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RESEARCH

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FIRST TIME NURSING CONSULTATION IN OUTPATIENT CHEMOTHERAPY TREATMENT: A SCOPING REVIEW

Consulta de enfermagem de primeira vez no tratamento de quimioterapia ambulatorial: revisão de escopo
Primera consulta de enfermería en el tratamiento ambulatorio de quimioterapia: revisión del alcance

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ABSTRACT

Objectives: to map the knowledge produced about the first-time nursing consultation in an antineoplastic chemotherapy outpatient clinic. **Method:** scoping review of 12 articles, selected from the databases BVS, CINAHL/EBSCO, EMBASE, MEDLINE/PubMed, Scopus and Web of Science. **Results:** the knowledge identified in the literature was classified into aspects to be assessed in the nursing consultation for effective care management and intervention proposals, among which psychological assessment was prominent, procedures to be adopted by nurses to promote effective care management, among which the offer of guidance and information stood out, and communication as a key element of care management. **Conclusion:** the first-time nursing consultation has the possibility of organizing nursing care, and should be structured to meet this.

DESCRIPTORS: People with cancer; Nursing consultations; Chemotherapy outpatient clinic.

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RESUMO

Objetivo: mapear o conhecimento produzido sobre a consulta de enfermagem de primeira vez em ambulatório de aplicação de quimioterapia antineoplásica. **Método:** revisão de escopo de 12 artigos, selecionados nas bases de dados BVS, CINAHL/EBSCO, EMBASE, MEDLINE/PubMed, Scopus e Web of Science. **Resultados:** os conhecimentos identificados na literatura foram classificados em aspectos a serem avaliados na consulta de enfermagem para uma efetiva gestão do cuidado e propostas de intervenção, entre as quais a avaliação psicológica apresentou grande notoriedade, condutas a serem tomadas por enfermeiros para a promoção da gestão do cuidado efetiva, dentre as quais a oferta de orientações e informações se destacou, e a comunicação enquanto elemento chave da gestão do cuidado. **Conclusão:** a consulta de enfermagem de primeira vez tem a possibilidade de organizar os cuidados de enfermagem, e deve ser estruturada para atender à tal.

DESCRITORES: Pessoas acometidas por neoplasias; Consultas de enfermagem; Ambulatório de quimioterapia.

RESUMEN

Objetivos: mapear el conocimiento producido sobre la primera consulta de enfermería en la aplicación ambulatoria de quimioterapia antineoplásica. **Método:** revisión de 12 artículos, seleccionados de las bases de datos BVS, CINAHL/EBSCO, EMBASE, MEDLINE/PubMed, Scopus y Web of Science. **Resultados:** los conocimientos identificados en la literatura se clasificaron en aspectos a valorar en la consulta de enfermería para una gestión eficaz de los cuidados y propuestas de intervención, entre los que destacó la valoración psicológica, conductas a adoptar por las enfermeras para la promoción de una gestión eficaz de los cuidados, entre las que destacó la oferta de orientación e información, y la comunicación como elemento clave de la gestión de los cuidados. **Conclusión:** la consulta de enfermería de primera vez tiene la posibilidad de organizar los cuidados de enfermería, y debe ser estructurada para atenderlos.

PALABRAS CLAVE: Personas con cáncer; Consultas de enfermería; Ambulatorio de quimioterapia.

INTRODUCTION

The proposed review deals with the nursing consultation as a tool for organizing care for people with cancer who receive outpatient chemotherapy.

Chemotherapy is a type of treatment that uses chemical compounds alone or in combination, called chemotherapeutic agents, with the aim of treating malignant neoplasms, acting at the cellular level.¹ Currently, chemotherapy is, among the treatment modalities, the one with the highest incidence of cure in several tumors, as well as the one that provides longer survival to cancer patients.¹

Oral chemotherapies, once prescribed, are self-administered or used with the support of a caregiver.² The others, in their variations, are administered by a specialized oncology team in two contexts: outpatient, characterized by the return home after treatment, and inpatient, in which the patient remains institutionalized during treatment.² The variations in the amount and time of application, in addition to the immunity levels of the respective patients are factors that contribute to the choice of how chemotherapy will be delivered.² It should also be considered that the hospital and referral units differ in terms of technical and human structure to deal with the different complexities of the cases.²

The definition of the mandatory presence of nurses in spaces that provide nursing services, in addition to the regulation of the practices developed in services that provide care to human health as an object of interest of ANVISA (National Health Surveillance Agency) and the conduct guides that deal with good practices in the scope of these services imply the presence of nurses as components of the care team to the population treated by chemotherapy.³ In this interim, the RDC No 220/2004,⁴ which points out the obligation of

the nurse in services that offer antineoplastic therapies, but does not establish the scope of activities of the professional in the scope of the standardization, stands out.

Considering COFEN Resolution 569/2018,⁵ which approves the Technical Regulations for Nursing Professionals in Antineoplastic Chemotherapy and describes, in its annex, the private competences of nurses in antineoplastic chemotherapy, it is understood that nursing consultations are part of the scope of nursing professionals' activities in this context.

A study states that it is the role of the nursing consultation, in the context of chemotherapy, to monitor the administration of chemotherapy drugs, integrating in a fundamental way to the treatment, as the nurse has the knowledge of the administration protocols, forms of application, intervals, adverse reactions, and toxicities, besides being able to identify how the patient is reacting to the applications.⁶

Although the nursing consultation plays an important role in the preparation and care of the client, it is not always present in chemotherapy outpatient clinics.⁷ There is a need for nursing care that is not only technical, as well as that does not occur exclusively in the outpatient setting, but extends to the home through the information provided by the nursing professional during the nursing consultation.

Considering the relevance of the nursing consultation, particularly the first-time consultation, and the need to understand how it has been approached with regard to nursing care management, which justifies the need to develop this review, a previous search in Cochrane, JBI, PROSPERO and PUBMED sources was performed, which showed a scarcity of studies in the area.

Therefore, the objective of this scoping review was to map the knowledge produced about the first-time nursing consultation in outpatient antineoplastic chemotherapy delivery.

METHOD

Study design

This is a scoping review (ScR) study guided according to the standards of the Joanna Briggs Institute (JBI),⁸ which aims to promote better systematization of scientific knowledge through the development of methodologies that regulate and organize various types of reviews.⁸ Initially, the review question structured by the acronym composed of population, concept, and context (PCC) was established: How does the first nursing consultation subsidize the organization of nursing care to the person affected by neoplasms treated by chemotherapy in outpatient settings?

The scoping review protocol was registered in the OSF under DOI 10.17605/OSF.IO/5ZCGM, and titled "First-time nursing consultation and the organization of care for people undergoing outpatient chemotherapy: scoping review protocol".

For quality and transparency, the guidelines contained in the Preferred Reporting Items for Systematic reviews and MetaAnalyses extension for Scoping Reviews (PRISMA-ScR) checklist,⁹ consisting of 22 items, were followed.

Eligibility Criteria

The eligibility criteria followed the structure of the acronym PCC - population, concept, and context. For this study, the population (P) included were adults, aged 18 to 60 years, of both sexes, undergoing intravenous chemotherapy treatment for malignant and benign neoplasms. For concept (C), first-time nursing consultations were included. Finally, for context (C), this will be outpatient.

The review question was elaborated in order to intend the selection of texts that discuss the theme of first time consultations, since by asking how this subsidizes the thought of care, the guiding question aims at the perception of these professionals as an object of analysis.

No restrictions were imposed on publication dates or languages. We considered primary research studies, with quantitative and qualitative designs, as well as review studies. We excluded articles published only as abstracts, which it was not possible to access the full content after trying to contact the authors, as well as letters to the editor.

Data collection

For data collection, a three-step search strategy was developed. Initially, the identification of search terms was performed, for which the controlled health area vocabulary DeCs (Health Sciences Descriptors), MeSH (Medical Subject Headings) and Emtree (Embase Subject Headings) were consulted in November 2022. These terms were used to develop a complete strategy for PUBMED, which was adapted for the other databases: (((("Neoplasms"[Mesh] OR Tumor* OR Neoplasm* OR tumour* OR Cancer* OR Malignanc* OR onco* OR metast* OR carcino*) AND ("drug therapy"[Subheading] OR "drug therapy" OR pharmaco* OR chemotherapy)) OR "Antineoplastic Combined Chemotherapy Protocols"[Mesh] OR "Antineoplastic Agents"[Mesh]) AND (adolescent[Filter] OR alladult[Filter] OR

youngadult[Filter] OR adult[Filter] OR middleagedaged[Filter])) AND (((("Referral and Consultation"[Mesh] AND nurs*[Title/Abstract]) OR (Consult*[Title] OR visit*[Title] OR Clinic*[Title]) AND (nurs*[Title]))))

The second stage consisted of database searches, which occurred in January 2023. The third step was the search for studies included in the selection of additional studies, from the references used in the previously selected articles.

The information sources were VHL, CINAHL/EBSCO, EMBASE, MEDLINE/PubMed, Scopus, and Web of Science.

The process of article selection and evidence extraction was developed in a double-independent way, through the use of Rayyan software, and divergences were resolved by a third reviewer. Articles were selected by reading their titles and abstracts. Those that met the inclusion criteria were then read in full, and, finally, their reference lists were analyzed in a complementary search.

For extraction, a form developed and tested by the author was used. The data were stored in an electronic spreadsheet with the following information: article title, journal, authors, language, year of publication, database, country of origin, objectives, study design, population, study site, results found, references found, article reference.

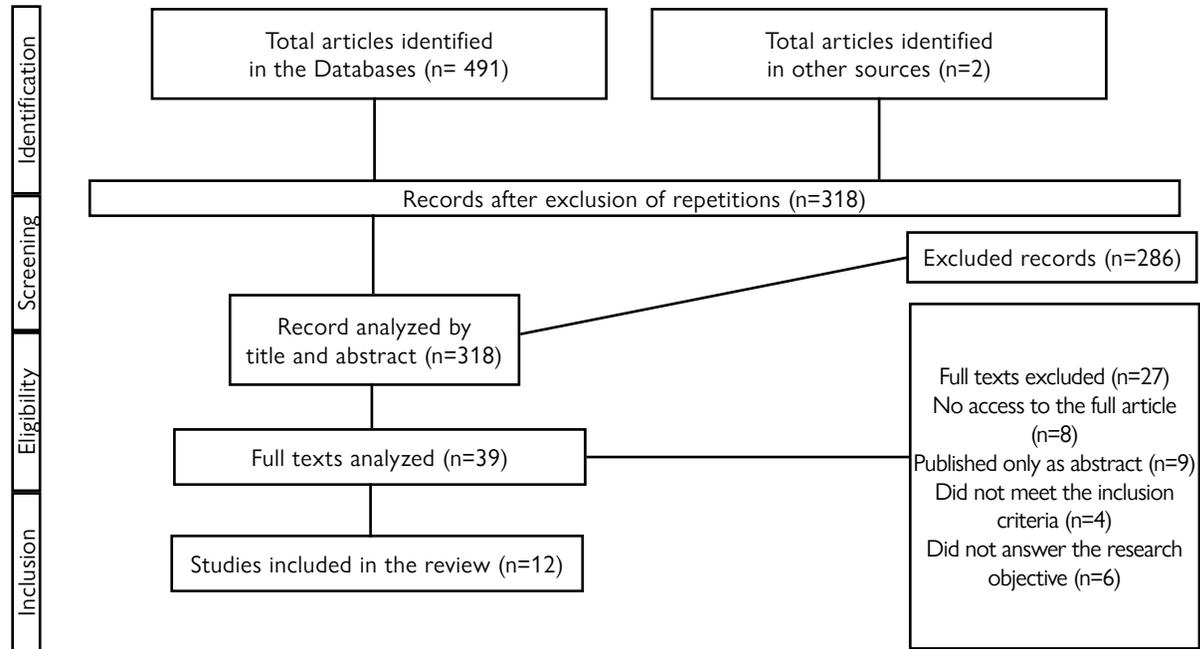
No critical appraisal of the evidence retrieved from the articles was performed, since this is not a recommendation for scoping review type studies.

RESULTS

The search strategy located 491 articles, of which 173 were excluded because they were duplicates, leaving 318 for analysis. After reading the title and abstract, 286 articles were excluded, and 39 were read in full (three included, 19 conflicting, and 17 may be). Of these, eight were excluded because it was not possible to access the full text, even after contacting the authors and the institution's library, nine because they were published only as abstracts, four because they did not meet the inclusion criteria (patients undergoing oral chemotherapy, hospitalization, brachytherapy, and nursing consultations other than first time), and six because they did not answer the review question's objectives. Therefore, 12 articles were included in this scoping review, according to Figure 1.

The studies were published in English n=nine (75%) and Portuguese n=three (25%), between the years 2000 and 2020, with a prevalence of publications in the last decade. Most publications originated from Europe n=six (50%), with four from the United Kingdom and two from Denmark, followed by American publications n=four (33.33%), with three from Brazil and one from the United States. Eleven articles are fruits of original studies, and there is one systematic review of literature.

Of the selected studies, four were retrieved from the VHL (33.33%), three from EMBASE (25%), two from Scopus (16.66%), two from the Web of Science (16.66%), and one from MEDLINE.

Figure 01 - PRISMA Flowchart of the article selection and inclusion process. Rio de Janeiro, RJ, Brazil, 2023.

Source: Adapted from the PRISMA ScR checklist.

DISCUSSION

The first nursing consultation should be performed in order to ensure the planning of care for cancer patients undergoing antineoplastic chemotherapy, and, to this end, it should be comprehensive and promote self-care, different from the following

follow-up sessions, in which the focus is on identifying the results achieved from the previously proposed interventions.¹⁸

In this sense, based on the literature search, the knowledge identified was organized according to the following categories: 1) Aspects to be assessed in the nursing consultation for effective care management and intervention proposals; 2) Conducts to

Table 1 - Characterization of the studies included in the review, in chronological order of publication. Rio de Janeiro, RJ, Brazil, 2023.

	Authors	Title	Year of publication	Country of origin	Goal
1	GUTIÉRREZ MGR, ADAMI NP, CASTRO RAP, FONSECA SM10	Natureza e classificação das intervenções de enfermagem em ambulatório de quimioterapia de adultos	2000	Brazil	To identify, through retrospective record analysis, the nature of the nursing interventions interventions and establish the correspondence between these and the problems raised.
2	Cox A, Bull E, Cockle-Hearne J, Knibb W, Potter C, Faithfull S11	Nurse led telephone follow up in ovarian cancer: A psychosocial perspective	2008	United Kingdom	To evaluate a nurse led telephone intervention which encouraged a proactive approach to ovarian cancer management, with a holistic attitude to patient wellbeing that covered both the detection of recurrent disease and the identification and management of physical and psychological morbidity.
3	Rask MT, Jensen ML, Andersen J, Zachariae R12	Effects of an Intervention Aimed at Improving Nurse-Patient Communication in an Oncology Outpatient Clinic	2009	Denmark	To evaluate a standardized two 2-day (33 hours) communication skills training program in nursing cancer care
4	Oguchi M; Jansen J; Butow P; Colagiuri B; Divine R; Dhillon H13	Measuring the impact of nurse cue-response behaviour on cancer patients' emotional cues	2010	Australia	To explore the impact of nurse responses to patients' and family members' emotional cues and concerns during the chemotherapy education consultation.
5	Alves KR, Lima EDRP, Simão DAS, Souza RS, Silva VP14	Aspects to be addressed by nurses during consultation in Chemotherapy patients using potentially neurotoxic drugs	2011	Brazil	To discuss relevant aspects for the approach of nurses during the nursing consultation with patients using potentially neurotoxic antineoplastic drugs
6	Lai X, Wong FKY, Leung CWY, Lee LH., Wong JSY, Lo YF, Ching SSY15	Development and Assessment of the Feasibility of a Nurse-Led Care Program for Cancer Patients in a Chemotherapy Day Center	2015	China	To assess the feasibility of the subject recruitment, care, and data collection procedures and to explore the acceptability of this program.

7	Traeger L, McDonnell TM, McCarty CE, Greer JA, El-Jawahri A, Temel JS16	Nursing Intervention to Enhance Outpatient Chemotherapy Symptom Management: Patient-Reported Outcomes of a Randomized Controlled Trial	2015	USA	To reduce patient-reported symptom burden by facilitating patient-NP collaboration and the early management of symptoms
8	Kotronoulas G, Papadopoulou C, MacNicol L, Simpson M, Maguire R17	Feasibility and acceptability of the use of patient-reported outcome measures (PROMs) in the delivery of nurse-led supportive care to people with colorectal cancer	2017	United Kingdom	To explore the feasibility and acceptability of PROMs-driven, CNS-led consultations to enhance delivery of supportive care to people with CRC completing adjuvant chemotherapy.
9	Tolentino GS, Bettencourt ARC, Fonseca SM18	Construção e validação de instrumento para consulta de enfermagem em quimioterapia ambulatorial	2019	Brazil	To construct and validate the content of an instrument for nursing consultation in adult chemotherapy outpatient clinics.
10	Prip, Anne; Pii, Kathrine H; Møller, Kirsten A; Nielsen, Dorte Lisbet; Thorne, Sally E; Jarden, Mary19	Observations of the communication practices between nurses and patients in an oncology outpatient clinic	2019	Denmark	To explore communication practices between nurses and patients undergoing chemotherapy in an outpatient clinic to gain insight into how patients are supported in this setting.
11	Farrella C, Chan EA, Sioutac E, Walshed C, Molassiotisb A20	Communication patterns in nurse-led chemotherapy clinics: A mixed-method study	2020	United Kingdom	To determine patterns of nurse-patient communication in fulfilling patients' informational/ psychosocial needs, effects of longer consultation/operational aspects on person-centred care experiences.
12	Stewart I, Leary A, Khakwani A, Borthwick D, Tod A, Hubbard R, Beckett P, Tata LJ21	Do working practices of cancer nurse specialists improve clinical outcomes? Retrospective cohort analysis from the English National Lung Cancer Audit	2020	United Kingdom	To assess whether working practices of advanced practice specialist nurses are associated with clinical outcomes for people with lung cancer

be taken by nurses to promote effective care management; 3) Communication as a key element of care management.

1) Aspects to be evaluated in the nursing consultation for effective care management and intervention proposal

The nurse has the necessary skills for the promotion of holistic care,¹¹ and because he is one of the members of the multidisciplinary team with greater proximity to the patient, his caregiver, and family members, he has the potential to contribute to the accurate identification of physical, spiritual, mental, and psychosocial needs, as well as to propose a care plan aimed at improving life.¹⁴

It is during the first outpatient visit of cancer patients undergoing chemotherapy treatment that the nurse determines the preeminent nursing diagnosis, investigates and analyzes clinical evidence in order to identify health needs, and, finally, guides interventions.¹⁴

Among the aspects to be evaluated by nurses, psychological and emotional issues stand out as the most cited (58.33% of the articles).^{10-13,15,17,19} Among them, depressed mood, anxiety, distorted self-image, low self-esteem, fear of disease recurrence, and children's predisposition to cancer. In turn, some studies mention the fear of metastasis, while others highlight the feeling of uncertainty.^{11,15,17} As nursing intervention proposals, there are the insertion in self-help groups, and the offer of emotional support, as it presents patients with possibilities, resources, and coping strategies.¹⁰ Meleis' Theory of Transitions emerges to strengthen the patient's resignification process.¹⁵

Another very prevalent aspect was sexuality (50% of the articles)^{11,14-15,17-19}, particularly in women of childbearing age, who need to be oriented about fertility and contraceptive methods.¹⁴

The concern with physical complaints and symptoms comes next, 41.66% of the articles.^{11,14-16,18} Among them,¹⁵ nausea, vomiting, mucositis, weight changes, hair loss, fatigue, pain, bleeding or bruising, tingling or numbness, shortness of breath, eye and nail problems, for which specific interventions should be designed. In addition, there should be concern about elimination^{10,15,18} - diarrhea and constipation.¹⁵

Questioning about social and family support was mentioned in 41.66% of the texts,^{10-11,13-14,18} support that is often not adequately valued.¹⁷ Family support promotes better facing of the disease and chemotherapy treatment, therefore, it must be questioned as to marital status, if the patient has children - how many and how old -, with whom the patient lives, besides defining the figure of a main caregiver, responsible for supporting the patient in meeting his needs, if, by any chance, he cannot decide or do it due to treatment or cancer evolution.¹⁴

Nutritional assessment is present in 41.66% of the articles,^{10-11,15,17-18} for which BMI must be evaluated, and dietary changes are proposed as an intervention.

25% of the studies^{11,14,17-18} emphasize that the nurse must deal with the occupational situation of the patient, since many of them leave their work activities for health treatment, a fact that can have a direct impact on their socioeconomic conditions. Moreover, the perception of idleness can contribute to the patient's psychological suffering.¹⁴ Thus, it is necessary that nurses have the necessary sensitivity to avoid and rethink proposals of costly interventions, apply for social programs, present the patient's financial needs in conferences, propose common labor activities or recreational and group activities, so that the experience can be shared.¹⁴

Spirituality^{11,14,18} and past history^{11,14,18} should also be assessed. The performance of treatments prior to the disease, whether

there were adverse reactions, the behaviors adopted, and how efficient they were;¹⁸ comorbidities, and medications in use should be questioned, in addition to orienting that chemotherapy does not impact the treatment of other chronic diseases, for which the treatment must be continued, and discouraging self-medication.¹⁴

The nurse should also consider gender issues,¹⁴ since the proposed interventions for women should consider their impact on daily activities, such as household chores, family care, and work.¹⁴ For men, factors related to their social role and sexuality should be considered in order to increase the likelihood of adherence to the proposals.¹⁴

Age,^{14,18} level of education,^{14,18} smoking, alcoholism, and use of illicit drugs^{14,18} and sleep pattern^{15,18} are present in 16.66% of the texts. Less frequently (8.33%), the assessment of vital signs - blood pressure, heart rate and respiratory rate, oxygen saturation and temperature -, nationality and place of birth, ethnicity, the patient's level of knowledge about the disease and expectations about the treatment, mobility - in order to consider the risk of falling -, allergies, habits - hygiene, physical activity and leisure -, laboratory and complementary exams, and the assessment of vascular access and devices.¹⁸

2) Conducts to be taken by nurses for the promotion of effective care management

In addition to identifying the main nursing diagnoses and proposing nursing interventions to meet the demands generated by them, important conducts to be adopted by nurses during the first consultation were identified, among which providing information and guidance, signaled by 83.33% of the texts.^{10-11,13-16,18-20}

The nurse must inform about the proposed surgery, stomas, recovery, expected symptoms, and how the disease will be managed by the team.¹⁷ In turn, it is also recommended to guide the patient about the chemotherapy protocol to be established.¹⁴ It is also worth mentioning the need for information about the cycles of chemotherapy to be performed, on which days they will occur, the interval time, and the purpose of treatment - cure, palliation, if radiotherapy will be needed.¹⁸ The provision of information by the nurse enables the patient to plan and understand what to expect, alleviating psychic suffering.²⁰ The information provided in the first consultation helps the subjects to prepare psychologically to face the challenges of the next chemotherapy session.¹⁵ However, even though the benefits of health education are recognized, the educational role of nursing is deficient.¹⁸

Making referrals to specialists was mentioned in 41.66% of the studies,^{10-11,14-15,18} among which psychology¹⁴ - for individual and group interventions -, social service and odontology stand out; however, others mentioned physiotherapy, nutrition, speech therapy and stomal therapy, and oncology.¹⁵

The welcoming was another important conduct,^{11,13-14,19} and manifested particularly through communication, which will be discussed in the next session.

Furthermore, it is emphasized the importance that nurses adopt the posture of being concerned with the continuity of care after the consultation.^{10-11,17,20} In this sense, it is necessary that the patient receives details about the support networks in his area, guiding him on how to use the health system effectively and making contact with primary health care.¹¹ It is also recommended that an intermediation with other health professionals be carried out in order to request and ensure the receipt of specific medications and adjuvants for oncologic treatment, considering the precariousness of the resources of the Unified Health System (SUS) and the financial limitations of the patient away from his work activities.¹⁰ It is necessary that partnerships be signed with community institutions that meet the patient's needs.¹⁴

Another proposal to avoid fragmentation of care is to organize oneself so as to try to follow up consultations and treatments always with the same professional.²⁰ In addition to strengthening the bond and generating confidence and security, relational continuity stimulates consistency of treatment and informational follow-up of care, since the professional already knows the patient's demands, which facilitates the following evaluations, even saving time.²⁰ When professionals change, the patient tends to feel anxious about treatment decisions to be made, in addition to the possibility that the external links established are weakened.²⁰

One strategy that has been used for such continuity is telephone calls, which tend to instill confidence,¹⁶ in addition to reminding patients of the recommendations proposed in the first visit.¹⁵ Therefore, it is important that this possibility be mentioned in the first contact, and that the patient's phone number be registered.

Finally, nurses should conduct their interventions in a way that encourages patient autonomy,^{10,15,18} including them in the care process and valuing their ideas.¹⁸ Sometimes patients are the only ones responsible for their care between chemotherapy sessions, which reinforces the importance of promoting autonomy.¹⁵

Poor planning and mismanagement of the care required to meet patients' needs may culminate in increased use of health services,¹⁵ including unplanned hospitalizations,¹⁹ which represent an additional burden for the patient.²¹ However, the nurse's involvement in meeting the patient's demands is strongly related to the nurses' sensitivity and empathy, a fact that needs to be worked on.²⁰

3) Communication as a key element of care management

Communication,^{10,12-14,19-20} both verbal and nonverbal, plays an important role in the management of care of cancer patients undergoing chemotherapy.

It should provide information related to health, being, however, performed in a sensitive manner.¹⁷ For this, one should consider, at first, the patient's schooling, so that the information is appropriate to their understanding.¹⁴ As a resource for communication to be fluid, it is suggested that the consultation be

initiated by an informal conversation, including, for example, compliments on the patient's hairstyle.²⁰

There are, however, barriers to effective communication, and therefore to the organization of care. The concern of nurses with the high load of information to be transmitted to the patient on the occasion of the first consultation tends to discourage professionals from being so receptive to emotional aspects, which in turn may hinder the identification of some diagnoses.¹³ This is an important aspect, since, according to the same author, it is important that nurses mediate between the provision of information and the space for emotions, since exacerbated emotions hinder the absorption and assimilation of what was said.¹³

Another justification for the nurses' distancing from emotional aspects is the intention to avoid emotionally difficult communication with the patient, since many report little ability and competence to do so, besides the discomfort caused by the speeches, which tends to make the professionals use infrequently the mechanisms that facilitate the patients' revelations.¹²

Another aspect to be observed is the presence of relatives.¹³ For, in their presence, patients tend to express less emotional signs, with the intention of protecting their loved ones from anguish.¹³ The companion can also occupy the time of the appointment with requests for clarification, suggestions, and concerns, limiting the patient's own talks.¹³ Thus, it can be beneficial that the nurse has the opportunity to talk separately with the patient, so that he/she can fully express his/her emotional suffering.¹³

The barrier of the scarcity of time of the consultations, which were summarized in brief encounters of the patient with a multitasking nurse, also appeared in the studies.¹⁹ Thus, sometimes during care, the professional talked to the patient while resolving other demands, focused on technical aspects of the treatment, such as evaluation of the catheter.¹⁹ In this way, non-verbal language tended to communicate to the patient that that was the priority, and that the treatment took precedence over the dialogue, tolerating his speech.¹⁹

Finally, the physical structure appears as a complicating element, since the absence of a private and appropriate place implies the content that will be emitted by the patient.¹⁹

Thus, communication is a key element to identify demands and organize care, influencing the patient's motivation, psychosocial adaptation, and quality of life, and should be a concern of nurses.¹⁹

STUDY LIMITATIONS

The fact that the gray literature was not included may be a limiting factor in the study.

CONCLUSION

The first nursing consultation with cancer patients undergoing outpatient chemotherapy has the possibility to organize

the care during treatment, and should be structured for such. Thus, the nurse must be aware of emotional, psychological, physical, social, and religious needs, outline interventions to address them, and adopt attitudes that favor such planning, such as the provision of information and guidance, in addition to using effective communication.

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