

# **PRE-OPERATIVE MASTECTOMY: A COMPREHENSIVE APPROACH FROM THE PERSPECTIVE OF ALFRED SCHÜTZ AND HIS CONTRIBUTION TO NURSING**

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**Abstract:** Breast cancer is probably the most feared by women, not only because of its high frequency, but because of its psychological effects. For a woman, the breast is not just an organ of adornment or sexual stimulation, it is a representation of her femininity. This work is an excerpt from the Master's dissertation, linked to the Universidad Columbia Del Paraguay. The objectives are: to outline the biographical situation of these patients and identify what their expectations are during this period. The study was justified by the increased incidence of women affected by breast cancer and undergoing non-conservative surgical procedures, as well as the fact that there is still a lot of space to carry out research on the pre-operative period of mastectomy and the need to encourage production further research in this field of knowledge. The methodological path was through the comprehensive phenomenology of Alfred Schütz. This work was investigative and descriptive following a qualitative and quantitative approach. At the end of the study, the type of experience of the woman who will undergo mastectomy was understood: the woman in the pre-operative mastectomy is anxious, but trusts in God and the health team so that this entire period passes quickly, has a good recovery and get the cure. The biographical situation of the users highlighted the importance of knowledge during the preoperative period.

**Keywords:** mastectomy; women; pre-operative.

## INTRODUCTION

For a woman, the breast is not just an organ of adornment or sexual stimulation, but the representation of her femininity. Breast cancer is probably the most feared by women, not only because of its high frequency, but also because of its psychological effects, which alter the perception of sexuality and body image itself. There is little incidence before the age

of 35, but above this age group its incidence increases rapidly and progressively.

This type of cancer represents, in Western countries, one of the main causes of death in women. Statistics show an increase in its frequency, both in developed and developing countries (BIFULCO & JÚNIOR, 2014).

Care for patients with breast cancer must involve a multidisciplinary and multidisciplinary approach from the outset, including the nursing, psychology, social work and medical team. This way, it becomes a very fertile ground for the production of research in this area of knowledge.

This work deals with a very special period in the lives of these patients, which is the period before mastectomy surgery (removal of the breast), which is a mutilating surgery and involves many intimate issues.

The objectives of this study are: to briefly outline the biographical situation and identify what the expectations of these patients are in the preoperative period.

## METHODOLOGY

This work is an excerpt from the Master's dissertation, linked to the Universidad Columbia Del Paraguay, descriptive following a quantitative approach and; qualitative, with a comprehensive phenomenological approach by Alfred Schütz.

The focus was on women diagnosed with breast cancer and who needed to undergo surgical treatment to remove the breast affected by the pathology, whether unilaterally or bilaterally and which could be simple or radical (involving the removal of axillary lymph nodes) and may include lymph node biopsy.

The inclusion factors were: female, being preoperative for mastectomy, being over 18 years old and having participated in the hospitalization preparation group composed of nursing, social work and psychology

professionals. Among the exclusion factors were: male gender, being in the preoperative period of conservative surgeries and being under 18 years of age. It was decided to exclude males from the study as it is believed that in men's lives the "pre-operative mastectomy" phenomenon has a less intense repercussion, as does the performance of conservative surgeries. As well as minors, due to the low incidence of the disease in this age group.

This work took place in the outpatient clinic of an oncology hospital during the period from June 2016 to April 2017, interviewing 50 women with the profile described above. This hospital plays an important role in the prevention, diagnosis and treatment of breast cancer and is located in the north of Rio de Janeiro.

An interview guide with open and closed questions was used as a research instrument. Data collection took place during the months of November and December 2016, with 50 women with the profile described above.

The free and informed consent form was duly presented and signed before data collection. This work was submitted for evaluation by "Plataforma Brasil", represented by the ethics committee of the "Universidade Federal do Rio de Janeiro", and was approved through consolidated opinion number 1,673,996.

The data collected in each interview was subjected to the analysis procedure, being divided into two moments: Firstly, the content of the recording was literally transcribed immediately after the interview. The second moment is characterized by the phenomenological analysis of the interview.

## RESULTS

Through the analysis of the transcribed interviews, it was possible to analyze the biographical situation of the women covered in this study. As observed, the predominant

age group is between 50 – 60 years old (28%). We can identify a small number of people under 30 and over 80.

Age remains one of the most important risk factors. Incidence rates increase rapidly until age 50. After this age, the increase occurs more slowly, which reinforces the role of female hormones in the etiology of the disease. Around four in every five cases occur after the age of 50 (BRAZIL, 2014).

As for the level of education, the percentages show a link with low education, as 32% of the interviewees had incomplete primary education. The significant percentage was women with complete secondary education (34%).

It can be inferred that low education represents an obstacle in the secondary prevention of breast cancer, with regard to the practice of self-examination, women's search for health services that perform clinical breast examinations and mammography. It is worth highlighting the issue of access to the health system, since low education makes it difficult to adopt actions for early diagnosis, public devices that facilitate this population's access to the SUS become essential (ALBRECHT et. al, 2013)

It was observed that half of the patients reported being married, followed by widows (20%) and single (18%). In relation to breast cancer, the partner can be a source of support or stress, depending on the quality of the couple's relationship. The emotional stress associated with the marital relationship can compromise quality of life (AVIS et. al, 2005).

Based on the interviews carried out for this study, it was found that only 10% of these women never became pregnant. Among the interviewees, a significant number of women were identified who became pregnant twice (28%) and three times (24%).

The development of the first pregnancy can represent an important event in the

maturation process of breast cells, potentially making them more protected against the action of carcinogens. Thus, nulliparity and delayed primiparity constitute risk factors for the development of the disease (LIMA et al., 2001). However, despite the quotes above, which demonstrate that nulliparous women are more susceptible to the disease, their percentage was lower than that of women who had up to 3 children.

It is observed that most of the interviewees (46%) had their menarche between 12 and 13 years old, in line with the literature, regarding the risk factor of early menarche. Early menarche is closely related to an increased risk of breast cancer due to the fact that in this situation women are exposed to endogenous estrogens for a longer period of time (CAVALCANTI, 2003).

Around 94% of patients interviewed reported regular consumption of vegetables, 76% said they eat fruit frequently. Only 22% said they consume canned food regularly and 24% reported eating sausages on a daily basis. 68% of respondents say they regularly eat red meat and only 14% report consuming barbecue frequently.

The type of food consumed by an individual can be an important risk factor for the development of breast cancer. The literature recognizes that dietary factors represent around 30% of the causes of cancer, only surpassed by tobacco as a preventable risk factor (KEY et al., 2002). Therefore, the genesis and progression of breast cancer seem to be extremely related to eating habits, consumption of fats, meat, dairy products, fruits, vegetables, fiber, phytoestrogens, and other dietary components (WILLETT, 1999).

No patient had a BMI below 18.5 (underweight); 26% had a BMI between 18.5 and 24.9 (considered normal); 36% are in the range between 25 – 29.9 (overweight); 24% had class 1 obesity (between 30 – 34.9), 12%

had class II obesity (between 35 and 39.9) and only 2% had a BMI greater than 40, which indicates class III obesity.

One of the factors associated with breast cancer is excess body weight, however studies indicate that this association depends on the menopausal status of women. According to the literature, the mechanism involved in the protective effect of obesity against breast cancer in premenopausal women may be linked to low exposure to endogenous estrogens and reduced progesterone levels, since overweight in young women can lead to amenorrhea and the occurrence of irregular menstrual cycles. As the combination of estrogen and progesterone induces mitosis of breast cells, both normal and cancerous, a reduction in these hormones may represent a protective factor against breast neoplasia (KAAKS et al., 1999).

In the phase after menopause, the production of sexual hormones by the ovaries ends and all endogenous estrogen results from the conversion of androgen in adipose tissue, which can trigger the initiation and promotion of cancer cells in the breast tissue of menopausal women (WENTEN et al., 2002; YONG et al., 1996).

With regard to smoking, when conducting the interviews, women who, regardless of the amount, used nicotine every day were considered smokers. In view of this, it was observed that 74% of those interviewed declared themselves non-smokers. According to Thuler (2003), smoking increases the risk of developing breast cancer, as it causes a considerable increase in estrogen levels, which leads to the possibility of developing neoplasia. However, this study shows that the minority of patients were non-smokers.

When asked about their habit of drinking alcoholic beverages, it was found that among those interviewed, 62% did not have the habit, 20% consumed it regularly and 18%

had regularly used alcoholic beverages in the past. Studies developed to understand the effect of alcohol on the human body and its relationship with breast cancer demonstrate the occurrence of a positive association between alcohol consumption and breast cancer (MAKANEN & MUNOZ, 2002).

The role of the health team in approaching patients who regularly use alcoholic beverages is very important for the individual's treatment. It is necessary to value the patient's self-esteem and teach her how to control anxiety, in addition to explaining the negative consequences of abuse of alcohol.

Among those interviewed, 96% said they received support at this time in their lives, while only 4% denied it. Regarding the sources of support, it can be said that the interviewees receive greater support (62%) from family and friends. However, no patient reported receiving support only from friends. 34% say they receive support exclusively from their family and only 4 say they do not receive support. The number of people cited as sources of support was associated with a greater perception of the support received. Thus, women benefited from having more significant people in their support network. Health professionals, however, were not considered a significant source of support among the interviewees.

Regarding psychological or psychiatric support, it can be stated that 96% of patients do not receive this type of support during the preoperative period. Only 6% said they received this support during this phase of treatment, because the hospital in question does not have enough human resources in the area of psychology to meet all this demand.

The diagnosis of breast cancer and the need to undergo the surgical procedure of mastectomy confronts women with the issue of loss of a healthy body, vulnerability, mutilation, facing finitude and death. In view

of this, the importance of psychological or psychiatric support is evident, which the majority are not receiving. Relying only on your support networks.

To assist the patient in the preoperative period of mastectomy is an important issue and, often, the task is the responsibility of the nurse, the oncologist, the surgeon or other members of the multidisciplinary team assess the need for psychological or psychiatric follow-up. According to Payne et al. (1999) an issue that may concern this multidisciplinary team is the difficulty in recognizing psychiatric conditions. In general, the occurrence of certain psychopathological changes is noticed and it is related to anxiety, but a broad or formal diagnosis is rarely made.

During the post-diagnosis consultation, the patient comes into contact with the nurse and at this point an important interaction takes place when the professional explains the hospitalization rules and routines and what the proposed surgery consists of.

This study's method was Alfred Schütz's comprehensive phenomenological approach. This way, the social investigator starts from his own experience, from his world of life, as a social world, to then reason about the meaning that this phenomenon has for himself and for those with whom he shares the lived world (CAPALBO, 1998).

It is understood that meaning is never individual, because, although each patient experiences it, in an objective context of meaning, it is contextualized in intersubjectivity, configuring a social group.

The lived type arises from the lived description of social behavior that allows us to find something that typifies as a unique, uniform, continuous experienced structure, which can be analyzed and described because it has a value of significance and which can be transmitted through communication and meaningful language, in interpersonal

relationships (SCHUTZ, 1974).

Considering that social actions are permeated by the subjectivity of the world and by the understanding of the action of others through intersubjectivity, these relationships can occur in different ways. One of them is in the face-to-face relationship, when we share a common space and time as subjects and one is aware of the other as such. It is the orientation towards the you, the pure way of being aware of another human being, such as a person (CAPALBO, 2008).

Typifications at the level of common sense, as opposed to the typifications made by the social scientist, emerge, in the everyday experience of the world, without any formulation of clear judgments or propositions, with logical subjects and predicates. They belong to common sense. The vocabulary and syntax of everyday language represent the synthesis of typifications socially approved by the linguistic group (SCHUTZ, 1979).

For Social Phenomenology, what is important to investigate is not the behavior of each individual in particular, but what may constitute a typical characteristic of that social group that is experiencing that situation of behavior experienced (SCHÜTZ, 1972).

The interview guides a face-to-face relationship – a direct and authentic meeting between the subjects. Enabling the person to remain open and accessible to the intentional actions of the other, constituting a relationship that allows the flow of consciousness of one to present itself to that of the other. According to Schütz (2008), he defines a face-to-face relationship as one in which the subjects involved are aware of each other and focused on each other, in the same time and space. In a face-to-face relationship, one can experience the formation of a motivational context and participate in it even before the other person acts.

This study sought to trace the biographical situation of the patients interviewed, thus highlighting the importance of getting to know these women, characterizing them in the moment they lived.

The interviewees experienced the mastectomy preoperative period as a time of great anxiety.

It can be seen in the interviewees that preoperative anxiety can be expressed through physical symptoms that alter the pattern of sleep and rest and appetite, that is, anxiety manifests itself in the body through physical symptoms.

The anguish produced in the moments before surgery triggers conflicting feelings regarding it, which are the fear of undergoing the procedure and the need to undergo surgery. Surgical intervention represents a threat to anyone's life, as it involves a specific and differentiated emotional burden. Faced with the need for surgical intervention, the patient needs to understand what will happen to him.

In this case, anxiety can be considered a positive factor as it can enable the search for knowledge. From then on, the role of the health professional becomes very important, as they can provide relevant information, thus reducing anxiety, in addition to reinforcing the bond between patient and professional.

This is a very common feeling in the hospital environment and during long periods of hospitalization, as the patient starts to be treated based on the symptoms they present, and no longer based on their uniqueness as an individual.

The nursing team is concerned about the patient's emotional state and the resulting variations that directly affect the basic functions of the patient's body.

Spirituality characterized by trust in God was the category that expressed religiosity that played the role of facilitator in understanding

the inexplicable and accepting adverse situations and in the case of extreme situations, such as in the case of cancer. The disease leads human beings to discuss their values and issues such as existence and proximity to death. Positively, religiosity is associated with active coping strategies, planning, positive reinterpretation and instrumental and emotional social support.

Religion provides resources for dealing with stress by increasing the frequency of positive emotions. Religious coping resources help individuals identify meaning in life and offer an optimistic view of the world. These convictions give a feeling of control over events, that is, if God (Allah, Jehovah, etc.) is in control, he can modify the circumstances, and prayer can positively influence the situation (KOENIG, 2012).

The responses to the meaning of the preoperative period often appeared linked to spirituality characterized by trust in God, showing a positive coping with the situation, since they felt more confident.

In Brazil, the majority of the population has religious and spiritual beliefs. According to research, the rate of Brazilians who declare that they go to churches, cults or religious services reaches 90%. According to the literature, during chronic or terminal illnesses, patients and families often rely on religious or spiritual beliefs as a way of facing difficulties, finding comfort, hope and strength (SMELTZER et al., 2009).

The conduct of individuals in the world of life is highly influenced by pre-existing cultural orientations – cultural heritage – not to mention the very existence of other human beings (SCHÜTZ, 2012). The results demonstrate that spirituality is an important coping strategy for the patient in the preoperative period, considering that the subjects show an affirmative position in the possibility of having good results.

Although individuals are experiencing a time in which the development of technology is evident in all areas of knowledge, it appears that beliefs and values linked to spirituality are manifested in a marked way. Therefore, becoming a positive and important factor at a time characterized by so much anxiety that is the pre-operative period of mastectomy.

In the category: trust in the healthcare team generating peace of mind, the interviews showed that patients place trust in the healthcare team, a fact that triggers peace of mind during the process. In the light of sociological phenomenology, patients and health professionals can be contemporaries or associates. Contemporary, those who live in the present and with whom they share a temporal reality, live in the same era. Associate, a contemporary, with whom a face-to-face relationship is shared (SCHÜTZ, 2012)

Initially, the identification of this category was unexpected as it was believed that the patients had criticisms about the assistance received, however during the interviews it was identified that they had confidence in the team and did not request assistance other than that provided.

Schütz (1979) portrays the social relationship as an encounter with another person and to this encounter “I bring a previously constituted stock of knowledge”.

According to Slongo and Müssnich (2005), trust is the main determinant of commitment between people, which justifies its importance as a basis for relationships. It represents the integrity perceived by one individual in another. Trust represents a belief that it is viable to count on another, whenever there is some possibility of vulnerability on the part of the person trusting, that is, trust would be a willingness to believe in an exchange partner.

It is important that trust is present in the social relationship between the team and users, to generate security and tranquility

during treatment. Without the user trusting the team, the entire process is made difficult, only they can provide information about their habits and customs. It must be considered that the data provided by users is often confidential and even embarrassing, making it clear that these patients need to trust the team so that they can be as honest as possible.

The world of life is intersubjective, shared by similar people, it is a world common to all. Social relations are directed from the ME to YOU and from the ME to US. The orientation corresponds to the way of being aware of the other human being as a person. This orientation does not imply that one is aware of what is going on in the Other's mind. Orientation to the TU can be unilateral or reciprocal. There is reciprocity if both I and YOU are aware of each other. This way, a face-to-face relationship is established, enabling the ME-WE relationship (SCHÜTZ, 2012)

The success of the treatment depends in part on the trust that the patient places in the technical capacity of the healthcare team, in the sense that the suggested guidelines and prescriptions are actually followed.

In the category: let it pass, quickly, patients highlighted the need to quickly go through the pre-operative phase with the aim of operating as soon as possible, thus achieving resolution.

According to Schütz (2012), motivation can have a subjective and an objective meaning. Subjectively, it concerns the experience of the individual who goes through the process of ongoing activity, also known as the motive in order to, with the intention of achieving a preconceived object. Another set of motivations with a different concept from the previous one is the reason why. In this case, only when the action is carried out and thus becomes an act, can he adopt the stance of an observer of himself and investigate which circumstances were decisive for him to do what he did.

It is understood that the way patients experience the preoperative period of mastectomy is marked by the experience of negative emotions, among which anxiety stands out, expressed through the desire for everything to go quickly. In this study we can observe that the patient's anxiety is closely related to the desire for everything to end soon, for everything to go quickly and for her to be free from her health problems.

Anxiety is normal in any individual, being a state of adaptation that prepares you for situations of danger or threats (real or potential). This way, anxiety can be considered essential for self-preservation (CLAUDINO & CORDEIRO, 2006).

Stress is characterized by the body's reactions to situations that require effort to adapt and that can alter its ability to respond, affecting the individual's physical state, behavior and personal relationships (FRANÇA & RODRIGUES, 2007).

## CONCLUSION

The product of this study is a greater knowledge of a reality experienced, at a given moment and in a given context, by a group of women who had the same condition: they were in the pre-operative period of mastectomy. The social relationship developed throughout the study with patients who underwent mastectomy allowed us to understand people in their everyday context.

The biographical situation of the patients highlighted the importance of knowledge during the preoperative period. Sedimentation is made possible by guidance during consultations prior to surgery, which were guided by face-to-face relationships, enabling the construction of knowledge.

The pre-operative period of mastectomy was identified as a moment experienced by patients with a lot of anxiety or worrying, as this emotional state can activate characteristics in



the body, thus making it difficult to experience this phase appropriately.

It is worth emphasizing the importance of psychological care during periods of anxiety, which must be identified by members of the healthcare team. Referring the patient to the psychology service becomes very important, as it also offers these patients all the information relevant to their treatment, not only orally, but also through written documentation in a language suitable for their understanding so that they can read it in English. home with peace of mind.

The interviewees significantly addressed the presence of spirituality described by trust in God. This presents itself as an important coping strategy during the preoperative phase as their religious beliefs convey confidence, which makes the period less turbulent, thus generating a more assertive posture.

The data analysis shows a whole problem experienced by the women interviewed in the period before the surgical procedure. This study reminds us of the need for better planning of nursing care, in order to help these women reduce anxiety and promote self-care.

During the interviews, the women did not express reasons-for (orientation towards future action) or reasons-why (related to past experiences) (SCHUTZ,1974).

Performing mastectomy as a surgical treatment appears as a face to life and as an attempt to hope for a cure, thus leading to acceptance of the procedure as a way of escaping death. Throughout the diagnosis of the disease until the mastectomy, we can see the marked presence of anxiety. And, during this period, concerns about self-image caused by the mutilation of a part of the body related to femininity were not evident to the extent expected.

The positive attitude towards the disease and the proximity of surgery was observed in the participants' speech, and we identified an

increase in divine beliefs in God and trust in the healthcare team, generating tranquility.

Caring for women undergoing mastectomies requires differentiated and prejudice-free attention. Nursing practice must be supported in the face of relationships that occur in the everyday world, assuming a position of support and understanding.

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