

# Perspective of women in recovery from alcohol on the prevention of gynecological cancer: An action research

Perspectiva de mulheres em recuperação de álcool sobre a prevenção de câncer ginecológico: Uma pesquisa-ação

Perspectiva de mujeres en recuperación del alcohol sobre la prevención del cáncer ginecológico: Una investigación acción

## RESUMO

**Objetivo:** Conhecer a perspectiva, atitude e prática de mulheres em recuperação de álcool sobre a realização de exame Papanicolaou e a prevenção do câncer ginecológico. **Método:** Pesquisa com abordagem qualitativa e do tipo pesquisa-ação. Realizada em uma comunidade terapêutica feminina e desenvolvida em três etapas: exploratória, ação e avaliação que foram planejadas de acordo com a necessidade de orientações das residentes no mês de janeiro de 2022. **Resultado:** Emergiram-se quatro categorias: A perspectiva das participantes referente ao exame preventivo/Papanicolaou; Conhecimento das mulheres sobre o Papiloma Vírus Humano; Atitudes de mulheres em relação ao câncer de colo de útero e Experiências vivenciadas na realização da coleta do exame preventivo. **Conclusão:** Evidenciou-se que uma parcela significativa de mulheres, ainda desconhece a importância e a finalidade do exame preventivo, consequentemente essa situação reforça os altos índices de mortalidade por essa neoplasia no Brasil, onde a maioria dos casos é detectado em estágios avançados.

**DESCRIPTORES:** Enfermagem; Educação em Saúde; Neoplasias do colo do útero; Teste de Papanicolaou; Saúde da mulher.

## ABSTRACT

**Objective:** To know the perspective, attitude and practice of women recovering from alcohol about performing a Pap smear and preventing gynecological cancer. **Method:** Research with a qualitative approach and action-research type. Held in a female therapeutic community and developed in three stages: exploratory, action and evaluation that were planned according to the residents' need for guidance in January 2022. **Result:** Four categories emerged: The perspective of the participants regarding the preventive examination/Pap smear; Knowledge of women about the Human Papilloma Virus; Attitudes of women in relation to cervical cancer and Experiences experienced in carrying out the collection of the preventive exam. **Conclusion:** It was evidenced that a significant portion of women are still unaware of the importance and purpose of the preventive examination, consequently this situation reinforces the high mortality rates from this neoplasm in Brazil, where most cases are detected in advanced stages.

**DESCRIPTORS:** Nursing; Health education; Cervical neoplasms; Pap test; Women's health.

## RESUMEN

**Objetivo:** Conocer la perspectiva, actitud y práctica de mujeres en recuperación del alcohol sobre la realización del Papanicolaou y la prevención del cáncer ginecológico. **Método:** Investigación con enfoque cualitativo y tipo investigación-acción. Realizada en una comunidad terapéutica femenina y desarrollada en tres etapas: exploratoria, de acción y de evaluación que fueron planificadas de acuerdo a la necesidad de orientación de las residentes en enero de 2022. **Resultado:** Emergieron cuatro categorías: La perspectiva de las participantes sobre el examen preventivo/Papanicolaou; Conocimiento de las mujeres sobre el Virus del Papiloma Humano; Actitudes de las mujeres en relación al cáncer de cuello uterino y Experiencias vividas en la realización del cobro del examen preventivo. **Conclusión:** se evidenció que una parte significativa de las mujeres aún desconoce la importancia y el propósito del examen preventivo, por lo que esta situación refuerza las altas tasas de mortalidad por esta neoplasia en Brasil, donde la mayoría de los casos se detectan en etapas avanzadas.

**DESCRIPTORES:** Enfermería; Educación para la salud; neoplasias cervicales; Prueba de Papanicolaou; La salud de la mujer.

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**INTRODUCTION**

In Brazil, in addition to non-melanoma skin cancers, cervical cancer appears as the third most common type of neoplasm among women, accounting for 311,000 deaths per year. The estimate indicates that an average of 570,000 new cases arise per year, being considered rare in women up to 30 years of age and the peak incidence in the age group of 45 and 50 years.<sup>(1)</sup>

From the perspective of a regional analysis, cervical cancer is the first most frequent in the North region (26.24/100 thousand), the second in the Northeast (16.10/100 thousand) and Central-West (12.35/100 thousand) regions. In the South region (12.60/100 thousand), this disease occupies the fourth position and in the Southeast (8.61/100 thousand) the fifth position.<sup>(2)</sup>

It is known that cervical cancer is caused by the Human Papilloma Virus (HPV), sexually transmitted and responsible for most cervical cancers. Its prevention is the use of condoms in all sexual relations and vaccination against HPV, available in public health networks.<sup>(3)</sup>

It is known that, with early diagnosis, there are more chances of cure, its detection is through Pap smear collection and laboratory analysis of the collected sample. In cases of confirmed results of cervical cancer, oncological surgeries, chemotherapy, brachytherapy and radiotherapy can be used as treatments.<sup>(4)</sup>

Drug use and alcoholism are factors that increase the chances of contracting a sexually transmitted infection by increasing libido and sexual performance. In addition, users tend to start their sexual life early, using sex as a form of payment, most of the time, without using condoms. The diversity of partners increases the risk of contamination, increasing viral loads due to exposure to multiple viral strains.<sup>(5)</sup>

It is essential that health professionals, especially nurses, turn their gaze to this reality, as morbidity and mortality from cervical cancer (CC) can be a reflection of deficient prevention actions and policies. In addition, overcoming the barriers to greater adherence by women to the Pap smear test means paying attention to the reports and experiences of those who take the test. The objective of observing these reports is to identify the meaning of this examination for the women who undergo it, in order to extract information and arguments to plan and adapt to cancer prevention guidelines, since many women feel afraid to undergo the exam. In addition, these reports can guarantee the inclusion of several factors that interfere in their performance.

In view of the above, the objective was to know the perspective, attitude and practice of women recovering from alcohol about performing a Pap smear and the prevention of gynecological cancer.

**METHOD**

Article extracted from the Completion of Course Work (TCC) entitled: "Perspective of Women in Recovery from Alcohol and Other Drugs on the Prevention of Gynecological Cancer: An Action Research", presented to the Department of Undergraduate Nursing at Escola Superior de Cruzeiro - ESC, Cruzeiro, São Paulo, Brazil in the year 2022.

This is a descriptive, exploratory research with a qualitative approach, guided by the tool used to report the COREQ<sup>(6)</sup> data collection, and of the action-research type, aimed at problematizing the concrete reality of the theme on the prevention of cervical cancer and overcoming naive knowledge through an educational intervention promoted by the researchers. This intervention seeks the active participation of the study subjects, in which each one has something to "say" and "do" becoming "actors" of the reality of events.<sup>(7)</sup>

The sample was given by intentionality, this method is based on the reasoning that we must control the sample selection whenever there is enough knowledge to guarantee good inferences of known quantities and, in some way, correlated with those unknown and of interest.<sup>(8)</sup>

The field of study was a therapeutic community known as the Female Alcohol and Drug Recovery Clinic, located in Vale do Paraíba, in the interior of the state of São Paulo/Brazil. It is a non-profit religious institution that operates in the female sector and has the capacity to serve 80 women welcomed.

The therapeutic community chosen for the research scenario has been working since 1983 in the recovery process of people who seek freedom from their addictions, especially alcohol and other drugs.

Its welcoming method includes three determining aspects: Work as a pedagogical process; family living; and Spirituality to find the meaning of life.

To participate in the research, women who were residents of the Alcohol and Other Drugs Rehabilitation Clinic for more than 3 months, were over 18 years of age and had cognitive conditions to participate in the study were included.

As an exclusion criterion, those who self-declared transgender did not participate in the study.

Data collection took place between January and February during the year 2022 through Workshops. Therapeutic workshops have stood out for being characterized by new forms of reception, coexistence, mediation of dialogue and follow-up, which associate the clinic with politics. Historically, these workshops underwent changes, initially more focused on the hospital area and with a social purpose, today we have in this an important tool to provide the population with knowledge on various topics related to their health.<sup>(9)</sup>

Action research is developed in three stages: exploratory, action and evaluation. In its exploratory phase, the research had as an important characteristic, the rapport between the researcher and the participant; the action phase, on the other hand, provides strategies for the effective transformation of reality, improving existing practice; and the evaluation phase allows the research participant to provide feedback on the research results.<sup>(10)</sup>

Initially, for the exploratory phase, a first visit was carried out to invite those assisted at the unit to participate in the research. At that moment, the objectives and methodological procedures were explained.

This workshop, the research action phase, was planned according to the need for guidance for residents of the thera-

peutic community, identifying the necessary theme to be worked on during the workshops. All discussions were recorded and data were transcribed in full for later content analysis.

Afterwards, conversation circles were held in the form of workshops on the premises of the institution, in a space reserved for the meeting. The meetings took place in the presence of an animator (one of the researchers) who organized and coordinated the group of participants, providing dialogue between those involved, with the purpose of: gathering prior knowledge; selection of descriptors from the context of the themes; creation of existential situations typical of the group and elaboration of cases that allow the (de)construction and (re)construction of new knowledge.<sup>(11)</sup>

In each conversation circle workshop, a generating theme that emerged from the interviews and from the previous workshop was addressed. These circles were organized according to the following moments: reception, coding, decoding and synthesis of the meeting.

For the reception, motivational techniques were used to assist in the integration between those involved. In the “house, resident and earthquake” icebreaker dynamics, the participants were divided into trios, two people formed the house and one person became the resident. Given the voice of the researcher “Casa”, the pairs who formed the houses should go out and look for a new resident; given the “Resident” voice, residents should look for new homes; given the voice “Terremoto”, houses and residents formed new trios. At the end of the dynamic, we held a brief lecture on the meaning of changes in our lives.

The codification started from the opportunity for the participants to talk about the generating themes, with the discovery of what they thought and the limits of knowledge. The decoding was carried out in the form of discussion and reflection in order to relate common and scientific sense, which will allow a rereading and, consequently, the transformation of the world view.

It should be noted that encoding and decoding takes place in a constant perspective, made possible by problematization and dialogue.<sup>(12)</sup>

At the end, a synthesis of each meeting and workshop was carried out, allowing the expression of feelings and impressions about the dialogical experience lived.

A semi-structured questionnaire developed by the authors was applied in order to capture the participants' perception on the subject and reveal the needs to explore new subjects.

The interviews made it possible to know the vocabulary universe of the participants, as well as to identify sociodemographic data (such as age, racial group, marital status, education, occupation, number of children and family income of the interviewees), in addition to physical and clinical aspects related to the theme.

The actions, involving the guiding questions, were applied during the previously scheduled meetings and workshops and in an appropriate place. As part of the action research, the questionnaire was reapplied, integrating the last stage of this research method. The questions were formulated in order to stimulate the discourse on the participants' perception in full, for subsequent qualitative analysis.

To assist in the analysis, a field diary was recorded, whose notes took place immediately after the completion of each workshop and conversation circle.

Initially, the chosen institution was contacted to request formal authorization to carry out the study. On that occasion, we offer a letter of introduction to the institution with the necessary explanations about the research, in addition to the objective of the study.

It is worth mentioning that all participants signed the Free and Informed Consent Form (FICF) and after approval of the project by the chosen institution, this project was forwarded to the Ethics and Research Committee (CEP - Comitê de Ética e Pesquisa), through the Brazil Platform, for the Teresa D'Ávila University Center (UNIFATEA), in accordance with resolution 510/16e, it was approved

under opinion No. 5,112,574e Certificate of Presentation of Ethical Appreciation (CAAE) No. 53087521.9.0000.5431 on December 1st, 2021.

## RESULTS

This study obtained the voluntary participation of 24 women residing in a therapeutic community in the interior of São

Paulo.

The table (1) presented brings information collected and cataloged in order to facilitate the interpretation of the sociodemographic profile:

Table 1: Sociodemographic data of the study participants. Sao Paulo, Brazil, 2022.

Participant	Age	Marital status	Race	Education	Occupation	Children	Family income	Religion	Last preventive collection	Gender
01	37	Single	White	Technical education	Laboratory technician	1	1 a 2	Catholic	2021	F
02	41	Single	White	High School	Therapist	2	1 to 2	Catholic	2018	F
03	54	Single	Branca	Higher education	Cashier	2	1 to 2	Catholic	2020	F
04	63	Married	Branca	High School	Administrator	3	3 to 4	Catholic	2019	F
05	55	Widow	Black	High School	Caregiver	2	3 to 4	Jehovah's Witness	2017	F
06	36	Single	Branca	Higher education	Psychologist	1	3 to 4	None	2021	F
07	20	Single	Branca	Elementary School	Marketer	0	1 to 2	Catholic	2021	F
08	52	Single	Brown	Elementary School	Housewife	6	0	None	2021	F
09	48	Divorced	Branca	Higher education	Receptionist	1	3 to 4	None	2021	F
10	33	Single	Brown	Elementary School	Marketer	4	0	Catholic	Nunca coletou	F
11	24	Single	Brown	High School	Seller	1	1 to 2	Catholic	2020	F
12	23	Single	Black	Elementary School	Housekeeper	0	1 to 2	Evangelical	Nunca coletou	F
13	30	Single	Branca	Elementary School	Housewife	0	0	Católico	Nunca coletou	F
14	21	Single	Brown	Elementary School	Housewife	0	0	Catholic	Nunca coletou	F
15	35	Single	Brown	Higher education	Caregiver	2	0	Evangelical	2019	F
16	25	Single	Brown	Elementary School	Seller	4	1 to 2	Evangelical	2018	F
17	31	Single	Brown	High School	Cleaning assistant	4	1 to 2	Catholic	2020	F
18	18	Single	Brown	Elementary School	Housewife	0	0	Evangelical	2021	F
19	41	Single	Black	High School	Attendant	2	1 to 2	Catholic	2020	F

20	52	Divorced	Branca	Higher education	Musician	1	3 to 4	Catholic	2021	F
21	20	Single	Brown	Elementary School	Housewife	1	0	Catholic	2021	F
22	32	Married	Brown	Higher education	Housewife	1	0	Evangelical	2018	F
23	51	Married	Branca	Elementary School	Assistant	0	0	Catholic	2021	F
24	46	Married	Brown	Higher education	Nurse	2	3 to 4	Catholic	2021	F

Source: Researchers Database, 2022

Regarding the characterization of the participants, all were female, with ages ranging from 20 to 63 years. With regard to marital status, 17 were Single and 04 were Married, 02 were divorced and 01 were widowed. Regarding Race, 11 described themselves as brown, 10 as white and 03 as black.

In the education item, 10 had elementary school, 07 higher education, 03 completed high school, 03 said they had high school and 01 technical education.

Regarding the profession of women, there was a variation, with 06 women housewives, 01 attendant, 01 nurse, 01 psychologist, 02 sellers, 02 marketers, 01 laboratory technician, 01 therapist, 01 cashier, 01 administrator, 02 caregivers, 01 psychologist, 01 day worker, 01 receptionist, 01 cleaning assistant and 01 musician.

Family income was defined as follows: 09 reported having 1 to 2 wages as income, 09 said they had no income, while 06 had 3 to 4 wages.

The interviewees reported that they collected preventive for the last time, in the following time frame: 10 women in 2021, 04 in 2020, 02 in 2019, 03 in 2018, 01 in 2017 and 04 women who never collected it.

Regarding religion, 15 declared themselves Catholic, followed by 05 Evangelicals, 01 Jehovah's Witnesses, including 03 who mentioned having no religion. As for the number of children, 06 have no children, 07 have 01 child, 06 have 02 children and 01 have 3 children, 03 have 04

children and 01 have 06 children.

Initial impressions about the conversation wheels

### Central category 1: The perspective of the participants regarding the preventive exam/Pap smear.

During the conversation circle, the participants expressed feelings of distrust and insecurity, but, after the dynamics, they were happy and receptive. The activity helped to relax and motivate the group when talking about the proposed theme.

In the first round of conversation, it was possible to perceive feelings of shame, especially when they heard the terms: sexual intercourse, gynecological examination and cervical cancer (CC), as we can see in the following statements:

*"I've never had a preventive, out of shame, it's a subject that makes us embarrassed" M21*

*"...it's uncomfortable to go to the gynecologist, it's something like that... embarrassing" M5*

In view of the participants' statements, it was possible to perceive that shyness, fear and embarrassment prevent or make it difficult for some participants to seek and carry out the preventive examination.

In the investigation on the perspective of women regarding the preventive examination/Pap smear, the participants expressed the following answers:

*"... To see if you have any wounds or something different, which can lead*

*to cancer..." M1*

*"... Examination of the inside of the vagina, to see the uterus and take a laboratory test, then we go back to get the result and, if there is anything, we take medicine or use ointment, it also serves to see if there is no risk of cancer..." M9*

*"... That exam where we lie on the stretcher, spread our legs and the nurse or gynecologist puts the speculum on us, to see the uterus..." M4*

Regarding the women's view of the preventive exam/Pap smear, it is highlighted that the interns understand that the preventive exam is important for female intimate health, including its collection processes and results. After the guidelines, we can evidence the absorption of information in the following speech:

*"Preventive is the prevention of something, right? What do you do for you to know if you have the virus, so if you do, you can do medical follow-up and start treatment, to treat it before it causes cancer" M7*

In this category, regarding the perspective of the participants regarding the preventive examination/Pap smear, several feelings emerged, such as embarrassment, shame, annoyance and, in most cases, due to lack of knowledge.

### Central category 2: Knowledge of women about the Human

### Papillomavirus (HPV)

In the investigation on the point of view and knowledge of women regarding HPV, the following statements can be highlighted:

*"The preventive test is the test we do to find out if we are contaminated with HPV, which can cause cancer, or if there is any other bacteria that needs to be treated."* M2

*"... I think it goes through sexual intercourse..."* M3

*"... I've heard about it, but I'm not sure what it is..."* M12

*"... I think HPV is a bacterium"* M7

According to the participants' responses, it was possible to observe the low level of information about the virus, its transmission and contamination. After the guidelines, however, the understanding on the subject was perceived, as mentioned in the following statements:

*"HPV is transmitted through unprotected sexual intercourse"* M10

*"It is a virus and if it is not diagnosed, depending on the virus, it can become cancer, and contaminate other people..."* M12

We found that the responses of the interviewees revealed little qualification in the face of what was said, favoring actions with potential risk to health, including that of the partner.

### Central category 3: Attitudes of women in relation to cervical cancer.

The interpretation of women regarding cervical cancer can be observed in the following words:

*"Honestly, I don't know how to prevent it"* M1

*"A woman who has many children in a row is more likely to get cancer because it destroys her inside, right?"* M11

According to the statements above, we can highlight that there was a lack of information about cervical cancer. This information was acquired in the second

round of conversation, with success, as evidenced by the statements below:

*"Use condoms and go to the gynecologist!"* M20

*"Prevention is using condoms, even if the relationship is between a woman and a woman, it doesn't matter, there is a female condom too, and going to the gynecologist at least once a year"* M11

*"Going annually to the gynecologist in person, because I also think there are several ways too, right!? So, it may have developed too. I think it's the treatment, right!? It's trying to have your intimate health up to date, is using condoms"* M12

Based on the data presented so far, we see the need to improve information on the subject, so that intervention projects can be designed to bring preventive behaviors to the knowledge of the female population, including a review of existing information dissemination and prevention programs so that they can also result in a change in population attitude.

### Central category 4: Experiences in carrying out the collection of the preventive examination.

Regarding the questions about the participants' experiences of collecting preventive medicine, we can highlight the lines:

*"Normal, calm, in the last collection I didn't feel that annoying annoying thing, the gynecologist who performed the collection explained an easier way to collect at the time of the speculum, then it was smooth, it was easy."* M1

*"The right thing is to do it once a year, sometimes I didn't, it was because of the drug itself, if you're using drugs... don't take a bath, let's say a doctor, when I'm fine, yes, I usually do it"* M2

*For me, it was an uncomfortable exam, it's uncomfortable for you to go to the gynecologist, it's something*

*like that... embarrassing, but it's necessary, but it's very necessary, I didn't feel pain, just discomfort."* M5

*Mine was all great! Thank God everything is great!* M7

*"Mine was great (I just haven't looked at the result yet), but it's great. What do I do? I always look in the genital region, because you always have to keep looking to see, otherwise you will have to operate. I don't remove my uterus, I only had the tubal ligation done because I have to be there to see the operation."* M8

*"I always do it because my mother passed away from cervical cancer. I always do."* M9

*"I feel pain all the time, but I take the exam because I'm afraid of having cancer."* M23

It can be observed that the inmates consider this examination embarrassing and painful, but choose to do it when they are not using drugs and alcohol. It is expected that after all the knowledge acquired and the information shared, these interns will have the property to change negative experiences.

## DISCUSSION

Cervical Cancer (CC) is a malignant neoplasm that can be prevented through the Pap smear, recommended for women aged between 25 and 64 years or who already have sexual activity, even before 25 years.<sup>(13)</sup>

The main objective of screening is to detect CC in its pre-clinical phase, so that the treatment can be effective, and allow the cure and the reduction of morbidity. Although this exam is the most effective form of CC prevention, the acceptance and preventive habits by women still present barriers due to the standards and appreciation of cultural aspects that make

behavioral changes difficult.<sup>(14)</sup>

The Pap smear is a tool capable of detecting cancer cells and is considered the "gold standard" exam by the Ministry of Health (MH). This exam can be performed in public or private health units, which have qualified professionals, and focuses on women with an active sex life. The MH recommends women aged between 25 and 64 years as they have a greater number of high-grade lesions capable of being effectively treated, not progressing to cancer. Guidance on the importance of the exam is essential, as it is the main method for the detection of cervical lesions and, its regular execution, allows an early diagnosis, impacting on the reduction of CC mortality.<sup>(15)</sup>

In our study, it was observed that the performance of the Pap smear gynecological exam causes feelings such as fear, shame and discomfort to emerge. These feelings are even more significant when their realization is with a male health professional, which triggers a feeling of violated intimacy.<sup>(16)</sup>

Shame characterizes a negative factor in the examination, causing the discontinuity of care. The exposure of the body, the feeling of vulnerability to touch and the judgment of another person in relation to her body manifest an embarrassing feeling of invasion, as the woman feels that her naked body image is visualized by a stranger.

The fear in relation to the examination takes place through bad experiences of people close to them and the experience itself in collections already carried out, in addition to the thoughts arising from the chance of a positive CC result, causing the examination to be postponed, which reveals the lack of information about early diagnosis.<sup>(17)</sup>

The initial reception of the woman helps to minimize the embarrassment and anxiety caused by the gynecological consultation, helping to establish trust and empathy between the professional and the client. Thus, it is important that health professionals, especially nurses, understand the importance of welcoming a

facilitator in the care of women in the Pap smear.<sup>(18)</sup>

It was noticed, with the reports in our study, that many women are still resistant to performing this type of examination due to cultural concepts and values absorbed throughout their lives, because part

**Drug use and alcoholism are factors that increase the chances of contracting a sexually transmitted infection by increasing libido and sexual performance.**

of the women feel ashamed and uncomfortable for having their genitals exposed and manipulated by a professional. We therefore consider it essential to adopt a new attitude towards disease prevention, aiming to support the breaking of taboos and facilitate access to the exam.<sup>(19)</sup>

The impeding factors for not perform-

ing the preventive measures are: lack of knowledge regarding the exam; feelings such as fear and discomfort; fear of feeling pain during the exam; embarrassment and shame of exposing the genitalia to the professional, mainly male; and the influences of social and cultural knowledge.<sup>(20)</sup>

Non-adherence is also related to the lack of training of professionals, the distance from childbearing age and the gynecological position, which causes a feeling of impotence and lack of protection, due to the lack of control over one's own body. Another factor for not performing the test is the absence of symptoms.<sup>(20)</sup>

The women interviewed showed a lack of knowledge about cancer, the technique and the importance of the preventive, revealing fear in carrying out the test and in the results. In addition, shame and embarrassment were feelings indicated by the exposure of intimacy to which women were submitted at the time of the examination. Finally, they expressed ignorance of access to the service and drug use, which were also reported as impediments.

We reiterate the importance of performing the Pap smear to improve the early detection of sexually transmitted infections, as several studies have shown some diseases, which, for the most part, are treated with the use of a preventive method, already used by many women.

## CONCLUSION

With regard to the knowledge of women about the prevention of cervical cancer, it was evidenced that a significant portion of women is still unaware of the importance and purpose of the preventive examination, which consequently reinforces the high mortality rates from this neoplasm in Brazil, where most cases are detected in advanced stages.

For many women, submission to the Pap smear and the expectation of the result arouse feelings that can negatively influence prevention practices.

The data from this study showed the need to improve information on the subject addressed in the research, so that

intervention projects can be thought, to bring information about preventive measures to the attention of women, including a review of existing programs for the dissemination of information and prevention,

which may result in a change in the population's attitude.

In this sense, the importance of interventions strongly aimed at prevention, through educational actions, is pointed

out. Associated with this, the availability of diagnostic resources and timely treatment are necessary, a context in which nurses play a fundamental role.

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