

Nursing care in the rehabilitation center: the nurse's role

Assistência de enfermagem em núcleo de reabilitação: o papel do enfermeiro

Atención de enfermería en un centro de rehabilitación: el papel de enfermería

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ABSTRACT

Objective: to recognize how women describe and understand the nursing care they receive in a rehabilitation center following mastectomy. **Method:** this qualitative, descriptive study was conducted at a rehabilitation center, with 26 patients, aged 18 or over, who had undergone mastectomy and attended the service at least once a month for at least one year. Data were collected by open interviews, after ethics commission approval. **Results:** four categories emerged: recognizing nursing and its importance in health care for women with breast cancer; nurses organizing and planning care, social and leisure activities; nurses leading the verbal group; and nurses providing care and comfort. **Conclusion:** The participants recognized that nursing was indispensable to the multi-professional team providing care, that they were welcomed and assisted satisfactorily, both physically and emotionally, and that this was due to a nurse's organizing and managing all activities.

Descriptors: Rehabilitation Nursing; Breast Neoplasms; Mastectomy; Nurse's Role.

RESUMO

Objetivo: reconhecer como mastectomizadas descrevem e compreendem os cuidados de enfermagem que recebem em um núcleo de reabilitação. **Método:** estudo descritivo, qualitativo; realizado em um núcleo de reabilitação. Participaram 26 mastectomizadas, com 18 anos ou mais, que frequentavam o serviço há um ano, no mínimo, e pelo menos uma vez ao mês. A coleta de dados foi realizada por meio de entrevistas abertas, após aprovação do Comitê de Ética em Pesquisa. **Resultados:** surgiram quatro categorias: reconhecendo a enfermagem e sua importância no cuidado em saúde de mulheres com câncer de mama; a enfermagem organizando e planejando as atividades assistenciais, sociais e de lazer; a enfermagem liderando o grupo verbal e a enfermagem cuidando e acolhendo. **Conclusão:** As participantes reconhecem a enfermagem como indispensável na equipe multiprofissional que lhes presta assistência; que são acolhidas e assistidas de forma satisfatória, tanto física como emocionalmente e que isso se deve à organização e gerenciamento de todas as atividades por uma enfermeira.

Descritores: Enfermagem em Reabilitação; Neoplasias da Mama; Mastectomia; Papel do Profissional de Enfermagem.

RESUMEN

Objetivo: reconocer cómo las mujeres describen y comprenden los cuidados de enfermería que reciben en un centro de rehabilitación tras una mastectomía. **Método:** estudio cualitativo, descriptivo, realizado en un centro de rehabilitación, con 26 pacientes, de 18 o más años, que se habían sometido a mastectomía y acudieron al servicio al menos una vez al mes durante al menos un año. Los datos se recopilaban mediante entrevistas abiertas, después de la aprobación de la comisión de ética. **Resultados:** surgieron cuatro categorías: reconocimiento de la enfermería y su importancia en la atención de la salud de las mujeres con cáncer de mama; enfermeras que organizan y planifican actividades asistenciales, sociales y de ocio; enfermeras que lideran el grupo verbal; y enfermeras que brindan atención y comodidad. **Conclusión:** Los participantes reconocieron que la enfermería era indispensable para el equipo multiprofesional que brindaba los cuidados, que fueron recibidos y atendidos de manera satisfactoria, tanto física como emocionalmente, y que esto se debía a que una enfermera organizaba y gestionaba todas las actividades.

Descriptores: Enfermería en Rehabilitación; Neoplasias de la Mama; Mastectomía; Rol de la Enfermería.

INTRODUCTION

Breast cancer is the most common type among women, with the exception of non-melanoma skin cancer¹⁻³. Among the treatments most used for this pathology are surgery, chemotherapy, radiation therapy and hormone therapy. These treatments can have deleterious effects, both local and systemic, leading to physical and emotional consequences in the woman's life^{4,5}.

Among the surgical procedures, mastectomy consists of the removal of the mammary gland, and may cause several consequences, including functional, motor and alteration of the self-image^{6,7}.

In view of all the post-mastectomy aspects, the woman needs assistance involving a multidisciplinary team in order to reduce and treat possible consequences. The nurse's performance in this stage is of utmost importance and involves high ability to develop educational activities for the patients and their family members, as well as analyzing all the stages of the health-disease process⁸⁻¹⁰.

When we refer to the context of this study, we aim at a rehabilitation center for mastectomized women, which operates within a Nursing teaching institution, was created, is coordinated and is under the responsibility of nurses.

Thus, the aim of this study is to recognize how mastectomized women describe and understand the Nursing care they receive in a rehabilitation center.

LITERATURE REVIEW

In our country, breast cancer is responsible for nearly 29% of the new cases each year, and is also the leading cause of death due to cancer in the female population. For each year of the 2020-2022 triennium, 66,280 new cases of the disease are estimated, showing an increase over previous years, when the estimate was 59,700 (2018-2019)¹⁻³.

Its treatments depend on the stage of the tumor; the most used are surgery, chemotherapy, radiation therapy and hormone therapy, which can take place in isolation or in conjunction, and are important in controlling the disease. However, they can present local and/or systemic adverse events and affect the woman's life^{4,5}.

The surgical procedures used for the treatment involve conservative surgery, which consists of the removal of part of the mammary gland in the quadrant where the tumor is located, and mastectomy, which consists of the total removal of the mammary gland in order to reduce the chances of recurrence of the disease and improve life expectancy^{11,12}.

In this way, mastectomy can have unfavorable physical and emotional consequences for the woman's life; among them, muscle injuries, changes in sensitivity, postural changes, pain, decreased or total loss of motion range and muscle strength, loss or reduction of functional capacity and lymphedema are highlighted^{13,14}.

In this sense, the bodily changes resulting from the treatments can be traumatic for women, making it difficult to manage the situation experienced; they can even lead to emotional impairment, enhancing the moment of fragility faced¹⁵.

In view of this, the woman with breast cancer needs rehabilitation, that is, she needs to be assisted by a multidisciplinary team with the intention of preventing and/or detecting, mitigating and treating these possible complications.

Regarding rehabilitation, the World Health organization (WHO) defines it as "a set of measures that assist people who experiment or will experiment inability to attain or maintain optimum performance in the interaction with their environments"¹⁶.

Regarding the rehabilitation of cancer patients, this process is considered fundamental and integrated in the treatment, in order to reestablish the limits imposed by the disease and its treatment¹⁷. In addition to that, such a process is integrated into the therapeutic planning of the patients, maintaining the objective of improving quality of life and the efficacy of the care provided^{8,18}.

Regarding rehabilitation, which must therefore be multi-professional and interdisciplinary, the nurses' performance is essential, as it is based on carrying out their assessment in an individualized way to elaborate the care interventions. Consequently, in the rehabilitation of the oncology patient, nurses are indispensable professionals, directly involved in the entire process⁸⁻¹⁰.

METHOD

This is a descriptive study with a qualitative methodological approach. The research locus had a rehabilitation and assistance center for mastectomized women, linked to a public higher education institution in the inland of the state of São Paulo.

The rehabilitation service aims to provide comprehensive assistance to women with breast cancer and to their family members through a multidisciplinary team; the consultations take place three times a week, and more than 1,600 women have already been assisted.

Data collection took place between September 2018 and May 2019. The inclusion criteria were the following: women diagnosed with breast cancer, registered in this rehabilitation and assistance center for mastectomized women, aged 18 years old or over in the year of the research, and who had attended the service at least one year ago and at least once a month. The exclusion criteria were as follows: Women with cognitive difficulties to answer the research question. A total of 26 women were recruited, and all of them accepted to participate.

The invitation was made in person by one of the researchers, on the days and hours of operation of the rehabilitation service. At the data collection moment, previously scheduled according to the participants' preferences, the research project was presented to them, they were clarified as to the objectives and the methodology and, after signing the Free and Informed Consent Form (FICF), an instrument with questions on personal data was applied and an

interview (lasting approximately 45 minutes) was conducted. The criterion for ending data collection was data saturation, that is, the data were repeated and the phenomenon was revealed.

The open interviews conducted were guided by questions referring to the Nursing care provided in the service and regarding the women's opinion in relation to this care. New questions were added in order to clarify and substantiate the experience. For the characterization of the participants, personal and clinical data were collected, such as: age, age at diagnosis, occupation, schooling, marital status, religion, type of surgery, other treatments, and date of treatment initiation in the rehabilitation center.

Thematic content analysis was used for data analysis. Content analysis is organized in three stages: pre-analysis or organization of the collected material through heterogeneity, representativity and importance to answer the problem of this research; exploration of the material, which is the coding and categorization of the content; and treatment of the results obtained and interpretation, which refers to the interpretation of the collected data by using inference¹⁹.

The categories were created from the coding of the contents of the interviews, which showed to be considerable to meet the objective of this study. The criteria used were the speeches of the participants that referred to the activities that were performed and the responsibility of the nurse professionals, within the rehabilitation center.

Thematic units were listed, which proved to be important to identify how women who participate in a rehabilitation center describe and understand the Nursing care provided to them in this service. Subsequently, these units were grouped by convergence of meanings, classified and aggregated into theoretical or empirical categories that commanded the specification of the themes²⁰.

After reading and rereading the interviews, 15 thematic units were identified that converged in 4 categories. The first category, "recognizing Nursing and its importance in the health care of women with breast cancer" was composed of 4 thematic units: recognizing Nursing, work performed by Nursing; receives care; receives care guidelines.

The second category, "Nursing organizing and planning assistance, social and leisure activities", composed of 3 thematic units: Nursing leadership in the multidisciplinary team; Nursing is indispensable, the importance of social and leisure activities.

The third category, "Nursing leading the verbal group and Nursing caring and welcoming", composed of 3 thematic units: Nursing leads the group; Nursing inspires trust to clarify doubts; Nursing inspires trust for the women to disclose their feelings.

The last category, "Nursing caring and welcoming", was composed of 5 thematic units: feeling cared for, feeling welcomed, being well treated, receiving affection and feeling that the professionals are concerned with their health and well-being.

All the ethical aspects included in Resolution 466/2012 of the National Health Council for research studies with human beings were respected, with due authorization of the Research Ethics Committee of the institution under CAAE Protocol number 89824318.0.0000.5393.

RESULTS AND DISCUSSION

The 26 women interviewed for this study were identified as M1 for Woman 1 ("*Mulher 1*" in Portuguese) to M26 for Woman 26, so as to preserve their identities. They were aged between 35 and 78 years old and received the breast cancer diagnosis when they were between 33 and 68. As for their marital status, 50% were married, 23% were separated, 15.4% were widows, and 11.6% were single. In relation to their occupations, 50% of the interviewees were housewives. Most (77%) of them were Catholics, had incomplete elementary school (54%) and self-declared as white-skinned (85%). As for the type of surgery, 50% underwent mastectomy; 38.4%, quadrantectomy; 3.9%, nodulectomy; and 7.7%, quadrantectomy and nodulectomy. In relation to the other types of treatment, 77% of the women underwent radiation therapy; 92.3% were subjected to chemotherapy, and 61.5% were on hormone therapy, with the majority having performed the three treatments in association.

The contents of the interviews were analyzed and thematic units were identified, which were grouped into four categories, presented below.

Recognizing Nursing and its importance in the health care of women with breast cancer

When reporting on how they understood the presence of Nursing in the rehabilitation center, and how they recognized Nursing in the multi-professional health team that provides care in this service, the women revealed that they consider Nursing to be an important and indispensable part of this team:

It's a team, each one depends on the other. Nursing...how do I tell you, we end up getting tips from the girls from self-help Nursing; if it weren't for the Nursing staff who gives us the tips, talking about what to do with the arm, what you can and what you can't do. (M01)

Look, I don't know the names very well, but they guide us in many things that we don't know, and also the measurements of the arms that are very important for us, because we manage to monitor whether the arm is swelling or not. (M07)

Measure our pressure, measure the arm, depending on the degree of lymphedema they transfer to the physiotherapists who do massage. (M01)

So, what I see is that the girls who measure the arm, weigh, see the pressure, these girls I know they are from Nursing. They tell me not to take weight, not to stay near fire, or hot stuff, because it can hurt the arm, these kinds of things, of being careful with the arm itself. (M22)

Thus, they made it clear that, although sometimes they do not remember the names of the Nursing staff who assist them in the service, due to the high rotation of professionals and students in the team, they recognize that they are welcomed and assisted in order to solve doubts, be stimulated to self-care and receive the care, as for example, those related to the prevention and control of lymphedema, a serious complication of breast surgery, and difficult to treat.

Therefore, nurses are indispensable professionals in the relationship between the cancer patient and the other professionals of the team that assist her^{8,15}. In addition, during their training and practical experience, nurses have the ability to acquire vast knowledge, as well as to obtain skills that give them the ability to deal with the biopsychosocial consequences that cancer causes to those affected, thus being able to carry out activities for the rehabilitation of these patients⁸.

Also in relation to the care provided to the women, they cited other activities that they recognized as being the responsibility of Nursing and that were offered in the assistance days of the service. Thus, in addition to performing the perimetry (measuring the circumference of the arms, at various points), they highlighted that they also received guidelines on weight control, food, self-massage, blood pressure control and blood glucose, composing comprehensive care for women with breast cancer.

It is worth noting that, in the rehabilitation service, among the activities of the consultations on the three days of the week, physical exercises are also offered aimed at the prevention and control of complications with the arm and shoulder after surgery and the discussion group (verbal group). In addition, the women can benefit from individual psychological care, occupational therapy activities, and educational, social, cultural and leisure activities; referrals are made to other services and the rights of cancer patients are guided. There is a monthly Family Group meeting, aimed at the relatives of the women who attend the service.

Nursing organizing and planning assistance, social and leisure activities

The participants also spoke about how the service was organized and who was part of that organization. In this scenario, the women reported that the organization and management of the rehabilitation center is carried out by a nurse.

The Center provides activities through a multi-professional team, but a nurse hired for the service organizes and manages all activities; she is present on all service days and in all activities offered to the women, either inside or outside the center. Two professor-nurses are responsible for the service, one of which is the coordinator of the center. The other professionals that make up the team are physiotherapists, psychologists, nutritionists and undergraduate and graduate students.

The participants perceive that all the leisure activities, lectures, events and trips are planned together with the multidisciplinary team, but under the leadership of a nurse.

They recognize that Nursing is essential in the service and within the team, when they make it clear that there is no rehabilitation service without Nursing, according to the last report below:

It's teamwork, because without a team nothing works. Then Nursing also participates in the organization of these activities. Nurse X (the service nurse) manages the organization of the activity, but everything is done from the team, so each person is responsible for something. (M01)

It's X (the service nurse) who organizes everything, right?, she as a nurse, then it's her who organizes the service as I see it, runs behind things, solves problems, it's all her. (M16)

It's X (the service nurse) who plans the activities, and it's done right, because it always worked, right, she goes after it to see if it works, organizes things, that's it. And the girls also help a lot in the organization. (M18)

Ah, I think that without Nursing there is no REMA. (M16)

Given these testimonies, it is observed that a multidisciplinary team has the objective of developing a high and multifaceted care standard, in order to guarantee the comprehensive, biopsychosocial and effective care required by rehabilitation^{8,15}. In addition, it is also the nurses' role, within the oncological rehabilitation, to focus not only on the specific care of the patient, but also on teaching, coordination and guidance with the patients themselves and their family members, turning them into the primary professionals to perform irregular assistance activities within the multidisciplinary team⁸⁻¹⁰.

Continuing their observations about the care provided by the multidisciplinary team of the rehabilitation service, with emphasis on the performance of Nursing, the participants emphasized the importance of social and leisure activities, travels and lunches, among others, in which they participate:

In the Pink Parade, for example, they (nurses) help us choose clothes, take us to lunch, they help in everything, as I said, it's a team effort to make the event happen. They guide us on how to do these things. (M01)

I think so, because there are a lot of women who stay down there and these things that they have here help a lot to cheer the person up, to make the person more excited, more confident. I think they do participate, there's always someone, right? (M05)

I love these activities, and it's important, because it raises our spirits, we feel better, right? and the girls from Nursing help when we have these activities, it's a work that I see that is done in groups. (M18)

The women herein interviewed showed in their statements that Nursing, especially nurses from the rehabilitation service in which the data for this study were collected, understand the importance of comprehensive care for women with breast cancer, contemplating the physical aspects, but also the psychosocial ones involved in the disease, treatments and recovery process.

The authors assert that these activities make a great difference in the treatment and rehabilitation of breast cancer, especially those who work on self-esteem, emphasizing that the treatment of breast cancer can negatively influence women's self-image and self-esteem, and may even affect their sexuality and demand from them an adaptation to the situation experienced^{21,22}.

Nursing leading the verbal group

Among the daily activities of the rehabilitation service, in addition to the physical exercises, there is the verbal group, in which the participants discuss issues related to breast cancer, share their stories and divide their doubts and anxieties, but it is worth mentioning here that they also take advantage of this space to share joyful news such as the good results of their follow-up exams and the return to work after the treatments, among others.

And once again, they highlight that, in this space, the service nurse appears in the coordination of the groups, together with the psychology team. The nurse inspires trust to clarify doubts and for the women who participate in these groups to disclose their feelings:

It's X who commands the group, who is a nurse, right? There in the group we manage to express our feelings and also grow, right? It's X who manages, guides and they also have the psychologist there, then I think that it's joint work of the two professionals. (M02)

I do manage, the doubts are all answered, I can talk about my feelings and what we have the most doubts about, X looks for professionals to come to give lectures about that, to guide us. (M04)

I like the group and it's the best part, the day I lose the group I get sad, but it's a very good group. There we talk about everything, we put out what is suffocating sometimes, there's nothing better than sharing the pain, talking... (M21)

X is the nurse who leads the group, right? there are psychologists too, I see this in the group, which is someone from the Nursing team who commands. (M22)

This unique relationship between nurses and patients allows these professionals to be able to expand their assistance, contributing to the positive confrontation of the patients, as well as their family members, in relation to the disease and its process, in addition to acting with practices and care that recognize and respect the autonomy, beliefs and values, mainly, of the cancer patient^{8,23}.

In addition, we can say that another reason that highlights the importance of the professional nurses in the rehabilitation process is their ability to contribute within the multi-professional team, considering that these professionals work in all phases of the disease and rehabilitation process, in addition to helping other health areas and the community. This results in a construction of knowledge, which can be used in direct and indirect patient care, thus leading to total rehabilitation of the individual^{8,9}.

Nursing caring and welcoming

In continuity with the testimonies about the Nursing team in assisting the participants of this study in the rehabilitation center, they stated that they feel cared for and welcomed by these professionals. They feel care that goes beyond assistance, that is, they feel that they are well treated and that they are offered affection and concern for their health and well-being.

I feel happy for the treatment, it's a security that I have here, because if something happens, they already help me, comfort me, answer my questions or look for someone who can answer. I feel really cared for. (M01)

Yes, I feel cared for here, in general I'm cared for by friends, by professionals, by everyone, here I have sincere friendships. I feel cared for when I'm in pain, for example, and X comes and assesses me, tells me what I should do, then takes off those silly worries that we put on our heads and another, I feel taken care of just by coming here, you know, I feel good, coming here, it's too good. (M20)

Yes, I feel cared for, everything I need or have doubts they help me, they guide me, they explain to me, so I'm cared for, and you don't have to wait a little bit... later I'll see you, things here are at the time we have a doubt, we talk. You deserve to be congratulated (laughs). (M26)

These speeches lead us to the assertion that Nursing plays a fundamental role in the work carried out in these support groups, as it is the nurse's role to teach self-care, to value the individual, with their fears and their doubts, aiming to promote an individual growth from the acceptance of the person as unique and singular being, giving them encouragement and support.

The welcoming performed by the Nursing professional is highlighted as a crucial factor for the permanence of patients in the rehabilitation groups¹⁵, evidencing the importance of the care provided by the Nursing professional in the rehabilitation process of cancer patients.

Study limitations

In relation to the limitations of this study, there was some difficulty in selecting the participants according to the inclusion and exclusion criteria, since some of them ceased to frequently attend the rehabilitation center. Others return to work or move to another municipality, among other reasons.

CONCLUSION

The participants in this study showed that they recognize Nursing as an active and fundamental member in the multi-professional team of the rehabilitation center, addressing both physical and emotional issues.

They highlighted the presence of the nurse in the management and organization of the service, in addition to the planning of leisure, social and assistance activities. They recognized the nurse as the coordinator of the verbal group (together with a Psychology professional) and her importance in the participation of this group, inspiring trust to clarify their doubts and for them to disclose their feelings. They stated that they feel cared for and welcomed by the Nursing professionals.

Thus, a rehabilitation center for women with breast cancer, which has a multi-professional team, but works in a space within a Nursing school, was created, coordinated and is under the responsibility of nurses, and is thus recognized in the voice of the women who participate in and benefit from the service, which shows the success of the nurse in managing a multi-professional health service. It becomes evident that this model of assistance to women with breast cancer is increasingly more necessary and important, as it will be able to provide them with better quality of life, regardless of the stage of their rehabilitation process.

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