



## WOMEN WITH CERVICAL CANCER SUBMITTED TO RADIOTHERAPY: NURSING CONSULTATION IMPRESSIONS

### MULHERES COM CÂNCER DO COLO DO ÚTERO SUBMETIDAS À RADIOTERAPIA: IMPRESSÕES DA CONSULTA DE ENFERMAGEM

### LAS MUJERES CON CÁNCER DE CUELLO UTERINO SOMETIDAS A RADIOTERAPIA: IMPRESIONES DE LA CONSULTA DE ENFERMERÍA

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#### ABSTRACT

**Objective:** to identify the impressions of clients with cervical cancer and submitted to radiotherapy about the Nursing consultation. **Method:** descriptive study, with qualitative approach, with 13 women, anchored in the theoretical framework of Symbolic Interactionism. The setting of the study was the National Cancer Institute. For the analysis of the information, the interviews were transcribed looking to gather and identify the relevant trends and patterns in the search for significant segments. The answers were grouped by convergence and similarity, with the purpose of delimitation by categories and subcategories. **Results:** from the speech of these clients, were worked two central categories - << Perceiving being welcomed by the nurse >> and << Valuing the guidelines received >>. **Conclusion:** the findings showed the importance of oncological care in the perspective of integrality, the valuation of the Nursing consultation as a space for listening, acceptance and the diversity of the needs found in the course of cancer treatment. **Descriptors:** Nursing Consultation; Completeness in Oncology; Cancer of the Cervix.

#### RESUMO

**Objetivo:** identificar as impressões das clientes portadoras de câncer do colo do útero e submetidas à radioterapia acerca da consulta de Enfermagem. **Método:** estudo descritivo, de abordagem qualitativa, com 13 mulheres, ancorado no referencial teórico do Interacionismo Simbólico. O cenário do estudo foi o Instituto Nacional de Câncer. Para as análises das informações, as entrevistas foram transcritas procurando reunir e identificar as tendências e os padrões relevantes na busca de segmentos significativos. As respostas foram agrupadas por convergência e similaridade, com o propósito de delimitação por categorias e subcategorias. **Resultados:** a partir da fala dessas clientes, foram trabalhadas duas categorias centrais - <<Percebendo-se acolhida pela enfermeira>> e <<Valorizando as orientações recebidas>>. **Conclusão:** os achados mostraram questões como a importância da atenção oncológica na perspectiva da integralidade, a valorização da consulta de Enfermagem como um espaço de escuta, acolhida e de diversidade das necessidades encontradas no percurso do tratamento oncológico. **Descritores:** Consulta de Enfermagem; Integralidade em Oncologia; Câncer do Colo do Útero.

#### RESUMEN

**Objetivo:** identificar las impresiones de las clientes portadoras del cáncer de cuello uterino sometidas a radioterapia acerca de la consulta de Enfermería. **Método:** estudio descriptivo, de enfoque cualitativo, con 13 mujeres, ancladas en el marco teórico del Interaccionismo Simbólico. El escenario del estudio fue el Instituto Nacional del Cáncer. Para el análisis de las informaciones, las entrevistas fueron transcritas buscando reunir e identificar las tendencias y los patrones relevantes a la búsqueda de segmentos significativos. Las respuestas fueron agrupadas por convergencia similitud, con el propósito de delimitación por categorías y subcategorias. **Resultados:** a partir del discurso de esas clientes fueron trabajadas dos categorías centrales - << Se percibiendo acogida por la enfermera >> y << Valorando las orientaciones recibidas >>. **Conclusión:** los hallazgos mostraron cuestiones como la importancia de la atención de oncología en la perspectiva de la integridad, el reconocimiento de la consulta de Enfermería como un espacio de escucha y acogida y de diversidad de necesidades encontradas en la ruta del tratamiento contra el cáncer. **Descritores:** Consulta de Enfermería; Integridad en Oncología; Cáncer de Cuello Uterino.

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## INTRODUCTION

Cervical cancer is an important public health problem in the world. For Brazil, in 2016, 16,340 new cases are expected, with an estimated risk of 15.85 cases per 100,000 women. The most recent worldwide estimates point to the occurrence of 527,000 new cases in women worldwide by 2012, thus, being the fourth cancer in this population. Its incidence is about 70% of cases of cervical cancer in less developed regions and almost one fifth occurs in India.<sup>1-2</sup>

According to the latest worldwide estimate, this neoplasm was responsible for 265,000 deaths in women in 2012, with 87% occurring in developing countries. In Brazil, in 2013, there were 5,430 deaths from cervical cancer in women.<sup>1-2</sup>

According to the literature, the incidence of cervical cancer manifests itself from the age group of 20 to 29 years, increasing its risk rapidly until reaching the peak age between 50 and 60 years.<sup>1</sup>

The main risk factor for the development of high-grade intraepithelial lesions and cervical cancer is human papillomavirus (HPV) infection. Despite being considered a necessary condition, HPV infection alone does not represent a sufficient cause for the onset of this neoplasm. In addition to aspects related to HPV infection itself (type and viral load, single or multiple infection), other factors related to immunity, genetics and sexual behavior seem to influence the still uncertain mechanisms that determine the regression or persistence of the infection and also progression to precursor lesions or cancer.<sup>1</sup>

The diagnosis of cervical cancer has different repercussions on the life of the woman and her relatives, with consequences in the bio-psychospiral dimensions of the woman. There is then a variety of confrontations and negative responses related, above all, to the fear of death. In addition, the physical alterations compromise the well-being and the quality of life.<sup>3</sup>

Nursing care for this woman and her relative should allow for the verbalization of feelings, valuing them; the identification of potentially problematic areas; aid in identifying sources of aid and information; and search for solutions to problems. It should encourage participation in decision-making on the proposed treatment and encourage self-care.<sup>4</sup>

The humanization of health services implies changes in the way the service user is

conceived - from passive to subject. It is necessary to work with the expectation of the client, with the perception of what he expects of the care. The nurse needs skills both to help the client communicate their needs and to understand what he or she tries to communicate without words. It is important that there is also an institutional philosophy that defines how it is desired to establish the relationships of health professionals with clients, making clear the importance that is given to the quality of care offered.<sup>5-6</sup>

The nurses' work process in the outpatient setting should include, in their practice, the Nursing consultation, in individual appointments, with prior scheduling or spontaneous demand, as well as the use of multi-professional health education groups. The coordinator of the activity is the nurse, as well as the person responsible for the Nursing actions that contribute to both the prevention of the disease, and the recovery of health.

In the oncological area, the work areas are diverse, since the client is essentially an outpatient, with repeated visits to the institution for tests, pre and post-surgical follow-up, chemotherapy, radiotherapy, participation in educational groups, and other needs.

The Nursing consultation is understood as a private activity of the nurse, which emphasizes the protection and promotion of health, having the human being as subject and as a frame of reference for Nursing theories. It is the care given to the individual, the family and the community in a systematic and continuous way, performed by the nurse with the purpose of promoting health through early diagnosis and treatment. It functions as a resource for the Nursing diagnosis, contributing to the elaboration of a plan of assistance and resolution of the problems identified.<sup>7-8</sup>

The objective of this study is to identify the impressions of clients with cervical cancer and submitted to radiotherapy about the Nursing consultation.

## METHOD

A descriptive study, with a qualitative approach, having as theoretical reference the Symbolic Interactionism. This is an original text, cut of the dissertation presented to the Post-Graduate Program of the Nursing School Anna Nery << The meaning of care in nursing consultation to clients with cervical cancer submitted to radiotherapy: perception of the nurse >> , Conducted during the third quarter of 2010, based on the José Alencar Gomes da

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Silva National Cancer Institute - INCA, with approval protocol nº 34/10 of the Research Ethics Committee of this institution.

Symbolic Interactionism is based on three simple premises: the human being acts on things based on what such things mean to them; the meaning of such things sometimes arises from a social interaction that one has with their equals; these meanings are manipulated and modified through an interpretive process, used by the person to deal with the things they encounter.<sup>9</sup>

The interactionist conception of social relations is based on the principle that human behavior is self-directed and observable in two senses: the symbolic and the interactional. This allows the human being to plan and direct their actions towards others and give meaning to the objects they use to carry out their plans. Social life is conceived as an established consensus in the interrelation, so the sense attributed to actions is manipulated, redefined and modified through an interpretive process consensual to the group.<sup>10</sup>

The subjects of the study were 13 clients with cervical cancer, cared for at the outpatient clinic of Hospital do Câncer II / INCA, during the Nursing consultation after completion of the radiotherapy treatment. They were requested to read and sign the Free and Informed Consent Term, guaranteeing the participants' anonymity and freedom.

The technique of data collection was the individual interview, performed in a private environment, using a semi-structured form and recorded by means of a digital device, in order to guarantee the reliability of the data. The data collection instrument was divided into two parts: the first one, to identify the client, and the second one refers to the client's impressions regarding the Nursing consultation and its contribution to the treatment.

To analyze the data, the qualitative analysis was used, when the content of the interviews was transcribed and studied, and the set of statements, organized, trying to gather and identify the relevant trends and patterns present. After analyzing and organizing the data in search of significant segments, the answers were grouped by convergence and similarity, with the purpose of delimiting by categories and subcategories.

## RESULTS E DISCUSSION

In the interview, when listening to clients, it was sought to understand how it is for them

to participate in the Nursing consultation and if there is, in their perception, some contribution of this activity to their treatment process, still seeking suggestions for improvement of the activity.

In the analysis of respondents' answers, two main categories were identified. The first one was denominated:

### ◆ Realizing they felt welcomed by the nurse

One of the challenges to be faced, by health workers, managers and users in the implementation of the UHS is to guarantee the principle of universality of access, that is, to ensure that all citizens have access to health services.

The first identified subcategory was:

#### ◆◆ Being well treated

The disease weakens the being and often makes it dependent on the attitudes others. The oncological client, due to the stigma of the disease still very present in current days, can experience this feeling in a marked way. Although the 1988 Brazilian Constitution guarantees all citizens access to public health care, the reality is that this does not yet occur in a comprehensive way. On several occasions, the user of the health service, experiences situations in which it is necessary to make a pilgrimage through several health units in search of care. When they obtain a dignified service, they can consider themselves privileged, often identifying, many times, in the educated way of being treated, a differential in their care, as is emphasized in the lines below:

*Q. 3 - "For me it was great, they treated me very well. Both here, and at INCA 1. With great affection [...]."*

*P. 6 - [...] With all of them (nurses) much affection, especially, affection. The procedures were also carried out with a lot of love, a lot of affection, a lot of sympathy [...]."*

*P. 13 - "... when I arrived here I was treated so well by everyone, everyone who works here ... I left here happy, calm, you know?"*

The sense of integrality in health needs to be worked on in several dimensions, so that it can be reached as completely as possible. This should be understood as follows: when someone searches for a health service, they are bringing "a basket of health needs", and it is up to the staff to be sensitive and ready to decode and know how to best serve the patient. The emphasis of management, organization of care and empowerment of workers should be towards a greater capacity to listen and meet health needs.<sup>11</sup>

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This brings us back to the question of solvency, fundamental to the user, who, often fail to understand their needs and are "thrown" from here to there without being attended to. From the point of view of care management, this is a fundamental point to be addressed, since the care nurse will be able to understand and give appropriate guidance, as long as she knows the institutional flow and identifies the team element (s) able to resolve the case. Sometimes, the situation goes beyond the limits of the institution, and articulation with other health services is also necessary.

The second subcategory is related to the perception of comfort and trust established between the nurse and the client, based on this interactive relationship provided by the Nursing consultation. Clients perceive care as the combination of technical procedures and feelings (behaviors) performed with love and care.

#### ◆ Feeling comfortable with the nurse

*P. 5 - "[...] is the way to treat ... this affection that they bring us at the time of the examination, makes us more relaxed. Someone puts their hand out and says "It's going to hurt just a little bit." [...] All this helps."*

*P. 6 - "[...] First, they talk a lot with us, they explain everything right to us, what they are going to do, that it will not be long, these things all. The way, the way of treatment, its all like this [...]."*

The patients' report shows their fragility at the moment of the encounter with the nurse, and the availability of the professional in meeting their demands and needs becomes a relevant factor in their process of adherence to treatment. We observe how much the gestures are symbolic in this process of building the relationship of help, when the tone of voice, words, body expressions and touch give the client the sense of being important and deserving of attention.

It is also interesting to highlight the social recognition of the work developed by the nurse, which brings a strengthening to the performance and a greater understanding of the population about the work that it develops, contributing to its professional autonomy. The moment the client recognizes the work of the nurse, they start to look for it and this is directly recognized as the appreciation of the profession.

*P. 11 - "[...] when I went by the nurse, she was softening everything, she was talking, saying that she was not rocket science, step by step ... I had a bigger link to the nurses than with the doctor."*

*P.5 - "The nurses, the caregivers, have to have a gift ... and it is a very beautiful gift, they have to have love to deal with lives."*

In the second category, the valuation of the guidelines provided during the Nursing consultation and its repercussions were perceived during the treatment process in the lives of these clients.

#### ◆◆ Valuing the guidelines received

The functions of communication in the dominant paradigm are to inform, to persuade (which does not mean to convince others to agree to concepts, but, to lead to behavior change within an exchange of experiences), to teach or to discuss. Communication is understood as a tool used by the nurse to develop and improve their professional knowledge, becoming an essential element of care. The quality of Nursing care provided to the client may be directly affected by the professional's ability to communicate with the client and establish a relationship where the client is recognized as a subject rather than passive. If communication does not occur effectively, the meaning of care can be profoundly affected.<sup>12-3</sup>

#### ◆◆ Better understanding disease and treatment

Fear comes from the unknown and from what disease symbolizes socially to the individual. Having your doubts answered, even if partially, the client feels strengthened to face the process that begins. They have the right to clear, simple and understandable information in order to facilitate the understanding of the proposed treatment and to promote its adherence in a conscious way.

*P. 3 - "[...] the consultations contributed because I did not even know what radiotherapy was, and they explained everything to me. They gave me a book to read, they explained to me what I could and what I could not do [...] and I did everything right."*

*P. 13 - "It helped in the orientation, because, the first time I arrived here, I arrived afraid, so terrified, so, when I went to the meeting, I left here calm, happy, all smiles, my sister did not believe it."*

*P. 4 - "[...] I was afraid of the treatment, because we are afraid. This cancer business, we are always afraid, but I was treated very well and the fear was gone [...]."*

Some important points for the effectiveness of health education were highlighted: the use of accessible language to the understanding of the client and the family. The volume of information provided should be gradual in order to facilitate the absorption and use of explanatory leaflets as a



way to enable the customer to return to the information when in doubt.

In an interactional relationship, the active participation of those involved is necessary. In order for the relationship of care to be established, it is necessary to give a voice to the client, so that they can manifest their desires, and be respected in their therapeutic options, provided that they are duly informed about them.

#### ◆◆ Finding space to speak

*P.6 - "[...] I had doubts, yes, they clarified to us, we asked and she clarified [...]."*

*P. 4 - "[...] He helped because he talked, explained things. Even we did not know, we asked. It was good for that [...]."*

*P. 5 - "[...] They lead people to talk, they treat them well, they are affectionate[...]."*

These findings demonstrate the importance of welcoming active listening, making it possible for a speech space for the client who, when feeling secure, creates conditions to expose themselves, bringing contributions to their treatment. It is necessary to stimulate them to participate, to be attentive to their questions and to answer their doubts when possible, giving them the conditions to seek answers also with the multi-professional team.

When the caregiver allows the person to express themselves about what it feels like to be sick, showing sensitivity to understand and listen to the client's experience, it is verified that the experience is personal, unique and meaningful for her. The caring and interested approach, together with client enlightenment and education, are key elements for security, trust, acceptance and collaboration in care.<sup>14</sup>

#### CONCLUSION

The Nursing consultation enables the identification of the potential needs of the patient and the elaboration of an effective care plan for the promotion and prevention of health.

From there, moving a series of feelings that arise as a consequence of caring, since caring is emotion, the nurse becomes available and allows the establishment of an interactional relationship, translating the importance that they attribute to the subject of their care through gestures, words and expressions of the body. Being at the disposal of the client, it favors the dialogue and attentive listening of its demands.

As a result, the client's recognition goes beyond the professional's technique, when they identify, in the nurse, the element of the health team that assists them in

understanding and transposing the stage of perplexity with the diagnosis, in order to face the reality that is presented, from its confirmation. They identify the professional with whom they can open up, exposing their longings and doubts, in the certainty of finding understanding for their difficulties of facing the disease and the treatment.

It is important to plan the process as much as the reception of these women, considering the gender issues, the duration of treatment and the wear and tear caused by it.

The findings point to issues such as the importance of oncological care in the perspective of integrality and the valuation of Nursing consultation, as a space for listening and acceptance of the diversity of the needs found in the course of cancer treatment.

#### REFERENCES

1. Ministério da Saúde (BR), Instituto Nacional do Câncer. Estimativa 2016: incidência de câncer de colo do útero [Internet]. Rio de Janeiro: INCA; 2015 [cited 2016 Aug 28]. Available from: <http://www.inca.gov.br/estimativa/2016/sintese-de-resultados-comentarios.asp>
2. International Agency for Research on Cancer. Cancer Today: data visualization tools that present current national estimates of cancer incidence, mortality, and prevalence [Internet]. Lyon: IARC; 2016 [cited 2016 Aug 28]. Available from: <http://gco.iarc.fr/today>
3. Oliveira MS, Fernandes AFC, Galvão MTG. Mulheres vivenciando o adoecer em face do câncer cérvico-uterino. Acta Paul Enferm [internet]. 2005 Apr/June [cited 2010 July 10];18(2):150-5. Available from: <http://www.scielo.br/pdf/ape/v18n2/a06v18n2.pdf>
4. Lorencetti A, Simonetti JP. As estratégias de enfrentamento de clientes durante o tratamento de radioterapia. Rev Latino-Am Enfermagem [Internet]. 2005 Nov/Dec [cited 2010 Jul 11];13(6):944-50. Available from: <http://www.scielo.br/pdf/rlae/v13n6/v13n6a05.pdf>
5. Beresin R. O cuidar na enfermagem: aspectos psicológicos. In: Farah OGD, Sá AC. Psicologia aplicada à enfermagem. Barueri: Manole; 2008.
6. Broca PV, Ferreira MA. Equipe de enfermagem e comunicação: contribuições para o cuidado de enfermagem. Rev Bras Enferm [Internet]. 2012 Jan/Feb [cited 2016 Sept 14];65(1):97-103. Available from: <http://www.scielo.br/pdf/reben/v65n1/14.pdf>

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7. Vanzin AS, Nery MES. Consulta de enfermagem: uma necessidade social? 4th ed. Porto Alegre: RM&L Gráfica; 2000.
8. Leite BS, Santos WA, Valente GSC, Camacho ACLF, Fuly PSC. Consultas de enfermagem aos idosos em assistência básica no intercâmbio estudantil internacional: relato de experiência. J Nurs UFPE online [Internet]. 2016 Sept [cited 2016 Oct 13];10(Supl. 4):3710-5. Available from: [http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/7955/pdf\\_11185](http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/7955/pdf_11185)
9. Blummer H. Symbolic Interactionism. Los Angeles: University of Califórnia Press; 1969.
10. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 12th ed. São Paulo: Hucitec; 2010.
11. Cecilio LCO. As necessidades de saúde como conceito estruturante na luta pela integralidade e equidade na atenção em saúde. In: Pinheiro R, Mattos RA. Os sentidos da integralidade na atenção e no cuidado à saúde. Rio de Janeiro: Abrasco; 2011.
12. Hey AP, Caveião C, Montezeli JH, Visentin A, Takano TM, Buratti FMS. Meios de comunicação utilizados pelos pacientes: informações sobre o câncer após o diagnóstico e durante o tratamento. J Res Fundam Care Online. [Internet]. 2016 July/Sept [cited 2016 Oct 20];8(3):4697-703. Available from: <http://dx.doi.org/10.9789/2175-5361.2016.v8i3.4697-4703>
13. Kourkouta L, Papathanasiou IV. Communication in nursing practice. Mater Sociomed [Internet]. 2014 Feb [cited 2014 Dec 04];26(1):66-7. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3990376/pdf/MSM-26-65.pdf>
14. Waldow VR. Examinando o conhecimento na enfermagem. In: Meyer DE, Waldow VR, Lopes MJM. Marcas da diversidade: saberes e fazeres da enfermagem contemporânea. Porto Alegre: Artes Médicas; 1998.

Submission: 2016/07/26

Accepted: 2017/02/28

Publishing: 2017/04/01

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J Nurs UFPE on line., Recife, 11(4):1603-8, Apr., 2017