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Challenges and perspectives of health education in nursing care for cancer patients in Primary Health Care.

The Role of Nurses in Health Education for Oncology Patients within Primary Health Care.
Straights and perspectives of health education in nursing care for cancer patients in Primary Care

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Abstract: This study aims to analyze the role of nurses in health education for cancer patients within the context of Primary Health Care (PHC), identifying the challenges that permeate the transition of care. The methodology adopted consisted of an integrative literature review, based on the critical analysis of thirteen selected scientific articles. The results show that, although nurses play a strategic role as a link in the *continuum...*

In the realm of care, their caregiving practice is severely restricted by barriers that go beyond...
Individual competence. Research reveals a constant tension between the ideal model of the "nurse navigator" and the reality of the "referral culture," in which the primary care unit frequently...
The institution relinquishes responsibility for oncological follow-up, transferring the flow to the specialized level. It was identified that technical insecurity, stemming from insufficient academic training in the face of oncological complexity, coupled with the absence of "protected time" and institutional support, inhibits the implementation of effective educational practices. It was found that health education, to overcome its bureaucratic character and assume its therapeutic dimension, demands empathy, active listening, and cultural mediation to address the stigma and sociocultural barriers faced by the patient. It is concluded that overcoming these obstacles is inseparable from a reorganization of work processes that positions nursing as a protagonist in longitudinal coordination. Overcoming the current scenario therefore requires continuing education policies and an institutional environment that values education not as an accessory task, but as an indispensable component for the quality of effective oncological care in primary health care.

Keywords: Nursing; Primary Health Care; Oncology; Health Education; Continuity of Care.

Abstract: This study aims to analyze the role of nurses in health education directed at oncology patients within the context of Primary Health Care (PHC), identifying the challenges that permeate the transition of care. The methodology adopted consisted of an integrative literature review, based on the critical analysis of thirteen selected scientific articles. The results show that although nurses play a strategic role as a link in the care continuum, their clinical practice is severely restricted by barriers that extend beyond individual competence. The research reveals a constant tension between the ideal model of the "nurse navigator" and the reality of the "referral culture," in which the basic health unit often evades responsibility for oncology follow-up, transferring the workflow to the specialized level. It was identified that technical insecurity, resulting from insufficient academic training regarding oncology complexity, combined with the lack of "protected time" and institutional support, inhibits the implementation of effective educational practices. It was found that health education, to overcome its bureaucratic character and assume its therapeutic dimension, requires empathy, active listening, and cultural mediation to address stigma and patients' sociocultural barriers.

It is concluded that overcoming these obstacles is inseparable from a reorganization of work processes that positions nursing as a protagonist in longitudinal coordination. Overcoming the current scenario,

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therefore, requires permanent education policies and an institutional environment that values education not as an accessory task but as an indispensable component of the quality of resolving oncology care in PHC.

Keywords: Nursing; Primary Health Care; Oncology; Health Education; Continuity of Care.

1. Introduction

In recent decades, cancer has become one of the most complex health challenges.
public health on a global scale. Due to the epidemiological transition and population aging, the
The incidence and prevalence of neoplasms are showing continuous growth (Morgan et al., 2016).
which demands coordinated, agile, and, above all, effective responses from healthcare systems. In Brazil, this
reality is no different; cancer imposes a significant burden on the Unified Health System (SUS).
(SUS), requiring longitudinal follow-up that goes beyond hospital treatment.
specialized and enters the daily routine of Primary Health Care (PHC) (Schenker et al., 2021).

In this scenario, primary health care assumes a strategic position as the organizer of care. It is at the base
of the system that focuses the potential for opportunistic screening, primary prevention and
Case management. Among the professionals who make up the healthcare teams, the nurse stands out.
as the protagonist. Her performance, guided by nursing consultation and, primarily, by
Health education is essential to empower the patient, mitigate the stigma of disease, and ensure...
Continuity of care across levels of complexity (Teixeira et al., 2017; Marques et al., 2023).

Health education, as a guiding strategy for nursing, has the potential to
To transform the experience of illness, converting technical guidelines into a dialogical process.
of existential coping (Waliuchi et al., 2016). However, the literature review reveals a gap
There is a concern regarding the discrepancy between the prescribed role of the nurse and daily practice. This performance is strained by...
a complex binomial: the demand for specialized technical skills versus the precariousness of
resources and gaps in academic training (Thumé et al., 2018; Chaves et al., 2020).

In addition to a lack of technical preparation, educational effectiveness is frequently hampered by barriers.
Systemic factors, such as fragmented care, an institutional culture of referral, and a lack of...
"Protected time" for care (McMullen, 2013; Schenker et al., 2021; dos Santos et al., 2024).
Added to this is the need to adapt interventions to the sociocultural vulnerabilities of
patients, which requires nurses to have not only clinical knowledge, but also skills.
of cross-cultural mediation (Guang Sun et al., 2023; Lacerda et al., 2025).

Given this problem, the question that guides this research arises: what are the
main challenges faced by nurses in carrying out health education activities
focused on addressing oncological diseases in the context of Primary Care? To answer

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To address this issue, this study was structured as an integrative literature review. The objective is
To investigate the obstacles that limit the nurse's performance in primary health care, systematizing the evidence.
There is sufficient scientific evidence available on the subject. The relevance of this research lies in the need to promote
discussions that support lifelong learning policies and transformations in the organization of
work process, aiming at consolidating a more humane, qualified and integrated assistance.
to the cancer patient.

2. Theoretical Framework / Results

2.1 The Epidemiological Transition and the Challenge of Oncology Management in Primary Health Care

The consolidation of neoplasms as a central public health problem in the current scenario.
The Brazilian context reflects a complex epidemiological transition, in which population aging and
Changes in lifestyle habits are raising the incidence of cancer to levels that put pressure on the sustainability of the
Brazilian Unified Health System (SUS). However, the literature converges on the conclusion...
that the challenge is not only detection, but also the ability to organize a *continuum* of
care that integrates specialized treatment into the routine of Primary Health Care (PHC). According to
According to Guang Sun et al. (2023), the transition from the hospital environment to returning to the community is a
a moment of extreme vulnerability for the patient, who often feels helpless and
Disconnection. The absence of an integrated network means that the cancer patient, upon returning to their home, feels disconnected.
Basic unit, feel like an "outsider" in the system, since primary health care often lacks workflows.
structured to meet survival needs after acute treatment, which demonstrates
the failure of the traditional biomedical model, which prioritizes the treatment of disease at the expense of...
longitudinal coordination of care.

2.2 The "Nurse Navigator" Model vs. the Referral Culture

For primary health care to fulfill its role as the organizer of the care network, international literature
It proposes the adoption of structured models, such as "Patient Navigation," which aim to reduce the
fragmentation and promoting timely access to resources. McMullen (2013) argues that the
The "nurse navigator" is the key to translating the complexity of the system for the patient.
mitigating the fear and anxiety typical of the diagnosis. However, this proposal encounters an obstacle.
Deeply institutional within the national context: the so-called "referral culture". According to
described by dos Santos et al. (2024), there is an organizational tendency in primary health care to exempt itself from

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responsibility for oncological follow-up, transferring it entirely to the tertiary level.

This inertia doesn't stem from a lack of knowledge of the protocols, but from a chasm between the guidelines. official protocols and the reality of work. Teixeira et al. (2017) emphasize that, even when there are protocols well-defined breast and cervical screening protocols, workflow disorganization and The overload of competing demands prevents the nurse from systematizing these actions. transforming tracking into a one-off, disjointed practice, instead of a strategy. continuous education.

2.3 Health Education: From Instrumentalization to the Therapeutic Dimension

Health education in oncology needs to be understood as more than just the transfer of knowledge. of technical information, assuming its character as a therapeutic instrument. Marques et al. (2023) and Waliuchi et al. (2016) argue that educational effectiveness is inseparable from the quality of the bond. established. When education is reduced to a bureaucratic act, it fails to combat stigma and the existential isolation of the patient. The construction of real autonomy requires, according to Carmo et al. (2019), the emotional resilience of the nurse: this professional is the support that sustains the patient in the terminal and coping stages of the disease. Thus, if the nurse does not have Subjective and time conditions for active listening, the transformative potential of health education. It is emptied of meaning, reduced to superficial guidelines that do not empower the patient to manage the condition. own health.

2.4. Structural and Formative Determinants of the Gap between Theory and Practice

The ineffectiveness in carrying out educational actions cannot be attributed to a lack of initiative on the part of The problem is not just the nurse's, but a systemic deficit encompassing academic training and support. institutional. Thumé et al. (2018) point out that the rapid quantitative expansion of teaching Nursing in Brazil has not been accompanied by the necessary rigor in oncology specialization, which This resulted in professionals with theoretical gaps to deal with the complexity of the treatment and with the side effects of current therapies. This technical uncertainty is evidenced by Chaves et al. (2020) and de Souza et al. (2021), who observe that when nurses feel unprepared, particularly in pediatric oncology, where mediation with the family requires expertise. Despite advanced communication skills, she opts for a defensive or passive stance in educational practice.

In addition to the formative lag, the empirical evidence provided by Schenker et al. (2021) is conclusive: educational and palliative care interventions are clinically ineffective when

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offered without the necessary support, such as "protected time," ongoing training, and integration.
Effective collaboration with a multidisciplinary team. Added to these problems are sociocultural barriers:
Morgan et al. (2016) identify ageism as a factor that underestimates the ability to
learning and adaptation of the elderly, while Lacerda et al. (2025) warn that disparities in
Health literacy and cultural barriers require nurses to have mediation skills.
which the current structure of primary health care does not value. Therefore, the literature demonstrates that the "challenge" of
Nursing in health education is, essentially, the struggle for an institutional environment that
Recognize education not as an "extra," but as an indispensable component of practice.
clinic (Schenker et al., 2021; dos Santos et al., 2024).

3. Materials and Methods

This study is characterized as a qualitative research approach, of the review type.
Integrative literature review, a method that enables the synthesis of scientific knowledge produced on
a given theme, allowing for critical analysis, identification of gaps, and the construction of new [resources/solutions].
theoretical perspectives. The integrative review was conducted following systematic steps, as per
advocated in the methodological literature: (1) identification of the theme and elaboration of the guiding question;
(2) definition of inclusion and exclusion criteria; (3) search and selection of studies; (4) categorization
and data organization; (5) critical analysis of findings; and (6) synthesis and presentation of results.

The research was guided by the following guiding question: "What are the main challenges?"
challenges faced by nurses in carrying out health education activities aimed at patients.
Oncological care in the context of Primary Health Care?

The search for articles was conducted in recognized scientific databases in the health field.
encompassing national and international productions. For the search strategy, the following were used
controlled and uncontrolled descriptors, extracted from the Health Sciences Descriptors (DeCS) and
from Medical Subject Headings (MeSH), including the terms: "nursing", "primary care to
health", "oncology", "health education" and "continuity of care", combined through the
Boolean operators AND and OR are used to increase the sensitivity and specificity of the search.

The inclusion criteria were established as follows: scientific articles published in Portuguese.
and in English, available in full, that addressed the role of nurses in health education.
focused on cancer patients, with an emphasis on Primary Health Care. Exclusion criteria included...
Duplicate articles, studies that did not answer the guiding question, and publications were discarded.
incomplete and those that did not have a direct relationship with the objective of the study. After the
After applying the eligibility criteria, the titles and abstracts were read, followed by a reading.

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in full from potentially relevant studies. At the end of this process, thirteen were selected.
scientific articles, which comprised the final sample for this review.

The data were extracted through analytical reading and organized into an instrument.
own, including information such as authors, year of publication, objective of the study,
methodological design and main results. Subsequently, the systematization of the
information, which allowed for the identification of patterns, convergences, and gaps in the literature.

The data analysis was conducted using a descriptive and interpretive approach.
based on thematic analysis techniques, which enabled the construction of analytical categories that
The discussion of the results was based on several factors. Among the emerging categories, the following stand out: (1) gaps
in academic training; (2) weakness of clinical practice; (3) structural barriers in the system of
health; (4) referral culture; and (5) the relational dimension of health education.
In this way, the methodology adopted ensures scientific rigor, systematization, and reliability in the analysis of
evidence, enabling a deeper understanding of the challenges faced by nurses.
in health education focused on cancer patients within the context of Primary Health Care.

4. Results and Discussion

The initial search in the SciELO and PubMed databases resulted in 1,837 articles. After the
After initial screening and removal of duplicate studies, 33 articles were selected for further reading.
Of this total, 20 articles were excluded for not meeting the established criteria.
this research. Thus, the final sample consisted of 13 articles, used in
development of the study. The detailed flow of this entire selection process is presented in
Figure 1:

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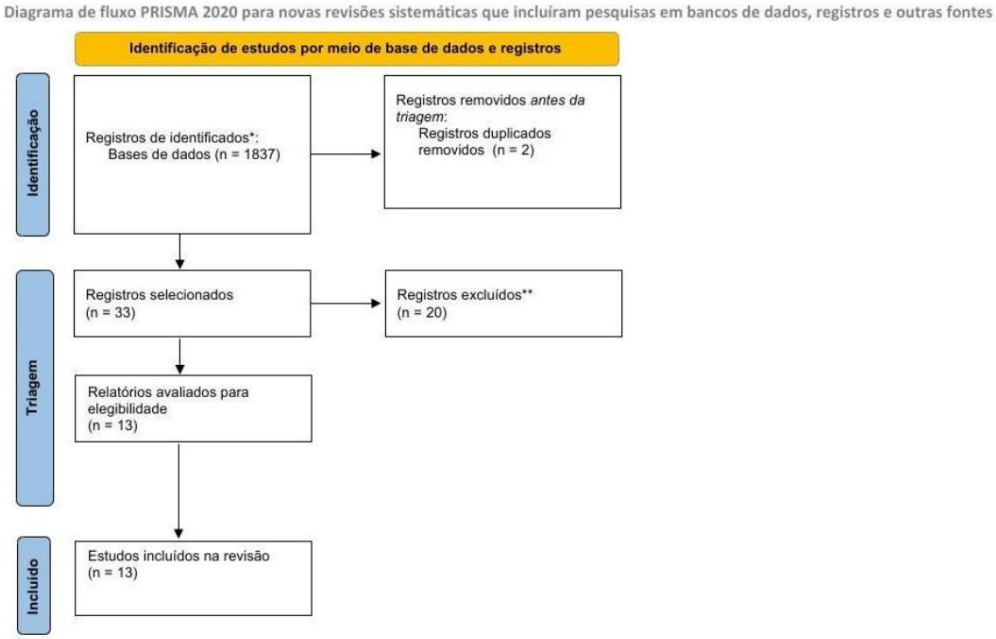


Figure 1: Flowchart of the search for articles on the chosen platforms. Source: Adapted from the PRISMA 2020 Declaration (2026).

Table 1. Summary of selected articles.

Article Title: MARQUES *et* al. Authors: [Not specified] Language:			**Study objective :** To	**Results**
[Not specified] Care of oncological nursing . humanized			discuss the humanization of oncology nursing care and its central attributes.	The study indicates that health education is weakened when care is reduced to a purely technical dimension and strengthened... when anchored in connection, listening, and respect for the patient's uniqueness.
Attention to cancer patients in Health Strategy Family: A user's perspective	LACERDA *et al.*	PT	To understand, from the user's experience, the care provided to cancer patients in the Family Health Strategy (ESF).	The literature reviewed shows that health education is essential, but it faces challenges such as low adherence, fear, shame, misinformation, and structural limitations in primary health care.
Nursing practice in primary health care for pediatric and adolescent cancer patients: a review	DE SOUZA *et al.*	PT	To identify, based on scientific literature, how nursing care for children or adolescents with cancer has been provided in primary health care.	The review highlights a scarcity of literature and points out that nurses are not prepared to provide holistic care to the family-child in pediatric oncology, due to the difficulty in linking teaching and service.
Caring in Oncology: daily challenges and triumphs experienced by nurses.	CARMO *et al.*	PT	To understand the perspective of nurses regarding the challenges faced in caring for people with cancer.	The text shifts the debate to the subjectivity of the work: health education depends not only on technical knowledge, but also on the nurse's ability to process their own suffering and that of the patient.

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Article title	Authors	Language	Study objective	Results
The role of nurses in cervical cancer prevention: challenges in primary care.	CHAVES *et al.*	PT	To analyze the role of nurses in the prevention of cervical cancer, focusing on the challenges faced and the strategies adopted in primary health care.	The study reveals that, although nurses recognize the importance of health education, their actions focus on collecting samples for tests and providing one-off guidance, with little in-depth educational content.
The role of the primary care nurse in cancer control. mama	DOS SANTOS *et al.*	PT	To describe nurses' perceptions of cancer patient care in primary health care.	The article shows that health education is limited by professional unpreparedness, lack of knowledge of policies, absence of protocols, and fragmentation of the healthcare network.
Cancer patient care from the perspective of primary health care nurses.	WALIUCHI *et al.*	PT	To understand nurses' perceptions of the care provided to cancer patients in primary health care.	Nurses report difficulties in linking primary health care to the oncology network, with gaps in continuity of care and health education for... patients and their families.
Nurses' Perceptions of Primary Care Primary Health Care for Cancer Patients	THUMÉ *et al.*	PT	To analyze the trajectory of nursing education and practice in primary health care and to discuss strategies for strengthening the Brazilian Unified Health System (SUS).	The discussion shows that the challenges of health education in cancer begin with training: quantitative expansion of courses, but low emphasis on educational practices in primary health care.
Training and practice of nurses for the Primary Care Health — advances, challenges and strategies	MCMULLEN	PT	To discuss the role and challenges of the oncology nurse navigator in multidisciplinary teamwork across the oncology continuum.	Health education is treated as a structuring function of navigation: to guide, to translate the system, to reduce anxiety, and to promote adherence to treatment.
Oncology Nurse Navigators and the Continuum of Cancer Care	SCHENKER *et al.*	To evaluate the impact of primary palliative care intervention, conducted by oncology nurses, on psychosocial outcomes.		The study shows that health education and emotional support, while central, did not produce significant improvements in outcomes such as quality of life in the short term, revealing the limitations of isolated intervention.
Effect of an Oncology Nurse-Led Primary Palliative Care Intervention on Patients With Advanced Cancer: The CONNECT Cluster RCT	SUN *et al.*	To evaluate the effectiveness of a primary palliative care intervention, conducted by nurses, in patients with advanced cancer.		It demonstrated the feasibility of nurse leadership in palliative care within primary care, as well as the need for clear protocols and ongoing training.
The Role of the Advanced Practice Nurse in Geriatric Oncology Care	SCHENKER; SUN	In discussing the role of the advanced practice nurse in geriatric oncology care.		It reinforces the importance of health education focused on elderly cancer patients and the integration between primary health care and specialized levels.

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Article title	Authors	Language	Study objective	Results
A critical understanding of the challenges faced by nurses in health education.	BRAZIL *et al.*	PT	To reflect critically on the challenges faced by nurses in carrying out health education activities.	The authors point out that health education remains underutilized in routine care, which requires the reorganization of work processes and the enhancement of educational practice.

The integrative analysis of the thirteen selected articles allowed for the systematization of the evidence. Regarding the role of nurses in Primary Health Care (PHC) in addressing diseases. oncological. The results indicate that, although the nurse is recognized as an agent Central to care management, its educational practice is strained by a complex binomial: the The need for specialized technical skills versus the structural and training limitations of current health system. The discussion was stratified into four fundamental thematic areas.

The search and selection phase of the studies initially resulted in the identification of thirteen. scientific articles potentially relevant to the topic proposed in this study, related to Challenges and perspectives of health education in nursing care for cancer patients. in the context of Primary Health Care (PHC). The studies found were identified by through predefined search strategies, using descriptors related to nursing, oncology, health education, and continuity of care, combined with Boolean operators. After identifying the articles, a systematic process was carried out and thorough exploratory reading, methodological analysis, and critical evaluation of thematic relevance, considering not only the direct relationship of the studies to the guiding question of this review integrative, but also the scientific relevance, theoretical consistency and practical contribution of productions for understanding the role of nurses in cancer care within the context of primary health care.

During the phase of in-depth theoretical study and critical analysis of the selected materials, It was observed that two of the articles initially included, although they presented discussions related to oncology and nursing care, they did not specifically address the central aspects of health education and the role of nurses in Primary Health Care. In In some cases, the studies addressed cancer care in a more general way, without going into depth. the educational challenges present in the professional practice of nurses, while others directed This discussion shifts away from the central proposal of this hospital or specialized context. investigation. Therefore, it was decided not to include these studies in the analytical composition of the results and discussion, with the aim of ensuring greater thematic coherence, scientific rigor and a more in-depth interpretation of the evidence analyzed, in addition to ensuring that the findings The results presented remained aligned with the objectives proposed by the research.

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Thus, the construction of the results and discussion was based on eleven scientific articles.
that fully met the criteria of inclusion, thematic relevance, and consistency.
The methodological framework established for this integrative review. The studies analyzed made it possible
to understand, in a broad, critical and reflective way, the main challenges faced by
nurses in carrying out educational activities aimed at cancer patients, highlighting
weaknesses related to academic training, structural limitations of health services,
insufficient human and material resources, difficulties in continuity of care, and barriers
Sociocultural factors that directly interfere with the effectiveness of care provided within the scope of primary health care.
Furthermore, the articles analyzed demonstrated that educational practice in oncology still faces challenges.
obstacles related to work overload, lack of systematized protocols, and
fragmentation of the care network and the difficulty of coordination between the different levels of care,
Factors that compromise the comprehensiveness of care.

The studies also made it possible to identify the role of the nurse in patient care.
Oncology requires skills that go beyond the technical and scientific domain, demanding
Communication skills, humanistic sensitivity, active listening, and mediation skills.
Given the emotional, social, and cultural vulnerabilities of the users, it was observed that...
that health education should not be understood merely as an informative practice or
normative, but as a therapeutic instrument capable of strengthening the bond between professional and
patient, promote individual autonomy and contribute to coping with the repercussions
physical and psychosocial challenges resulting from cancer.

Furthermore, the articles included in the final analysis allowed for the identification of important...
Convergences in the literature regarding the need to strengthen continuing education practices,
Reorganize work processes and value the nurse as a key player in coordination.
Longitudinal approach to cancer care. Evidence suggests that the consolidation of care...
A more effective and humane approach depends directly on the implementation of institutional strategies.
that offer technical support, ongoing professional training, and better working conditions.
to primary health care professionals. It was also observed that the effectiveness of the educational actions is
closely related to the existence of an organizational environment that recognizes education in
health as an essential component of clinical practice, and not merely as a complementary activity or
secondary in routine care.

Therefore, the results obtained reinforce the need to expand public policies.
aimed at improving the quality of cancer care in Primary Health Care, especially in what regard
This refers to strengthening nursing as a central axis in promoting comprehensive care.
Analysis of the studies revealed that nurses occupy a strategic position in coordination.

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of care, in building therapeutic bonds and in promoting continuity of care, being
indispensable for the implementation of educational practices capable of promoting acceptance, autonomy,
The prevention of complications and the improvement of the quality of life of cancer patients. Therefore, the
Based on the analysis of the eleven studies included in the final discussion, it was possible to identify points of convergence.
important in the literature regarding the need to strengthen lifelong learning,
Reorganization of work processes and recognition of the nurse's role as a key player.
in the coordination of oncology care.

4.1. Gaps in Academic Training and the Fragility of Clinical Practice

One of the most critical findings concerns the gap between the academic curriculum and the demands of the oncology clinic. Thumé et al. (2018) argue that the accelerated expansion of Nursing education in Brazil has not guaranteed the necessary quality for the management of pathologies. Complexities in primary care. This gap is reflected in the technical uncertainty described by Chaves et al. (2020), in which the nurse, due to not mastering the specifics of neoplasms and their treatments, This ends up oversimplifying educational guidelines, making them generic.

This fragility is even more evident in pediatric oncology. De Souza et al. (2021) They highlight the difficulty of communicating with the family and managing the emotional well-being of the sick child. This leads to a distancing of the professional, who often limits their assistance to specific aspects. purely biological, neglecting health education as a tool for psychological support.

4.2. The Tension between Care Navigation and Referral Culture

The literature presents the "nurse navigator" as the ideal model for guiding the patient. by the system (McMullen, 2013). However, what the data reveal in the Brazilian context is the predominance of a "referral culture". According to dos Santos et al. (2024), there is a an institutional trend of primary health care abdicating responsibility, in which the cancer patient is seen as "belonging" only to the specialized hospital.

This situation is exacerbated by the lack of "protected time" for non-clinical activities. Schenker et al. (2021) demonstrate that administrative overload prevents nurses from performing the screening, such as cytopathological exams and mammograms, in an educational way. Instead of a In a time for dialogue and prevention, tracking becomes a bureaucratic task focused on... meeting targets, which distorts the role of primary health care in the *continuum* of care advocated. by Sun et al. (2023).

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4.3. The Therapeutic Bond and the Challenges of Literacy and Otherness

The discussion about health education cannot ignore the relational dimension. Marques et al. al. (2023) and Waliuchi et al. (2016) reinforce that technical guidance only achieves its objective when There is connection and active listening. Without this, education becomes an ineffective monologue. However, the Nurses face complex external barriers, such as low health literacy among patients. which makes it difficult to understand complex protocols, and ageism.

Morgan et al. (2016) warn that prejudice regarding the learning capacity of the elderly exists. This often leads nurses to underestimate the need for detailed guidance on this matter. public. In addition, cultural disparities and the psychosocial impact of the diagnosis, discussed by Lacerda et al. (2025) and Carmo et al. (2019) require that nurses act as social translators. For For this to happen, health education needs to be validated by the institution as a clinical component. essential, and not a secondary activity.

4.4. Sociocultural Barriers and the Need for Care Adaptation

Finally, the findings emphasize that educational effectiveness depends on the ability to adapt. from the professional to the sociocultural contexts of the patients. Lacerda et al. (2025) and Guang Sun et al. (2023) demonstrate that language barriers, low health literacy, shame and Ageism (Morgan et al., 2016) are obstacles that require a nurse with a transcultural perspective. The study by Guang Sun et al. (2023) on the transition from acute care to primary care highlights that, Without a designated nurse to guide this transition, the cancer patient becomes a strange within the system itself. Therefore, health education also demands a competence of social mediation, in which the nurse acts as a translator of the complexities of the health system. for the patient's context.

Final Considerations

This review concluded that oncology health education, in the context of Primary Health Care (PHC) goes beyond the mere transmission of technical information. establishing itself as an indispensable therapeutic tool for enabling the continuity of Caution. The integrative literature review demonstrated that, although the nurse possesses the Theoretical skills needed to act as the link between the patient and the complexity of the system.

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Healthcare practice is often strained by an organizational structure that prioritizes...
"Referral culture" at the expense of longitudinal follow-up.

It became evident that the gap between theory and practice is not a reflection of a lack of initiative on the part of professional, but rather the result of systemic and formative barriers. Technical insecurity, stemming from an academic background that sometimes lacks depth in understanding of The complexity of oncology, coupled with the absence of "protected time" and institutional support, limits The educational role extends to bureaucratic procedures. The nurse, when working under conditions of Overburdened and lacking coordination, he finds himself unable to fulfill the role of caregiving guide, which makes Fragmented and dehumanized care.

Therefore, the results of this research reinforce the premise that the effectiveness of the actions Educational policies in primary health care depend on a multidimensional movement. It is imperative that policies of Health should transcend the productivist logic and invest in continuing education and the restructuring of Work processes. Valuing the nurse as a key player in coordinating care.
It requires guaranteeing working conditions that allow for the building of therapeutic bonds and... cultural mediation is necessary to overcome the sociocultural barriers faced by cancer patients.

Ultimately, this study reaffirms that the success of cancer care in primary health care is a reflection directly from the system's ability to recognize health education as a strategic pillar. It is expected- I hope this work contributes to academic and practical reflection, fostering strategies that Transform the current scenario towards a truly comprehensive, effective model of care. and, above all, human.

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