

Institutionalization Of The Nurse In The Breast Cancer Program In Guerrero, Mexico

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ABSTRACT

The research aimed to describe and analyze the institutionalization of the nurse in the breast cancer program at the health center jurisdiction of the State of Guerrero. The method was a qualitative descriptive study, institutional analysis method was used. Technical, in-depth interview. Speeches were recorded, EMIC interviews were organized and ETIC. Allowing build categories, proceeding to contrast and theorize the object of study. The empirical categories were two, the former is related to the incorporation of the nurse to the breast cancer program, is considered the formal and informal way this is done, the functions assigned to it and the training of nursing staff. The second category, analyzes the process of care in relation to the hegemony of the goal in the context of care and mission of caring nurse. The results: the voices of nurses and coordinators evidence that the incorporation of the nurse is done informally without considering the instituted, most nurses assume responsibility without being trained, the process of institutionalization is seen in the transversality of the instituted and the instituting, of the process of care.

Keywords: Institutionalization, nurse, breast cancer program.

Introduction

In philosophy, law and history, institutions represent the category of duration, continuity and reality; the operation of founding them is the "legal basis of society and the state." (Lourau, 2007)

A universal standard or deemed as such is designated institution: institutions are the result of a dialectical relationship between three forces: instituted, instituting and institutionalization. The instituted "has claim to universality, sustainability and really making it a conservative force. The instituant defines the strength of protest against the instituted; it manifested by dropping the mask of universality, continuity and established truth that is presented. It is therefore essentially a denial phase. Institutionalization is the recovery of the innovative strength of the instituting so instituted; and new rules appear but allow the institution to perpetuate" (Lourau, 2006)

Whereas "a health program is a set of actions taken by a government with the aim of improving the health conditions of the population. Thus, the authorities promote prevention campaigns and guarantee the democratic and mass access to care centers" (Lazcano *et al*, 2014). The detecting program for breast cancer in Mexico, is an instrument to operationalize health policies through the planning, implementation and evaluation of promotion, prevention, treatment and rehabilitation of health of the population especially women.

The program is based considering the application of the Official Mexican Standard NOM-041-SSA2-2011, which allows describing and analyzing the instituted and the instituting of the moment of singularity of the nurse in the institution. From

the positions of Lourau (1985) through theory and institutional analysis method as a tool for analyzing instituted and instituent nursing care nurses who operate the breast cancer program.

The study aimed to describe and analyze the institutionalization of the nurse in the breast cancer program at health centers in the State of Guerrero. From the fields of incorporating nurse program, the functions performed and the training received for the operation of the program. The process of carefully considering the hegemony of the goal in the context of care, finally from the particular field mission care nurse was also reviewed.

Material and methods

The research is a descriptive design, includes the description, recording, analysis and interpretation of the current nature and composition of the phenomenon or process, caring at all times the nature of the object of study and objectives. Institutional analysis is a theoretical and methodological option with a qualitative analysis approach, responding to specific questions and dominates the reality that cannot be quantified. Instrument use were two interviews with open-ended questions conducted to guide the research from the object of study, the question that guided the discussion of the work was "how the Institutionalization of the nurse comes in the breast cancer program in health centers of the state of Guerrero state. "The scenarios of study were units of primary care health center of the State of Guerrero, composed of 13 municipal seats. The research subjects were the nursing staff responsible for the operation of the program of breast cancer, medical coordinators of the different health municipal and Jurisdictional centers.

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The sample was convenience - saturation type and basic criteria are: Nurses responsible for the operation of the breast cancer program (10), medical coordinators of municipal health centers (6). For the execution of interviews support director had jurisdiction, who through a document, requested to the coordinators of the health centers of the municipalities, provide support and research facilities.

Bioethical principles were taken into account, the informed consent was obtained by signing a letter in which subjects decide to accept or refuse to participate in the research, likewise were asked permission to record the interview, they were informed that a pseudonym instead of real name would be used. The organization of information, obtained by interviews, proceeded to its transcription and place in EMIC and subsequently ETIC. After the thematic reduction, systematization of speeches was made to continue with the development of the categories. (Graham, 2012)

The scientific rigor, triangulation was used as the strategy veracity of the data between the regulations instituted in Guerrero state sectorial program (<http://www.portal.guerrero.gob.mx>) and Mexican Official Standard NOM- 041-SSA2-2011 (NOM-041-SSA2-2011, SS. (2011), Prevention, diagnosis, treatment, control and surveillance of breast cancer; with what the health team says, nurses and medical coordinators and jurisdictional responsible.

Analysis of the information; with this data in strict systematization, it was determined that from the Institutional Analysis the categories that were evidenced were two: formal and informal incorporation of the nurse to the breast cancer program and the care process.

Results

Category 1: Incorporation of the nurse to the breast cancer program is considered the formal and informal way this is done, the functions assigned to it and the training of nursing staff.

By incorporating the nurse to join the group that coordinates and operates the breast cancer program, it means that compared to other members, will be responsible and leader in the implementation of actions, helping to provide a better health service in the downtown area of the State of Guerrero in the prevention, diagnosis, treatment, control and epidemiologic surveillance of breast cancer. This analysis found that the nurse is incorporated interchangeably either by contract, regularized or formalized, action that usually is up to the coordinator of the health units, health centers or whether they call basic community hospital. As discussed in the following discourse.

In my town there are 13 urban health centers and only three proposals to exercise responsibility for the program, including I was, and I accepted, the coordinator of the Municipal interviewed me, checking my experience in the program, referred the proposal to the Director of jurisdiction, is accepted and gave me the document of presentation. Gabriela.

In the formal incorporation (a procedure is followed and formalizes with a document) the nurse is considered not only by the experience, knowledge, skills and attitudes necessary for performance as responsible for the program of breast

cancer, but is selected from a list of nurses from different centers that integrate the municipality, who they are interviewed and considered their opinions and availability to perform the charge.

Which is similar to the study by Rodriguez (2012), in Trujillo Peru, that shows the insertion of the nurse manager in health services is chosen for its technical and administrative capacity, without taking into account the social value if no individual indication of the superior authority and legitimate power that prevails, given through a transfer document from office and power, but not legitimized by the population attributed to the nurse manager a social value.

What predominates in the municipalities is the informal incorporation (allocation of function verbally, in general or personal meeting) procedure does not empower or make the nurse visible. The action of "elect and be elected has to do with the actions of people power in relation to other (Foucault, 2015)". Following are the speeches made by the nurses.

The coordinator made in meeting the allocation of programs between medical and nursing staff, he decides the assignment, is not made in writing, and usually does, to meet the nurse will change, Marcela

It is usually at a meeting where designates the head of the program, looking at its disposal, to get involved in the work and been responsible and comply, Jaime

The previous speeches indicate that no power is given, because the assigned role of the nurse is not formalized and that in the exercise of labor relations with the various groups interact is required to be visible, Rodriguez (2012), argues that "in the case of health the main types of power are: power technician (domain information), administrative power (lead, lead staff and resource management, organization) and political power (mobilization of social groups)".

Regarding the allocation of functions specific program activities of the breast cancer program are instituted in NOM-041-SSA2-2011. First-level activities are promoting prevention, detection, diagnosis, reference and search suspicious in other words the health care of women, which are described in the manifest dialogues.

The nurse who operates the program in health centers, performs actions "promotion and prevention" in workshops actions are aimed at women, must "learn" to touch, to distinguish the change of color and texture of the skin, see the asymmetry of breast self-examination. Many patients have detected a problem with the technique, they must know their body may not realize what happens if they do not know, Adela

In the workshops we address changes in lifestyle such as avoiding alcohol, do not smoke, do exercise to prevent overweight and obesity to reduce fats and carbohydrates, Cecilia

In this attribute, the nurses mark their institutionalization from compliance with the program instituted in prevention activities involving communication and education to the population. Orientating on risk factors and promoting healthy lifestyles to help reduce morbidity from breast cancer, as well as teaching women self-examination technique, a technique for detection of breast cancer based on observation and

palpation and is the first indicator for timely diagnosis, Elements that match the detection study of breast cancer: mammography status reports that, "90 % of cases of breast cancer in Mexico are detected by the patient's own senses, detects a bump or nodule , and at this case is already an advanced stage of the disease." (Brandan & Villaseñor, 2006)

Detection is an action performed by nurses according to the instituted (technical standard) which consists of three types of specific intervention, aimed at the female population according to their age group or vulnerability and confirmation of self-exploration, clinical examination and mammography for early diagnosis. The actions performed by nurses are based on universal elements, with the beginning of instituting actions that do not necessarily produce substantive changes, their social environment demands objective results marking institutionalization, as reported below.

Detection through clinical examination and filling format valuation is done by the nurse, who has the ability and sensitivity to do so, also due to the type of population, culturally is implemented by machismo. Doctors should also perform the scan, there are many men, medically who cannot do it, women doctors do not make it because of the uses and customs, so it is left to the nurse. (Solomon).

Detection is conducted through clinical breast examination format. For findings, Ultrasound is use for women who are 40 years and below, mammography is used for women older than 40 years, is the advice of the norm, (Alejandra)

Watching the different age groups, women from 25 to 39 years, which is the target group comes to the clinic for annual examination, 40 to 60 years are sent for mammography, Under 40 years are only sent for Ultrasonic (Luz)

It can be seen that the institutionalization of the nurse is given first attachment to the universality of the program, limited to comply assistance actions, that international organizations HSO, HSP, PAHO, WHO (2004)... argue that "assistance to the individual patient should be considered a public health function only when attention brings benefits to a larger population," as it is the woman as mother and supporter of the family.

Another function performed by nurses are administrative duties involve in coordinating and directing the use of resources to achieve compliance. The functions are distinguished in any social sphere, and to administer activities need to organize meeting planned, regulate their progress and monitor results. The nurse to operate the program has to deal with all members of the multidisciplinary team and indicated the stories.

For detection of breast cancer, the nurse is responsible for the participation of the populace, doctors and nurses of the municipality; I coordinate with all to follow up the work plan where the objectives and goals are marked. (Felicia)

As a nurse I have assigned a core and I am responsible for the program, perform administrative functions, jurisdiction and management in rural health centers

with partners in the municipality to assist in the care actions to users. (Cecilia)

With dynamic inclusion of individual subjects, "the groups, collectives, individuals do not decide in the abstract live or work together, but their systems of belonging and references to numerous groupings with multiple differences makes Segmental " (Op . Cit (1), In this way it is like the nurse exercises universal actions instituted and in the process also occurs positive and negative particularity moments when a nurse administers, manages, advises and provides inputs to nurses who operate the program in various health centers.

Finally in this category the training is analyzed. Training of professional nurses in Mexico are 80% and 20% non-professional, (Jiménez, 2013) It includes mostly capacity development to work together, make decisions, learn permanently, manage information, usually for life in society and develop the ability to apply knowledge, skills, attitudes and experiences in the development of the tasks of their profession. The speeches of the nurses interviewed said the following.

I graduated in Nursing, I have not received capacitation, but I have an experience of 9 years working the program, consult the manual and formats. (Alexandra)

I have a Masters degree in Nursing with 5 years of experience operating the program five years ago I trained for filling the format, perform clinical examination, mammography, today I support the manual and the technical standard to provide the most accurate information for my colleagues. (Gabriela)

I graduated in Nursing, I have not received the training, I have the norm, with the partners of the basic nuclei we self-learn, ask ourselves, if we have questions we review the information in the format. (Patricia)

Overall, the nursing staffs responsible for operating the breast cancer program are professional, and less than half have received training but not continuously, it assists women in the format of assessment and manual detection. Opposed to what is instituted as follows. "The institutions of the national health system must develop training plans and updating for all health personnel who are involved in the program for prevention and control of breast cancer" (SSA2-2011 -NOM -041). Universality that is denied to the extent that different cultural, economic and historical political conditions, is particularized.

Category 2: Care Process

Care is a human activity defined as a relationship and a process whose objective goes beyond the disease. This category is analyzed from the hegemony of the target on the needs of the population. This section considers the elements of care as contextual phenomenon where variations are presented, currents and differences in the actions of the program with nurses responsible, which are part of the hegemonic network as a result of the linear process where the common interest is meet the goal, indicative of the following speeches.

At the beginning of the year, we met in the jurisdiction, we provide guidance on the percentages of goals to meet and program priorities are identified, the coordinator

wants to know how we are operating the program, the difficulties encountered to cover the goal are also manifested, Marcela

Weekly I report the goals to the jurisdiction. Nurses' populations send me their reports; I integrate information and send them to the jurisdiction, Luz

When colleagues do not cover the goal, I realize other activities such as small promotional campaigns and screening, I support Social Security, City Hall, and DIF, I go to places where there is no doctor and no program actions have been performed, Alejandra

In October, which is the cancer month mass detection actions are performed, increases the target set at the jurisdictional level of clinical examination in mammograms are reported unmet goals, the moving of the sample study it is unsafe and three hours away. The mobile unit is requested with mastografo. This is a town where we arrive with the mobile unit, but there is not a positive response, Denise

Care has to be felt, lived and to be integrated into our daily lives need to be absorbed, allow it to be part of us and so become a habit of life, a way of being. (Waldow, 2013) However in towns and / or municipalities where the breast cancer program is operated by the professionals, still remains the "assistentialist" model (Martínez & Torres, 2014), who equally weighted nursing practice more physical care of the sick person, the nurse who performs most of its activities in the health unit detects more than promote health.

Mission of caring nurse

The mission concept is understood as the faculty or power that is given to one or more persons to perform some duty or assignment, is also defined as the reason to be of something or someone. To achieve the objective of the charge the person is committed to what is entrusted feels responsible and meets its obligations, with what has been proposed concepts (<http://concepto.de/mision/#ixzz4AIWLQM9p>). In this sense, the nurses that operate in different areas of professional practice, have their own methodology to perform caring / care and build day after day helping the existence of the group of women, values found in the speeches present nurses interviewed.

I work in the program with my colleagues, women i know that have it and seek help from me, i speak Nahuatl dialect, i try to explain to them their concerns and they understand, i am satisfied that there is confidence because their cases is being monitored and i try to give them what i can, Denise

I like the program and give good treatment to women, be generous with them, I feel comfortable I just ask support us with inputs for attention. We are more committed to them, Marcela

I support women, sometimes I cannot manage the transport, is not just scheduling their mammogram, I have to see how to move them to the studio, I realize management in the municipality for the vehicle but not always give us the support, the jurisdiction does not cover expenses transfer, but it's nice, I like it because I learn new things. Daniela

The program provides an opportunity to learn more about breast cancer, I encourage my colleagues to do things any more for them, to look after filling the form, we give the importance to the patient, we are happy with what we do, I like, Cecilia

Commitment, responsibility, trust, humane treatment, generosity, learning opportunity, are values that mark how important are women for nurses who provide humane care, While the study of Digna, the conception of love is assumed as "an ability to feel concern, responsibility, respect and understanding for the other person unconditionally and selflessly". (Digna & Alacoque, 2007) So is evident one element of the process of care determined by beliefs and values, base of nursing, transmitted by professional ethics leading to behaviors and attitudes toward responsibility with the awarding of care by nurses.

Conclusion

The study aimed to describe and analyze the institutionalization of the nurse in the breast cancer program; the attributes considered are the result of the contributions of those interviewed which allowed the analysis from, instituting, instituted and institutionalized theoretical categories.

The particularity of the coordinator in the health units, realizes informality presented by incorporating the nurse to the program of breast cancer, so it is considered that their behavior will be affected to make their internal or external functions, situation that is not present when it is formally incorporated.

The assignment of functions is an implicit power when it is incorporated into a charge, in this attribute, nurses mark their institutionalization from compliance with the established in the program with prevention activities involving communication and educating the population orientating on risk factors and promoting healthy lifestyles to help reduce morbidity from breast cancer, and teaching self-examination technique, also characterized by performing detection, instituted action and that is concrete with confirmation of self-examination, clinical examination and mammography for early diagnosis.

Finally for this category, nursing staff responsible for operating the breast cancer program, has mostly professional training, and less than half have received training, action is instituted in the technical standard (SSA2-2011 -NOM- 041). The universality of this measure is denied to the extent that different political, cultural, economic and historical conditions have particularized.

The second category, analyzes the institutionalization of the nurse from the hegemony of the goal in the context of care, which allowed us to consider the elements thereof as contextual phenomenon where variations, currents and differences are presented in the program's actions with nurses responsible, which are part of the network as a result of hegemonic linear process, where the common interest is to cover the goal.

Nursing care is more technical, activities are realized mostly in the health unit, the physical care of the sick person, to detect and to address the specific promotion for the prevention of

breast cancer. Women with an established diagnosis are monitor or referred mastectomy. It was also found that management is generally linear to provide resources or inputs for compliance with established program goals.

Commitments, responsibility, trust, humane treatment, generosity, learning opportunity are values that mark how important nurses are to women for providing humane care. In this sense, they operate in different areas of professional practice, have their own methodology to perform caring/care and build every day helping the group of women exist.

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