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RESEARCH

Conhecimento das estudantes universitárias da área da saúde sobre câncer de mama em mulheres

The knowledge of health sciences undergraduate female students regarding women breast cancer

Conocimiento de los estudiantes de la universidad de la salud sobre el cáncer de mama en la mujer

Juliana Taques Pessoa da Silveira [1], Marilene Loewen Wall [2], Andrea Cristina de Moraes [3], Marli Aparecida Rocha de Souza [4]

ABSTRACT

Objective: To characterize the knowledge of university students in the health area of breast cancer in women, whereas the academic health fits into the contemporary woman profile and that breast cancer is the disease that affects more women. **Método:** descriptive, qualitative research with 11 university students of nursing and medicine courses in a public University of Paraná, between April and June 2012. **Results:** Data analysis was performed according to the 6 steps suggested by John W. Creswell and the referential Edgar Morin about knowledge and its dimensions: the context size, global, multidimensional and complex dimension. **Conclusion:** Knowledge about breast cancer, goes beyond the set of information that involves implementation of public policies and programs, but also refers to the involvement and awareness of professionals who will work in this area. **Descritores:** Nursing, Breast cancer, Women's health, Students, Knowledge.

RESUMO

Objetivo: Caracterizar o conhecimento de estudantes universitárias da área da saúde sobre câncer de mama em mulheres, considerando que é uma das doença que mais acomete a mulher. **Método:** Pesquisa qualitativa descritiva, com 11 estudantes universitárias dos cursos de enfermagem e medicina, em uma Universidade pública do Paraná, entre abril e junho de 2012. **Resultados**: A análise dos dados foi feita segundo os 6 passos sugeridos por Jonh W. Creswell e o referencial de Edgar Morin sobre o conhecimento e suas dimensões: a dimensão contexto, global, multidimensional e a dimensão complexo. **Conclusão:** O conhecimento sobre câncer de mama vai além do conjunto de informações que o envolve, implantação de políticas públicas e programas específicos, mas também refere-se ao envolvimento e sensibilização dos profissionais que irão atuar nessa área. **Descritores:** Enfermagem, Câncer de mama, Saúde da mulher, Estudantes, Conhecimento.

RESUMEN

Objetivo: Caracterizar el conocimiento de los estudiantes universitarios en el área de la salud del cáncer de mama en las mujeres, mientras que es uno de los más enfermedad que afecta el mulher. **Método:** investigación descriptiva, cualitativa con 11 estudiantes universitarios de enfermería y medicina, en un Universidad Pública de Paraná, entre el análisis de 2012. **Resultados:** Los datos de abril y junio se llevó a cabo de acuerdo con los 6 pasos sugeridos por John W. Creswell y la referencia de Edgar Morin en el conocimiento y sus dimensiones: el tamaño contexto, global, multidimensional y dimensión compleja. **Conclusión:** El conocimiento sobre el cáncer de mama, va más allá del conjunto de información que implica la implementación de políticas y programas públicos, pero también se refiere a la participación y el conocimiento de los profesionales que trabajarán en esta área. **Descritores:** Enfermería, El cáncer de mama, Salud de la mujer, Estudiantes, Conocimiento.

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INTRODUCTION

Currently women have demonstrated their importance in society with the workforce and their key role in the household, seeking professional qualification and quality of life.

These changes occurred in recent decades, mainly related to eating habits and behavior, makes most women the various pathologies are exposed, representing major cause of morbidity and mortality in Brazil, as well as the conditions associated with the reproductive system, such as breast cancer.[1]

Thus, the risk factors can be found in the physical environment, be hereditary, or even, represented by own customs of a particular social and cultural environment. In a given population, the risk of cancer depends on these environmental, social, political and economic, in addition to the biological characteristics of the individuals in this population. We can cite some of the major causes of cancer: feeding (30%), tobacco (30%) and heredity (15%).[2]

Thus, breast cancer is one of the diseases that most affects women today. Estimates by the National Cancer Institute (INCA)[3] indicate breast cancer as the second most common in the world and the most common among women.

Research shows that for the year 2014/2015, the estimated number of new cases in Brazil will be approximately 576.000, including female breast (75.000) and cervical cancer (15.000).[3]

This high incidence rate is mainly due to the late diagnosis, and when diagnosed women have advanced stage of the disease[4]. Accordingly, the cancer is a public health problem, both as a developing country to a developed country, it is associated with several risk factors.[5]

In this context, the programs developed by the Ministry of Health (MOH) for the screening of breast cancer shall support prevention and early detection, which aims to identify women asymptomatic, or who are at an early stage of the disease. Thus, they are used more effective therapeutic resources, avoiding mutilation by a treatment resulting in greater control and decrease of deaths from the disease.[5]

As a result, breast cancer presents all disease characteristics that should follow a strategy, the population screening. Thus, the Mamas Clinical Examination (ECM), should be performed by trained health professional, doctor or nurse, as part of the physical and gynecological exam and aims to cancer detection or other benign pathology. Even without enough research to show that the ECM is not effective in reducing mortality from breast

cancer, research in Germany and Japan showed that there was a reduction in mortality of 25% and 42%, respectively, among women undergoing ECM.[5]

From this perspective, it is necessary that professionals feel-prepared to provide optimal care. It was observed in a study of non-specialists in oncology professionals, they did not recognize who possessed skill and knowledge necessary to perform the care of patients with cancer.[6]

Studies report that the level of knowledge of college students on some aspects related to breast cancer, must be rethought in inter- and multi-disciplinary approach where health education should be integrated as an essential curriculum content, not only as information but taking account self-care.[7-8]

Thus, considering that the academic health fits into the contemporary woman profile, working, has family and studies, this may have experience and experience with breast cancer status. Therefore this study aimed to characterize the knowledge of university students about breast cancer in women.

METHOD

This is a field research, descriptive qualitative consisting of exposing the characteristics of a given population or given phenomenon.[9]

This research was derived from a project entitled "care models in primary care to women's health", initiated in 2009, related to breast cancer in women, researching this subject with the users of health facilities, nursing workers of these units and finalizing this study with the academic health on this issue.

The completion of data collection began after the authorization of the Ethics of Health Sciences Sector Committee of the Federal University of Parana - UFPR, and is approved under the registration CEP/SD: 703.038.09.05, CAAE: 0017.0.091.085-09 with the expansion of research subjects, in specific, university students. All participants signed the Informed Consent and Informed (IC).

The study was enrolled in the last year of academic courses in the health area of the Health Sciences Sector of the Public University of Paraná, specifically in nursing and medical courses. Data collection lasted three months, starting in April and ending in June 2012. In order to maintain the confidentiality of participants, codes were assigned to each, and M for academic Course of Medicine and the academic nursing course.

Data were collected through recorded audio interviews, using a semi-structured instrument elaborated by the author and with open questions. The number of participants in this study was not predetermined, because it is a qualitative research. Thus, to the extent that the data were saturating with Repeating information collection was suspended. Inclusion

criteria were: being female, having more than 18 years be enrolled in the last year of the courses of the health area of the Health Sciences Sector of that university, agree to participate and sign the informed consent, amounting to the final 11 participants - 5 academic course of academic medicine and 6 of the nursing course.

For data analysis, we opted for the proposed by John Creswell[10], which is to "make sense of text data", deepening the process of understanding of these, representing, interpreting and amplifying their meanings. Thus, this methodology, the author suggests that are followed six steps for analyzing data: Organize and prepare the data for analysis; Read and reflect on the data; Categorize data and deeper into the subject; Using the encoding process to describe the place or people, categories or themes for analysis; Exposure of the speeches of the participants in order to make a detailed analysis, thus representing the form of description and themes; Present the results of the analysis, according to the personal interpretation of the researcher.

Among the steps above, it is noted in step 5, the information collected was relevant to technical knowledge, which is only one aspect cited by INCA and public policy oncology MS attention. But Creswell[10] gives opportunity in his method that the categories can be predetermined, so we used the benchmark of Edgar Morin11 as the relevant knowledge, that it must be contrary to work the knowledge piecemeal, it being understood that this form of knowledge there a loss of natural ability, either by not experiencing the whole as well as the view of the whole of knowledge and its dimensions, ie the context dimension, overall, multidimensional and complex size, as described above.

We used this framework for data analysis, for characterizing the knowledge of these subjects only a single category, focused on the technical aspects of knowledge, did not contemplate the complexity of this issue.

RESULTS AND DISCUSSION

As for the characterization of the sample, the age of the academic ranged between 24 and 36 years and this factor has not brought diversity and knowledge.

From the encoding process, suggested by Creswell[10], in step three in the analysis, four major categories predetermined by the author, relating to relevant knowledge, were found. These four dimensions proposed by Morin[11]- the context, global, multidimensional and complex, given below, as an analysis of this research. When working with these dimensions, there is an organization of knowledge, which is a challenge because we can only know the parts if we know all and we can only know if we know all the parties.

The context dimension was the first category to be analyzed. It concerns the relationship of knowledge that man establishes and their promotion activities to health as breast cancer. The professional future university student health understands that the health

system is slow, and that access to information and treatment is critical, ie, it is clear that knowledge becomes deficit from the moment that there is no contextualization of information and circumstances described by the interviewees.

> *I think what is lacking today is mainly access to information and treatment as well. What I see here is that sometimes one needs only it takes to have access to health care. When it is in service until it is faster to do a mammogram. But, for example, for her to get the "Postinho" here, sometimes it takes a year. So I think that makes it difficult. So for her to have access to a health facility PSF to a tertiary hospital, a year for those who have a cancer is a long time. That's the frustrating part as a health professional (M2).*
> *The older women they have a lot of resistance to this medical search, to seek, receive guidance, and often when they go, the disease has're an advanced stage, but I think that younger women are more aware and those seek these prevention methods (E1).*

WHO sets targets for updating professionals working in cancer care, as well as carry out prevention, diagnosis, treatment and rehabilitation, it is important that professionals have a comprehensive vision for care. In this respect, the development of epidemiological studies of the disease, which made the identification of risk factors, can promote an important aid to health professionals about the diagnosis, prevention and cure of cancer and this is by continuing education.[5]

The reports point out that even with strategies established for the upgrade of future professionals, knowledge about fundamental aspects of the disease, its treatment, specific programs is rarely addressed in their training and is not related to the context in which this professional future will be inserted:

> *I think we fail to seek knowledge that which is not really interest us, if you are focused in one area, you want to seek knowledge just that and sometimes leaves all the other things that are also important although not the area you act it, for example, breast cancer is an important issue (E6).*
> *Because I know I have to take the exam, I know from what age they have to do, what are some risk factors, but I did not know then, if you come examining changed any so I do not know what I'll have to make (M1).*

Importantly before these lines, that knowledge of the information or isolated data is still limited, ie, there is need for investment between the parties, academic and professional performance, so that knowledge is not isolated and the context should be considered to practice careful as environmental contexts are very diverse and complex. The academic, or professional future knows the importance of comprehensive care, but for some reason, does not put into practice.

Even if there is communication, there can be no understanding. For understand means to grasp together and human understanding is beyond explanation, it would be a way to meet the object and "apply to him all objective means of knowledge".[11] Thus, it is observed in the following lines, that relations between people - future professionals and patients - are increasingly threatened by not understanding the information.

> *As a professional you never remember to ask, breast cancer family history, I never remember to ask and I think I have little information if you see, I do not know BI-RADS classification just right, do not know to play a mammography, do not know to interpret an ultrasound (M1). I do not feel prepared to do this orientation, but as I patient, I do not know how it would seek such help. I do not have enough information while patient (E4).*

The lack of information explained in the reports requires a reflection on the understanding of how students perceive themselves in this context. Because of the lack of understanding that the individual has of himself, there is the development of an individualism which justifies an egocentric behavior, launching on the other the phenomenon of the problem in question, ie negative issues are related to the institution or programs but they are not seen as something also being worked individually.

> *We think people have too much information, but I think just missing enough (information) when one comes into contact with the patients we see that is very flawed same information for them (M3).*
> *I believe in health education. You through trust, through the information in an accessible way so she (the woman) can understand, explaining the importance and this user then back to the station, so you meet it in the next consultations, it is possible to continue this education health (E5).*

By inserting breast cancer in this context, it is clear that there is a lot of talk on the specifics of this pathology. Thus, the creation of public policies such as the National SUS Humanization Policy - Humaniza SUS, established in 2003, has been working for the health care becomes full. Thus, we understand that women's health requires much more than policies, but to create real links between patient and professional, to make the specific care.

The relevant knowledge within the context dimension focuses primarily on the relationship of the information and its context, ie care actions should be linked to the welfare of health process. This can be characterized from the complex relationships between people - professional and patient as well as the environment where they live, quite diverse, as demonstrated in this study by the speeches of the participants, when spoke about the social space or professional practice and the relationship between training institutions and future professionals, significant point of this research.

All these aspects are relevant to the realization of health care, especially when it comes to breast cancer, as this has become a challenge when we realize that the guy who are caring owns his own life, and that the context in which we act must be linked to our own attitudes and actions, that is, care goes beyond the ordinary and usual realization techniques.

Global dimension second category analyzed, comprise all of the different parties linked to it in organizational mode. Thus, the separate knowledge distance the man of science, their psychological, social, religious and economic, which strengthens the idea that the phenomenon of globalization assists in making the increasingly divided world. Therefore, to understand the human being is necessary to understand the elements that constitute it.

When we enter into education systems, we realize that there is a mismatch between the training of professionals and reality. Health professionals should be encouraged to reflect

on their practice and retrieve the values acquired in the gym, get lost along the way.[13] The data show that each starts to respond only by your individual task, and the responsibility lies with the other.

> *In Health Units poster you see a lot about breastfeeding, about tuberculosis, and about breast cancer sometimes has one and sometimes, not every place has. Today has a lot to sign for Manchester protocol, but about breast cancer sometimes you see something or other on self-examination also see one or the other (E3).*
> *So the doctor does not really focuses on the patient's complaints and sometimes it does not have any complaints in the breast it will not bring it up, I think this happens in general in all areas (M4).*

And in this case, the relevant knowledge comprises/considers that the information should be placed in a global context, also a geographical and historical context. For as in society, there are many interactions between individuals, which form a set, and society by a particular culture, to impart it to individuals, develops, becoming "co-producers of each other" - individual/society/species[11].

In this sense, programs and policies for the control of breast cancer also encourage individuals to become self-employed and actively participate in promoting their health. The interaction between individuals and society and its development, does not exist because there is always a justification demonstrating that the whole does not interact with the parties, as it reads:

> *I guess I have to, as a professional, teach me more about breast cancer. I'm not all that sufficient knowledge and do not feel prepared to pass information. Maximum self-examination and alone. I would not know more than that. As a professional I would have to run more behind it (E4).*
> *Here I see, do not know whether to be a teaching hospital that we talk more, doctors are more concerned with cure what is there, not prevent (M2).*

Another important factor that is observed when analyzing the data, was the subject of care itself, expressed as responsibility for the care of the other, that is, it has to be good about yourself to take care of each other.

Every professional healthcare should be concerned with, not just health care but in the areas of leisure, rest and family relations.[14]

Self care is perceived between the lines of speeches and shows that from the moment they are involved in action to care for and to relate to each other, valuing the human contacts.

> *I think we give little importance to things related to their own bodies, to touch, to look, you know we care more about the disease, with clinical things, for example if you have nausea, goes wrong. Now things about looking in the mirror, maybe play himself day by day, when we take a bath already run away, makes everything run so that I come home dead tired and all I want is sleep. I think the routine we'll leave that aside (E3).*

> *I imagine, academic nursing, higher education do not do self-examination, and quite understand the disease, then (E5).*

Given these data, it is understood that as future health professionals, academia are aware of the importance of developing care to conduct themselves, because the human being can not be understood only by their constitution, but as a small part of a whole , being the sum of all parts and parties complementing all.[11]

The Multidimensional dimension, characterized as the third category, constitutes complex units such as the human being and society, involving several prospects for each situation. In this way, the human being is at once biological, psychological, social, emotional and rational time. Already the company holds the historical dimensions, economic, sociological and religious. In this view, the more problems become multidimensional, the greater the inability to think on their dimensionality.[15].

In this context, breast cancer is shown in the speeches of the participants as multidimensional, the individual relates to society and vice versa, being dependent on one another, as well as other aspects of assistance, as some procedures performed in nursing consultation: clinical breast exam, guidance on self-examination of the breasts, the collection of the Pap smear.

> *I did as an academic internship at the Health Unit, when it was preventive, we made the breast exam, and taught self-examination for women, in addition to preventive. But it has many medical professionals and nurses who do not care that only collect the preventive and do the exam and even guidance on the breasts (E6).*
> *I think that guide patients to follow this routine screening, to try to diagnose early (M3).*

We can see in the reports that there is a differentiation in terms of assistance: academic nursing express some subjective questions, which puts nursing always looking for the general welfare of his patient, [16] the sick individual and the individual caregiver , come together in search of well-being.

Already academic medicine refer in their speeches some questions related to diagnosis and treatment, addressing aspects related to the human being, as the realization of the breast self-examination, associated with diagnostic test that is mammography, size understood as the relationship of the future professional and society.

> *Doctors prefer that women do a mammogram rather than do breast self-examination (M5).*
> *Assess the woman, how she is feeling, keep track of all disease processes as a professional, you reflect a little on these aspects (E5).*

For this reality may turn out to be, namely that the user of the health system will be assisted fully, the MS establishes that the actions in the attention to breast cancer are performed by an interdisciplinary team, and that nurses and/or doctor are qualified to perform the clinical breast exam and to proceed with the guidance on self-examination of

the breasts and make the host for this user in all its aspects - social, cultural, family and individual.[17]

Thus, when intelligence - said[11] such as curiosity, wisdom about aspects of the world and understanding, it is parceled or mechanistic, there is also the fractionation of the problems separating what is next, making the one-dimensional to multidimensional and a decrease the possibilities of judgment or the long-term vision. And so the human being can be in the universe, the education of the future, proposed by Morin, should be focused on the human condition, taking into account all aspects that involve being, their cultural diversity, recognizing in their common humanity.[15]

Still emerged the relationship between personal and professional issues, ie university students reflect on their womanhood and future professionals, making the situation of cancer, multidimensional.

> *For women is a disease that brings a very big stigma, usually we think it will get ugly, hideous, it will lose a limb of the body and it will be thinner than the hair will fall like any cancer, but I think cancer, breast cancer, in particular, he brings a feature to tinker with our physical appearance and femininity, it has, carries a very bad idea that you'll be ugly on the outside, inside and that will be less women because the breast that is a related party, only women have, which is an erotic area too, and you're thinking you, is with doubts about the partner, but that socially speaking (E3).*
> *Towards me, this raises a much larger consciousness, even in relation to cervical cancer. This shakes. To see patients in the ward, seeing the suffering (M3).*

Noteworthy is that way, that knowledge and its construction is related to ethical principles, the critical use of reason, requiring its use at all times and must be present in the formation of the individual as a person and professional. Characterized multidimensional dimension, highlighting the diversity with regard to the subjective and broad issues, focused on the whole, most cited by academic nursing and more pointed questions and objective related to diagnosis and specific treatment, referred to by the medical academic.

However, this characteristic of knowledge, to be quite improved, can lead to success in tangent to the assistance and care to breast cancer because when developing specific programs for this purpose, MS advocates and establishes the alliance of these different professions, or is, the nurse and the doctor, and includes other professionals such as physiotherapists, nutritionists, psychologists, occupational therapists and social workers.[18]

In the latter category - the complex dimension, which shows that the reform will give thought to the individual possibilities of achieving an overview, solving specific problems, transforming reality and himself.[11]

Therefore, in the complex category, health, knowledge and experience should be shared so that the care provided is appropriate, respecting the particularities of another.[13] Accordingly, the MS[2] suggests that one way of organizing care is to integrate different levels of care: primary care and specialized intermediate care and specialized care of high complexity.

In addition to the social transformation developed by the professional from the need

for possession of critical thinking, there is development of the intellectual capacity of him as a human being[19] Thus, the set of dimensions context, comprehensive and multidimensional, focuses on the human condition, which is established general and unified way by complexity. Thus, it is impossible to understand the complex unity of the disunited man by knowledge, away, disjunctive.

The testimonies of the students point out that the disciplines focus on specific issues, but during the training, the materials will unifying, giving a general characteristic to the attention of the whole.

> *We're always looking back in class, but with different approaches. For example: the first two years the focus was more molecular, genetic disease. And now in recent years we see more of the clinical, treatment, therapy, diagnostic features that use tests. I think we go out with a good training college. The people who are newly formed working out in the basic health area (M4).*
> *"I saw it in the seventh period, and then we end up going through other subjects and who have to dedicate you are. But I do want to pass on, to see the contents, update me a bit I think this is an area that needs to have enough knowledge because all the time you are getting in touch with someone who has a cancer problem (E5).*

These experiences and academic experiences, being part of the formation of knowledge, can influence health care actions in order to integrate the various levels of care, as well as the development of individual and collective actions through a global vision and organization of services according to the complexity of the actions developed.

Another aspect observed and with regard to complex dimension, are the experiences and academic experiences such as individuals, within a society that complement your knowledge

> *In my family I had some cases and is very experienced. I have an aunt who recently took the whole breast, she told us that it was only to see when he was not like that, but she left, did not want to (treatment). She served as an example because you can not leave not. (E6).*
> *Because regardless if we here in the hospital you live with people every day, but has a barrier. Patient and you are the doctor, when suddenly a person of his entourage, is quite different, starts to fall over the "form" of the people as a person, not only as a professional (M2).*

It is necessary to review and reflect on how the training has taken place and identify whether the contents and teaching methods allow the student to have a technical background, as well as the development of a critical view.

A number of challenges are being faced by MS for the care and cancer control actions are effective, as the fragmentation of the work process, the relations between the various professionals, the unpreparedness of the teams to act opposite the care practices - in its subjective dimension, the devaluation of the health work and also the care model based on the "relationship complains conduct", in addition to not bond formation between users and teams[12]

Despite the fragmentation of knowledge, we can see on the data from this study that

there is an awareness in seeking relevant knowledge, however this quest is up to each individual, each student because the educational institution shall, on largely scientific knowledge. And the vision of complexity that goes beyond the scientific knowledge, which are the life experiences, events, social life, are not found in formal education, but considered important forms of knowledge.

CONCLUSION

The characterization of the knowledge of university students about breast cancer in women covered in this study highlighted some important aspects of care to women's health and must be rescued, as well as comprehensive care, which due to hiperespecializações, makes the process of fragmented care as well as his knowledge. Given the data, a point noted in the theme breast cancer, was the perception of academic medicine and nursing on technical and subjective questions. These emerged distinct, and academic nursing address this issue in an integral way, ie in their physical, emotional, social and cultural aspects as academic medical visualize the technical aspects related to exams, diagnosis and treatment.

The relevant knowledge is possible, but there must be intended for the academic training that this is not fragmented, ie it should be formed for the whole of the individual to the collective, not just for parties.

We can say also that the characterization of knowledge about breast cancer is through knowledge of the set of all information relating to the care of the condition, since its diagnosis, treatment, risk factors, rehabilitation, as well as public policy and recommended programs by National Cancer Institute and Ministry of Health.

It is necessary that further research will complement and stimulate among all health care professionals, the development of knowledge that aim to transform the context in which they will act, especially with regard to breast cancer.

Finally, knowledge is an integral part of care and this includes in addition to scientific knowledge, all the dimensions proposed in this research, whereas it is essential part of life and should be developed in order to allow a better approximation between self care and the caregiver. Just like that, from knowledge and other knowledge, with the creation of fraternal relations and solidarity, we can give a new look with regard to the control and care of breast cancer.

REFERENCES

1. Anjos J, Alayala A, Höfelmann, DA. Fatores associados ao câncer de mama em mulheres de uma cidade do Sul do Brasil: estudo caso-controle. Cad. Saúde Colet., 2012, Rio de Janeiro, 20 (3): 341-50. Disponível em : http://www.cadernos.iesc.ufrj.br/cadernos/images/csc/2012_3/artigos/CSC_v20n3_341-350.pdf. Acesso m: 20/01/2015

2. Instituto Nacional do Câncer (BR). ABC do câncer: abordagens básicas para o controle do câncer. Rio de Janeiro (RJ): INCA; 2011.

3. Fascina, T. Estimativa 2014 – Incidência de Câncer no Brasil. (Resenha). Revista Brasileira de Cancerologia; 60(1):63, 2014.

4. Ministério da Saúde (BR). Glossário temático: gestão do trabalho e da educação na saúde. Brasília: Editora do Ministério da Saúde; 2009.

5. Instituto Nacional de Câncer (BR). Ações de enfermagem para o controle de câncer: uma proposta de integração ensino-serviço. 3ª ed. Rio de Janeiro (RJ): INCA; 2008.

6. Gill Fl, Duffy A. Caring for cancer patients on non specialist wards. British Journal of Nursing, 2010, 19(12). Disponível em: http://www.nurse2nurse.ie/Upload/NA6762article.pdf Acesso em: 21/01/2015

7. Sambanje MN, Mafuvadze B. Breast cancer knowledge and awareness among university students in Angola. Disponível em: http://www.panafrican-med-journal.com/content/article/11/70/full/ Acesso em: 21/01/2015.

8. Latif R. Knowledge and attitude of Saudi female students towards breast cancer: A cross-sectional study Journal of Taibah University Medical Sciences Volume 9, Issue 4, December 2014, p. 328–34 Disponível em: http://migre.me/oeiup Acesso em: 21/01/15.

9. Polit DF, Beck CT. Fundamentos de pesquisa em enfermagem. Avaliação de evidências para a prática da enfermagem. Porto Alegre. 7 ed. Artmed 2011.

10. Creswell JW. Projeto de pesquisa: métodos qualitativo, quantitativo e misto. Trad. Luciana de Oliveira da Rocha. 2ª ed. Porto Alegre: Artmed; 2010

11. Morin E. Os sete saberes necessários à educação do futuro. 2ª ed. São Paulo: Cortez Brasília, DF: UNESCO; 2000.

12. Ministério da Saúde (BR). Secretaria de Atenção à Saúde. Departamento de Atenção Básica. Controle dos cânceres do colo do útero e da mama. Brasília: Ministério da Saúde; 2006.

13. Batista KBC, Gonçalves OSJ. Formação dos Profissionais de Saúde para o SUS: significado e cuidado. Saúde Soc. São Paulo, 2011; 20(4) p.884-99. Disponível em: http://migre.me/ogQYx. Acesso em: 22/01/15.

14. Elias EA, Souza IEO, Vieira LB. Meanings of themselves-care of nursing professional women in a emergency unit. Esc Anna Nery 2014;18(3):415-20 Disponível em: http://migre.me/oijY3 Acesso em 23/01/15.

15. Morin E. Da necessidade de um pensamento complexo In: Martins FM, Silva JM. Para navegar no século XXI – Tecnologias do Imaginário e Cibercultura. 2ª ed. Porto Alegre: Sulina; 2000a.

16. Schoeller SD, Leopardi MT, Ramos FS. Cuidado: eixo da vida, desafio da enfermagem. Rev. Enferm. UFSM. 2011; 1(1): 88-96. Disponível em: http://cascavel.ufsm.br/revistas/ojs-2.2.2/index.php/reufsm/article/view/2013/1515 Acesso em: 05/12/12.
17. Instituto Nacional de Câncer (BR). Controle do câncer de mama: documento de Consenso. Rio de Janeiro: Ministério da Saúde; 2004.
18. Ministério da Saúde (BR). Observatório de recursos humanos em saúde no Brasil: estudos e análise. Organização Pan-Americana da Saúde. Brasília: Ministério da Saúde; 2004a.
19. Silva ARS, Alves ERP, Barros MBSC, Bushatsky M, Souto CMMR, Filho ASSF. Educação em Saúde para detecção precoce do câncer de mama. Rev Rene. 2011; 12(n.esp.): 952-59. Disponível em: http://www.revistarene.ufc.br/revista/index.php/revista/article/view/319/pdf Acesso em: 10/03/2014.

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