



INTEGRATIVE REVIEW OF THE LITERATURE

WOMEN WITH BREAST CANCER UNDERWENT CHEMOTHERAPY: NURSING ASSISTANCE THROUGH A CONTEXTUAL ANALYSIS

MULHERES COM CÂNCER DE MAMA SUBMETIDAS À QUIMIOTERAPIA: ASSISTÊNCIA DE ENFERMAGEM ATRAVÉS DE UMA ANÁLISE CONTEXTUAL

MUJERES CON CÂNCER DE MAMA SOMETIDAS A LA QUIMIOTERAPIA: ASISTENCIA DE ENFERMERÍA A TRAVÉS DE UN ANÁLISIS CONTEXTUAL

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ABSTRACT

Objective: To analyze the phenomenon of complications and toxicities produced by the use of chemotherapy in women with breast cancer and the nursing actions. **Method:** We have opted for the databases: Latin American and Caribbean Health Sciences (LILACS), Brazilian Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO), as well as in books and dissertations. We make use of the theoretical framework of Hinds, Chaves and Cypress to understand the phenomenon from the contextual levels organized into four interactive layers, which are distinct from each other: immediate context, specific context, general context and meta-context. **Results:** The results point out to Women with breast cancer (immediate); Chemotherapeutic drugs effects and nursing actions (specific); Changes in everyday life (general) and the National Oncological Care Policy (meta-context). **Conclusion:** It should be highlighted the study contribution to the appreciation of a humanized care, by aiming at the improvement thereof and normalizing the changes in their biological, psychosocial and spiritual needs. **Descriptors:** Breast cancer, Nursing care, Women's health.

RESUMO

Objetivo: Analisar o fenômeno das complicações e toxidades produzidas pelo uso da quimioterapia em mulheres com câncer de mama e as ações de enfermagem. **Método:** Optou-se pelas bases de dados: Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS), Base de Dados Enfermagem (BDENF) e Scientific Eletronic Library Online (SciELO), bem como livros e dissertações. Utiliza-se o referencial teórico de Hinds, Chaves e Cypress para compreender o fenômeno a partir dos níveis contextuais definidos em quatro camadas interativas distintas entre si; o contexto imediato, o contexto específico, o contexto geral e o metacontexto. **Resultados:** Os resultados denotam Mulheres com câncer de mama (imediato); Efeitos dos quimioterápicos e ações de enfermagem (específico); Mudanças na vida cotidiana (geral) e A Política Nacional de Atenção Oncológica (metacontexto). **Conclusão:** Ressalta-se como contribuição do estudo a valorização de uma assistência humanizada, visando à melhora do mesmo e normalizando as alterações nas suas necessidades biológicas, psicossociais e espirituais. **Descritores:** Câncer de mama, Cuidados de enfermagem, Saúde da mulher.

RESUMEN

Objetivo: Analizar el fenómeno de las complicaciones y el cuadro tóxico producido por el uso de la quimioterapia en mujeres con cáncer de mama y las acciones de enfermería. **Método:** Se utiliza el referencial teórico de Hinds, Chaves y Cypress para comprender el fenómeno desde el nivel contextual definidos en cuatro capas interactivas distintas entre sí; el contexto inmediato, el contexto específico, el contexto general y el metacontexto. Ha optado por las bases de datos: Literatura Latino Americana y del Caribe en Ciencias de la Salud, Base de Enfermería y Scientific Eletronic Library Online (SciELO), bien como en libros y disertaciones. **Resultados:** Los resultados apuntan para mujeres con cáncer de mama (inmediato), efectos de los quimioterápicos y acciones de enfermería (específico), cambios en la vida cotidiana (general) y La Política Nacional de Atención Oncológica (metacontexto). **Conclusión:** Se resalta como contribución del estudio la valorización de una asistencia humanizada, visando a la mejora del mismo, normalizando sus alteraciones en sus necesidades bio-psico-socio-espirituales. **Descritores:** Neoplasias de la mama, Salud de la mujer, Atención de enfermería.

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INTRODUCTION

Cancer is the term used to define the process of abnormal multiplication of cells in our body, which invade a normal tissue and spread to the organs, causing them malfunctioning and, consequently, death, if it is not early detected. It is through the bloodstream or the lymphatic flow that malignant cells affect other organs and give rise to new tumors in a process known as metastasis. The cells are spread (or forming metastases) through several mechanisms, in the transportation, throughout the body, in the bloodstream or in lymphatic vessels, and might accidentally be transported from one location to another during surgery, even extend themselves or locally grow or in an adjacent organ.^{1,2}

One of the therapeutic options for combating cancer is the chemotherapy, being that it might be used alone or as an adjuvant. Chemotherapy is a systemic treatment for cancer which consists in making use of drugs that have cytotoxic activity. There might be several uses and types of different combinations, because, tumors frequently hold subpopulation of cells with different sensitivities to the antineoplastic drugs. The use of antineoplastic agents during the cancer treatment can cause the tumor regression and prevent or delay metastases. Chemotherapy is useful to control the residual disease or as a supplement to other therapeutic options, such as surgery or radiotherapy, can induce long remissions and, possibly, healings, as well as be used in a palliative way.^{2,3}

The use of chemotherapeutic agents or medications that treat localized tumors is a systemic therapy that affects the entire body, since the action of these chemotherapeutic resources affects not only the diseased tissue, but also normal cells.⁴

The therapeutic and toxic effects of

chemotherapeutic agents depend on the exposure time and plasma concentration of the drug. The toxicity is variable for the different tissues and depends on the used drug.⁵

Nursing works along with users, where it is possible to give them a humanized care, by contributing to the applicability of therapeutic forms against cancer.

Caring in Nursing is to do for the human being that it cannot do alone; helping or assisting when it is partially unable for caring itself.⁶ It is known that Nursing is the science of assisting the human being in meeting their basic needs, making it independent of this assistance, when possible, by teaching the self-care; recovering, maintaining and promoting health. The nursing professional is the member of the healthcare team who stays abreast of users throughout the health-disease process, which makes it an essential element throughout the treatment process.

In this context, the nursing professional plays a key role in specific orientations, by alerting the user and its family members about the side effects produced by chemotherapy, by using appropriate language, clarifying doubts and generating a communication and trust process.

The interest in this subject arose after observing and identifying the toxicity produced by the use of chemotherapy. Given the above, we highlight the following questioning: What are the nursing actions to minimize the toxic effects produced by chemotherapy?

The perception that cancer is a reality present in healthcare services, both locally and nationally, and that this phenomenon has relevance and pertinence to the study, has motivated us to reflect on this phenomenon, by investigating its dynamics and insertion into the several contextual levels in which it is developed.

Thus, we have defined as objective: to analyze the phenomenon of complications and

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toxicities produced by the use of chemotherapy in women with breast cancer and the nursing actions. It is known that such a practice, often, causes damages worse than the cancer itself, the contextual levels: immediate, specific, general and meta-contextual.

METHODOLOGY

This is a narrative review, conducted from July to August 2011 in the following databases, which are major indexes of the nursing scientific production: Latin American and Caribbean Health Sciences (LILACS), Brazilian Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO), as well as in books and dissertations, where we have selected references relevant to the proposed topic. We made use of the controlled terms according to the Medical Subject Headings (MeSH): Nursing Care; Chemotherapy, Breast Cancer, Women's Health.

We have adopted the theoretical framework of Hinds, Chaves and Cypress⁷ to understand the phenomenon from the contextual levels organized into four interactive layers, which are distinct from each other: immediate context, specific context, general context and meta-context. It should be emphasized that the concepts are presented as networkable and interrelated. Nonetheless, to reach a better didactic understanding, we decided to present them, in this paper, following the division proposed by the theoretical framework. It should be highlighted, previously, that the terms "care", "assistance" and "actions" of nursing are keywords, i.e., maintained to ensure the citation fidelity.

The immediate context concerns the main characteristics towards the immediacy; its focus is present and is represented by the phenomenon itself. The specific context is characterized by the unique and individualized knowledge that

encompasses the immediate past and the relevant aspects of the present situation, in other words, encompasses the elements that are present in the environment and influence in the phenomenon. The general context deals with the reference frameworks of the subject's life, which are developed from its interpretations derived from past and current interactions. Thus, personal beliefs and cultural values influence in the phenomenon at stake. The meta-context reflects and incorporates past and present, besides highlighting conditions and experiences for the future.⁷

RESULTS AND DISCUSSION

Before the contextual perspective, we have organized the outcomes of the narrative review of the scientific literature into four sub-themes: Women with breast cancer (immediate); Chemotherapeutic drugs effects and nursing actions (specific); Changes in everyday life (general) and the National Oncological Care Policy (meta-context).

Women with breast cancer (immediate)

One of the issues of great relevance to Public Health, in the Women's Health area, refers to the breast cancer, which is considered the leading cause of deaths from cancer in the female population, mainly in the age group between 40 and 69 years; it is also the second most frequent type in the world and the most common among women, accounting for about 20% of annually notified new cases.¹

It is recognized that breast cancer is changing in the face of advances in diagnosis and treatment, although women's answers to the possible illness still remain, including the fear of disfigurement and of death, as well as of ceasing the sexual activity. Official information estimate that occur more than 1.050.000 new cases of cancer each year, almost 80% of them occur in

developing countries, which makes the cancer the most common illness among women.²

The major associated risk factors for the breast cancer are those related to the reproductive life of women such as early menarche, nulliparity, full-term primiparous above 30 years, oral contraceptives, late menopause and hormone replacement therapy. According to the literature, the age remains one of the most important risk factors. It is verified that the incidence rates quickly increase until the fifth decade of the human life and, subsequently, this increase occurs more slowly.^{2,3}

The change in the rate behavior is known in the literature as “Clemmesen’s hook” and has been attributed to the onset of menopause. Some recent studies show that exposure to ionizing radiation, even at low doses, increases the risk of developing breast cancer, especially during puberty. Unlike the cervical cancer, the breast cancer is related to the urbanization process of society, showing an increased risk of illness among women with high socioeconomic status.^{2,3}

It is considered that the incidence of breast cancer is a present reality, both locally and nationally, and that this phenomenon has relevance and pertinence to studies with regard to women with diagnosis of breast cancer, led us to reflect on this phenomenon, investigating its integration into the several contextual levels in which it is developed. Thus, this paper aimed at understanding the contextual factors that influence in the rehabilitation process of women who underwent full mastectomy.

The woman, when discovering her breast cancer and facing a mastectomy, presents a mix of feelings and emotions, such as fear: rejection, guilt and loss, which often cannot be realized and considered by the nursing staff which works with this woman or her family members. Such a fact hinders the completion of treatment, as well as the fighting against the bad experiences.

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For some women, breast cancer is so feared to the point that they describe the disease with other names.¹³ The cancer representation expresses a frightening and fearful viewpoint, identified by women, demonstrating the fear that it represents in their lives. The fear is in all phases covered by the woman during the illness process. The fear of a cancer diagnosis becomes threatening, thus causing emotional reactions that might provoke changes in the biological, mental and social scopes.¹⁴

Everyone, throughout its life, is faced with a plethora of problematic situations that can contemplate from simple everyday situations until major crises, such as a serious illness and its consequences. The repression of feelings is linked to the fact that if a person ignore emotions like anger or anxiety, later, they will simply disappear. In fact, displeasure and repressed sufferings throughout the life are associated to strong feelings of guilt.¹⁴

Breast cancer brings to the woman’s thought how much the care in relation to her own body is placed in the background. Before the experienced situation, many women start to reflect on the actions taken concerning the health and realize the carelessness that they had with their own bodies.⁹

As a cause of the illness process, the women find themselves in times of emotional fragility, with personal and family conflicts, as well as losses of loved ones. A woman clearly demonstrates that her illness was emotionally originated; other one attributes her illness to a “shot” or a cutting on the breast.¹⁸

As cancer patients, the death is “fait accompli” for them. When this corporeal symbol, intensely loaded of narcissism, is mutilated, generates a low self-esteem which can damage the woman and provoke feelings of helplessness, disgust and anguish. This same scholar also discusses about feminine identity disorders, in

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which, besides the loss of the breast, the woman has to deal with the partial or total baldness, as well as irregularities of menstruation, among others consequences.¹⁷

Chemotherapeutic drugs effects and nursing actions (specific)

This contextual perspective is divided into three sub-themes, interconnected and interdependent: Nursing care systematization; Nursing actions before the side effects of chemotherapy and Humanized nursing care for the chemotherapeutic drug user.

Nursing care systematization

Nursing has accumulated empirical knowledge throughout its history and has dealt its activities based on repeated rules and routines, without reflection on its performance, technological advances and professionals. To develop a scientific nursing, we must choose a working method with theoretical foundation, which addresses the philosophy of the nursing service and its goals, besides reflecting on the care that we want to provide to our customers.

By confirming the interpersonal process, nurse and patient can build an interaction and communicate to each other some thoughts, feelings and attitudes. The nursing objectives in this interaction, usually, lie in knowing the patients, identifying and meeting the needs thereof and, hence, achieving the nursing purpose, which is: to assist the individual, family or community in preventing or confronting the illness and suffering and, often, find meanings through these livings.¹⁰

The nursing professional is the member of the healthcare team who usually stays abreast of users throughout the health-disease process, which makes it an essential element throughout the treatment process. In the care process, there is an interaction between one who cares and one who is cared, in which the first one has an active role, since it develops actions and behaviors of J. res.: fundam. care. online 2013. jul./set. 5(3):264-272

caring, and the second passively acts and, because of its status, can help in caring in case of playing a less passive role. Thus, it should be said that caring is more than an act, it is an attitude, since it covers more than a moment of attention, zeal and commitment, as it represents an attitude of occupation, concern, accountability and emotional involvement with the other person.⁷

The nursing care systematization must be a continuous and awareness process that reflects the quality of the provided care. For this purpose, it requires frequent assessments to monitor the incorporation of this process in the professional practice, the way in which it is being performed and the resolution of daily doubts and difficulties to reach the successful in such a process, which will include physical and therapeutic care that correspond to the nursing care techniques (body hygiene, comfort maintenance, physical integrity and therapeutic treatment) as well as the actions of significant areas, which include activities related to the maintenance of emotional balance of the user and attached to the human aspect of the nurse/user relationship.

The side effects of a chemotherapy session might be lower if the oncological user is emotionally balanced. It is not an easy task, because in addition of the support from family, frequently it needs a multidisciplinary team for holding its monitoring, by playing a key role in seeking to promote such a balance. The oncological user underwent chemotherapy has all its body structure conditioned upon the effects arising from this treatment. Thus, Nursing is able to offer supportive methods to these users, benefiting them in their physical and mental welfare.

The nursing action has its origin in the care targeted to the clientele, with the aim of improving the life quality of the subject. This statement is supported due to be pointed out: “when nurses can show to oncological people that

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it is possible to live with cancer, meeting their life needs, within their potential, they will be actually able to take care of themselves, with the actual value of the word".¹⁴

The care is the basis of the nursing action process and to be successful, it becomes crucial to identify the user and family needs, as well as their resolutions, in a perspective of doing a holistic and humanized performance. Hence, during the development of their activities, professionals must be prepared to provide assistance to the emotional, psychological and social impairments, regarding the adaptation to limitations arising from the disease development and/or treatment.

Nursing actions before the side effects of chemotherapy

In spite of being a therapy that provides satisfactory results, chemotherapy is commonly toxic for numerous body cells, since its character is systemic and causes major changes in the metabolism of those patients subjected to it. It should be emphasized that, despite recent advances and discoveries of further drugs and a better control of its effects, which are often severe and disabling, the use of these drugs, most often, remains condemned by people who need to undergo this treatment.¹⁰

These effects differ in quality and intensity, depending on the exposure time and plasma concentration of the medicinal drug. Some of these effects are so strong that they can cause the death of the user. Therefore, the nursing staff must be alert to early detect them.³

Side effects are results from the medications after affecting the tumor cells, reflecting over the healthy cells of fast division, especially the ones of the tissues: hematopoietic, hair follicle germinating and the gastrointestinal coverage epithelium (cell of mucous membranes, hair, nails and skin). It also causes decreased immunological levels - which increases the

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infections risk -, change in eating habits, abnormal bladder/bowel elimination and hygienization impacts, among other basic human needs. Other organs might be affected in the most varied degrees of severity, in early or late, acute or chronic ways, most of them with cumulative or irreversible nature.^{2,5}

Humanized nursing care for the chemotherapeutic drug user

The humanized care requires from the caregiver an understanding about the meaning of life, the ability to perceive and understand himself and the other person. The care humanization requires from the nursing professional the sharing of experiences and livings with the user and that ends up in the application of the focus of its shares, restricted to the care act as synonymous with supporting the chances of survival.⁷

In the period extending from diagnosis to the start of treatment, it should be realized that the user and its family members are very anxious, with doubts and uncertainties, with regard to the disease, the decisions to be taken regarding the treatment and the confrontation with the possibility of death. The expectation regarding the first application of chemotherapy is great, both from the user and from its family members. The universal emotional stress inherent to this type of user is very strong, given that its etiology is complex because of factors such as: incidence and severity of side effects, individual characteristics, age, disease stage, as well as the treatment objective.¹⁰

Each user should be treated according to its needs, but it is needed to find ways to help it to express its difficulties and requirements, with a view to comprehending thereof. The nursing professional, supported by his perception, the users' perception and the care expectations, now starts to recognize the actual needs and to plan the assistance with the effective participation of

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the user. Another essential aspect to deploy a humanized care is to establish the nurse/user interaction in a more effective way, which takes place when the first plays his role, by forming two links of performance. Accordingly, we achieve a perception and communication process between the person and the environment and between one person and another one.

The oncological patient experiences numerous changes in its biological, psychosocial and spiritual needs within its objective reality as a result from the evolution, treatment forms, prejudices and stigmas related to the disease itself. Thus, when thinking of caring for an oncological patient underwent chemotherapy, it is necessary to plan and systematize the nursing care, striving for the life quality.¹⁰

Hence, the importance of Nursing in providing clarification on the matter, as well as addressing the emotional issues, makes the patient more relaxed and the treatment takes place in a simple and efficient way, where we must take into account the fact that cancer is a chronic and degenerative disease and that entails several physical, psychological and social impairments, not only as a result of disease progression, but also by the reactions and impacts generated by its type of clinical treatment. We should choose theories that allow us to facilitate an individualized, humane and comprehensiveness assistance to our customer, which is aimed at providing life quality and enabling the growth of the Nursing while a profession. The oncological patient is a person subjected to a severe and special form of stress generated by the threat of the incapacitating illness or death, mutilation or loss of an important body part through the surgery.^{5,16}

Nurses have key importance in helping the patient to make the best possible adjustment, given all the pre-morbid factors and the limitations imposed by the disease. Nevertheless, J. res.: fundam. care. online 2013. jul./set. 5(3):264-272

most patients positively respond to this situation and they need a gentle and supportive role that accentuates the honesty, truth and a willingness of simply being available to help them, as well as their family members, in coping with their fears and needs.¹⁵

Thus, the main concern is the health maintenance with the appreciation of self-care, so that the patient is treated with education and respect. Therefore, the nursing professional will conduct vital skills for achieving the successful management of the oncological patient and its chemotherapeutic treatment.¹²

The nurse is characterized as a professional who provides a dynamic assistance, besides acting, supporting, promoting and teaching; this worker has been considered an integral part of this assistance, once the needs, opportunity and motivation for learning are noted.^{10,12}

The National Oncological Care Policy (meta-context)

The National Oncological Care Policy, incorporated by Ordinance n° 2.048, dated September 03rd, 2009, aims at combating cancer and addresses several components ranging from actions driven to the prevention until the high complexity care. All integrated in oncological care networks with the objective of reducing the incidence and the mortality from cancer.^{1,2}

It is known that to change reality and control the cancer, winning qualified, detailed, accurate and regionalized information is an essential condition. Thus, by fulfilling its institutional mission and continue the work started in 1995, the National Cancer Institute (known as INCA) launched the 2010 Estimates edition: Cancer Incidence in Brazil, with benchmark information for the years 2010 and 2011.²

The number of cases of breast cancer expected for Brazil in 2010 was of 49.240, with an

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estimated risk of 49 cases per 100 thousand women. In the Southeast Region, breast cancer is the most incident among women, with 65 new cases per 100 thousand, disregarding the non-melanoma skin tumors. The breast cancer is also the most frequent in women in the South (64/100.000), Midwest (38/100.000), Northeast regions (30/100.000), and in the North Region (17/100.000) as the second most incident tumor.²

CONCLUSION

The patient affected by cancer, particularly the woman, will need, during her treatment, a good balance in her nutritional status, emotions control, and moderate physical activities, in order to help her in her physical and mental welfare. The variability of these factors will also depend on the psychological setting of each patient, family and friends' support, as well as the disease itself, in relation to the stage, responses to the treatment and the evolution. Nursing professionals should assist patients on chemotherapy, being aware of the psychosocial needs thereof, with sights to know the kinds of emotions and the general problems triggered by such a treatment.

It was found that few performed studies by the Nursing field focused on the preparation of sexual partners of oncological women to deal with this situation along with them, without abandon them. Another found literature gap, that might be the subject of future studies, refers to the breast reconstruction process, with the need for seeking answers to some questions, namely: When does a woman decide to rebuild her breast? What interfere with her decision? What is the influence of her sexual partner in this decision?

Nursing care is essential for patients underwent chemotherapeutic treatment, since nurses are daily beside the patient and are able to observe and experience all emotions, sufferings, joys, complaints and satisfactions. J. res.: fundam. care. online 2013. jul./set. 5(3):264-272

These healthcare professionals must be prepared to serve their customers according to their needs. It should be highlighted the study contribution to the appreciation of a humanized care, by aiming at the improvement thereof and normalizing the changes in their biological, psychosocial and spiritual needs.

It is observed that, from bibliographical studies, ministerial recommendations and textbooks, one can find several recommendations and possibilities for achieving a nursing care through information transmission, allow the patients to act over these actions, which favors the improvement in life quality.

Nursing care visualizes the art of caring, by creating the improvement in life quality and guiding its patient together with its family. The nurse seeks to promote health, in order to provide strategies to its patient, so that this customer can reach its goals.

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Received on: 07/11/2011

Required for review: No

Approved on: 23/04/2012

Published on: 01/07/2013