



ISSN: 2230-9926

Available online at <http://www.journalijdr.com>

# IJDR

International Journal of Development Research

Vol. 12, Issue, 06, pp. 57003-57006, June, 2022

<https://doi.org/10.37118/ijdr.24830.06.2022>



RESEARCH ARTICLE

OPEN ACCESS

## CARE FOR ONCOLOGICAL PATIENTS IN PRIMARY HEALTH CARE

1,\*Sirlei Favero Cetolin, 2Lediane Trissoldi, 3Vilma Beltrame, 4Fernanda Unser and 5Joéli Cristiane Petry

<sup>1</sup>PhD in Social Work. Graduated in Psychology and Social Work. Professor at the University of the West of Santa Catarina – Unoesc; <sup>2</sup>Graduated in Nursing. Master's student in Biosciences and Health at the Universidade do Oeste de Santa Catarina – Unoesc; <sup>3</sup>PhD in Biomedical Gerontology. Graduated in Nursing. Professor at the University of the West of Santa Catarina – Unoesc; <sup>4</sup>Graduated in Psychology. Master's student in Biosciences and Health at the Universidade do Oeste de Santa Catarina – Unoesc; <sup>5</sup>Graduated in Nursing. Master's student in Biosciences and Health at the Universidade do Oeste de Santa Catarina – Unoesc

### ARTICLE INFO

#### Article History:

Received 28<sup>th</sup> March, 2022

Received in revised form

17<sup>th</sup> April, 2022

Accepted 06<sup>th</sup> May, 2022

Published online 28<sup>th</sup> June, 2022

#### Key Words:

Public Health. Oncology.  
Health Assistance.

#### \*Corresponding author:

Sirlei Favero Cetolin,

### ABSTRACT

This article is the result of a research that aimed to analyze how the health care of cancer patients occurs in the sphere of Primary Care, in municipalities in the Far West Region of Santa Catarina. This is a qualitative study, where the interview technique was used, with the participation of 33 health professionals with higher education, who make up multidisciplinary teams from 25 municipalities with a population of less than five thousand inhabitants. Through the results obtained, there was an understanding in relation to the dynamics, flows and protocols for diagnosis and treatment in the multidisciplinary care of cancer patients. It was evidenced that, despite the existing health equipment and the realization of training, there are difficulties in the reference and in the counter-reference, highlighting fragmentations in the continuity of care.

**Copyright** © 2022, Sirlei Favero Cetolin et al. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

**Citation:** Sirlei Favero Cetolin, Lediane Trissoldi, Vilma Beltrame, Fernanda Unser and Joéli Cristiane Petry. "Care for oncological patients in primary health care", *International Journal of Development Research*, 12, (06), 57003-57006.

## INTRODUCTION

Cancer is understood as a set of cells with abnormal proliferation and development in the human body (KUMAR; ABBAS; ASTER, 2015). The emergence is multifactorial, linked to physiological and behavioral factors, experienced by individuals throughout their life course (AMORIM; SIQUEIRA, 2014). The number of cancer cases has increased considerably, being considered a public health problem in the most different countries of the world. It can be seen from the statistics that over the years the incidence and prevalence of cases has increased. In Brazil, until the first half of 2020, 224,712 deaths were accounted for due to the most varied types of cancer (INCA, 2020). In a way, the demographic and epidemiological transitions experienced worldwide over the decades impacted the population's lifestyle, contributing to the increase in the development of diseases such as cancer. Urbanization and modernization have influenced purchasing power, education, quality and life expectancy, as well as access to health services (BARBOSA FILHO; TURRA; WAJNMAN, 2016). In public health, the care provided to patients requires the contemplation

of all levels of care, from primary to specialized care. For this, clinical protocols and therapeutic guidelines were developed, necessary and effective during the therapeutic process (MIGOWSKI; STEIN; FERREIRA, 2018). Knowing the regional reality on the care for cancer patients in Primary Care can contribute to knowledge and the instrumentalization of health professionals to carry out interventions with higher quality in the face of demands. Therefore, this study aimed to analyze how professional care for cancer patients occurs in Primary Care in municipalities in the Far West Health Region of the state of Santa Catarina.

## METHODS

A descriptive, qualitative research was carried out, in which a semi-structured interview was used as a technique. The study was carried out in 25 small municipalities, with a population of up to 5 thousand inhabitants, located in the Health Region of the Far West of the state of Santa Catarina.

All professionals with higher education, over 18 years of age and who had been working for at least 5 months in multidisciplinary teams in Primary Health Care (PHC) were considered eligible. Due to the SARS-CoV-2 virus (COVID-19) pandemic, in order to facilitate the collection of information for the research and preserve the health of researchers and participants, biosecurity criteria were observed, such as: minimum distance, use of masks and use of alcohol gel. The interviews took place in September and October of 2020. Therefore, the answers obtained from each of the participants were analyzed from the Content Analysis recommended by the author (BARDIN, 2016), which is organized into three chronological poles: 1) Pre-analysis: phase that aims to in order to systematize the initial ideas, where the choice of documents to be analyzed takes place, the formulation of hypotheses and the objectives to support the final interpretation; 2) Exploration of the material: moment in which the conclusion of the pre-analysis is applied manually or technologically; 3) Treatment of results, interference and interpretation: phase that allows to treat the raw data in a meaningful and valid way, through statistical tests. Another resource used to analyze the relevant information was the technological tool called WordArt, which is freely available on an online platform, through the WordArt.com website, with the purpose of synthesizing the most mentioned nouns, and, later, creating an interactive word cloud (BILAR et al., 2021). It is noteworthy that the research project was submitted to the Ethics and Research Committee (CEP) of the Universidade do Oeste de Santa Catarina with the assent No. 3,668,562. All ethical requirements contained in the Resolution of the National Health Council - CNS 466/2012 were observed and respected. As well, the identity of the participating subjects was kept confidential, using numbers in this article to preserve their identity.

## RESULTS

Thirty-three professionals from Primary Care (AP) teams from 25 municipalities that make up the Health Region of the Far West of Santa Catarina participated in the study, among the participants: 17 nurses (52%), 5 nutritionists (15%), 4 psychologists (12%), 3 physiotherapists (9%), 2 dentists (6%), 1 social worker (3%) and 1 speech therapist (3%). The summary of the professional profile can be seen in table 1. Professional care for cancer patients was analyzed in the 33 responses from study participants. It was noticed that thirty participants emphasized care, through support and interventions carried out in the Family Health Strategy (ESF) to which the patient is attached, referencing protocols and structuring the service for care. There were also manifestations of nine participants, who highlighted the need for referrals to specialists and for Out-of-Home Treatment (PDT), emphasizing that they are aware of the ordinances and guiding flows of the SUS regarding cancer treatment and follow-up. Two participants indicated that they had no knowledge because they had not provided care to any cancer patient at the place of work, until the date of the research. It is noteworthy that, when referring to the instruments and techniques that are used in the care of cancer patients, several answers were obtained, among which, the speeches of participants 6 and 33 stand out,

*"[...] attention to all needs. Home visits if necessary, we take care of scheduling appointments, locomotion... in short, all the necessary care to facilitate the treatment" (PARTICIPANT 6).*

*"[...] Nutrition, psychologist, medical care, the entire team is oriented to develop what is within reach and within the possible to be performed and provided by the health secretary" (PARTICIPANT 33).*

Assistance in group interventions aimed at cancer patients and/or their relatives is present in a smaller number, with the negative appearing in 31 of the participants. However, the professionals signaled that there is support even though there are no groups, as emphasized below, *"we do not have a formed group, but we do have a psychologist available to assist. As long as requested and regulated by the doctor" (PARTICIPANT 7).*

**Table 1. Participants' Socio-Demographic Data**

Feature	Nº
Biological Sex	
Feminine	31
Male	2
Age	
Average	34,7 years old
23 to 27 years	9
28 to 32 years	5
33 to 37 years	5
38 to 42 years	10
43 to 47 years	4
Marital Status	
Married or in a stable union	23
Bachelor	8
Widow	1
Divorced	1
Education	
Specialization	27
Master's degree	2
University graduate	4
Service Time	
5 months to 4 years	12
5 to 9 years	11
10 to 14 years	7
15 to 19 years	3

Source: The authors.

*"The FHS teams are always available to help, from a simple orientation conversation to any type of need that may arise, with psychological and other support if necessary" (PARTICIPANT 20).*

In some municipalities, there was an emphasis on the existence of a project to support cancer patients and their families, but the execution was compromised in the face of the limitations imposed by the pandemic, among which the necessary social distance. However, the action is designed and proposed to be developed by the entire health team, according to the need for assistance that the patient demands. The multidisciplinary work in interventions with cancer patients was observed, *"service and support by the entire team necessary for the treatment" (PARTICIPANT 7).*

*"Among the FHS team, the case is studied and a care plan is applied, always trying to promote an improvement in the patient's quality of life and/or cure!" (PARTICIPANT 21).*

The manifestations highlight the multidisciplinary care and reveal fragility in the interdisciplinary performance of the teams. The following report illustrates the statement, *"but it is a very weak link, most of the time the professionals attend each one 'their part' and there is little, or there is no communication between the professions" (PARTICIPANT 17).* For continuity and care with horizontal intervention throughout the network, in many moments it is essential to activate the mechanisms of reference and counter-references. It was noticed that twenty-six participants indicated that referrals are made through agreements and organization of the SUS, as highlighted, *"the same tools are used as the UBS" (PARTICIPANT 22).*

On the other hand, the participants emphasized that the communication between the network has expanded, however, only one indicated that there was a counter-reference and four that the occurrences of the necessary procedure for the continuation and expansion of patient care are rare. The reference refers to the act of referring the patient to more complex and specific health levels, after support and continuity of treatment, the counter-reference occurs, which is responsible for sharing the information relevant to each case (FITTIPALDI NETO; BRACCIALLI; CORREA, 2018). In relation to the subject, Participant 9 highlights:

Patients diagnosed with cancer are referred by the FHS physician to referral sites (according to SISREG). Reference document is

made. The TFD sector performs inclusion in SISREG, and shortly it is called for consultation at the reference site. After the consultation, the patient returns to the UBS with a counter-reference and, as described by the specialist, further procedures are performed.

Still on the subject, professionals reported not having knowledge on the subject and two answers addressed the ineffectiveness and non-existence of this communication process, signaling, *"failedly, I see difficulties in counter-references to professionals in the municipality"* (PARTICIPANT 19). And also, *"precarious, practically non-existent"* (PARTICIPANT 21). Finally, Figure 1 illustrates the word cloud referring to the main types of cancers that affect the population of the cities surveyed, according to the manifestations of the interviewees. The figure illustrates through WordArt the frequency in which the words were expressed. From Figure 1, it is noted that the WordArt platform (2021) detected the citation of twenty types of cancer, totaling eighty-two responses and twenty types of cancer listed, but highlighted the ones that were named the most, with 18 responses listed breast, 13 skin, 12 gastrointestinal and 7 lung and 4 prostate.

## DISCUSSION

The analysis of the study results showed that care is based on protocols established by SUS norms and guidelines, but is mainly focused on the ability to meet the basic needs of patients by a multidisciplinary team, considering the specifics of cancer diagnosis and treatment (CHAVES et al., 2020). One of the needs for diagnosis and treatment, as evidenced in the responses, is the performance of Out-of-Home Treatment (PDT), which aims to strengthen the process of integrality of health services (AZEVEDO, 2016) contributing to other alternatives to service provision. and the reduction of the shortage of medical specialties through contracted consultations, financial assistance and round trip tickets for the patient and companion, outpatient treatment, among others (SÁ et al., 2016). The diagnosis of cancer involves several psychological, social and emotional implications, as it involves subjectivity and individuality (ANGERAMI, 2017), and can also be considered a period of crisis, since in addition to physical weakness, the person has contact with human conditions. of fragility and finitude (PFEIFER; QUINTANA, 2015), therefore, emphasizing the need and importance of teamwork. Emotional support for patients and family members is important at this time of illness and treatment.

The most frequent actions provided to cancer patients can be aimed at maintaining a healthy life and emotional issues (CHAVES et al., 2020), as the treatment can generate many losses beyond physical dependence, such as vitality and the exercise of autonomy (OLIVEIRA; CAVALCANTE, 2019). In this context, the training of health professionals is of paramount importance, as they need to be prepared to remedy and deal with the adversities encountered during patient treatment (BENEDETT; WAKIUCH; SALES, 2018). The professional interdisciplinarity offered to the patient is understood as an interrelationship between the various health specialties, which exchange knowledge, skills and competences in favor of the patient and his specificity, seeking a collective action and enhancing care (PICHELLI; MONTEIRO; HORA, 2019). On the other hand, multidisciplinary is indispensable in this process, as it focuses, assists and details in a more specific way the management of care in the oncological scope, establishing effective exchanges of information (ANDRADE; GALHARDI; AVOGLIA, 2020). In relation to the effectiveness of the performance and the essential competences of the inter and multidisciplinary health teams in the context of cancer treatment - considering the professionals who make up the team who are: nutritionist, social worker, physiotherapist, psychologist, pharmacist, physical education professional, among others, adding to the existing professionals in the teams of the Basic Health Units - in addition to providing assistance in health care, acting in prevention, rehabilitation, care and diagnostic evaluation and also in the development of educational and integrated actions

with the network (LOPEZ-JÚNIOR; LIMA, 2019). With this, it denotes the importance of teamwork for the effectiveness of the characteristics mentioned above. However, considering the participants' response, it is observed that there are obstacles in the work process and uncertainties regarding the exchange of information between the teams working in Primary Care and the other levels of care that make up the service network. This exchange of information is called reference and counter-reference, which is strategic and includes the integrality of care (SANTOS et al., 2015), being one of the organizational principles of the SUS that requires team attention, which is observed precariousness in the responses of the participants. It should be noted that the professional must act in a way that amplify the references with which he works, corroborating for qualified comprehensive care (PAREIRA, 2015), in all spheres of care. It is noted that the lack of counter-reference corroborates a reduction in the resolution of the patient's disease, unnecessarily causing their health conditions, in addition to overloading tertiary care (SANTOS et al., 2015). It is noted that the findings of the difficulty in establishing adequate and horizontal communication and, for the most part, the lack of counter-reference corroborate another study, which also highlights that it is up to all team members to make communication effective, clear and complete, avoiding losses in the continuity of health care provided and permanence of a fragmented system (SILVA et al., 2018). Considering the INCA data (2019), the data collected show that, of the named cancers, the estimate of the most prevalent in the State of Santa Catarina are non-melanoma skin (9,330 cases), breast (3,370 cases), colon and rectum (2,350 cases), trachea, bronchus and lung (1,770 cases). When compared with the data obtained in the study, it can be seen that professionals in their daily lives provide care and visualize the prevalence of breast, skin, lung and prostate cancer, respectively, corroborating the findings of these cancers in the state.

## FINAL CONSIDERATIONS

The study aimed to analyze how professional care for cancer patients occurs, specifically in Primary Care in municipalities in the Health Region of the Far West of Santa Catarina. From the results obtained, it was noticed that the research participants have an understanding of the dynamics, flows and protocols for the diagnosis and treatment, that care needs to observe the integrality of the subjects. The manifestations reveal that multiprofessional care involves the use of individual and specific instruments and techniques of the professions, requiring further interdisciplinary interventions of the teams. It was evidenced that despite the existing health equipment and the realization of training, there are difficulties in the reference and in the counter-reference, highlighting fragmentations in the continuity of care. At the end of the research, with the dissemination of the results obtained, we will seek to provide information capable of strengthening the weaknesses and further boosting the importance of the role of Primary Care professionals for the continuity of care. It should also be noted that the research was applied to professionals from a certain region, where small municipalities are located, far from large urban centers, where the most specialized services for cancer care and treatment are usually located. However, it is believed that it can express a reality present in other geographic spaces of the country. With this, it denotes the importance of other researches that investigate the subject and, increasingly corroborate, for the maintenance of the health of cancer patients, as well as the necessary care to be provided in the scope of Primary Care of small municipalities. existing in the country.

## REFERENCES

- Amorim MAP, Siqueira KZ. 2014. Relação entre vivência de fatores estressantes e surgimento de câncer de mama. *Psicologia Argumento, Curitiba*, v. 32, n. 79, p. 143-153. Disponível online em <https://doi.org/10.7213/psicol.argum.32.079.A009>.
- Andrade C de J, Galhardi SRR de B, Avoglia HRC. 2020. Reações defensivas de pacientes em tratamento oncológico: análise das principais formas de enfrentamento. *Brazilian Journal of health*

- Review, Curitiba, v. 3, n. 3, p. 5881-5899. Disponível online em <https://doi.org/10.34119/bjhrv3n3-149>.
- Angerami VA. 2017. O imaginário e o adoecer: um esboço de pequenas grandes dúvidas. In: Angerami VA. E a psicologia entrou no hospital. Belo Horizonte: Artesã, p. 137-168.
- Azevêdo SR, 2016. O programa de Tratamento Fora de Domicílio no Sistema Único de Saúde no Piauí. HOLOS, Piauí, v. 2, p. 402-413. Disponível online em <https://doi.org/10.15628/holos.2016.3360>.
- Barbosa-Filho F de H, Turra C, Wajnman S et al. 2016. Transição demográfica, oferta de trabalho e crescimento econômico no Brasil. A crise de crescimento do Brasil. Rio de Janeiro: Elsevier.
- Bardin L, 2016. Análise de conteúdo. São Paulo: Edições 70.
- Benedett GM dos S, Wakiuch J, Sales CA, 2018. Cuidado da equipe de saúde sob a ótica de pacientes em quimioterapia paliativa: análise existencial. Reme, Revista Mineira de Enfermagem, Belo Horizonte, v. 22, p. 1-8. Disponível online em <https://doi.org/10.5935/1415-2762.20180046>.
- Bilar ABC, Tavares CHT, Bezerra JKG da S et al. 2021. Desenvolvimento Sustentável Em Publicações Científicas Brasileiras: Uma Revisão Sistemática. Journal of Environmental Analysis and Progress, v. 6, n. 1, p. 51-59. Disponível online em <https://doi.org/10.24221/jeap.6.1.2021.4092.051-059>.
- Chaves AFL, Pereira UL, Silva AM da et al. 2020. Percepções de enfermeiros da atenção primária à saúde sobre o cuidado a pacientes oncológicos. Enfermagem em Foco, v. 11, n. 2, p. 91-97. Disponível online em <https://doi.org/10.21675/2357-707X.2020.v11.n2.2880>.
- Fittipaldi Neto J, Bracciali LAD, Correa ME (2018) Comunicação entre médicos a partir da referência e contra referência: potencialidades e fragilidades. CIAIQ., v. 2. Disponível online em <https://proceedings.ciaiq.org/index.php/ciaiq2018/article/view/1769/1722>.
- INCA - Instituto Nacional de Câncer José Alencar Gomes da Silva 2020. Estimativa 2020: incidência de câncer no Brasil. Rio de Janeiro: INCA.
- INCA - Instituto Nacional de Câncer José Alencar Gomes da Silva. INCA, 2019. Santa Catarina e Florianópolis - estimativa de novos casos. Rio de Janeiro: INCA. Disponível online em <https://www.inca.gov.br/estimativa/estado-capital/santa-catarina-florianopolis>.
- Kumar V, Abbas AK, Aster JC, 2015. Robbins & Cotran base patológica da doença. 9. ed. Rio de Janeiro: Elsevier.
- Lopes-Júnior, LC, Lima RAG de 2019. Cuidado ao câncer e a prática interdisciplinar. Caderno de Saúde Pública, v. 35, n. 1, p. e00193218. Disponível online em <https://doi.org/10.1590/0102-311X00193218>.
- Migowski A, Stein AT, Ferreira CBT. et al. 2018. Diretrizes para detecção precoce do câncer de mama no Brasil. I-Métodos de elaboração. Caderno de Saúde Pública, v. 34, n. 6, p. e00116317. Disponível online em <https://doi.org/10.1590/0102-311X00116317>.
- Oliveira DAS, Cavalcante LSB, Carvalho RT de 2019. Sentimentos de pacientes em cuidados paliativos sobre modificações corporais ocasionadas pelo câncer. Psicologia: Ciência e Profissão, v. 39. Disponível online em <https://doi.org/10.1590/1982-3703003176879>.
- Pareira AK de L, Pinto KH da S, Almeida IJGV de et al. 2015. Dificuldades e implicações do processo de trabalho em equipe interdisciplinar na Estratégia de Saúde na Família. Revista Interdisciplinar em Saúde, v. 2, n. 3, p. 277-289. Disponível online em [https://www.interdisciplinaremsaude.com.br/Volume\\_5/Trabalho\\_02.pdf](https://www.interdisciplinaremsaude.com.br/Volume_5/Trabalho_02.pdf).
- Pfeifer PM, Quintana AM 2015. O ato cirúrgico e as fantasias infantis: uma revisão da literatura. Mudanças: Psicologia da Saúde, v. 23, n. 2, p. 9-16. Disponível online em <https://www.metodista.br/revistas/revistas-ims/index.php/MUD/article/download/5769/5271>.
- Pichelli KR, Monteiro MV de C, Hora SS da 2019. Desafios à Intervenção Interdisciplinar no Olhar da Equipe Multiprofissional em um Hospital de Referência em Tratamento de Câncer no Brasil. Revista Brasileira Cancerologia, v. 65, n. 4. Disponível online em <https://doi.org/10.32635/2176-9745.RBC.2019v65n4.231>.
- Sá EGL, Silva AB da, Lins RR. et al. 2016. Programa Tratamento Fora de Domicílio (TFD): uma análise dos serviços prestados no município de Petrolina-PE. In: Congresso Internacional de Administração, v. 29. Natal, Anais... Natal: UFRN.
- Santos RS de AF dos, Bezerra LCA, Carvalho EF de. et al. 2015. Rede de Atenção à Saúde ao portador de Diabetes Mellitus: uma análise da implantação no SUS em Recife, n. PE). Saúde em Debate, v. 39, 268-282, 2015. Disponível online em <https://doi.org/10.5935/0103-1104.2015S005368>.
- Silva KAB da, Juliani CMCM, Spagnuolo RS. et al. 2018. Desafios no Processo de Referenciamento de Usuários nas Redes de Atenção à Saúde: perspectiva multiprofissional. Ciência, Cuidado e Saúde, v. 17, n. 3, p. e43568. Disponível online em <https://doi.org/10.4025/ciencuidsaude.v17i3.43568>.
- WordArt. In: WordArt on-line 2021. Disponível online em <https://wordart.com/create>.

\*\*\*\*\*