



Research Article

Educational activities in the nurse consultation in oncology

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Abstract

The study aimed to identify evidences in the literature on educative actions developed in the nurse consultation in oncology. We realized a review through an extended search in the site of the Virtual Library in Health (BVS) of the Regional Library of Medicine (BIREME). Five publications were utilized between years 2000 to 2012. The results showed that educative actions transmitted by nurses during the nursing consultation in oncology are mainly addressed to the complications and manifestation resulting from risk factors prevention and can be prevented through specific behaviors. It is concluded that in spite of the difficulty of defining “education” and “educative actions”, nurses realize educative actions that comprehend several oncology areas, from the population’s awareness about the cancer to domiciliary visit, where they promote individualized and specific actions to patients and their families.

Keywords: Education of patient as subject, Referral and Consultation, Oncologic Nursing

INTRODUCTION

Although the term *education* is being increasingly widespread in health-related educational activities, the concept of education is little known by health professionals. Even knowing their relevance, they conduct educational activities in their respective areas, but few persons know and can define its meaning, and then include nurses.

The concept of educated comes with a "cult", understood as "learned"; its intellectual value emerges as critical to man, a western heritage of Greek culture featuring the "educated" (Werneck, 1991). Thus, we should be careful about the use of this term as well as other terminologies, in order to avoid any ambiguous sense (Souza et al., 2014).

The term action is related to behavioral measures taken by an individual, group or community for an intentional effect on their health (Candeias, 1997). Then, educational activities can be understood as a behavioral measure used to obtain an intentional effect on the individual's behavior.

Every educational action, so that it becomes valid, must be preceded either by a reflection on man as an analysis of lifestyle of this particular individual, who wants to help is to educate (Mizukami, 1986).

In healthcare, the concept of education adds to the promotion of health, classifying education as a way to care,

transcending the basic precepts of care (Rigon and Neves, 2011). With the expansion of the concept of health beyond the absence of disease, the discussions around the issue of how to educate individuals and groups to bring them to a desirable level of health have produced proposals for change in the most traditional ways of educating for health (Souza et al., 2005).

In this sense, education is considered a key element of the set of practices that involve care, as the essence of nursing; therefore, health education, which includes several health actions, should be included in daily nursing practice (Azzolin and Mancio, 2007).

The nurse consultation (NC) is a practice of care in which the nurse develops educational actions to the patient. The realization of the NC assumed the command by nurses of the communication skills, observation and propaedeutic techniques. This must have clear objectives and own methodologies, providing the nurse in a defined participation in the health system (Santos et al., 2008).

The scientific method is used to identify situations of illness and even, to prescribe nursing measures that contribute to health promotion, aiming at disease prevention and restoration of health of the individual (Araujo and Rosas, 2008a, b).

This should be centered on the sick person, while the medical approach is centered on the illness, since the nurse consultation should be customized, based on the needs of each individual, recognizing their uniqueness and the meaning this has for the same (Rosas, 2003).

Due to cultural variables, the development of the nurse consultation requires nurses to be understanding of each, as well as the environment in which this individual lives. The higher the knowledge, the greater the chances of the consult transform daily care in essential care and consistent with real life and the needs of the individual. In this perspective, the quality of interaction between the nurse and the individual with cancer during the nursing consultation is essential factor to the effectiveness of the systematization of nursing care.

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In oncology, nurse consultation gains special importance because their antineoplastic treatment is routine, fragmented and regulated by the temporal process imposed by the pathology (Alcântara et al., 2004).

The cancer wins significant dimensions it affects populations around the world. The National Policy for Prevention and Cancer Control (NPPCC) recognizes that cancer is a public health problem and determines that the actions for its control in Brazil are conducted through a network of Oncology Care (Brazil Ministry of Health, 2013).

In this sense, the nursing consultation is the propitious setting to establish individualized or group interpersonal setting, continuous and systematic humanized form, based on the needs of the patient. Therefore the educational activities performed by the nurse should be guided by clear, objective and resolving guidelines aiming at continuing the treatment plan (Brazil National Cancer Institute, 2008).

This study aimed to identify the evidence in the literature on educational activities developed in the nurse consultation in oncology.

METHODS

From the proposed objective, we opted for an integrative review. This type of research involves the following phases: establishment of hypothesis and objectives of the integrative review; establishment of criteria for inclusion and exclusion of articles for sample selection; defining the information to be extracted from selected articles; analyzing the results; discussion and presentation of the results and the last stage that included the presentation of the review (Ursi and Galvão, 2006).

The integrative review is also described through six stages, namely preparation of guiding question; search or sampling in the literature; data collection; critical analysis of the included studies; discussion of the results and the last phase is the presentation of an integrative review (Ganong, 1987).

From the guiding question: "What are the educational activities addressed in nurse consultation in oncology ", an expanded search in the Virtual Health Library (VHL) of the Regional Library of Medicine (BIREME) site search using the link: <http://regional.bvsalud.org/php/index.php> as a source of information databases of the Health Sciences in General and Specialized Areas was performed.

The integrative review is considered the broadest type of methodological approach regarding the revisions because it allows the inclusion of experimental and quasi-experimental studies for a complete understanding of the phenomenon analyzed. This method enables the combination of data from theoretical and empirical literature (Ganong, 1987; Whittemore and Knaf, 2014).

Thus, besides considering the aspects related to Public Policy of Oncology Care, we chose two moments of searching.

At first we used the search by DeCS / MeSH, where relevant descriptors to this research were selected, such as: Patient education as topic, Referral and consultation and oncology nursing, as defined below:

Chart 1. BVS Descriptors da VHL and their meanings

DESCRIPTORS	DEFINITION ABOUT THE DESCRIPTORS
<i>Education nursing</i>	Use for general articles concerning nursing education.
<i>Referral and consultation</i>	The practice of sending a patient to another program or practitioner for services or advice which the referring source is not prepared to provide.
<i>Oncology nursing</i>	A nursing specialty concerned with the care provided to cancer patients. It includes aspects of Family functioning through education of both patient and Family.

Source: DeCS

In selecting the data, was made an association of descriptors such as: Patient Education as Subject, oncology nursing and referral and consultation; Referral and Consultation and oncology nursing; Referral and consultation and Patient education as Subject; Patient Education as Subject and oncology nursing.

In the second phase, the research was carried out by the method of word association which was the following: Educational activities and Consult and oncology nursing, for all indices and taking as information source databases of the Health Sciences in General.

Timeline adopted included the period from 2000 to 2012. The inclusion criteria defined for the final selection of articles were: articles published in Portuguese, by revealing the specificities of our public health policies and obtaining full articles that addressed the theme of the study. Exclusion criteria: articles whose authors were not nurses and / or were not published in nursing journals.

Of the twelve (12) pre-selected articles, as seven were repeated, only five were selected for the sample.

It is worth noting that in front of the proposed method which suggests the inclusion of all articles found (18), acquired the articles that though they were not available online, were rescued with the help of the librarian, via *Comut* system, which allows to obtain copies of technical and scientific documents available in the collections of major libraries Brazilian and international information services.

Then, the articles included (Soffiatti, 2000; Paula and Silva, 2003; Leite and Mateus, 2001; Veras et al., 2005; Carvalho et al., 2005) were categorized into an analytical chart (Chart 2) which consisted of: databases, descriptor, year, source, title, article category, and educational activities. The referred studies mentioned in this article are designated respectively by first (Soffiatti, 2000), second (Paula and Silva, 2003), third (Leite and Mateus, 2001), fourth (Veras et al., 2005) and fifth study (Carvalho et al., 2005).

After the construction of the chart, the results were discussed, focusing on the applicability of educational activities in oncology nursing consultation, as well as the final considerations were prepared.

RESULTS AND DISCUSSION

It was observed in the first study selected (Soffiatti, 2000) the importance of the nursing consultation as a way of interaction with the patient and opportunity to transmit educational activities that enable leading him to self-care, so that they can act on the prevention, management and coping the effects the toxicity of chemotherapy drugs. Thus, they will help to minimize the toxic effects of chemotherapy and get better chance of success in their treatment (Soffiatti, 2000).

The second study whose concern was focused on women with gynecological cancer in HC / UFMG (Paula and Silva, 2003) provides a protocol in which the last two pages contain items focused on nurse actions that include pre, trans and postoperative guidelines, and guidelines for chemotherapy / radiotherapy, brachytherapy and chemo radiation and for self-care (Paula and Silva, 2003).

The third study included (Leite and Mateus, 2001) points out that the action of nurses with patients and families through the nurse consultation and guidance is one of the main performances of the radiotherapy department, since Nursing is science intended for direct care. Such action becomes more complex when you are in front of the bearer of a neoplasm, on the verge of a treatment seen as aggressive. It should be understood that this client is depressed and anxious before the cancer diagnosis, as should face a new treatment, and feel dejected face a future without prospects to the changes that the disease caused and will cause in your life and their families.

The fourth study (Veras et al., 2005), which aimed to evaluate the implementation of clinical breast examination (CBE) by nurses working in the program for the early detection of breast cancer highlights the educational activity carried out before the consultation aims to clarify the procedures for women to be performed. Explains, moreover, that all women

should be geared towards the attainment of self-examination of the breasts, which allows them to stimulate body awareness and early knowledge of any breast abnormality, which, in turn, must be reinforced at each annual visit to clinical breast examination and supplemented with mammography for women aged over 40 years. The study found that not all professionals perform health education before the start of the consultation, since only 47% of nurses held an enlightening activity observed before treatment and 53% did not perform.

As for the percentage of nurses who teach self-breast examination, 50% of the professionals prefer to conduct orientation for the exam during the educational activities and 29% choose to perform it during the carried out of clinical breast examination. The study found that most respondents are aware of the importance of the participation of nurses in screening for breast lumps. It was also evident that most nodules are detected by women themselves, through BSE, showing the importance of learning the correct patient and the nurse's responsibility to verify that learning during their individual and collective educational activities and in the nurse consultations (Veras et al., 2005).

The fifth study (Carvalho et al., 2005) explains that the degree of knowledge of factors such as lifestyle, especially smoking, alcohol, diet and exposure to sunlight, as well as personal, genetic, environmental and occupancy factors and their relationship to cancer either by population or by health professionals can be a determining factor in the prevention and control of disease. And yet, the establishment of preventive measures or actions to those already affected by cancer in effective treatment or rehabilitation can reduce deaths or keep them in better survival conditions.

It is this set of factors that nursing has relevance, despite the lack in training human resources in the field of oncology nursing, either for teaching or assistance, which can be verified by the relevant role that institutions such as the INCA / MS have struggled to reverse the lack of training of human resources as the adoption of measures for the prevention and early detection in oncology (Carvalho et al., 2005).

The study also includes other simple techniques that contribute to the early detection as self-examination of mouth, testicles self-examination, skin and lips self-examination, breast self-examination and fecal occult bleeding test (Carvalho et al., 2005).

Educational activities transmitted by nurses during the nursing consultation in oncology are geared primarily for the prevention of complications and manifestations caused by risk factors that can be avoided, provided they are acquired some specific behaviors (Soffiatti, 2000; Paula and Silva, 2003; Veras et al., 2005; Carvalho et al., 2005).

The fifth study highlights that nurses are key professionals in the prevention and cancer detection process, which can be evidenced in the literature. There is a shortage in human resources training in oncology nursing either to teaching or for assistance (Whittemore and Kathleen, 2005). Prevention is accomplished through educational nurse actions in relation to risk factors, preventive measures, early detection mechanisms, treatment and rehabilitation of cancer conducted in basic unities, centers and health posts.

As explained in the fifth study (Carvalho et al., 2005), in relation to preventive measures associated with cancer risk factors, actions involved in programs, campaigns and the nurse's own initiative were observed. The relevance of the educational activities of the nurse is evident in the second study in which it is reported that since the implementation of the nurse consultation in 1995 at the clinic of obstetrics and gynecology at the Hospital das Clinicas of the Federal University of Minas Gerais, is made a nurse specific service, individual and systematized to breast cancer patients, taking into account the conception of completeness woman (Paula and Silva, 2003).

In the role of the nurse educator helps to promote, maintain and restore health, in teaching skills and attitudes, as well as in the modification of inappropriate or unacceptable by society behaviors (Soffiatti, 2000). In this role, for the nurse to plan their educational activities, is reserved in the consultation a moment in which it seeks data to identify needs of patients and their families. These data are obtained primarily through nursing history and physical examination. The importance of this history is due to nursing time when initiating Nurse - patient relationship. (Veras et al., 2005).

During the interview, if anxieties, insecurities, uncertainties of the patient are observed, the nurse must prioritize its guidelines, to ensure that the patient receives adequate explanations and instructions about any treatment, be aware of possible side effects and specific follow up care, and thus minimizes them (Veras et al., 2005). The nurse should explain, however, that the signs and symptoms caused by radiation are not interpreted as disease progression or treatment failure, as it is the competence of the nurse soften the stress situation of the client's diagnosis of cancer through effective and appropriate guidelines ((Veras et al., 2005).

In the fifth study, the educational and nursing consultations account for 77% and 36% respectively. Educational activities include groups for prevention and health promotion, guidelines on pre and post medical consultation and home visits (Carvalho et al., 2005). Patients should be referred for consultation with the multidisciplinary team in order to receive effective information, to cope with cancer treatment.

The results of this integrative review showed that nurses engaged in educational activities with emphasis on prevention in various sectors of oncology nursing during the consultation, identified as actions of early detection of cancer, whether in relation to breast or gynecological cancer, mouth, testis, skin, lips, in addition to the colon, and anus. These actions are tightly linked with the actions of the nurses' own initiative (Soffiatti, 2000; Paula and Silva, 2003; Veras et al., 2005; Carvalho et al., 2005).

Chart 2. Articles about Educational activities in the nurse consultation in oncology

Data base	Descriptors Words	Year	Source	Title	Category of Articles	Educational Activities
LILACS	Patient education as subject Oncology nursing Referral and Consultation	2000	COGITARE Enferm	Nursing consultant in chemotherapy ambulatory: emphasis in nursing health (19)	Reflection	Guidance for self-care, Prevention, management and addressing the effects of the toxicity of chemotherapeutic
LILACS	Oncology nursing Referral and Consultation	2003	REME Rev. Min. Enferm.	In search of a global approach: implementation of a nursing consultation protocol in caring for women with gynecologic cancer at the University Hospital of the Federal University of Minas Gerais	Experience report	Guidance for self-care Trans orientation pre and postoperative Guidance for chemotherapy and radiotherapy brachytherapy chemoradiation.
LILACS	Oncology nursing Referral and Consultation	2001	Nursing SP	Applicability of nursing consultation in an outpatient radiology service	Reflection	Guidance for the needs of patients and their families
LILACS	Patient education as subject Oncology nursing	2005	Nursing SP	Nursing activities in the early detection of breast cancer	Original article	Guidance for early breast self-examination and awareness of breast changes, Elucidation of doubts
LILACS	Consultation Educational activities	2005	Rev. Bras. CANCEROL.	Nursing actions against cancer in basic health units of a city in São Paulo state	Original article	Self-examination in the early detection of mouth, testicles, skin, lips and breasts. Protective effects of smoking and sun exposure. Guidance for proper nutrition. Prevention and health promotion

Source: LILACS

CONCLUSION

The five selected studies allow assessing the importance of educational activities administered by the nurse through the nursing consultation to cancer patients and their families which is felt by the facilitators effects which provides, among these, stands out: better acceptance and understanding of the treatment, possibility of establishing a reserved time between the nurse and the client to answer questions and explanations on reinforcement of what was taught.

It was observed that the nurses, like other health professionals have difficulty in defining the meaning of the term "education" and even "educational activities", performing actions or educational activities covering various areas of oncology, educating the population on cancer, prompting her to change behavior and teaching the signs of early detection of cancers that affect most Brazilians like mouth, testicles, skin and lips, breasts and guidance for occult blood. Such actions have been increasing according to the increase of knowledge about the risk factors of the disease.

Thus, we can deduce that the practice nurse in oncology includes educational activities that extend the extra-hospital environment through educational activities aimed at families (including their own), schools, businesses, communities, club, among others. With regard to services for families, it could be seen that the nursing consultation to be held at home by home visiting is a strategy for health care that encompasses much more than a simple supply of standard treatment, it is a moment in which they are able to individualize the care provided, favoring the process of decision making related to health care.

And, particularly, in relation to home visits as an option to exercise the query when the oncology nursing oncology client is unable to attend the institution due to the conditions of aggravation of the disease, we believe that such professionals are still unaware of the value of these shares and the these activities and their effects pose to the individual affected by cancer and the population.

We also believe that, by reflecting on the value of such shares may define more appropriately the meaning of education and educational actions.

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