



Breast cancer prevention in Primary Health Care: an analysis on the performance of nurses

Prevenção do câncer de mama na Atenção Primária à Saúde: uma análise sobre a atuação de enfermeiros

**Talyta Dayane Gomes Martins¹, Mathias Weller², Cláudia Santos Martiniano Sousa³,
Joana Dárc Lyra Batista⁴**

¹ Master's degree in the Program of Public Health, State University of Paraíba (UEPB), Campina Grande, Paraíba, Brazil. ² Associated Professor in the Program of Public Health, State University of Paraíba (UEPB), Campina Grande, Paraíba, Brazil. ³ Associated Professor in the Program of Public Health, State University of Paraíba (UEPB), Campina Grande, Paraíba, Brazil. ⁴ Professor at the Federal Institute of Pernambuco. Abreu e Lima (PE), Brazil.

Corresponding author: Talyta Dayane Gomes Martins. *E-mail:* talytadayane_16@hotmail.com

ABSTRACT

Breast cancer is the malignant tumor that kills the most women worldwide, being considered a serious public health problem. This article investigates the actions of nurses working in Primary Health Care in the prevention of breast cancer in Campina Grande-PB. This is a descriptive-exploratory study, with a qualitative approach, carried out with 10 nurses who work in basic health units in that city, through semi-structured interviews. The collected data were analyzed through content analysis, with the help of the Atlas.ti software. Five categories emerged from their results: General knowledge about breast cancer; Professional training and health education for the population; Nurses' clinical approach to breast cancer prevention; Difficulties in prevention; Self-analysis of professional practice. Among these, the negative influence of the lack of training to adjust the nurses' actions to the national guidelines for the prevention of breast cancer in Primary Health Care was highlighted.

Keywords: Breast neoplasms. Early detection of cancer. Mass screening. Nurse's role. Primary health care.

RESUMO

O câncer de mama (CM) é o tumor maligno que mais mata mulheres no mundo, sendo considerado um grave problema de saúde pública. Este artigo investiga as ações de enfermeiros atuantes na Atenção Primária à Saúde na prevenção do CM em Campina Grande-PB. Trata-se de um estudo descritivo-exploratório, de abordagem qualitativa, realizado com 10 enfermeiros que atuam em unidades básicas de saúde do referido município, por meio de entrevista semiestruturada. Os dados coletados foram analisados por meio da análise de conteúdo, com o auxílio do software Atlas.ti. Em seus resultados emergiram cinco categorias: Conhecimentos gerais sobre CM; Capacitação profissional e educação em saúde da população; Abordagem clínica do enfermeiro na prevenção do CM; Dificuldades na prevenção; Autoanálise da prática profissional. Entre estas, destacou-se a influência negativa da falta de capacitações para ajustamento das ações dos enfermeiros às diretrizes nacionais de prevenção do CM na Atenção Primária à Saúde.

Palavras-chave: Atenção primária à saúde. Detecção precoce de câncer. Neoplasias da mama. Papel do profissional de enfermagem. Programas de rastreamento.

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INTRODUCTION

Cancer is considered a serious public health problem worldwide due to the growing number of diagnosed cases, and also due to the high financial investment at various levels of action such as diagnosis, treatment and rehabilitation, causing a great negative impact, with inconvenience and suffering for the patient, family and society¹. The annual mortality rate of BC exceeds 411,000 deaths worldwide, accounting for more than 1.6% of female deaths. In Brazil, BC corresponds to 22% of the new cases of cancer during each year, which represents a challenge for the health system in terms of guaranteeing the population's full and balanced access to the diagnosis and treatment of disease². In the document "Estimate 2020", the José Alencar Gomes da Silva National Cancer Institute, expects for each year of the 2020-2022 triennium, 66,280 new cases of BC in Brazil, a value that corresponds to an estimated risk of 61.61 new cases per 100,000 women. From this perspective, without considering non-melanoma skin tumors, female BC is the most frequent cancer in all Brazilian regions, with an estimated risk of 81.06 per 100,000 in the Southeast region; 71.16 per 100,000 in the South Region; 45.24 per 100,000 in the Midwest Region; 44.29 per 100,000 in the Northeast Region; and 21.34 per 100,000 in the Northern Region³.

The most common sign among the clinical manifestations is the nodule, which is usually irregular, hardened and painless. However, there are tumors of different consistency, globose, mild and well delimited. In addition to these, other symptoms referred are: skin edema, resembling orange peel; nipple changes such as inversion; hyperemia; ache; skin retraction; peeling or ulceration; papillary secretion, especially when it is spontaneous and unilateral, it is usually transparent, but it can be pink or reddish, as a result of the presence of red blood cells². Actions for early detection of breast cancer are essential for planning control strategies. The earlier the tumor is detected and treatment started, the greater the chance of a cure for the patient. Therefore, it is imperative that actions for the early diagnosis of breast cancer are carried out⁴. In this context, it is known that the primary place for the development of actions of early detection is the Primary Health Care, associated with the Family Health Strategy, the preferred gateway to the Unified Health System, which integrates and solves most of the population's health-related problems⁵. The role of Primary Health Care professionals in the search for suspected cases of BC is essential for early diagnosis, reducing the time to start cancer treatment, which suggests that care for women in relation to BC is not only focused on highly complex services.

Researches show that knowledge about risk factors, associated with the identification of the tumor in the initial stage, favors the prognosis, while increasing the probability of cure⁶.

Since the middle of the last century, strategies have been implemented to control the disease in Brazil, among which the work of nurses in the control of BC stands out. Nurses attributions involve carrying out consultations, clinical breast examinations and requesting mammography according to age group and clinical status; examine and evaluate signs and symptoms related to the pathology; order and evaluate exams according to recommended protocols; carry out permanent education activities and refer women to reference services for diagnosis and treatment⁵. Professionals working in the Family Health Strategy, need to be trained to act in the screening and early diagnosis of BC. The present study aimed on investigation of the actions of nurses working in Primary Health Care in the prevention of BC in Campina Grande-PB.

METHODOLOGY

This study was approved by the Research Ethics Committee of the State University of Paraíba, CAAE 21921119.6.0000.5187, number 3.666.032. The study was conducted in accordance with the standards that regulate research involving human beings, regulated by the

resolution No. 466, of December 12, 2012. All participants signed the informed consent form to take part in the research. The present study is descriptive, exploratory, and has a qualitative approach, prepared in accordance with the precepts of the Consolidated Criteria for Reporting Qualitative Research (COREQ), carried out through semi-structured interviews⁷. The study was developed in the city of Campina Grande PB, in Basic Health Units (UBS) with nurses working in Primary Health Care, organized in 10 health districts. A non-probabilistic convenience sample was chosen, with one participant chosen from each health district in the city. Thus, 10 nurses participated in the study, who worked at least one year in the health unit. An exclusion criterion was defined as the absence of the nurse during the period of data collection.

The selection of participants took place through prior contact by one of the researchers with the participants, by telephone and in person at the Basic Health Units, following the order described in the nominal list of units by district, which was made available by the Municipal Health Department. If for some reason, they could not participate at the time of the study, they were replaced by the next one on the list, corresponding to the same health district.

Data were obtained through semi-structured interviews, conducted by one of the researchers with study participants,

between the months of July and August 2020, during the COVID 19 pandemic. The interviews were conducted in the participants' work units, confidentially and according to schedule, so that the unit's working hours could be respected, and were guided by a flexible script prepared based on the scientific literature, consisting of two parts: The first, to collect information about the characterization of the participants and the second consisted of guiding questions that allowed the participants to talk about their actions in the context of primary care, regarding the prevention of BC. Data collection was performed using two electronic devices to record voices, after instructions were given to the participant and the Authorization Term for Voice Recording was signed. Voice recording had an average duration of twenty minutes.

After the collection process, interviews were transcribed in full and identified with the initials Enf. (Nurse) followed by the order number of the interview, such as Nurse 1, Enf.2, and so on, ensuring anonymity of participants. Data were organized and managed with the help of Atlas.ti software (vers. 9, 2020; license number: R-7CO-93C-C4F-D7A-1BO), for Content Analysis, which consists of three steps: pre - analysis, exploration of the material and treatment, respectively interpretation of results⁸. In the pre-analysis stage, the use of the software allowed to organize the database

and to build the research corpus so that the researchers performed immersion, fluent reading and data coding. Then the software made it possible to explore the material through the creation of a set of codes that were called "group of codes". Finally, there was the processing of data that enabled the preparation of a report to organize the results into categories defined a priori and renamed from the field. Thus, the use of Atlas.ti together with content analysis, optimizes the time spent during the analysis process and facilitates access to the analyzed data⁹.

After the immersion process and data analysis, results were organized into the following categories: General knowledge about breast cancer; Professional training and health education for the population; Nurses' clinical approach to BC prevention; Difficulties in prevention; Self-analysis of professional practice.

RESULTS

The age of the 10 interviewed nurses ranged between 24 and 58 years, including nine female nurses and one male nurse. Six out of 10 nurses had completed their professional training at a public higher education institution between 1998 and 2013, while four had completed it at a private institution during the same time span. Only one nurse did not perform any additional specific training, whereas nine

attended a specialization training. Of these, one took a master's degree and no one had a PhD. Regarding the functional status of the participants, seven had the form of admission through a public examination, three by contract. All declared to work 40 hours a week in Primary Health Care.

From the analysis of characteristics of nurses' professional performance in the prevention of BC in the context of Primary Health Care, the following categories were obtained, as mentioned above: General knowledge about breast cancer; Professional training and health education for the population; Nurses' clinical approach to breast cancer prevention; Difficulties in prevention; Self-analysis of professional practice.

GENERAL KNOWLEDGE ABOUT BC

When asked about the understanding of BC today, most participants demonstrated that they were well aware of the epidemiological magnitude that this disease has reached worldwide, according to the following speech:

[...] BC is one of the most frequent cancers in the female population and... It is a worldwide problem as I said... It is one of the most frequent cancers in the female population... and these early screening campaigns are well timely. (ENF. 6).

On the other hand, other participants recognized that they need to seek more knowledge about this theme, since it is a major global public health problem and nurses have a fundamental role in preventing this problem within the context of Primary Care.

[...] In general, my knowledge is limited to the issue of prevention itself, the referrals that we do, or when we only provide guidance to the woman, such as requesting a mammogram. (ENF. 3).

[...] It could improve a lot. You asked and I couldn't say what the age group was and that was something I was supposed to know right on the tip of my tongue, right. (ENF. 8).

When asked about risk factors of BC, most participants failed to list the main factors, basically citing only two, heredity and lifestyle, which can be evidenced in the following speeches:

[...] Some yes, not all, right... Family history of a first-degree relative who would be the mother, or the question of the sister, daughter... Sorry! Daughter not! Mother and sister. The question too... Let me see... What else... gee! It's gone blank now. (ENF. 3).

[...] Obesity... it is... there are many, right... genetics... and among others. (ENF. 4).

PROFESSIONAL TRAINING AND POPULATION HEALTH EDUCATION

When asked about training routines and/or updates about BC, all nurses reported that they do not have a routine of such courses, which was considered in the interviews as a difficulty for the development of cancer prevention work. This can be corroborated by the following speeches:

[...] Yes, but it's been a long time. I don't remember the time! It was at the time that we soon entered Family Health. It wasn't even in Family Health, it was in PACS, which was the antecedent of the Family Health Program, where we had several trainings, through the Ministry of Health, within women's health itself, and then there was the issue of BC, and we have the issue of permanent education, but like that, these are sporadic moments, you know?! There are routinely none! ...But, like I told you, there is no permanent education. The six-year-old municipality has been failing in this matter of continuing education. (NURSE 1).

[...] The lack of training and updates, I think it would also be important for us to be updated. (NURSE 5).

Half of the interviews stated that they do not seek information and/or training on their own about BC, and that the service does not provide these trainings, which can have a negative impact on the actions of professionals in the health service:

[...] Actually, in BC itself, no! (ENF. 3).

[...] Not! Even because our time is very rushed, you know?! And the system itself does not contribute. (ENF. 4).

In relation to educational practices, most participants stated that they carry out educational practices and prevention methods directed towards the population, which becomes contradictory, as to educate requires up-to-date knowledge on the subject.

[...] Well, I do try to do this work, including the support of students, both nursing and medicine, since our service is also a reference for these students, and we do educational activities where we talk to patients about the lifestyle, that it is very important for a woman to acquire a lifestyle that promotes health and avoids BC as much as possible. (NURSE 10).

NURSES' CLINICAL APPROACH TO BC PREVENTION

All respondents reported that they develop BC screening actions, such as clinical breast examination and that they request for ultrasound and mammography, at the time of the women's health consultation, when the user goes to the health unit to perform the cytological examination, and also sometimes, through spontaneous demand:

[...] Every cytology that I go to collect, I already do the breast consultation. All women who come for cytology, I already have their breasts examined. (NURSE 5).

[...] All the women who entered the unit, I took the opportunity to see the woman as a whole. So if she came to a childcare facility, if she comes to talk to me about a family problem, if she comes because of the "Bolsa Familia", which she came, I direct to the issue of cytology and clinical breast examination. (ENF. 3).

When asked about the use of protocols to guide their professional practices for BC screening, some nurses stated that they do not know and do not follow the manuals that are guided by the Ministry of Health, which reflects the need for knowledge of the content of the protocols that are recommended.

[...] No, no specific instrument for breast cancer. We use the specific part of the woman's file to take the exam, register and also in the electronic medical record. (NURSE 1).

[...] The manuals themselves not, the only protocol I have is the flowchart of referrals for altered mammograms. (ENF. 6).

Most participants also demonstrated that they have insufficient knowledge about BC screening methods, which are recommended in Brazil. This

may be linked to the lack of training on the subject.

[...] Well, as I told you, there is the issue of self-examination first, the educational part, right, the issue of prevention through educational information. Then the active search for those missing women. (NURSE 1).

[...] The self-examination, right first, and the mammogram. (ENF. 8).

Almost all reported that they actively search for women through health agents, who do not adhere on regular BC screening, *but one of the participants acknowledged that he is neglecting this practice, and claims to have been instructed to perform it (ENF.3).*

[...] We have it through the health agent. I ask for the list of women in that age group, then they bring it, and from there we select, see the amount they did, try to actively search for those who didn't do it, and there are also people who don't do it here at the health center, do it in another place, and we get the guidelines through the health agent. (ENF. 7).

[...] We don't do that! But we were already instructed to do... (NURSE 3).

Overall, only half of the participants demonstrated knowledge about the clinical manifestations caused by BC.

[...] The shape of the breast, it takes another shape... Change in the shape of the breast, change in the appearance of something that she finds strange, such as a lump, any increase in that tissue in the area, bleeding, papillary discharge from some secretion that is abnormal that was not existing before and the complaint of pain when it exists is because it is already in an advanced condition. (NURSE 5).

When asked about the target audience for the clinical breast exam, almost all were unable to answer about the recommended age group:

[...] The target audience are childbearing women aged from 12 to 49... 13 to 49... (insecure with trembling voice). (NURSE 2).

[...] They are women between 25... (thoughtfully) no! Between 25 and 65 years old, because we do the cytology and already do the breast self-examination. (ENF. 9).

[...] The target audience? Age-range women... My God! Let me see here... Oh! I do not remember. (NURSE 10).

Likewise, most respondents were also unable to specify the age recommended for requesting a mammogram in the country:

[...] The target audience is what I said, right, it's by age group, but unfortunately it's

giving me a blank here. (NURSE 10).

It can be seen in the results that only 02 participants did not identify mammography as the most effective screening method to identify breast lesions, and attributed this importance to breast self-examination:

[...] I think the most fundamental thing first is for the woman to do the self-examination... now, after the self-examination, comes the mammogram. (NURSE 2).

[...] In this case, the self-examination, followed by the investigation by ultrasound... (she was confused). (ENF. 9).

DIFFICULTIES IN PREVENTION

Study participants listed some difficulties for the development of nurses' work in the prevention of BC in the context of Primary Health Care, and the most reported was in relation to the high demand, followed by difficulty in accessing exams and specialists. This can be evidenced in the following statements:

[...] Like... It's kind of complicated! Demand is very high, sometimes they can't keep up. So we do our part, but there is no counterpart. (ENF. 4).

[...] Well, mainly regarding the scheduling of exams and the referral of specialists, for me these days would be the two biggest problems. We also

need support, mainly from exams such as mammography and ultrasound, which do not depend on us, so it often takes this exam to be scheduled, this is a point that needs to be improved, as well as a referral to the specialist. (NURSE 10).

The second difficulty most addressed in the interviews was the workload that professional nurses face in Primary Care, which ends up hindering their best performance in the prevention of BC, since there are numerous attributions under their responsibility, which can be corroborated with the following speech:

[...] And the other issue that I think would bring as a barrier and end up affecting all programs is the issue of work overload, because everything is very centered on the nurse. (ENF. 3).

Finally, difficulties in relation to the population were also listed, as some users do not adhere to the service and this prevents the professional from performing his role more successfully.

[...] They are difficult patients, you know? I think it's more that question. We call, we go after it, but sometimes people really refuse care, because there are people who are afraid of discovering some kind of disease, so they think it's better not to attend the unit. (ENF. 4).

When asked about the self-analysis of their professional practices regarding BC prevention in the context of Primary Care, half of the nurses classified their professional practices as unsatisfactory and highlighted that they need to improve their knowledge about BC:

[...] Not! I think there are a lot of flaws in every way, because of everything I've said: work overload, lack of frequent updates, because it's that story, we also have a family demand when we get home. (ENF. 3).

The others emphasized that even with all the difficulties, they are able to perform screening for BC, and therefore classified their professional practices as satisfactory, according to the statements below:

[...] Yes! I think so... When we're actively looking for these women, when we're doing the exam, when we're looking, we're investigating... (ENF.4)

[...] I think I'm prepared for at least the most basic actions to be developed, such as referring a patient to the specialist, having a breast touch, teaching women through health education, requesting tests, test results. .. So around there we can do a lot of things. (NURSE 10).

DISCUSSION

SELF-ANALYSIS OF PROFESSIONAL PRACTICE

The results show that difficulties faced by nurses in the prevention of BC, include individual aspects of professionals, such as a lack of updated knowledge on the subject, to issues that are beyond the nurses' control, such as the huge waiting lines for scheduling exams and consultations with specialists, which makes early diagnosis difficult. Similar, a study carried out in the rural area of Maranhão also identified scheduling and execution of exams as difficulties for the prevention of BC, mainly related to the conditions of displacement and financial investment¹.

On one hand, nurses responses indicated epidemiological knowledge in relation to female BC, as they were able to expose some relevant considerations on the subject, emphasizing that it is a problem that affects many women worldwide. On the other hand, other nurses were unable to list all the risk factors and only cited family history and lifestyle. This aspect may reflect a lack of training, as only a half of the nurses emphasized that they had already participated in training on BC a long time ago. Furthermore, all reported that the health service to which they belong to, does not often enable updates. A similar result was found in a study with nurses in Primary Health Care in Ribeirão Preto (SP): Of all nurses 65.0% reported to have performed an update more than two years ago¹⁰.

The survey participants also said, that there is often a lack of time or means for this update to be carried out, as they have an overload of work and do not seek to improve their knowledge on the subject on their own. Due to insufficient knowledge about screening methods, risk factors and lack of continuing education, all aspects that can compromise professional performance for disease control, recent research highlights the need for training professionals on the subject⁵. In the context of Primary Care, nurses have incorporated administrative and bureaucratic functions into their responsibilities, and such managerial functions are the most demanded by nurses, which mechanizes care and weakens the production of it. These aspects overload professionals, making it difficult to plan and implement various actions¹¹.

It is noticed that nursing professionals are not up to date in relation to BC, causing negative consequences in the development of patient care. Lack of time, work overload and insufficient updating of the theme, were also difficulties found in a study carried out with 133 nurses from 38 basic health units in the southeast region of the city of São Paulo¹². In a similar study, carried out with 70 nurses in Diadema SP, the authors state that continuing education for nurses in Primary Health Care provides greater support for the development of activities

within their competence⁵. Professionals who participated in training performed more educational activities with the population compared to those ones who did not participate, even having more than 10 nursing consultations in a single day⁵.

When asked about the development of educational practices with the public, almost all nurses stated that they perform these practices through women's health consultations, meetings of pregnant women's groups, lectures, that is, they take advantage of the moments when women are in service to talk about the problem. In an integrative review carried out on the role of nurses in Primary Health Care in oncology, authors showed, based on evidence in the scientific literature, that investments in educational actions are essential for a humanized practice¹³. Educational actions had an impact on the understanding of the need to prevent disease¹³. The nursing team works directly with educational actions for being qualified and able to act individually and collectively, understanding the integrality that involves health care¹³. Professional training is referred to as essential for early detection. For this reason it is necessary that institutions create learning spaces with active and participatory methodologies, making good use of distance education, thus enabling the transformation of the process of work through constructed knowledge and that they value

interdisciplinary and multidisciplinary work¹³.

The gynecological consultation was mentioned by the study participants as being the opportune time to carry out BC screening, and it has been an important work tool for nurses in this process. During gynecological consultation the professional manages to capture the women of vulnerable age. In order to achieve success in screening for BC, activities need to be planned and carried out in an organized manner, based on an updated database with the population of previously known women and execution intervals of previously determined exams¹.

Some participants stated that they do not know and do not use the manuals proposed by the Ministry of Health to guide their practices in the prevention of BC and during the interviews they demonstrated that they do not have extensive knowledge about the screening methods recommended in the country. Some of them alluded to self-examination as a screening method, and others were unable to specify the recommended ages for the clinical examination of the breasts and mammography, thus showing that they do not have knowledge of the content of the instruments that are made available to professionals working in the Primary Health Care. Similarly, a study carried out with 96 nurses who had their actions analyzed in light of the ministerial guidelines regarding BC, showed that the

divergences in the work of nurses for the prevention of BC are due to aspects related to the knowledge and adherence of these professional guidelines, as well as aspects related to management¹⁴. Differently, it was observed among nurses in São Paulo, that the use by two-thirds of the sampled professionals of the support material "Primary Care Notebooks No. 13", provided by the Ministry of Health, positively impacted on prevention and control activities of cancer¹³.

Only half of the participants in this study emphasized various situations in which cancer can manifest itself, and one participant stated that he does not actively search for missing women for screening, which reflects an inadequacy of professional performance in the face of the disease, as it is necessary that all nurses know the signs of BC so that screening is, in fact, effective. Early detection must be performed in Primary Health Care to prevent the diagnosis from being made at an advanced stage. Cancer is diagnosed late in 60% of cases, and changing this reality is necessary, since life expectation significantly increases when the tumor is treated early².

When the participants were asked to report the main difficulties faced in their work routines for the prevention of BC, professionals highlighted the great demand of users for the health system who need to schedule appointments with specialists and exams and the overload of work that

nurses face in the context of Primary Health Care. This was also reported in a national study carried out in the city of São Paulo and served as the main justification to not-perform the clinical breast exam during the nursing consultation¹³.

Another highlight was the lack of adherence of the female population to consultations and preventive exams, either due to lack of awareness or lack of knowledge about the problem. Participants reported that a large portion of women neglect their health care. This reality found in this study points to the need for improvements in health education so that the population is provided with accurate and clarifying information. The non-adherence of women was also mentioned in other studies and related to the deficiency in the active search process¹³.

Half of the study participants emphasized that they consider their professional practices unsatisfactory for the prevention of BC, as there are problems that the professional cannot solve, that interfere with their daily practice, leaving the service fragile. It is evident, therefore, that management and public authorities must increasingly intervene in the work process of health teams, providing funding and the necessary elements for comprehensive and humanized care.

Primary Health Care is a very broad field, and the nurse assumes a range of functions, ranging from gerencial to

managerial issues. Skills needed to perform this diversity of actions that are their responsibility, are not always reached in undergraduate courses and specializations. Therefore it is essential that services develop continuing education programs¹⁵. The research allowed us to confirm the importance of the professional role of nurses in the prevention of BC in the context of Primary Health Care. Through this study, it was possible to raise questions and to awake interest among participants to seek more knowledge on the subject, envisioning the potential to involve them in future qualifications through training, in order to expand the capacity for early detection of BC in primary care.

Data collection through nurses' self-reports is highlighted as a limitation of the study, since there is a possibility that some individuals prioritize professionally desirable reports, even if the situation is not perceived as threatening or punitive. This technique is also subject to limitations regarding the informants' attention and memory. It was tried to minimize attention and memory bias by conducting the interview in a reserved place and in the time the informant considered necessary to answer the questionnaire. However, despite these limitations, it is believed that self-report is a valuable source of information. Difficulties in relation to data sampling are also highlighted, as it was

carried out during the period of the COVID 19 pandemic.

CONCLUSION

This study revealed that professionals need to seek more knowledge about the risk factors of BC, as well as training on the subject, including informations about the manuals, protocols, and tracking methods established by the Ministry of Health to better act on the problem. These factors contributed to the study participants declaring that they do not feel fully qualified to play their role in the fight against BC and that they judged their professional practices unsatisfactory, recognizing that they could improve. Thus, given the understanding of the difficulties faced by nurses working in Primary Health Care for the prevention of BC, it is clear that the reality of the work process of these professionals is not within the expected standards regarding this global problem, due to the various listed issues.

The research allowed us to confirm the importance of the professional role of nurses in the prevention of BC in the context of Primary Health Care. Through this study, it was possible to raise questions and awaken in the participants the interest in seeking more knowledge on the subject, envisioning the potential to involve them in future qualifications through training, in order to expand the capacity for early detection of BC in

primary care, which deals with direct benefits for the population that will be assisted by these professionals.

REFERENCES

1. Ross JR, Leal SMC, Viegas K. Rastreamento do câncer de colo de útero e mama. *Rev enferm UFPE online*. [Internet] 2017 [acesso em 2020 dez 15]; 11(Supl. 12):5312-20. Disponível em: <https://doi.org/10.5205/1981-8963-v11i12a231284p5312-5320-2017>
2. Zapponi ALB, Tocantins FR, Vargens, OMC. The nurse in the early detection of breast cancer in primary health care. *Rev enferm UERJ*. . [Internet] 2015 [acesso em 2021 jan 15]; 23(1):33-8. Disponível em: <https://doi.org/10.12957/reuerj.2015.11297>.
3. Ministério da Saúde (BR). Instituto Nacional de Câncer José Alencar Gomes da Silva. A situação do câncer de mama no Brasil: síntese de dados dos sistemas de informação. Rio de Janeiro: INCA [Internet] 2019 [acesso em 2021 Jan 23]. 85 p. Disponível em: https://www.inca.gov.br/sites/ufu.sti.inca.local/files//media/document//a_situacao_ca_mama_brasil_2019.pdf
4. Ministério da Saúde (BR). Instituto Nacional de Câncer José Alencar Gomes da Silva. Gestor e profissional da Saúde: histórico das ações. Rio de Janeiro: INCA [Internet] 2020 [acesso em 2021 jan 10]. Disponível em: <https://www.inca.gov.br/controle-do-cancer-de-mama/historico-das-acoes>
5. Teixeira MS, Goldman RE, Gonçalves VCS, Gutiérrez MGR, Figueiredo EN. Primary care nurses' role in the control of breast cancer. *Acta Paul. enferm*. [Internet] 2017 [acesso em 2021 fev 08]; 30(1):1-7. Disponível em: <https://doi.org/10.1590/1982-0194201700002>
6. Bushatsky M, Barros MBSC, Cabral LR, Cabral JR, Bezerra JRS, Figueira Filho ASS. Breast cancer: prevention actions in the family health strategy. *J. res.: fundam. care. online*. [Internet] 2014 [cited 2021 Jan 09];6(2):663-675. Disponível em: <https://www.redalyc.org/articulo.oa?id=505750622021>
7. Minayo, MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14 ed. São Paulo: Hucitec, 2012, 408p.
8. Bardin L. Análise de conteúdo. São Paulo: Edições 70, 2011. 280p.
9. Silva Junior LA, Leão MBC. Atlas.ti software as a resource for content analysis: analyzing robotics in science teaching in Brazilian theses. *Ciênc. educ. (Bauru)*. [internet] 2018 [cited 2021 Feb 5]; 24(3):715-28. Available from: <https://doi.org/10.1590/1516-731320180030011>
10. Moraes DC, Almeida AM, Figueiredo EN, Loyola EAC, Panobianco MS. Opportunistic screening actions for breast cancer performed by nurses working in primary health care. *Rev Esc Enferm USP*. [internet] 2016 [cited 2021 Feb 5];50(1):14-21. Available from: <http://dx.doi.org/10.1590/S0080-623420160000100002>
11. Santos G, Lanza FM, Engela MHT, da Silva JF, Júlio VA, de Souza RG, et al. Processo de trabalho de enfermeiros da Estratégia Saúde da Família. *Saud Pesq*. [internet] 2021 [acesso em 2021 fev 10]; v. 14, n. 2. Disponível em:

<https://doi.org/10.17765/2176-9206.2021v14n2e8076>

12. Melo FBB, Marques CAV, Rosa AS, Figueiredo EN, Gutiérrez MGR. Actions of nurses in early detection of breast cancer. *Rev Bras Enferm*. [internet] 2017 [cited 2021 Feb 8];70(6):1119-28. Available from: <http://dx.doi.org/10.1590/0034-7167-2016-0155>
13. Souza GRM, Cazola LHO, Picoli RP. Atuação do enfermeiro da atenção primária à saúde na assistência oncológica: revisão integrativa. *Cogitare Enferm*. [internet] 2018 [cited 2021 Feb 15];(23)4: e58152. Available from: <http://dx.doi.org/10.5380/ce.v23i4.58152>
14. Soares LS, Silva MA, Alves HJ, Queiroz ABA, Brito IS. Participative education with nurses: potentialities and vulnerabilities in the breast and cervical cancer tracking. *Rev. Bras. Enferm*. [internet] 2020 [cited 2021 Feb 18];73(Suppl 6):e20190692. Available from: <http://dx.doi.org/10.1590/0034-7167-2019-0692>
15. Ferreira SRS, Périgo LAD, Dias VRGF. The complexity of the work of nurses in Primary Health Care. *Rev Bras Enferm* [Internet]. 2018 [cited 2021 Feb 18];71(Supl 1):704-9. [Issue Edition: Contributions and challenges of practices in collective health nursing] Available from: <http://dx.doi.org/10.1590/0034-7167-2017-0471>