to by patients and their families, since it is a person-centered practice and not only a procedure-centered one.

Care to cancer patients requires technical-scientific skills from nurses, to convey greater efficiency in treatment care. They should be aware of the disease, its prognosis, and supportive and terminal care, because such care is even provided at home.

It is well known that oncology care provided by the nurses at PHC is multifaceted. Cancer is a disease with follow-up predicted by the PHC, indicated by the National Policy for the Prevention and Control of Cancer, in the Health Care Network of People with Chronic Diseases, within the scope of SUS.
The activities performed by nurses in PHC for the prevention of cancer and care to oncology patients are imperative, such as: embrace, nursing consultation, home visits, patient and family guidelines on palliative care, chemotherapy and radiotherapy, planning and implementation of screening actions such as cytology in women within the priority age range, clinical examination of the breasts, follow-up of patients treated or under treatment, evaluation and indication of therapy for oncology wounds, dressings, request for exams, referrals, therapeutic support, and health promotion in the individual and collective context (13-18) activities that are similar to those of a study carried out with PHC nurses in the city of Florianópolis (2).

Of the numerous attributions of PHC nurses, it is worth emphasizing nursing consultations, an exclusive activity of these professionals (22) which can elucidate common and isolated doubts of patients who initiate the therapeutic process, and are the right moment to better understand the disease (23), besides contributing to reduce rates of depression, fatigue, sleep disorders, stress, pain level, and ensuring quality of life and well-being for patients (24). However, in the study carried out in a southern municipality of Brazil, nursing consultation to cancer patients was not mentioned as a demand for primary care nurses (2).

Primary care nurses, as health promotion agents, should systematize care for the individual, the family, or the community in the environment in which they live (25). Health promotion involves strengthening the individual and collective capacity of people to work with the diversity of health-disease causes, stimulating the citizen’s and the community’s autonomy (26).

Health professionals are key players in the fight against cancer, because in the face of the diagnosis of a disease, patients and their families express their interest in knowing about the disease, and the potential side effects that the treatment can bring (23,27) Nursing care for the person with cancer cannot be limited to the patient’s therapy; it is necessary to expand the vision to the family, offering conditions for well-being, providing comfort, basic and pathophysiological care, and paying attention to the desires, wishes and expectations of patients and their relatives (28).

Studies four and five showed adherence by nurses to educational practices, and study six emphasized the need to enhance educational activities, and that these should be elaborated and practiced by all PHC members (4,5,6). Investments in educational actions that bring humanized practice and that impact on the understanding of the need for prevention (29) are indispensable. The nursing team acts directly with educational actions, mainly in PHC, because it is enabled and able to take care of the user and the community, taking into account the curative and preventive needs, as well as the control of chronic diseases through health education actions (30).

Nursing work is difficult to develop, considering that there is a need for specific skills and abilities to manage the complexity involved in the health and nursing work process (31). Study seven presented the specific and common attributions of all PHC professionals, highlighting the importance of professionals in assisting individuals undergoing treatment and in terminal stage, as well as health promotion and disease prevention activities (18).

Nursing care activities for patients in palliative or terminal care should be directed to the systematic evaluation of signs and symptoms, prioritizing the needs of each patient, as well as the interaction of the family dynamics, through communication, adding guidelines, to achieve therapeutic goals (32).

To strengthen oncology care, in 2013, the Ministry of Health established the National Policy for Cancer Prevention and Control in the Network for Health Care of People with Chronic Diseases within SUS, which proposes the training of professionals, and the promotion of permanent education, through activities aiming at the acquisition of knowledge, skills and attitudes for the qualification of oncology patient care. Therefore, permanent education activities can assure the maintenance of the competence of the nursing team regarding care for SUS users in primary care and in the context of oncology (33).

One of the limitations of this study is that it found a reduced number of articles in the electronic bases considering the guiding question; therefore, it is essential that PHC nurses make the experiences in care to oncology patients public, in the form of scientific publications, and use the descriptors appropriately for the search to be enlarged.
CONCLUSION

In oncology nursing care, it is crucial to combine knowledge with clinical practice, which should be centered in holism and individualized monitoring, capable of ensuring effective care. National research in this area is being progressively built, so nurses and researchers need to develop studies on oncology in PHC, to collaborate with the construction of knowledge, and to subsidize actions aimed at better care and quality of life for cancer patients.

Primary health care has a broad scope of action to consolidate the National Cancer Prevention and Control Policy, seeking to integrate the different levels of care to users who have cancer, and to provide health promotion and cancer prevention actions. Nurses are an active part of this process, acting with responsibility and sensitiveness at each stage and thus qualifying oncology care.

The analysis of the studies selected demonstrated the importance of the involvement of nurses in the nursing care provided to oncology patients, acting in activities of health care, health education, and in cancer prevention and control actions in primary health care.

REFERENCES


