

Importance of nursing care in patients with breast cancer: A narrative review

Importancia de la atención de enfermería en pacientes con cáncer de mama: una revisión narrativa

Yeis Miguel Borré-Ortiz¹, Sandra Prada-Reyes², Audit Arrieta-Paternina³, Yuranis De la Hoz-Pantoja³, Yurisney Jimenez-Maury³, Cristian Santos-Puello³

Abstract

Objective: To demonstrate the importance of nursing care in patients with breast cancer.

Materials and Methods: Narrative review of the literature, which analyzed 34 studies that were selected from 5 databases, taking into account the recommendations of the report Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) during the search strategy, keeping the Methodological rigor.

Results: In addition to the descriptive aspects found in the 34 studies, two major categories were identified that allow to describe the importance of nursing care in patients with breast cancer. The categories are: Aspects valued by nurses and approach to nursing care.

Conclusion: The importance of nursing care is evident through the humanized, dignified and palliative treatment that this type of patients require. The literature continues to show the need for nursing care to be comprehensive and strengthened in the light of interdisciplinarity.

Key words: breast cancer, oncology, nursing, care, palliative care. (Source: MeSH).

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1- Enfermero. Magíster en Enfermería. Magister en Investigación. Docente-Investigador, Universidad Metropolitana.

2- Enfermera. Especialista en Cuidado al paciente en Estado Crítico. Especialista en Gerencia de la Calidad y Auditoría en Salud. Magister en Educación. Docente Programa de Enfermería, Universidad Metropolitana.

3- Enfermeros. Programa de Enfermería, Universidad Metropolitana.

Correspondencia: Yeis Miguel Borré-Ortiz. Calle 76 No. 42-78 Universidad Metropolitana de Barranquilla. Colombia. yeismiguel@gmail.co

Resumen

Objetivo: *Mostrar la importancia de los cuidados de enfermería en pacientes con cáncer de mama.*

Materiales y métodos: *Revisión narrativa de la literatura, en la que se analizaron 34 estudios que fueron seleccionados de 5 bases de datos, teniendo en cuenta las recomendaciones del informe Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) durante la estrategia de búsqueda, guardando el rigor metodológico correspondiente.*

Resultados: *Adicional a los aspectos descriptivos encontrados en los 34 estudios, se identificaron dos grandes categorías que permiten describir la importancia del cuidado de enfermería en pacientes con cáncer de mama. Las categorías son: Aspectos valorados por los enfermeros y enfoque de los cuidados de enfermería.*

Conclusión: *La importancia del cuidado de enfermería es evidente a través del trato humanizado, digno y paliativo que requiere este tipo de pacientes. La literatura sigue mostrando la necesidad de que los cuidados de enfermería sean integrales y se fortalezcan a la luz de la interdisciplinariedad.*

Palabras clave: *cáncer de mama, oncología, enfermería, cuidado, cuidados paliativos. (Fuente: DeCS).*

INTRODUCTION

Cancer continues to be one of the leading causes of death in the world (1). It is estimated that its incidence will continue to increase and that 22 million deaths will be recorded in the next two decades (2,3). This indicates that cancer mortality will increase by more than 45% between 2007 and 2030, caused in part by demographic growth and the aging of the population (4). However, its incidence, prevalence and mortality vary in each region and country, and therefore, it is considered a major public health problem worldwide (5).

In 2012 there were about 14 million new cases and 8.2 million deaths related to cancer. The cancers most frequently diagnosed in men were those of lung, prostate, colon and rectum, stomach and liver, in women were breast, colon and rectum, lung, cervix and stomach. More than 60% of the world's new total annual cases occur in Africa, Asia, Central and South America. These regions represent 70% of cancer deaths in the world (6).

The World Health Organization (WHO) reports that the incidence rate of breast cancer increased by 20% between 2008 and 2012, with 1.67 million new cases diagnosed in 2011, which makes it the second type of cancer more common in the world and more frequent among women. The mortality of this type of cancer increased in those 4 years by 14%, with a total of 522.000 deaths in 2012 (7).

A statement issued by the Pan American Health Organization (PAHO) in 2012, revealed that in Latin America and the Caribbean there are 27% of new cases of cancer and 15% of these cases were due to breast cancer. In North America, 30% of new cases and 15% of cancer deaths in women were the result of breast cancer. Taking into account this behavior, it is estimated that by the year 2030 there will be more than 596.000 new cases and more than 142.100 deaths from breast cancer (8).

In Colombia, breast cancer is one of the chronic non-communicable diseases that has

claimed the most lives. The Ministry of Health and Social Protection says that from 1998 to 2013, the number of women who died of this type of cancer increased by 93.37%. This indicates that around 8.686 cases are detected each year; Most of these are registered in Bogota, Medellin, Cali, Barranquilla, Cartagena, Bucaramanga, Santa Marta and the island of San Andrés (9).

In the Department of Atlántico (Colombia), according to statistics from the National Cancer Institute and the Ministry of Health and Social Protection, the cancer incidence rate between 2007 and 2011 was 481 new cases, the estimated prevalence rate was 1.825 cases, and the observed mortality rate of 12.1% of people diagnosed with breast cancer, with a mortality of 41.5% (10).

The American Cancer Society considers that breast cancer originates when the cells of the breast begin to grow uncontrollably. These cells usually form a tumor that can often be seen on an x-ray or can be felt as a lump. The tumor is malignant (cancerous) if the cells can grow by penetrating (invading) the surrounding tissues or spreading (metastasizing) to distant areas of the body (11).

According to Cano *et al.* (12) cancer is cataloged as a disease that affects the person at the physiological, psychological and social level; it brings with it the idea of suffering and death. Thus, when a person is diagnosed with cancer, she goes through a series of changes and situational crises that break her biopsychosocial balance. In response, the person performs adaptive behaviors that allow her to adapt, overcome and regain her balance again.

Currently, an effective cure for breast cancer has not been found, which implies that patients suffering from this type of disease tend to re-

quire interdisciplinary and long-term care, commonly known as palliative care. The nursing professional plays an important role in the management of these patients, because nursing care is the epicenter on which the entire care and the discipline responsible for care revolves during the health and illness experiences of the people (13).

Law 911 of 2004 (Code of Ethics of Nursing in Colombia) highlights that the essence of the Nursing profession is the care of health and life, and that this is based on communication and humanized interpersonal relationships between the professional nursing and the human being, family and/or social group, in the different stages of life course, health situation and the environment (14).

This indicates the importance of nursing care in patients with breast cancer, their family and their immediate social environment. For this reason, the present study aimed to show the importance of nursing care in patients with breast cancer in light of the publications reported in the scientific literature.

METHODOLOGY

A narrative review of the literature was developed in order to achieve the stated objective.

Dixon-Woods *et al.* (15) affirm that the narrative approach is characterized by the selection, chronicle and sequential and contingent order of a certain topic or phenomenon. Mays *et al.* (16) state that the purpose of narrative reviews is to summarize, explain and interpret data on a specific topic or question, an aspect that distinguishes it from a systematic review, insofar as it does not emphasize the search, evaluation and intensive criticism of publications through a

rigorous technical protocol, but try to select a certain number of articles, group them according to their results and discuss their approach in light of the methodological characteristics of each to generate general conclusions (17).

Search strategy

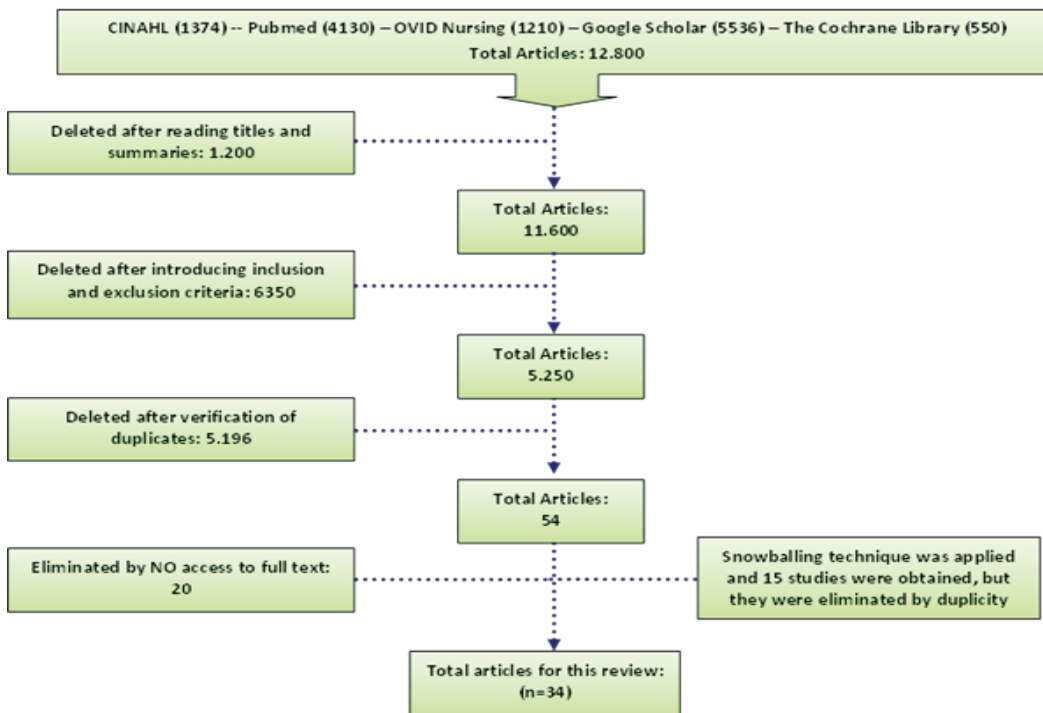
Five databases were reviewed: CINAHL, Pubmed, Ovid nursing, Google Scholar and The Cochrane Library, in the period January - April 2017. The key words used were: “breast cancer”, “nursing care”, “palliative care” and “oncology” which were combined in English and Spanish taking into account the Boolean operators “AND”, “OR” and “NOT” and their different synonyms; truncating the terms with (* y \$) to specify the search. The established limits were: clinical cases, research and /or revisions published between 2005 and 2017, in English and /or Spanish, and which would

have been developed by nursing at home, in oncology or palliative care units.

Search results

During the literature search, 12,800 works were identified. After the revision of titles and abstracts resulted 11,600, after the application of selection criteria and elimination of duplicates resulted in 54 documents, of which 20 were eliminated for not having access to the full text. Additionally, the snowballing technique was applied and 15 studies were obtained, but they were eliminated in duplicates. Therefore, the total of studies selected for this review was 34 works. (Fig. 1)

The information of the 34 studies included in this work was organized chronologically and synthesized, in order to have an amplified panorama for its interpretation. (Table 2)



Source: Prepared by the authors, 2017.

Figura 1. PRISMA diagram of the bibliographic search in databases

RESULTS

During the review it was observed that of the 34 selected studies, 1 was carried out in Chile (18), 11 in Spain (19-29), 8 in Mexico (30-37), 6 in Brazil (38-43), 4 in Cuba (44-47), 3 in Colombia (48-50) and 1 in Peru (51).

It was identified that 9 studies used theoretical-conceptual foundations of nursing, such as: the theory of transpersonal care (37) and human care of Jean Watson (50), the theory of the end of life of Ruland and Moore (51), the psychodynamic theory of Hildegard Peplau (30), Swanson's Theory of informed care (49), Saunders total pain theory (46), Henderson's theory of 14 basic needs (21), the Adaptation model by Callista Roy (33), the self-care deficit theory Dorothea Orem (31). Additionally, the use of the natural systems theory of Murray Bowen was found (45), although it is a theoretical construct of Psychology, this author cites it frequently in her studies on palliative care in nursing and quality of family life. (45,52).

The remaining 24 studies did not prove to have been guided by any theoretical-conceptual model of reference. When distributing the studies according to the year of publication, it was found that 8 studies were published between 2005 and 2008 (18-20,30,38,39,44,48), 15 were published between 2010 and 2013 (21- 25,31-34,40-42,45,46,49), and 11 were published between 2014 and 2016 (26-29,35-37,43,47,50,51).

It is important to highlight that in addition to the findings found with respect to the theoretical framework of reference, 7 studies were framed in the use of the nursing process under the approach of the North American Nursing Diagnosis Association (NANDA), the Nursing Outcomes Classification (NOC)

and the Nursing Interventions Classification (NIC) (20, 21, 25, 31, 33, 35, 37). Of the 7 studies, 1 combined the standard language with the functional patterns of Marjorie Gordon (20), and 1 with the 10 processes of Watson's care (37). On the other hand, 1 study showed not having used the nursing process and the Nanda-Noc-Nic taxonomy, but took as a reference the Nursing Care Plan for patients with breast cancer, approved by the Junta of Andalucía in Spain (29).

7 studies were oriented under a qualitative research methodology (33, 34, 37, 40, 42, 48, 51), 9 used quantitative methodology (23, 24, 30, 32, 36, 38, 39, 43, 47), 7 were reports of successful experiences and clinical cases (19, 20, 21, 25, 35, 49, 50), 10 were bibliographic reviews (18, 22, 26-29, 31, 41, 44, 46), and only 1 developed a mixed-type quasi-experimental study; that is, it combined quantitative and qualitative methodology concomitantly (45).

Identified Categories

From the critical and exploratory review carried out to the 34 selected studies, using colorimetric technique, two large categories emerged that allowed to identify and describe the importance of nursing care in patients with breast cancer. The categories are: a) Aspects assessed by nurses, and b) Approach to nursing care.

Category 1: Aspects assessed by nurses

A total of 7 subcategories were identified as fundamental aspects valued by nurses during the care experience given to patients with breast cancer, these subcategories are listed in Table 1.

The studies reviewed highlight the important role of nurses in providing social, psycholo-

gical, emotional and family support required by patients who have been diagnosed or have breast cancer, whether in the early, middle or late stages of the disease (18-20,22,28,29,38,48).

Table 1. Subcategories identified in relation to aspects valued by nurses

Category	Subcategories
Aspects assessed by nurses	Social, emotional, family and multidisciplinary support
	Self-care and proactive attitude
	Education in health and for health
	Adaptation, coping and tolerance to stress
	Spiritual well-being and other values
	Quality of life and satisfaction
	Unpleasant symptoms of cancer

Source: Prepared by the authors, 2017.

Below are some descriptive fragments for the identification of subcategories:

“The role of the nurse is not only related to treatment and cure, but also to establish preventive measures (...), to control the conditions of the patient and to provide guidance, emotional support”. (38)

“Due to the broad role that nurses perform, (...) We provide advice and support during rehabilitation and reintegration into their daily lives”. (18)

“Therefore, in 2002, a nursing consultation was created (...), with the aim of providing post-surgical care and psychological support, while providing the necessary information in a progressive, personalized and an appropriate environment”. (19)

“Social and emotional support can help patients learn to cope with psychological stress. This support can reduce levels of depression, anxiety and symptoms related to the disease and treatment”. (28)

Such support can be provided by nursing, psychology, medicine or social work personnel during the pre-surgical and post-surgical phases. However, it is more effective if it is provided in an integral way at an interdisciplinary, even multidisciplinary level (18-20,22,29,38,44,48).

“.....the woman who is going to undergo a mastectomy needs a support network and guidance and interventions made by a multidisciplinary team, with high participation of nursing staff, because the preoperative care and how they are performed as well as the necessary orientations play an important role in the recovery” (38)

“It is necessary to give more emphasis to the multi professional visit in the preoperative period, since the entire health team can contribute to the adaptation of the patientS first and then in their rehabilitation” (38)

“The multidisciplinary clinical care session is one of the interventions that can improve the effectiveness of the care provided (...)” (20)

“In our center, Hospital de Palamós (Girona), (...) was formed by a multidisciplinary team of gynecologists, radiologists, pathologists and oncologists, (...)” (19)

“On the other hand, a multi and interdisciplinary team, enhances the coping activities of patients with the disease”. (29)

Self-care and the proactive attitude of women with breast cancer is an aspect addressed by nursing professionals, because it helps in the process of cancer recovery and improvement of well-being, as well as the reduction of costs and institutional expenses (18,20,30,31).

“This process aims to achieve, in short, that women of different ages understand the importance of knowing their breasts; encourage self-care and a

proactive attitude regarding the health of their breasts". (18)

"The patient is informed that most of them are transient, vary in intensity according to the individual response, and are given practical recommendations to reduce them, as well as the **tools for self-care**". (18)

"An appointment is scheduled at home with the community liaison nurse and the family nurse to assess the knowledge the patient has about her illness and **subsequent self-care**, and to monitor the treatment regimen of her previous pathologies.". (20)

"... teaching them **how to stay healthy**, can generate a population **responsible for self-care** that does not depend too much on hospital care and, therefore, leads to lower costs and greater benefits for society and institutions". (30)

"....a nursing care plan, (...) to guarantee quality care, meet present health problems, strengthen the **capacity for innate self-care** in each of the individuals and achieve early readjustment to society". (31)

It is important to emphasize that in order to achieve self-care behavior and a proactive attitude, it is necessary that nurses provide information and education to the patient and evaluate each stage of the process (19,23,35).

"One of the main objectives of nursing is to **provide education and detailed information** on all those risk factors; besides **stimulating the adoption of healthy habits** for the patient and teaching the proper technique of self-exploration of breasts". (35)

"In the consultation (nursing) for post-surgical cures, **information tasks, health education** and psychological support are performed". (19)

".....it would be timely and necessary to train nurses specialized in specific care aimed at emo-

tionally supporting and **educating** women with breast cancer". (23)

Taking into account that breast cancer involves a set of emotional and psychological affectations in the patient, the nursing professionals see it necessary and pertinent to evaluate the level of coping, stress and degree of adaptation that the patients may acquire (29,33).

".....nursing will improve the care and **copmg of the patient's illness**". (29)

"The nurse plays an important role, can help those suffering from cancer in the **process of coping with pain** as part of their pathological process and contribute to saving energy to be used in the recovery of the disease". (29)

".....nurses, can fulfill their objective of promoting the **adaptation** of the person as a goal of nursing in the four areas, (physical-physiological, self-concept, Role mastery and Independence)". (33)

Another important aspect identified in the studies is related to the assessment of spiritual well-being and the interpersonal relationships of the patient who experiences the disease (30,31,34,37,49). Therefore, some of the studies reviewed highlight the work of nursing in the approach to the spiritual dimension of the person.

"It is important to mention that in the study population everyone feels able to obtain a well-being in depth, giving the guidelines to provide specific **nursing intervention** for the strengthening of **spiritual well-being**". (30)

"For being a pathology that originates physical, psychological and social changes; **the nursing staff must be able to meet** all these needs in order to help the individual to maintain their independence in the evolutionary process of their illness and in turn, strengthen their **biopsychosocial and spiritual health**". (31)

“The Process of Care, based on a theory of nursing, makes it possible to articulate science and technology with spirituality and love for the improvement of the quality of life of women who experience breast cancer”. (49)

“.....implies that nurses facilitate spiritual-centered communication harmoniously during caregiving, (...) Therefore, integrating spirituality into nursing care allows society to contribute to the preservation or search for harmony in women who experience breast cancer”. (34)

“Implementing a nursing process under this perspective of transpersonal care allows the development of a conscience of care (...) which facilitates that the woman with breast cancer reaches a remarkable degree of harmony in her mind, body and spirit”. (32)

Quality of life and satisfaction of breast cancer patients are two aspects that also emerged in the review of the 34 studies. Achieving quality of life in people with cancer is an unavoidable objective for nursing and the rest of the health team (23,44,49).

“.....the nursing professional plays a fundamental role in this area (quality of life), since many objectives are achieved to a great extent with the comprehensive care of the work of the multidisciplinary team”. (44)

“The Process of Care, based on a theory of nursing, makes it possible to articulate science and technology with spirituality and love for the improvement of the quality of life of women who experience breast cancer”. (49)

“Improving the quality of life of women with breast cancer constitutes an independent field of activity for the nurse discipline”. (23)

Most studies are focused on the management and control of unpleasant signs and symptoms derived from breast cancer, as

well as the proportion of education to the patient and caregivers about how to control them. Among the clinical manifestations, the most approached are the control and relief of physical signs and symptoms (20,21,22,25-28,33,35,46,50,51), the psychosocial symptoms (21,22,24,27,28,30,46,50,51), and alterations in the skin (25,26,39).

Category 2: Approach to nursing care

For the identification of the approach, a classification of the studies according to the nursing approach was made to the sick person of breast cancer and the main family caregiver as the immediate context of the affected person. In this sense, it was found that of the 34 studies analyzed, 26 are aimed at people with the health problem (18-28,30,31,33-35,37-39,41-42,44,46,48-50), 3 are aimed at family caregivers (32,45,47), 4 were directed towards the nursing staff (29,36,40,43), and only 1 approached patients, primary caregivers and nursing staff concomitantly (51). It is important to highlight that those studies in which the patient was approached, was done from clinical perspectives. However, it is striking that the approaches of the studies do not include the family.

DISCUSSION

Cancer, and specifically breast cancer, is a process of great emotional impact both for the disease itself and for the physical and emotional consequences that it entails (24). The literature shows that breast cancer is the most common cancer pathology among women worldwide, and is increasing especially in developing countries (23,22,31). That is why early detection, in order to improve prognosis and survival, continues to be the cornerstone of the fight against this type of cancer (23,22).

This has turned professional care into an important social requirement, as well as an ethical imperative for health professionals (20,31); especially, Nursing professionals, who stay longer and establish greater contact with this type of patients (54-57), besides being the most numerous within the health institutions (58,59). This situation makes these professionals have the need to look for new and better mechanisms of approach that allow them to achieve their objective: to take care of health and life (53). In this sense, Argüelles and Fernández (26) affirm that it is important that nursing care be provided with the best possible quality, in order to avoid complications derived from the disease. However, to provide quality care, the nursing professional requires extensive knowledge about comprehensive palliative care (36,43).

According to Muñoz-Torres *et al.* (31) the complexity of the physical, psychological and social changes that breast cancer encompasses requires that Nursing personnel have the capacity to meet all these needs in order to help the individual maintain their independence in the evolutionary process of his illness and in turn, strengthen his biopsychosocial and spiritual health.

Olea *et al.* (34) with words of Jean Watson, affirm that the nursing professional must adopt the perspectives of human care to better approach the patient, and Urra *et al.* (60) state that in the care of this type of patients it is fundamental to preserve the human essence and reposition the care within the health systems. This is because the psychological impact that women experience as a result of the diagnosis and treatment of breast cancer is not ephemeral (22).

According to Almeida *et al.* (40) another important aspect that should be strengthened in the practice of palliative care is the therapeutic communication between the nursing professional, patients and the family. This interrelation must be configured in a nursing situation, in which the flow of experiences and shared life allows transforming the meaning of nursing care in the context of the disease.

Some authors affirm that nursing professionals give meaning to their practice in the light of other theoretical contexts and conceptual frameworks that are not nursing (61). However, this review shows that when nursing care is provided under theoretical foundations of reference and systematic methodological frameworks, the results could have a greater impact on the health of patients with breast cancer. In this regard, Hernández (49,50) affirms that the process of care, based on a nursing theory, makes it possible to articulate science and technology, and also allows the integration of the emotional and social dimension with the biological, leading to personal and professional growth in the nurses.

The use of nursing methodology has been a subject on which the effectiveness of care has been demonstrated. Authors such as Ortega *et al.* (35) affirm that the application of the Nursing Care Process allows nurses to provide care in a rational, logical and systematic way. However, these methodologies would have greater impact, if family caregivers and the family in general were included. Ostiguin *et al.* (32) assert that it is necessary to recognize the primary caregiver as an important figure in the health system, by accepting their potential and limitations to assume responsibilities in the care task in the health institution as well as in the home.

Borré-Ortiz *et al.* (62) maintain that the care of the sick person in the home is provided by a primary caregiver or the family, but that in turn, the family requires educational, psychological, spiritual, emotional and social support systems that allow it to maintain its stability, balance and potentiality; confirming what was expressed by Canga *et al.* (63) and Vivar (64) who affirm that it is important that health professionals have a systemic vision of the family and be considered as a unit of care.

In addition to the psychological, emotional and spiritual aspects valued by nurses, this review found a strong tendency towards the care of physical symptoms. This is consistent with what is expressed by Expósito, who affirms that adequate control of symptoms is part of the essence of Palliative Care. (45).

Lafaurie *et al.* (48) recommend that educational processes should be focused on the greater understanding of cancer by women with breast cancer, in addition to guiding them to know self-care strategies that help them to minimize their symptoms and the effects of their treatments. In this same sense, Carvalho (41) proposes that the actions necessary to achieve effective palliative care are related to health education, in which the nurse should encourage the participation of the female user of the health service, encouraging self-care in performing the clinical examination of the breasts ; considering that nursing has

a preponderant role in the development of actions with the population, since the focus of their work is humanized care, focused on the prevention of grievances and the promotion of health.

CONCLUSION

Nursing care in patients with breast cancer continues to be a permanent challenge that requires nursing professionals not only to have clinical competencies for the management of symptoms, but also demand competencies for the educational, emotional, family, psychosocial and spiritual approach. Additionally, this approach represents a challenge in the use of disciplinary knowledge to be able to demonstrate the usefulness it has in the improvement of the nursing care process.

On the other hand, the literature continues to demonstrate the importance of the human, dignified and palliative nursing care required by breast cancer patients. Therefore, it is necessary that nursing care be more comprehensive and strengthened in the light of interdisciplinarity. However, it is suggested to continue developing the body of scientific knowledge, increasing research in this field, to improve the quality of care offered to patients diagnosed with breast cancer and, therefore, their quality of life, satisfaction and well-being; both individually and familiar.

Table 2. List of studies included in the review

Nº	YEAR	AUTHORS	TITLE	OBJECTIVE	METHODOLOGY	COUNTRY
1	2005	Silva de Oliveira M, Carvalho AF, Mesquita E, Falcão IC.	Cuidados preoperatorios de mastectomía bajo la óptica de la mujer	Analizar los cuidados de enfermería que más se les realizaron a estas mujeres y verificar su percepción acerca de este período	Estudio descriptivo y exploratorio, con 10 mujeres que se encontraban en la unidad de internación	Brasil
2	2006	Riquelme B, Sepúlveda B Vargas X.	Atención de enfermería en las pacientes con cáncer de mama	Elaborar una reseña de las actividades básicas que realizan las enfermeras en el ámbito de la prevención, educación y cuidados específicos que se brindan a las pacientes sometidas a tratamiento quirúrgico y/o quimioterapia	Reseña narrativa de las actividades que realizan las enfermeras de un Centro Integral de la mama	Chile
3	2007	Romagosa C, Garatea A, Inorizab JM	Cuidados de enfermería a la mujer con patología mamaria: organización de una consulta específica	Presentar la organización, estructura, funciones y actividades más habituales desarrolladas en la consulta de enfermería de patología mamaria desde el año 2002, así como promover la existencia de este tipo de consulta	Reseña de una experiencia exitosa de la implementación de una consulta de enfermería a pacientes con cáncer de mama	España
4	2008	Peinado MC, Cabrerizo MR, Granados AE, Contreras R.	Caso clínico: coordinación en los cuidados de una paciente con cáncer de mama	Mejorar la calidad de vida de pacientes oncológicas en edad avanzada, a través del papel enfermero de los cuidados.	Estudio de caso clínico de paciente con cáncer de mama	España
5	2008	Gallegos-Alvarado M, Hernández DE	Bienestar espiritual en pacientes con cáncer de mama identificado a través de la relación enfermera-paciente	Identificar el bienestar espiritual en pacientes con cáncer de mama, en la fase de orientación a través de la relación enfermera-paciente	Estudio descriptivo y transversal con 125 pacientes en tratamiento quimioterápico ambulatorio	México
6	2008	Pires AM, Araujo R, Cômodo HR	RTOG criteria to evaluate acute skin reaction and its risk factors in patients with breast cancer submitted to radiotherapy	Evaluar y clasificar las reacciones de la piel según los criterios del Radiation Therapy Oncology Group (RTOG) y caracterizar factores que puedan interferir en esas reacciones	Estudio prospectivo, con 86 mujeres con diagnóstico de cáncer de mama	Brasil
7	2008	Figueredo K	Cuidados paliativos: una opción vital para pacientes con cáncer de mama	Realizar una revisión bibliográfica sobre los temas relacionados con el cáncer de mama, la calidad de vida y los cuidados paliativos.	Revisión bibliográfica	Cuba

Continúa...

Nº	YEAR	AUTHORS	TITLE	OBJECTIVE	METHODOLOGY	COUNTRY
8	2008	Lafaurie MM, Castiblanco DR, González JM, Jiménez DM, Moreno LB, Ramírez LP, Sastoque AG, Tenza JH	Mujeres en tratamiento de cáncer, acogidas por un albergue de apoyo: circunstancias y perspectivas de cuidado de enfermería	Conocer las circunstancias y necesidades de cuidado de enfermería en mujeres con cáncer de mama.	Estudio de tipo cualitativo basado en 13 entrevistas a profundidad de mujeres con cáncer entre los 33 y los 70 años	Colombia
9	2010	Expósito Y	Intervención personalizada a cuidadores primarios de mujeres con cáncer avanzado de mama que reciben Cuidados Paliativos	Diseñar estrategias personalizadas de intervención para cuidadores primarios de mujeres con cáncer de mama en etapa avanzada que reciben cuidados paliativos domiciliarios en el municipio Plaza de la Revolución durante 2008	Métodos mixtos (cualitativos-cuantitativos) y un componente de tipo cuasi-experimental	Cuba
10	2010	Almeida IM, Magalhães RS, Melo I, Carvalho AF.	La comunicación de la enfermera en la asistencia de enfermería a la mujer mastectomizada: un estudio de Grounded Theory	Comprender el proceso de comunicación enfermera/paciente, con énfasis en la asistencia de enfermería a la mujer mastectomizada	Estudio analítico con abordaje cualitativo, basado en el Interaccionismo Simbólico y la Grounded Theory	Brasil
11	2011	Muñoz F, Moreno E, Peinado MC, Granados AE.	Cuidados de enfermería en paciente con cáncer de mama	Promocionar el principio de autonomía y promover una atención individualizada y continua	Estudio de caso clínico de paciente con cáncer de mama ductal infiltrante	España
12	2011	Vivar CG.	Impacto psicosocial del cáncer de mama en la etapa de larga supervivencia: propuesta de un plan de cuidados integral para supervivientes	Evidenciar el impacto psicosocial del cáncer de mama en la etapa de larga supervivencia y fomentar la reflexión sobre la implantación de un plan de cuidados para supervivientes.	Revisión narrativa de la literatura	España
13	2011	Muñoz-Torres TJ, Rocha-Rodríguez R, Méndez-Berna MY	Plan cuidado enfermero estandarizado en paciente con cáncer de mama.	Reflejar la aplicabilidad y construcción del PLACE estandarizado teniendo como única base el conocimiento teórico de la atención que se debe brindar a una paciente con cáncer de mama	Reseña de una experiencia práctica sobre la construcción del instrumento PLACE para la atención de pacientes con cáncer de mama	México
14	2011	Hernández L.	Navegación de pacientes con cáncer de mama: estrategia basada en la Teoría de los cuidados.	Implementar estrategias de cuidado mediante el diseño y aplicación de un Programa de Atención Integral a Mujeres con cáncer mamario (AIMMA)	Reseña de una experiencia exitosa sobre la implementación de un programa en una Institución de Salud del Valle del Cauca	Colombia

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Nº	YEAR	AUTHORS	TITLE	OBJECTIVE	METHODOLOGY	COUNTRY
15	2011	Ostigüin-Meléndez RM, Rivas-Herrera JC, Vallejo-Allende M, Crespo-Knopfler S, Alvarado S.	Habilidades del cuidador primario de mujeres mastectomizadas	Describir las habilidades del cuidador primario (CP) en términos de conocimiento, valor y paciencia del de mujeres mastectomizadas	Estudio descriptivo de tipo transversal en una muestra de 100 cuidadores primarios del Instituto Nacional de Cancerología de la Ciudad de México	México
16	2011	Carvalho AF, Lavinias MC, Barreto T, Galvão CM.	El pronóstico de cáncer de mama en el embarazo: evidencias para la atención de enfermería	Analizar las evidencias disponibles en la literatura sobre el pronóstico del cáncer de mama durante el embarazo.	Revisión integradora de la literatura sobre pronóstico de cáncer de mama en el embarazo	Brasil
17	2012	Gallegos M, Rodríguez A, Murillo E, Esquivel E, Alvarado MA	Propuesta de cuidado de enfermería domiciliario en personas mastectomizadas: adaptación - afrontamiento	Diseñar un programa de cuidado de enfermería que promueva estrategias de afrontamiento favoreciendo la adaptación y disminución de complicaciones postoperatorias.	Estudio descriptivo, observacional, Proyectivo y transversal	México
18	2012	Olea CV, Berumen LV, Zavala IC.	Modelo de cuidado de enfermería para la mujer con cáncer de mama a través de la integración de la dimensión Espiritual.	Identificar qué es lo que realiza enfermería en la práctica para el cuidado de la mujer con cáncer de mama que acude a un servicio de quimioterapia ambulatoria.	Investigación cualitativa mediante observación participante y diarios de campo	México
19	2012	Pereira AB, Da Costa Lindolpho M, Pinto A	La asistencia de la enfermera en la visión de mujeres mastectomizadas	Identificar las expectativas de las mujeres que se sometieron a la mastectomía en relación al cuidado de la enfermera y cómo estas mujeres percibían la asistencia que les fue prestada.	Investigación cualitativa, descriptiva mediante estudio de caso con 9 mujeres de un grupo de apoyo a mujeres mastectomizadas.	Brasil
20	2012	Ruiz P, Almansa MP.	Calidad de vida en mujeres que conviven 4 o más años con cáncer de mama, desde una perspectiva enfermera.	Evaluar la Calidad de Vida de un grupo de mujeres cuyo diagnóstico de cáncer de mama sea superior o igual a 4 años.	Estudio observacional, transversal y analítico con 24 mujeres que sufren cáncer de mama diagnosticadas hace 4 o más años	España
21	2012	Rizo AC, Gasca E, Molina M, Díaz NV.	Enfoque bioético en los cuidados paliativos en pacientes con cáncer de mama avanzado.	Contribuir a elevar el nivel de información en profesionales de la atención primaria de salud acerca del enfoque bioético en los cuidados paliativos en pacientes con cáncer de mama avanzado	Revisión documental de 77 trabajos publicados entre 2008 y 2011	Cuba

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Nº	YEAR	AUTHORS	TITLE	OBJECTIVE	METHODOLOGY	COUNTRY
22	2012	Brana-Marcos B, Carrera-Martínez D, De la Villa M, Avanzas S, Gracia-Corbato, M, Vegas-Pardavila E.	Factores sociodemográficos y satisfacción con la atención recibida en mujeres con cáncer de mama. Estudio multicéntrico.	Evaluar el grado de satisfacción de las mujeres con cáncer de mama en los Servicios de Oncología Médica de nuestra comunidad y analizar la influencia de los factores sociodemográficos y clínicos en su satisfacción.	Estudio multicéntrico y transversal mediante encuesta de satisfacción, anónima y voluntaria a 225 mujeres diagnosticadas de cáncer de mama.	España
23	2013	Tejerina ME	Plan de cuidados: mujer de 78 años con cáncer de mama en tratamiento con quimioterapia.	Facilitar la identificación del estado de salud de la paciente y sus problemas reales o potenciales, estableciendo un plan destinado a cubrir las necesidades prioritarias, y proporcionando las intervenciones de enfermería pertinentes.	Estudio de caso clínico bajo el abordaje del proceso de atención de enfermería (PAE).	España
24	2014	Ortega RM, Tristan A, Aguilera P, Pérez ME, Fang MA.	Cuidado de enfermería en paciente postoperada de mastectomía: estudio de caso.	Identificar dominios y clases afectadas en paciente postoperada de mastectomía	Estudio de caso en paciente femenina de 47 años de edad diagnosticada con cáncer de mama izquierda.	México
25	2014	Carrillo D, Olvera JL.	Conocimiento del personal de enfermería sobre los cuidados a la mujer postoperada de mastectomía	Describir el conocimiento del personal de enfermería sobre los cuidados postoperatorios a la mujer con mastectomía.	Estudio transversal y descriptivo con 200 enfermeras y enfermeros de oncología.	México
26	2014	Argüelles L, Fernández T.	Atención de Enfermería a Pacientes con Cáncer de Mama y en riesgo de desarrollar Linfedema.	Actualizar los conocimientos del personal de Enfermería de Atención Primaria sobre prevención y tratamiento del linfedema secundario a cáncer de mama	Revisión bibliográfica	España
27	2014	Zavala-Pérez IC, Hernández-Corrales MD, Olea-Gutiérrez CV, Valle-Solís MO.	Cuidado de enfermería transpersonal con base en la teoría del caring a una mujer con cáncer de mama.	Implementar un proceso de enfermería transpersonal con base en los 10 procesos de cuidado del caring a una mujer con cáncer de mama.	Estudio cualitativo de tipo fenomenológico	México
28	2015	Dornelles CM, Santos PS, Brinckmann C, Goldim JR, Ashton P.	Conocimiento del cáncer de mama y cáncer de mama hereditario en el personal de enfermería de un hospital público.	Evaluar los conocimientos del personal de enfermería involucrado en el cuidado de los pacientes de oncología de un hospital universitario público, en relación con el cáncer de mama y el cáncer de mama hereditario.	Estudio descriptivo de corte transversal con 154 enfermeros/as.	Brasil

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Nº	YEAR	AUTHORS	TITLE	OBJECTIVE	METHODOLOGY	COUNTRY
29	2015	Sánchez F.	El yoga como un instrumento de enfermería en los cuidados al paciente oncológico con ansiedad.	Buscar evidencia científica de las llamadas Terapias Alternativas y Complementarias (TAC) para su posible introducción, con las mayores garantías de calidad y seguridad en los planes de cuidados de los pacientes con cáncer, así como la eficacia del yoga para disminuir la ansiedad en pacientes con cáncer.	Revisión Bibliográfica realizada entre los meses de marzo y abril de 2014.	España
30	2015	Vento FE, Expósito MY, Vázquez RL	Características sociodemográficas de cuidadores primarios de mujeres con cáncer de mama y clínicas de las pacientes que atendían.	Describir las características socio-demográficas de los cuidadores primarios de mujeres con cáncer de mama avanzado y algunas características clínicas de las pacientes que atendían.	Estudio descriptivo en una muestra de 72 cuidadores primarios de mujeres con cáncer de mama avanzado.	Cuba
31	2015	Capllonch V.	Cuidados de enfermería en pacientes con cáncer de mama sometidas a radioterapia.	Conocer la importancia de la incorporación de una consulta de Enfermería en los Servicios de Oncología Radioterápica	Revisión de tema y reflexión sobre los cuidados de enfermería.	España
32	2015	Leal C, Jiménez MS.	Afrontamiento del cáncer de mama. Papel de enfermería en el campo de la psicología.	Conocer qué intervenciones enfermeras se llevan a cabo en los estudios de intervenciones psicológicas relacionadas con el afrontamiento del cáncer de mama.	Revisión bibliográfica entre los meses de Enero y Marzo de 2014.	España
33	2015	Oblitas CP, Pérez SE, Gonzales DB	Actitudes de las enfermeras en el cuidado al paciente con cáncer en etapa terminal atendido en un hospital de Chiclayo	Describir y comprender las actitudes de las enfermeras en el cuidado al paciente adulto con cáncer en etapa terminal atendido en los servicios de Medicina y Ginecología de un hospital de Chiclayo en enero del 2015.	Estudio de Caso con enfoque cualitativo, siendo los informantes 10 enfermeras, 11 pacientes y 7 familiares cuidadores.	Perú
34	2016	Hernández L.	La mujer con cáncer de mama: una experiencia desde la perspectiva del cuidado humano.	Ofrecer un cuidado holístico a mujeres con cáncer de mama, ajustado a las condiciones individuales de cada paciente.	Reseña de una experiencia exitosa sobre la implementación de un programa de Atención Integral a las Mujeres con Cáncer de Mama.	Colombia

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