

The Role of Nurses in Primary Care: Prevention Against Breast Cancer

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RESUMO

Objective: Identify in the scientific literature the importance of nurses and nursing care in the face of breast cancer prevention with primary care.

Method: This is an integrative literature review of a descriptive and qualitative nature with analysis through the content theme. Scientific articles that addressed concepts about the importance of nurses in primary care and their role in combating breast cancer were selected. The search for articles took place between July and August 2021.

Results: *The roles of nurses in primary health care involve promoting preventive actions and helping to create a bond with patients so that there is an early detection of cancer, with greater chances of cure.*

Conclusion: *Health education is a key factor for nursing professionals, as a well-trained professional can safely and skillfully develop the right actions for breast cancer screening, as well as correctly carry out nursing care and consultation, thus, primary care is essential in screening and early detection of the disease.*

Keywords: *Nurses; Disease Prevention; Breast Neoplasms; Cancer; Primary Health Care.*

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I. Introduction

Breast cancer is the disordered multiplication of breast cells in malignant cells, there is no specific origin, it can be developed in a multifactorial result, as mentioned below: advanced age, which, due to longevity, facilitates greater susceptibility to cellular changes; heredity, nulliparity; early menarche; gestational delay; prolonged use of oral contraceptives; alcoholic beverage; smoking and sedentary lifestyle.¹

Dividing quickly, these cells tend to be very aggressive and uncontrollable, determining the formation of malignant tumors, which can spread to other regions of the body. The causes are varied and can be external and internal (in the body) or interrelated. Breast cancer affects all age groups, its greater susceptibility is related, above all, to extrinsic factors, such as: the environment, in particular occupation, diet, stress, and life habits.

It is a complex disease that can be of long duration, which significantly compromises the lives of individuals in the biological, social, and affective dimensions, requiring specialized assistance from different professionals.²

It is a potentially serious disease if not detected and treated in a timely manner, it popularly affects women, but men are also affected, however, more rarely. Globally, breast cancer is the major determinant of cancer death in women, because of the different morphological samples, genetic variations, and different therapeutic reactions, making a good prognosis difficult when it is detected late.³

Breast cancer can be noticed in its initial phase by some signs and symptoms, such as changes in the nipples, skin color, nodules in the mammary and intermammary region, whose confirmation occurs only through biopsy.⁴

The discovery of breast cancer always generates a conflicting situation for women, in addition to insecurity in the search for the appropriate and better quality mastology service, she faces the fear of mutilation of an organ that demonstrates sexuality, not to mention the fear of cancer without a cure.

Therefore, the decision-making about the treatment must involve the patient and her family, since everyone, necessarily, must be well informed about all the exams to be performed, the forms of treatment and the side effects that may arise.

The nurse has the role of health educator in the community, and therefore must have specific knowledge for screening and early diagnosis of breast cancer, acting in the context of coordination, communication, education, and recognition of the target population.⁵

Faced with a pathology such as cancer, family involvement is inevitable. The family is the main social institution in which the individual initiates his affective relationships, creates bonds and internalizes values. This family relationship is presented in an interconnected way as if it were the extension of the other, as it is believed that the experience of a serious illness brings changes in people's way of thinking, feeling, and acting.²

The insertion of the nursing team in the care of cancer patients requires knowledge, skills, and responsibilities. In this sense, the goals must be clear and directed to the patient, his family and other significant people, contemplating the physical, emotional, social, and spiritual aspects.

It is extremely important that nurses reflect on patient care, as it is necessary to ensure the dignity and quality of life for the patient. In addition, measures that contribute to the development of nurses who work in the areas of health/oncology, due to the suffering faced by this patient, are indispensable, allowing for a more humanized, welcoming, participatory, and active care in the prevention of future complications.

Cancer is a disease caused by the abnormal and disordered growth of cells, which, when dividing rapidly, tend to be very aggressive and uncontrollable, determining the formation of malignant tumors, which can spread to other regions of the body. This affects many people of all genders, ages, cultures, and socioeconomic situations, it is among the main causes of death, causing a psychological impact on the perception of sexuality, personal image, and self-esteem, in a very significant way.

The causes of cancer are varied and can be external and internal in the body and are interrelated. Although cancer affects all age groups, its greater susceptibility is mainly related to extrinsic factors, such as: the environment, in particular occupation, diet, stress, and life habits.

II. Research Problem

Given the importance of the nursing team's performance in relation to the patient with breast cancer, as well as the improvement of knowledge regarding pathologies in general, the following question arises: what is the importance of nurses in the orientation, promotion, and prevention of breast cancer in primary care?

III. Objective

Identify in the scientific literature the importance of nurses and care in the face of breast cancer prevention in primary care.

IV. Methodology

The methodology of this work was through bibliographical, descriptive, and retrospective research. Scientific articles were selected that addressed concepts about the importance of nurses in primary care and their role in the fight against breast cancer. The articles were analyzed first by reading the title, those that did not correspond to the topic were discarded and the others were read in the abstract, then articles that after reading did not correspond to the research question were excluded. After this step, the articles were read in full. The information extracted from the studies were: article title, authors name, publication date, study objective, main results and conclusion, whose data were compiled into a table in Microsoft Word software®.

The research was focused on these topics as they are essential. The search for articles took place between July and August 2021. Scientific articles found from searches in virtual databases such as: Latin American and Caribbean Literature in Health Sciences (LILACS), Scientific Library Online (SciELO), Google Scholar and the Virtual Health Library (VHL), using the Boolean operators “OR” and “AND”.

The inclusion criteria established were full texts and available online in the databases, only in Portuguese, limiting the research time to 10 years (2011 to 2021), on topics that addressed the role of nurses in primary care: prevention against breast cancer, which would answer the research question, carried out from the PICO strategy, such as: What is the importance of nurses in the orientation, promotion, and prevention of breast cancer in primary care?

V. Results

In July 2021, through the search with the descriptors, a total of 9,321 articles were found in the four databases, on the VHL platform, using “Nurses AND Disease Prevention AND Breast Neoplasms AND Primary Health Care” finding 07 articles, with the filter for the Portuguese language and the last 10 years, decreased to 03 articles.

In the LILACS platform, using the four descriptors, the same 03 articles from the VHL platform appeared, I used only three descriptors, being "Nurses AND Breast Neoplasms AND Primary Health Care", at that moment 18 articles were found, filtering to the Portuguese language and the last 10 years, 15 articles remained.

In SciELO, using the four descriptors and the Boolean operator AND, no article was found, therefore, three descriptors were used “Nurses AND Breast Neoplasms AND Primary Health Care” and 06 articles were found. Filtered to Portuguese language and last 10 years left 06.

In Google Scholar, the four descriptors “Nurses AND Disease Prevention AND Breast Neoplasms AND Primary Health Care” were used, found approximately 9,290 results, filtered to Portuguese and in the last 10 years there were 6,990 articles left. There were duplicate articles and articles outside the context of the theme, which from the inclusion and exclusion criteria resulted in 7,013 for reading the title, 7,000 were excluded, leaving 13 articles for reading the abstract, of these, 3 were duplicates, after this step, it gave read in full.

After reading in full, 02 articles were selected from the VHL, 03 articles from LILACS, 02 articles from SciELO and 03 articles from Google Scholar, totaling 10 studies for the final sample, as shown in the diagram below (Figure 1).

Figure 1. Search strategy diagram

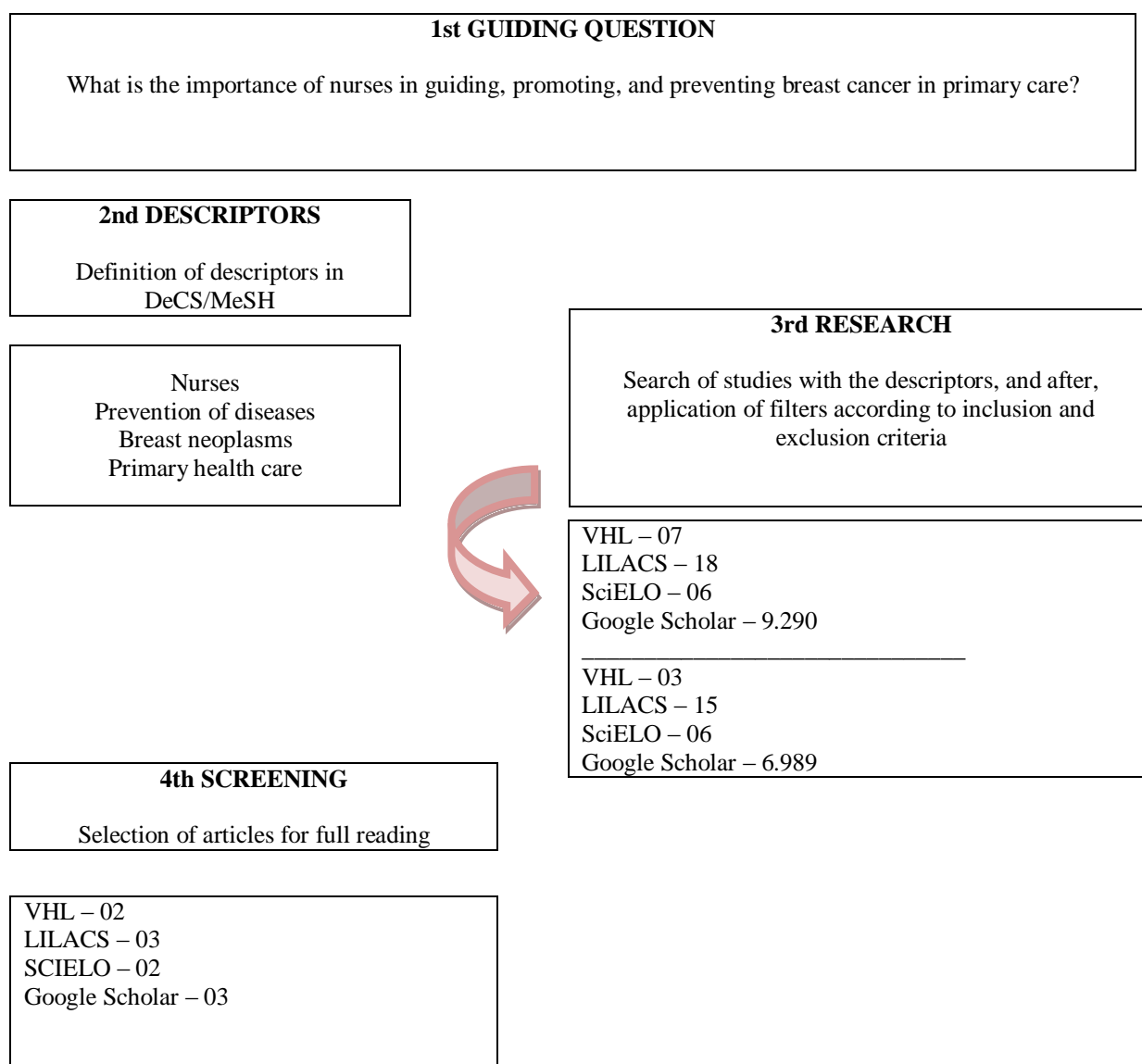


Figure 2. Search in the databases with the descriptors

DESCRIPTORS	VHL	LILACS	SciELO	GOOGLE SCHOLAR
Nurses AND Disease Prevention AND Breast Neoplasms AND Primary Health Care	02	0	0	03
Nurses AND Breast Neoplasms AND Primary Health Care	0	03	02	0
TOTAL	02	03	02	03

Figure 3. Data tabulation of selected articles

Title	Author	Year	Objective	Results/ Discussion	Conclusion
Knowledge about breast cancer among primary care nurses in Divinópolis/MG	Santos, Cecília Silva; Araujo, Ana Caroline Corrêa; Rezende e Silva, Fernanda Marcelino de; Quadros, Karla Amaral Nogueira; Santos, Regina Consolações; Andrade,	2020	To evaluate the knowledge related to breast cancer of nursing professionals who work in primary health care in the city of Divinópolis – MG.	Nurses need to know the main risk factors and main signs and symptoms and even though MMG is the most recommended test for early detection, many nurses have doubts about the age for the request. The nurse who works in primary care has a greater ability to intervene in the	Continuing education is necessary to train professionals according to the conditions and risk factors for breast cancer, increasing disease prevention and health promotion.

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	Silmara Nunes			knowledge, attitudes, and behaviors in the health of users.	
Therapeutic itineraries of women with breast cancer: perceptions of nurses in primary health care	Souza, Jeane Barros de; Manorov, Maraisa; Martins, Emanuelly Luize; Reis, Luana; Heidemann, Ivonete Teresinha S. Buss	2021	Opportunity to understand the therapeutic itineraries of women who experience breast cancer, from the point of view of nurses working in PHC, the preferred gateway to the RAS, ordering the flows and counterflows of personnel and information in all care locations in the country. SUS to assist in the discussion of the improvement of health policies in the sector.	The nursing professional needs to offer a nursing consultation, with a qualified listening, clinical breast examination, request for mammography and guidance that can clarify doubts. The realization of groups with the performance of the multidisciplinary team to users who experience cancer allows a space for exchanging information, knowledge, and experiences, as well as allowing the permanent education of professionals in this matter.	Permanent education interventions for professionals and the establishment of flows, planning the qualification of care in an adequate time, as well as adherence to promotion and prevention strategies to reduce this disease, become indispensable.
Knowledge, attitude, and practice of nurses in the detection of breast cancer	Ferreira, Diego da Silva; Bernardo, Francisco Mardones dos Santos; Costa, Edmara Chaves; Maciel, Nathanael de Souza; Costa, Rachel Lucas da; Carvalho, Carolina Maria de Lima.	2020	To analyze the knowledge, practices, and attitudes about the finding of breast cancer by nurses in primary health care in municipalities in the interior of the state of Ceará, Brazil.	It is important to understand the conduct to be adopted for the identification of breast cancer, since these actions occur in primary care. Many nurses find obstacles in this regard, due to their training with gaps and insensitivity.	The article brought limitations and obstacles on the subject; however, it demonstrated the interest of professionals in seeking new guidelines on breast cancer, along with detection and control in nursing practice.
Early detection of breast cancer in Basic Health Units	Melo, Fabiana Barbosa Barreto; Figueiredo, Elisabeth Níglio de; Panobianco, Marislei Sanches; Gutiérrez, Maria Gaby Rivero de; Rosa, Anderson da Silva	2021	To analyze the actions of early detection of breast cancer carried out by nurses in primary care according to the different configurations of Basic Health Units.	The article showed a substantial growth in the role of nurses in PHC. He also indicated that promotion and prevention actions need time and persistence, because it requires the creation of a link as a key element. It also brought to light certain differences in the behavior of UBS related to MMG.	It is concluded that there is a difference in the configurations of the UBS, which present inadequacies related to the active search for patients with alterations in MMG regarding the indication of the frequency of the MMG, investigation of risk factors and referral.
Early detection of breast cancer: how do nurses in primary health care work?	Barbosa, Yonna Costa; Rabêlo, Poliana Pereira Costa; Aguiar, Maria Ísis Freire de; Azevedo, Patrícia Ribeiro; Cortês, Larissa Siqueira Lima	2018	To investigate the actions for the control of breast cancer developed by nurses of the ESF in a capital of the Brazilian Northeast.	In this article, nurses were asked about the investigation of risk factors, ECM, MMG, USG and breast self-examination. The actions, for the most part, are not outlined in an organized way and are restricted to the moment of the Pap smear.	It was noted that there are practices that contradict the recommendations of the Ministry of Health, making professional training difficult.
Primary care nurse's role in breast cancer control	Teixeira, Michele de Souza; Goldman, Rosely Erlach; Gonçalves, Valterli Conceição Sanches; Gutiérrez, Maria Gaby Rivero de; Figueiredo, Elisabeth Níglio de	2017	To analyze the actions carried out by nurses in primary health care for the timely screening of breast cancer, having as a parameter the actions proposed by the Ministry of Health.	The article showed that 97.1% of the nurses performed a clinical breast exam, 88.6% indicated a mammogram annually and 75.7% advised the first exam from the age of 40 and 52.9% provided educational meetings. However, guidance on age range, time interval for mammography and clinical breast examination, as well as active search for absent women did not comply with the recommendations.	Nurses have developed actions to control breast cancer, but there are some activities that are not developed as recommended by the Ministry of Health.

Knowledge and practice of doctors and nurses on early detection of breast cancer	Batiston, Adriane Pires; Moraes, Arianne Tiemi Jyboji; Arnez, Aryne; Santos, Maria Lisiane de Moraes dos; Merey, Leila Simone Foerster; Medeiros, Arthur Almeida de	2016	To observe the knowledge and practice of doctors and nurses working in the FHS in relation to the early detection of breast cancer, given the importance of these professionals' performance in actions concerning breast cancer.	The article showed that there are many nurses who perform CBE only on women who perform Pap smears and most detection only arises when there are complaints about nodules, capillary discharge, and other symptoms from PHC users.	In practice, the CBE is more used by physicians in women who indicate signs and symptoms of breasts that have already been lodged, while nurses report that this test is performed more frequently when the Pap smear is collected.
Nursing assistance in breast cancer screening	Feitosa, Modesto, Elizabete, Sá, Pereira, Amélia, Maria, Andrade, Silva, Gaspar, Erci	2018	Identify how nursing care is performed during breast cancer screening.	The qualification of primary care teams is essential, as the nurse is a significant part of screening, especially in the nursing consultation, where, correctly, it is possible to present the breast self-examination and clear all doubts, which helps in early diagnosis. In addition, the diagnosis and screening of breast cancer is helped with mammography, which is one of the tests requested, but 90% of breast cancer situations are detected through the women themselves.	Breast cancer screening is performed through imaging and clinical examinations. The nursing consultation cannot be neglected, if it is, it interferes negatively in the whole process, because when well directed in relation to breast cancer, it is possible to have an early diagnosis and there are many more chances of cure.
Nurses' actions in the screening and diagnosis of breast cancer in Brazil.	Cavalcante, Sirlei de Azevedo Monteiro; Silva, Fabiana Barbosa da; Marques, Carla Andréia Vilanova; Figueiredo, Elisabeth Níglio de; Rivero de Gutiérrez, Maria Gaby.	2013	To identify the studies related to the actions performed by nurses in primary care for the screening and diagnosis of breast cancer in Brazil.	The article shows that the importance of nurses comes through the nursing consultation, a factor that improves care and autonomy in relation to the development of skills for cancer control and favors continuing education, whose training is proposed by public policies.	In all the studies in which the action of breast self-examination was mentioned, the educational role of the nurse was highlighted regarding the orientation of this practice. However, in the ECM, it was found that this professional rarely performs this practice and, when he does, he does not follow all the steps.
Opportunistic screening for breast cancer developed by nurses in Primary Health Care	Moraes, Cherchiglia, Débora. Almeida, Maria, Ana. Figueiredo, Níglio, Elisabeth. Loyola, Caetano, Assunção, Edilaine. Ponobianco, Sanches, Marislei.	2016	Identify timely breast cancer screening actions performed by nurses from basic health units (UBS) in Ribeirão Preto.	The study states that most nurses guide users on the frequency and self-examination of the breasts, as well as teach and observe them in the act so that they do it correctly. The actions of these professionals represent an important step towards the identification of women at high risk of the disease, which allows prioritization of screening and/or early detection actions.	For them to be able to adjust the actions of nurses to breast cancer screening, investments in a permanent education of these professionals are essential.

VI. Discussion

After tabulating the articles found, exhaustively reading the data, and analyzing the information contained in the table, three categories emerged for discussion of the theme, which are: nursing consultation; complementary exams and continuing education, the categories are presented below:

Nursing Consultation

The Resolution of the Federal Nursing Council of Brazil (COFEN) No. 159/1993, in Art. 1, provides that the Nursing Consultation (EC) must be developed in Nursing Care (NA) at all levels, be it in a public or private institution.⁶

In this way, the nurse becomes essential in health promotion and disease prevention, with screening and early diagnosis and awareness of users about breast cancer, which need to be developed during the nursing consultation, with a designated listening, request for a mammogram (MMG) and explanations that resolve any doubts that may arise. EC is the main production indicator, but promotion and prevention services require time and constancy because of the creation of the bond between professional and patient, which takes place in primary care.^{7,8}

In the face of all primary care professionals, the nurse stands out, whose role is to provide comprehensive care to patients and family members at all stages. Their body, enabling them to identify breast abnormalities, possibly the initial stage of breast cancer, no other health professional has such a long relationship with users as the nurse. This, in primary care, must perform the first consultation to explore the patient's complication, obtaining a connection between the user and the unit, until the period in which the disease is diagnosed, making it restricted to the secondary and tertiary levels. There are studies that confirm the importance of the relationship between professionals and users for an early detection of breast cancer and the assistance provided with excellence by nurses becomes important for the motivation of patients.^{7,9}

During nursing consultations, they must develop mammographic screening, which will survey the user's history, analyze risk factors, perform a physical examination of the breasts and intermammary regions, and guide her on the Breast Self-Examination (BSE), thus providing unparalleled assistance. That goes beyond the technical-scientific basis throughout the treatment.⁹

However, it is important to know what attitude will need to be practiced in the discovery of breast cancer, being the beginning of interventions in primary health care and it is the nurse's role to develop a comprehensive, full, and relevant action at this level of health care. During EC, disease risk factors should also be investigated to identify high-risk women and prioritize screening for a possible early detection of this breast cancer.¹⁰

During the consultation, the nurse must carry out an active search with mammography reports, perform the CBE, advise on BSE, teach, and observe the patient to perform the techniques correctly, with the intention that the users know their own body and suspect when find any changes in the breast.¹¹

There are studies showing that a large part of the professionals performs the CBE on women who undergo the Pap smear, and the minority performs the exam in nursing consultations or in the face of signs and symptoms.¹²

With all certainty, the EC should not be neglected, as it will affect negatively until the end of the process, since, once well oriented and all doubts about breast cancer are resolved, breast self-examination and clinical exams are performed, it is possible to have an early diagnosis with a better chance of cure.⁹

In addition, nurses have the ability in primary care to guide and advance the process of these women with breast cancer, since they have direct access to exams, and this is essential for disease control.¹³

It is important that the nurse guides during the nursing consultation about breast cancer, explains the insecurities and emphasizes the relevance of the family investigation. Also, nurses must know the difficulties that affect their public in primary care, as they are always in direct contact with users. The professional who works in primary care has full competence to intervene in the knowledge, attitudes and conducts about the health of their patients.¹⁴

In addition, nurses must cooperate in a present and responsible way, promoting individual and collective safety related to safe practice, based on scientific evidence, planning and systematizing actions that reduce care risks.

The frequent innovation of these professionals who work in primary care is essential, as it is the moment in which they have freedom to develop their activities.⁹

Complementary Exams

It was evidenced that the mammography exam (MMG) is the most appropriate for the detection of breast cancer, but some primary care professionals have doubts about the age to perform it. Even though the MMG exam is the most recommended, nurses need to know the main risk factors, signs, and symptoms to request it.

Many uncertainties were identified regarding the indicated age for requesting mammography. Most nurses believe that mammography should be performed from the age of 40, and they also claim to guide women about the age to perform the first exam.¹⁴

It was highlighted that the minority of professionals reported the risk factor as the basis for the request, with no prioritization of users who are at greater risk of developing this breast cancer.¹³

The MMG has a protocol that approves the request for the exam by nurses, based on COFEN Resolution No. 195/1997, which provides for the request for routine and complementary exams by nurses, authorizing professionals to request MMG in the primary care network.⁸

Despite receiving criticism about this autonomy, nurses are an essential part of the multidisciplinary team, as they are qualified to expand actions to promote and prevent the disease.¹⁵

In 2006, the Ministry of Health instituted the national policy of primary care, stating that the basic health unit is the main place of contact between patients and health professionals, with the nurse being responsible for requesting complementary exams and MMG, considered the gold standard for the detection of breast cancer.¹⁶

Even though MMG is the most indicated by most professionals, from the age of 40, having to be followed annually, the clinical examination of the ECM breasts and self-examination is performed by most nurses, however, without delimiting the age group.¹³

Professionals indicate the ECM annually, regardless of age group, and if any changes are identified, nurses request a medical evaluation to know what conduct should be taken, since the ECM would be able to serve as a strategy, along with training, organization, and adequacy of resources to immediately assist women in need of a diagnostic investigation.^{13,16}

Most professionals prefer to perform the clinical examination of the ECM breasts, during the Pap smear collection, with no age group or frequency of examination practice, it could be observed that there is no adequate structure for the early detection of breast cancer. breast in primary care.

It was also observed that they investigate risk factors for breast cancer also during the Pap smear. Some considerable risk factors were personal or family history of breast cancer, smoking and hormone replacement therapy.¹³

Studies have argued that nurses almost do not perform the ECM, and when they do, they do not do it properly. It was highlighted that the practice of ECM is complementary to BSE and was performed only when the woman mentioned some change in the breasts. It is important to note that the performance of BSE, ECM and educational activities are difficult due to their demand for care.¹⁶

The practice of BSE is a positive way to track the disease, so professionals working in women's health have a greater duty to teach self-examination frequently, compared to professionals who are in another area.¹⁶

It is extremely important for nurses to be able to develop their role with excellence. And, patients have to carry out the exams with commitment, including mammography, self-examination, ultrasound and clinical breast examination, and provide adequate continuity to health services for an effective screening of breast cancer.⁹

Health Education

It was found, from the analysis, that health education is essential to promote knowledge of the subject by women, especially for the early detection of breast cancer. It is the responsibility of the nurse to develop individual and collective skills through continuing education, assessment, and organization to control the disease.¹⁵

The relevance of education for health professionals is to exercise the skills proposed by public cancer control policies with excellence. Therefore, health professionals must be constantly updated and trained to offer quality care to their patients, having the skills to detect diseases in their initial phase.¹⁶

Studies have shown that most professionals working in the basic unit have a specialization in public health, since knowledge is necessary when performing biopsychosocial methods, providing techniques for promotion, health maintenance and disease prevention, both individual and collective.¹¹

For the detection and screening of breast cancer, it is important that nurses have knowledge on the subject and adopt effective measures. In addition, these behaviors must occur in a coherent and competent manner, thus, it must be invested in the permanent education of these professionals, which will result in effective actions in the face of screening for an early diagnosis of breast cancer. All knowledge related to this breast cancer is related to education, updating of the subject, specialization, and continuous professional experience.^{10,11,14}

Guidance and prevention in primary care are essential for the early detection of breast cancer, directly linked to the drop in mortality indicators. Training of professionals must be carried out frequently, regardless of the frequency of new cases. Despite having training, most professionals said it was unsatisfactory for early detection of breast cancer, which can affect the practice of nurses.¹²

It is possible to observe that professionals are unprepared to serve their population, due to the particularities of the diseases, requiring improvement and improvement in care. For this, in the basic units, together with the multiprofessional team, there must be an exchange of information, knowledge and experiences, practices that contribute to actions to promote the health of patients.⁷

When there is a lack of training and knowledge on the subject, nurses will automatically have difficulties in working in the cancer process, not achieving an early and effective diagnosis, increasing the mortality rate.¹³

VII. Conclusion

The results of the work conclude that health education is a key factor for the nursing professional and, when trained, they can develop with more security and skill the actions for the screening of breast cancer, as well as correctly performing the assistance and consultation of nurses. nursing, because in primary care it is fundamental in the screening and early detection of the disease, since the nurse has the autonomy to request a mammogram, perform a clinical breast exam, guide patients in relation to self-examination and investigate risk factors for the disease.

In addition, this study sought to prove that the importance of nurses is related to their skills, training, strategies for the prevention and promotion of breast cancer, because they have all the authority and greater ability to intervene in this matter.

It is also important for the professional, in addition to mastering all theories and techniques, to put his humility into practice, perform humanized care, obtain a bond with the patient, clarify doubts, establish the importance of MMG, other annual exams and guide about self-examination. of the breasts, and with that, being able to bring the user's attention to himself, in addition, favoring a good adherence to the prevention and treatment of the disease.

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