

Chapter 118

Radiology technologists in the humanization process of mammography exam



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ABSTRACT

Introduction: Humanized care prioritizes dialogue and patient needs, and the trust generated between patients

1 INTRODUCTION

Every human being needs to be treated well, from the work environment or outside it, the ability to put themselves in the place of the other can bring a great difference in personal relationships. In this context, before the labor market, we can identify more and more agility and efficiency, for the health area, which often, suffers from the symptoms of dehumanization in its services, especially in the sectors of Radiology (OLIVEIRA, 2015). Humanization is a pact that brings a group construction that can only happen from the composition of knowledge exchange, through networking with multi-professional teams, by assimilating the needs of each one (DUARTE; NORO, 2012). Lately, the diseases that affect the female population around the world have been the focus of studies, especially due to the great abundance of data available

and professionals contributes to the effectiveness of better care in the mammography exam. Objective: This article aims to discuss the process of humanization of the professional radiological techniques that work in mammography and how this positively affects the female audience during the examination. Materials and Methods: are presented as a literature review, in which it seeks an approach to causes and conflicts, described by the selected community. Results: An increase in the mortality rate of breast cancer in women is observed over some time, combined with the complaint of the lack of welcoming care by the technologist during mammography. Discussion: Therefore, it is argued that for a professional to be excellent in his area of expertise, in addition to his ability to perform quality exams, it is as important as going through the humanization process. Conclusion: it is known that the practice of humanized care aims to guarantee human needs, through dedication and teamwork, ensuring self-care, recovery, maintenance, and health promotion together.

Keywords: Humanization, mammography, radiology technologist

about studies with inclusion in breast cancer. Mammography and clinical examination of the breasts have become eligible procedures used for early diagnosis.

The clinical examination can ratify up to 70% of cases and when it comes to mammography can bring even more of this percentage being 83% (FONSECA, et.al, 2019). For the effectiveness of the examinations and procedure of care, radiology professionals follow the Code of Ethics of Radiological Techniques Professionals (CONTER n°15, of December 12, 2011), the document brings the rights and duties and correlates of their professionals enrolled in the system of the National Council of Radiology Technicians (C ONTER) and its executor the CRTRs (Regional Councils of Radiology Technicians) (CONTER, 2021). In this sense, this work aims to work on the points in which radiology technologists work in the process of humanization of mammography examination, taking into account the vulnerability of the coexistence and treatment of the situation in which the patient is, and the professional can exercise a fundamental paella in the treatment and cure of breast cancer.

2 MATERIALS AND METHODS

The methodology addressed for this article is the literature review, in which it seeks an approach to causes and conflicts, described by the selected community. The welcoming process of the patients, the descriptive and succinct approach to the stages of the welcoming process, and the explanation of tomosynthesis. For the searches used in the portal capes, the data sources used were: (Lilacs) Latin American and Caribbean Literature in Health Sciences, Ecielo, and (PubMed) Virtual Health Library. Buscando identifies through scientific articles, Master's thesis, doctoral theses, and monographs, which brings about the theme: TECHNOLOGISTS IN RADIOLOGY IN THE PROCESS OF HUMANIZATION OF THE MAMMOGRAPHY EXAM. Works with publication dates between 2012 and 2022 were used to construct this article.

The study was built from the elaborated stages. In the first stage, the object to be studied was defined. Thus, through this step-by-step approach, the theme was identified and the research question "what is the applicability of radiology technologists in the humanization process in diagnostic imaging tests, specific in mammography? as well as the descriptors to be used in the online search?

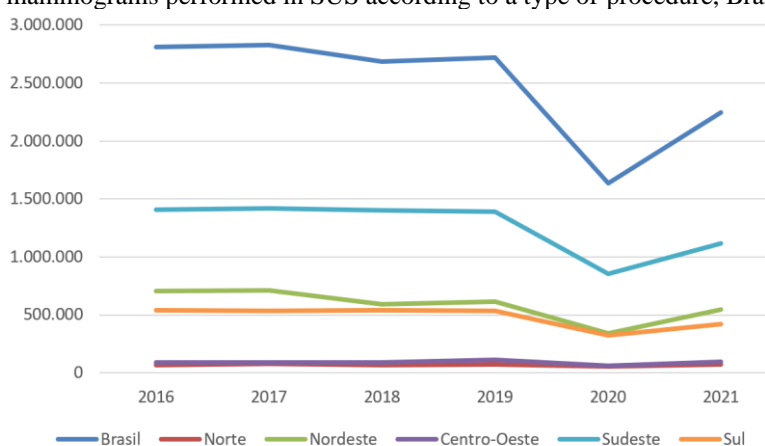
However, the use of the descriptors in Portuguese:: Humanization, mammography, a technologist in radiology, prevailing from the resource of Boolean operator AND, then grouped as follows: Humanization, AND mammography AND technologist in radiology. In the second stage, the inclusion and exclusion criteria of the scientific productions to be analyzed were established.

The inclusion criteria were: documents in the form of articles published in the period from 2012 to 2022, and articles in Portuguese, available in the databases. Inclusion criteria were selected in the 'Configure Filter' feature, available in the databases. Exclusion criteria were considered: articles that did not contemplate the objectives of the study or that were not available, and this is its complete version.

3 FINDINGS

Second, SUS and WHO, the mortality rate from breast cancer, has been characterized by the world population, delimiting the number of deaths, which occurs in 14.23 / 100,000 women, in 2019, with the highest rates in the Southeast and South regions, in this scenario and these women need good care because of their disability and vulnerability (INCA, 2021). The number of mammographies performed in Brazil is a major factor for this detection, and Brazil brings a population of high complexity, with more than 500,000 thousand to 3,000,000 per region, figure 1. Through this process, radiology technologists are always being charged for the lack of welcoming treatment by this target audience, this context brings the need for intervention through the major authorities (UNIC, 2021).

Figure 1. Number of mammograms performed in SUS according to a type of procedure, Brazil and Regions in 2021



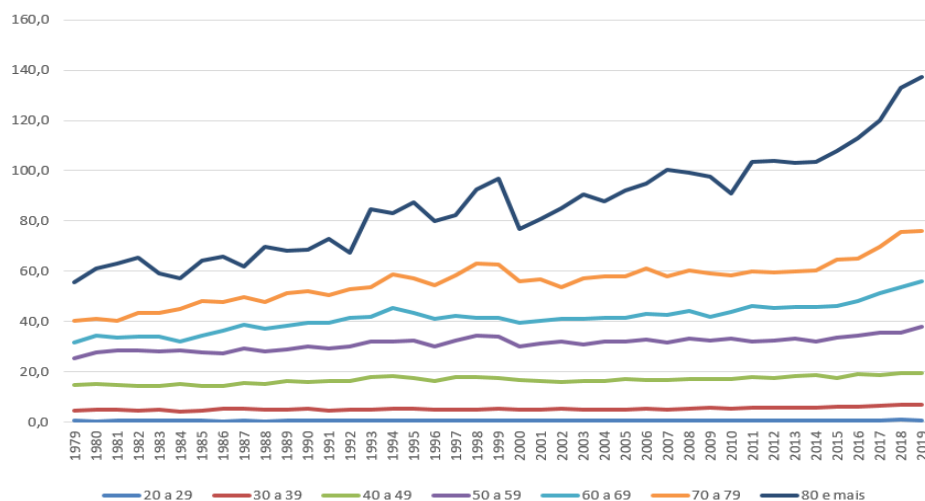
Source: Ministry of Health. SUS (SIA/SUS) INCA Outpatient Information System, (2021).

Breast cancer is the second most common neoplasm in the world, with more than 2 million new cases diagnosed per year, in addition to the fourth global cause of death from malignancy, accounting for more than 600,000 deaths annually. Screening is a prevention strategy that consists of the execution of tests in asymptomatic women, so that it is possible to detect the neoplasm precociously, aiming at better outcomes (SILVA, 2021).

According to Menezes Fireman (2018, P.12), age can be the main factor for the diagnosis of breast cancer to appear, being fundamental, for the professional to show affection, and humanization, thus making it easier, the performance the examinations, being able to bring from very early treatment. Breast cancer, when diagnosed at an early stage, is possible to control the disease, enabling a good quality of life for the patient in the physical, psychological, and emotional aspects (DE MENEZES FIREMAN, 2018). Santos, on the other hand, (2018, P, 5), once the patient performs the radiological examination, and they're seeking a good service before the technologist in the radiology and health team, his chances of previous treatment, directs to the cure. the momographic examination is contemplated as the most important procedure so that there is a treatment correctly and with positive results. Being considered the best technique. However, its result will depend on several factors such as the quality of the image, which depends on the correct use of

the mammographer, and the experience of the professional for the performance and interpretation of the examination. However, mortality in Brazil increased from 1979 to 2019, with 60% of the population over 80 years old, in this case, non-humanitarian care, can bring greater consequences to the situation and the vulnerability of the patient, often leading the patient to withdraw to seek this treatment. Figure 2, (SANTOS, 2021).

Figure 2- Percentage of mortality from breast cancer in Brazil



Source: Ministry of Health. Sistema of Outpatient Information of SUS (SIA/SUS) INCA, (2021).

4 DISCUSSION

In a study by Iago Brito, it was observed, during his internship period, that the radiology sector had difficulties in the practice of humanizing care. The process can become multiplied for some because it is also necessary to change behavior (BRITO 2015). The professional is there to attend and deal with individually. Teaching in the area of health should be guided by reflective practice, allowing the student to solve problems and deal with singular situations, treating the patient individually. It is important that the student has this contact with humanized care and knows how to fully welcome the patient (FREITAS, 2021). Professionals must know how to deal with patients during this process because many times challenges are encountered that make care insufficient. Each attitude can change the emotional issue of the patient. In this sense, the professional must, above all, be human and understand that the person who arrives at the outpatient clinic to ask for help may be weakened, needing to be accompanied in all aspects. It is worth mentioning that the tranquility of the patient contributes to the efficiency and speed of the examination. This means that the examination may not be successful if the patient is tense, anxious, and unable to relax the breast (DUARTE, 2013).

A small gesture such as calling by name, a smile, or looking directly at the person, changes the perception of interpersonal treatment, and the patient feels more comfortable and relaxed concerning the examination (SILVA E JUNIOR, 2017). The humanization process should begin at the reception and continue until the final service, thus involving all workers, as stated by the National Humanization Policy

(PNH), which humanizes includes differences in the care process and that this is done collectively and shared. Thus, it is inferred that the connection between sectors and professionals is essential (PEEIRA, et.al, 2017). In this context of the course of the mammography exam, there must be communication between professional and patient, as this governs the quality and well-being of people. In an uncomplicated and clear way, instruct and elucidate the process to the patient, allowing her to understand what will occur (MACHADO, 2017). Fear, nervousness, previous experiences, and anxiety, among other feelings, can hinder the performance of the examination, causing the patient to contract the breast causing greater discomfort in compression, and leaving the final image unsuitable for the report. A radiologic professional must perform good examinations although the exhausting routine and the overload of work in the day-to-day make the service often automatic. However, these problems cannot interfere with humanized care (SILVA, 2015). This type of service should not be left if provided mainly in public health services where there is a lack of equally distributed services. Figure 3.

Humanize is a word that must be practiced constantly by all who refer to the care for others, a way of welcoming without distinction of race religion any difference and that is attributed collectively, and radiology professionals are in constant contact with patients who undergo mammography. The way to receive and treat the patient will bring you a lot of confidence and tranquility since many arrive apprehensive because of the monographic examination, and the first contact will greatly facilitate the performance of the examination thus facilitating the work of the technologist and having a better imaging examination for evaluation of the doctor (FIGUEIRA, 2020).

Figure 3 - Trust and peace of mind distribute your services equally



Source: Silva, (2015)

5 FINAL CONSIDERATIONS

Thus, through this literary review, it can be observed that humanization in the process of mammography examination is the key piece to help the professional technologist in radiology, to build trust based on respect and appreciation of the life of the patient, thus aiming to transfigure the current scenario of the high mortality rate of breast cancer. According to INCA and SUS, the study identified that the

practice of the professional in radiology can generate a great good quality of life for cancer patients by incorporating in their practice the humanized treatment. Thus, it was perceived the need to invest efforts in the intention of enhancing the incorporation of professional conduct that gives priority to humanized care, making the patient better accept the treatment and feel safe with the medical team.

However, Radiology is a fundamental field for there to be a specialized and rigorously respected service, being pointed out activities that develop the capacity which professionals need with a differentiated look and attention to the fragility and need of the patient. However, it is regrettable, events which many professionals may end up being alienated, losing all the sensitivity of the work and leaving the rot to take care of their professionalism, resulting in responsibilities and humanization being left aside. Thus, it is known that the practice of humanized care aims to guarantee human needs, through dedication and teamwork, ensuring self-care, recovery, maintenance, and the promotion of health care together with all the professionals involved who provide care to the patient.

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