

Coping Strategies used by Cancer Patients in a Rural City of the Legal Amazon

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Estratégias de Coping Utilizadas por Pacientes Oncológicos em uma Cidade do Interior da Amazônia Legal

Estrategias de Afrontamiento Utilizadas por Pacientes con Cáncer en una Ciudad en el Interior de la Amazonía Legal

Carlos Gester Valiatti da Silva¹; Leandro Aparecido Fonseca Missiatto²; Fabio Biasotto Feitosa³

ABSTRACT

Introduction: The diagnosis of cancer can provoke innumerable damages to the patient's life, not only from a medical perspective, but also social and psychological. With its imminent growth and various stressful events resulting from its diagnosis, cancer has become a worldwide public health problem. Therefore, it appears the necessity of personal adaptive processes to the various changes brought by the disease, a process known as coping, through which it is possible to understand which strategies the individual uses to deal with the disease. **Objective:** To verify the coping strategies used by oncologic patients who attend the "Associação Amor Fraternal", in Cacoal, State of Rondônia. **Method:** Quantitative and descriptive study with data from individual interviews. The non-probability sample consisted of 29 patients. The instruments used were the scale of types of coping with problems, perceived stress scale and socioeconomic questionnaire produced by the researchers. **Results:** The results presented some important considerations: (1) the main mean of access to health cancer patients use is the Unified Health System; (2) prevalence of breast and cervical cancer in women and prostate cancer in men; (3) stress is severer in women than in men; and (4) religious coping was the most used strategy to cope with stress. **Conclusion:** Based on the results presented, understand that the psychologist's work with oncologic patients could help to promote coping strategies. In addition, this study suggests expanding public policies to uphold supporting entities.

Key words: Adaptation, Psychological; Neoplasms/psychology; Psycho-Oncology; Psychosocial Support Systems.

RESUMO

Introdução: O diagnóstico de câncer pode trazer consigo inúmeros prejuízos à vida do paciente, não somente em uma perspectiva médica, mas também social e psicológica. Com seu iminente crescimento e os diversos eventos estressores advindos do seu diagnóstico, o câncer tem se tornado um problema de saúde pública mundial. Assim, emerge a necessidade de processos adaptativos pessoais às diversas mudanças trazidas pela doença, processo conhecido como *coping*, no qual é possível compreender quais estratégias o indivíduo usa no enfrentamento da doença. **Objetivo:** Verificar as estratégias de *coping* utilizadas por pacientes oncológicos que frequentam a casa de apoio Associação Amor Fraternal, em Cacoal, Estado de Rondônia. **Método:** Estudo quantitativo e descritivo com dados de entrevistas individuais. A amostra não probabilística foi composta por 29 pacientes. Como instrumentos, foram utilizados a escala de modos de enfrentamento de problemas; a escala de estresse percebido; e um questionário socioeconômico produzido pelos pesquisadores. **Resultados:** Os resultados mostraram algumas considerações importantes: (1) o principal meio de acesso à saúde utilizado pelos pacientes oncológicos foi o Sistema Único de Saúde; (2) prevalência dos cânceres de mama e colo do útero em mulheres e de próstata em homens; (3) as mulheres apresentaram estresse mais acentuado do que os homens; e (4) o *coping* religioso foi a estratégia de enfrentamento ao estresse mais utilizada. **Conclusão:** Mediante os resultados apresentados, conclui-se que a atuação do psicólogo junto ao paciente oncológico poderia promover estratégias de *coping*. Ademais, este estudo sugere a ampliação das políticas públicas que dão fomento às casas de apoio. **Palavras-chave:** Adaptação Psicológica; Neoplasias/psicologia; Psico-Oncologia; Sistemas de Apoio Psicossocial.

RESUMEN

Introducción: El diagnóstico de cáncer puede traer consigo numerosos daños a la vida del paciente, no sólo desde el punto de vista médico, sino también social y psicológico. Con su crecimiento inminente y los diversos eventos estresantes que surgen de su diagnóstico, el cáncer se ha convertido en un problema de salud pública mundial. Así, surge la necesidad de procesos de adaptación personal a los diversos cambios que trae consigo la enfermedad, un proceso conocido como afrontamiento, donde es posible entender qué estrategias utiliza el individuo para hacer frente a la enfermedad. **Objetivo:** Verificar las estrategias de afrontamiento de los pacientes oncológicos que asistieron a la Asociación Amor Fraternal, en Cacoal, Estado de Rondônia. **Método:** Estudio cuantitativo y descriptivo, con datos de entrevistas individuales. La muestra no probabilística consistió en 29 pacientes. Los instrumentos utilizados fueron la escala de formas de afrontar los problemas, la escala de estrés percibido y un cuestionario socioeconómico elaborado por los investigadores. **Resultados:** Los resultados presentaron algunas consideraciones importantes: (1) el principal medio de acceso a la salud utilizado por los pacientes de cáncer es el Sistema Único de Salud; (2) la prevalencia de cánceres de mama y de cuello uterino en las mujeres y del cáncer de próstata en los hombres; (3) las mujeres presentan estrés más acentuado que los hombres; y (4) el afrontamiento religioso fue la estrategia más utilizada para hacer frente al estrés. **Conclusión:** Con base en los resultados presentados, se concluye que el trabajo del psicólogo con pacientes oncológicos podría promover estrategias de afrontamiento. Ademais, este estudio sugiere ampliar las políticas públicas que promueven las casas de acogida.

Palabras clave: Adaptación Psicológica; Neoplasias/psicología; Psicooncología; Sistemas de Apoyo Psicossocial.

¹Biomedical Sciences College of Cacoal (FACIMED). Laboratory of Health and Interpersonal Relations of the Psychology Department of the Federal University of (LARIS/UNIR). Cacoal (RO), Brazil. Orcid iD: <https://orcid.org/0000-0001-5817-3885>

²Facimed. Cacoal (RO), Brazil. Orcid iD: <https://orcid.org/0000-0002-6532-735X>

³Post-graduation program in Psychology of UNIR. Cacoal (RO), Brazil. Orcid iD: <https://orcid.org/0000-0001-6440-4993>

Corresponding author: Carlos Gester Valiatti da Silva. Facimed, Curso de Psicologia, Unidade II. Rodovia BR-364, s/n.º, Km 233 – Zona Rural. Cacoal (RO), Brazil. CEP 76968-899. Email: carlosgester.psicologia@gmail.com



INTRODUCTION

Hospital psychology is one of the psychology areas that grows most nowadays; with its visible progress, factors connected to emotional and psychological issues have been related to cancer diagnosis and treatment, its diagnosis is associated to imminent death, further to fear of death and suffering¹.

According to the National Cancer Institute José de Alencar Gomes da Silva (INCA)², the estimate for the triennium 2020–2022 is 625 thousand new cases of cancer in Brazil. Thus, it is inarguable that cancer is a public health problem³. This problem is growing too in the State of Rondônia where the incidence of the disease is high².

Because of this reality the variables of the study have been directed not only to the physical aspect, but psychological as well where it is attempted to investigate, among other variables, how the oncologic patient copes with the disease and the psychological stress provoked by the diagnosis^{1,4,5}.

The stressor events are commonly related to the decrease of the physical and psychological well-being and can damage the treatment of the disease in case of patients with cancer.

Folkman and Lazarus, *apud* Straatmann⁶, define stress as a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources. Each person perceives a stressor situation in a peculiar manner, depending of its values and needs, varying in relation to the demands of recognition and acceptance, safety and physical necessity⁶.

Coping has been investigated by several areas of knowledge as biology, sociology and psychology. According to Nunes⁷, for psychology, the term addresses the strategy the individual uses to face the most different forms of stressful situations, from common daily problems up to specific concerns as, for instance, sickening. These coping strategies encompass techniques, skills and knowledge acquired with experience, some of them may be focused to issues, other to emotions⁸.

Lorencetti and Simonetti⁹ classify coping in two important divisions: emotion-based coping and problem-based coping. In emotion-based coping, the individual elaborates a set of activities whose objective is to minimize the unpleasant emotions caused by the stressor situation¹, an example of this is to watch a TV series, take a tranquilizer, drink alcoholic beverage, that is, some activity that allows the individual to relieve the emotional discomfort from the stress lived. The problem-based coping addresses the individual's endeavor to take actions within the situation which created the stress¹⁰. The focus

is directed to the reality when the individual pursues an approach between the stressor event in order to diminish the anguish and the suffering through advanced strategies leveraged by this contact¹. This type of coping implies in a direct action over the environment or the individual itself because involves actions as asking someone for help to solve a problem or even to review the conflict under another angle⁸. Some report that hardly a person will use only one of the strategies, but a mix of both^{9,11}. In a stressful situation, the individual can take a tranquilizer, emotion-based coping in order to calm down and initiate a process of negotiation in an interpersonal conflict, problem-based coping.

This scenario draws the interest of the scientific population in general given the impact this disease has on the collective health, health public policies and the economics of health.

In a study carried out by Santana et al.⁴ whose objective was to verify the strategies of coping with the stress in 22 patients with head and neck cancer it was concluded that the factors related to the pursue of social support and emotion-based coping were the less utilized ($M=2.62$ and $M=2.08$, respectively), while problem-based coping and the pursue of religious practices/unrealistic ideas were the most used ($M=3.38$ and $M=3.47$, respectively). The study demonstrated yet that problem-based coping and religion were the most effective to minimize the stress ($p<0.01$ and $p<0.05$, respectively). The study concluded that the pursue of social support was the less effective strategy, possibly because of the negative perception the interviewees had about their social support networks.

In an intervention with a group of three oncologic patients beginning chemotherapy to promote adaptative skills to cope with stress and improvement in the quality of life the Ways of Coping Scale (WOCS) was utilized as a measure instrument. The results showed that, while increasing the frequency of the problem-focused strategies there was immediate improvement of the quality of life for the participants as the rates of anxiety and depression reduced with the extended use of these strategies. A patient who did not join the group had less favorable results. In the reassessment, the results were kept, showing that the psychoeducational group reached its therapeutic objectives⁵. The results indicated that the strategies can be learned and favor the coping distress – a term utilized by the sciences studying stress to refer to excessive stress, greater than the necessary to the extent of causing suffering and physical and mental damages – resulting from cancer treatment.

Ottati and Campos¹ noticed the relation between the perception of the quality of life and the coping strategies of individuals in oncologic treatment and utilized WOCS as

method. The results showed positive correlation between quality of life and the individual's perception about the quality of its social relations and their social roles (domain social relations) and the strategies utilized to help him to face a stressor event, either from emotional, instrumental or information support (pursue of social support). These results indicate the connection of the individual's global perception of its quality of life, including facets of each domain (physical, psychological, social relations and environment), which suggests that the perception of the quality of life with the social mean and the support it offers can be positive to the patients. The study demonstrates how coping strategies when effective to cope with stress collaborate for the general well-being of the individual, ensuring improved quality of life.

Based in the exposed, it is pertinent to study mental health issues especially the coping strategies utilized by oncologic patients as much as keeping someone mentally stable favors the disease treatment. Cancer investigated under a non-medical view alone, but also psychological considers that the raising evolution of diseases cases is a world public health issue being necessary interventions and studies that enhance a new perspective for these patients in vulnerable condition.

METHOD

Quantitative and descriptive study with data collection of individual interviews of a non-probabilistic sample formed by 29 patients, 15 men and 14 women¹². This study complied with the directives numbers 466/12 and 510/16 of the National Health Council been approved through report number 2,540,624 and CAAE number 83443518,0,0000,5298 of the Institutional Review Board of the Biomedical Sciences College of CACOAL.

The study was carried out with individuals diagnosed with cancer who attended the "Associação Beneficente Amor Fraternal" (Fraternal Love Charity Association), of Cancer Hospital of Cacoal, State of Rondônia. It is a charity, philanthropist association located in State of Rondônia Central-South region. This supporting facility for cancer patients receives patients from this microregion of the State. The study participants were enrolled per sample of convenience.

The Association was chosen because of the raising number of evolution of oncologic cases, it is a reference for Rondônia and other States.

The inclusion criteria were: (1) cancer diagnosis; (2) attend the Fraternal Love Charity Association of the Cancer Hospital of Cacoal, State of Rondônia; and (3) sign the Informed Consent Form (ICF). The exclusion criteria were: (1) not being fully aware in the moment

the study was being conducted; and (2) non-definitive cancer diagnosis.

The following instruments were utilized for data collection: (1) sociodemographic questionnaire; (2) Perceived Stress Scale - PSS-14); (3) WOCS.

The sociodemographic questionnaire was elaborated by the investigators and attempted to know the peculiarities of the population investigated as age, gender, place of residence, race, religion, income, labor status (absence of leave, retired, unemployed), with companion and who the companion was.

PSS-14 assessed the degree to which oncologic patients perceived stress. Cohen and Williamson¹³ in 1983 elaborated this 14-items scale which is a world recognized evaluation instrument to check the stress perceived identifying the expression of stress in the last 30 days; that is, it evaluates the extent to which the individuals perceive their lives to be unpredictable, uncontrolled or overloaded in the last 30 days demanding the individual to assess, for instance, its perception of control and its emotional status in face of these stressful events¹³. There are seven positive items (4, 5, 6, 7, 9, 10 and 13) that need to be reverse coded as follows (0=4, 1=3, 2=2, 3=1, 4=0). After reversing, the 14 items scores are summed, reaching the raw score representing the degree of psychological stress. The original version of the scale accomplished acceptable levels of accuracy and validity of criterium¹⁴, the retest presented temporal stability ($r=0.79$, $p<0.001$) and for internal consistency, the results are positive ($\alpha=0.85$ in the test and $\alpha=0.86$ in the retest). The study indicates still that the mean scores of the sample of PSS-14 had normal distribution, free from the effect "floor" and effect "ceiling". This instrument matched the objectives of the study for bringing up the psychological symptomatology of the stress. For assigning significant degrees of stress it was considered the threshold of 27.3 scores in PSS-14, the predictive level for the phenomenon according to the validation study¹⁴.

The WOCS is formed by 45 items Likert-type scale of five scores which are distributed in four factors: problem-focused coping; emotion-focused coping; pursue of religious practices/unrealistic thoughts and pursue of social support. This scale was dully adapted into Portuguese¹⁵ and scientifically validated¹¹.

The data were collected from March to April 2018 after approval of the Coordinator of the Association. Upon approval from the Institutional Review Board, data were collected in the Association individually. The participants who accepted to join the study read and signed the ICF – Informed Consent Form. After consenting in joining the study, the socioeconomic questionnaire PSS-14 and WOCS were applied. One investigator was present while

the questionnaire was applied for doubts clarification and/or help the patients who had reading or writing difficulties. The data collecting interviews and application of tests were conducted in a secluded room offered by the institution for individual sample draws.

The data were initially tabulated in Excel and further exported to the Windows SPSS 20.0 system for analyzes of descriptive statistics comparing means with value of $p < 0.05$.

RESULTS

Of the total 29 participants in the clinical group, men (n=15) and women (n=14) participation was balanced, with ages between 22 and 83 years (M=62 and SD=18.03). Regarding education, it was noticed that the majority (n=15) has completed only the elementary school and a small group (n=6) was illiterate. Most of the interviewees (n=23) lived in Rondônia South-Central region and few did not live in the State (n=3).

The results showed balance among individuals unemployed (n=11), retired (n=10) and workers (n=8). Most of them (n=27) was in treatment at the National Health System (SUS). Considerable portion (n=22) did not receive any sort of financial support and some patients (n=9) suffered socioeconomic losses during the treatment.

Great part of the patients (n=23) owned their own house. A substantial number of respondents (n=18) traveled by private bus or in their own car to the Association, the others used busses funded by the health secretaries of their origin towns.

The caretakers (n=13) were predominantly spouses, in some cases (n=3), non-relatives. No significant difference

was found among the caretakers (n=16) who needed to take a leave of absence and those who continue to work (n=13). The family history of mental illness, mood and anxiety disorders in the population investigated was low (n=6).

In men (n=13) there was prevalence of prostate cancer, while women (n=10), cervical and breast cancers were the most frequent. Throat (n=03), brain (n=01), lung (n=01) and rectum cancers (n=01) were other types found in the study sample.

It was noticed prevalence of stress in large part of the sample studied (n=26) with slight predominance in women as shown in Table 1.

The most adopted strategy patients facing the disease used was religious support. Table 2 shows these data with the frequency of the problem-focused, emotion-focused and social support strategies.

Finally, it was verified the correlation between coping and education. The results showed religious coping was utilized across all education levels with positive correlation. Table 3 presents these data.

DISCUSSION

Several are the negative factors from the cancer diagnosis causing concerns, uncertainties, anguishes

Table 1. Prevalence of stress in oncologic patients per gender

N	Mean	Standard Deviation
Men 15	30.80	4.12
Women 14	32.78	5.68

Table 2. Strategies of Coping strategies

	Mean	Standard Deviation	Significance
Problem based	3.90	0.32	0.579
Emotion based	2.38	0.52	0.81
Religion	4.39	0.62	0.006*
Social support	2.94	0.75	0.585

Caption: * $p < 0.05$.

Table 3. Differences of means of coping in relation to education

	Problem-based (Mean)	Emotion-based (Mean)	Religious support (Mean)	Social support (Mean)
Illiterate	3.67	2.42	4.66	3.10
Elementary School	0.36	0.51	0.61	0.86
High school	4.07	2.11	4.10	3.28
University	3.90	2.11	4.39	2.94

that affect the individual with cancer and the persons around him directly. The sickening by cancer can lead to the appearance of several stressful situations as changes of routines, temporary leave of absence from work, modification of the interpersonal relations, continuous travels to the health units etc.⁹. These stressor events tend to reflect in the individual's health negatively, even in the process of treatment; in that sense, studies in this area can collaborate to understand these association of phenomena considering the well-being of the oncologic patient.

In the light of the results obtained, it was verified that most of the patients is treated in SUS. Most part of the respondents was unemployed, and more than half earns from one to three minimum wages. The majority of the population who are treated by SUS belong to lower economic classes, health expenses are unexpected and cause significant economic losses to the individual¹⁶. The low income of the study participants corroborates the studies^{9,16} who have the profile of the user of health public services in Brazil and the possible associations the socioeconomic condition can create in the individual health.

The high demand for SUS-provided oncologic service in the city of Cacoal occurs most likely because the Regional Hospital of Cacoal (HRC) is the only health facility in Rondônia countryside approved by SUS to treat cancer¹⁷. This reality makes the hospital to expand its territorial scope to the cities of Mato Grosso and even Bolivian municipalities in the vicinities of Brazil-Bolivia border; and that reality is similar to other oncologic facilities spread in Brazil rural area where the scarcity of health units means great distances to get treatment².

The individual with cancer faces several difficulties of treatment¹⁸. Given the paucity of specialized resources in their cities, these patients need to travel to other municipalities to be treated, taking even days through unpaved roads with underserved transportation structure, provoking great physical emotional and financial wearing for those who already undergo painful moments because of cancer¹⁹.

The concentration of the oncologic treatment in few specialized SUS facilities, mainly in the states of the North Region, makes supporting houses to the individual with cancer as the Fraternal Love Charity Association, important in the public oncologic treatment network because they offer accommodations and food to the patients who travel from their origin cities to be treated for cancer.

In the literature there is no clear definition of what a supporting house is, however, these units are spread countrywide and with several modalities as for instance: supporting house to the individual with the human immunodeficiency virus (HIV), for children in health

treatment, to the indigenous population etc.²⁰⁻²². In general, the supporting houses are non-governmental organizations receiving patients and companions who need health treatment in cities far from their origin places. The users find accommodation, food, lodging and most of all, humanized treatment²³.

In regard to the prevalence of the types of cancer, breast and cervical cancers were the most prevalent in women, and prostate cancer in men; these data were also identified in other studies^{10,24,25}. The prevalence of the types of cancer in the sample per gender is directly connected to the mean age of the study participants. In the female population, breast and cervical cancers are relative rare in women younger than 35 years and more common after 50 years, while in men, the prevalence is after 50 years old².

The estimate for each year of the triennium 2020-2022 is that non-melanoma skin cancer (177 thousand) will be the most frequent in the Brazilian population followed by breast and prostate cancer (66 thousand each). In Rondônia, the perspective for 2020 is 310 new cases of prostate cancer and 220 new cases of breast cancer².

In relation to the levels of stress, it was more prevalent in women; however, the difference per gender was not significant which is probably due to the size of the sample and the small difference, less than 3% among men and women of manifestation of stress, and these results corroborate other scientific studies^{24,26}.

In a study about stress in oncologic patients, it was high for both men and women²⁷, results compatible with the current study. A fact that can contribute to increase stress is hopelessness or disfiguring due to removal of organs (as breast)²⁷. Other factors that corroborate the growth of stress levels are feeling of loneliness, invasive procedures, treatments with adverse symptomatology, and impersonal hospital care²⁸.

Specifically about coping strategies, regardless of gender, this study shows that the main strategy utilized by oncologic patients was religious support, a finding that corroborates other scientific studies^{1,29}. Religious or spiritual coping are strategies the individual uses to deal with the stress they go through with their religious and/or spiritual beliefs pursuing its well-being³⁰, as, for instance, believe God is at its side or make promises to be cured.

A study conducted in 2014¹, using WOCS to observe coping strategies utilized by 42 oncologic patients concluded that the main coping strategy was religious support (M=4.08); these results corroborate the findings of this study. In another study with the same instrument, some authors attempted to verify the use of coping strategies in women with breast cancer and concluded that most of the participants (52.4%) utilized religious coping as main strategy²⁹.

In this context, the aforementioned studies indicate a positive aspect by using religion because the role of faith as way of coping is significant. Belief in God, optimism and positive thinking are strong influences in the development of adaptative responses to tough situations because of the disease²⁹.

A preponderant factor for this study participants using more religious support may be the fact that Rondônia has a large Christian population. According to the Brazilian Institute of Geography and Statistics (IBGE)³¹, Rondônia is the State with bigger concentration of Evangelic in Brazil (33.8%). Another possible factor associated with the prevalence of religious coping in the sample studied is the social representation this disease has. Many studies demonstrate that society commonly sees cancer as causing suffering and death^{1,10,24,25,29}. The concepts of the disease mostly likely because of its existential burden lead the individuals to connect with their spirituality, being this is a way found to cope with the density of these emotions and subjective contents because of sickening by cancer.

In the coping process, the individual is seen as a proactive person who uses the possibilities and alternatives guiding itself by preestablished values and beliefs³². Notice that individuals using religious coping follow general guidelines and understand facts of life based in faith and religious beliefs³³.

In this study, it was attempted still to verify the strategies utilized by the patients based in the education. Religious coping was the most prevalent across every level of education. However, an important information is that the individual with high school or university education utilizes problem-focused coping (M=4.07 and M=3.90, respectively). They are able to control and modify stressful situations¹. The patients utilizing problem-focused coping expose how their strategies work in a process that brings demands and help health professionals, mainly psychologists⁴.

In general, both the stressful situations provoked by cancer and the coping strategies demand the person affected by the disease some response. In this process, the patient needs to find out what are the possible mechanisms to cope with the disease and in individualized way as religious coping. Psychology can contribute substantially with actions that promote the quality of life with intermittent focus in the promotion of health for this vulnerable person. It is pertinent to have multi-professional approach that favors the care to the patient in every clinical segment.

CONCLUSION

This study brings some considerations: (1) SUS is the principal mean through which oncologic patients have

access to healthcare; (2) there is prevalence of breast and cervical cancers in women and prostate in men; (3) women were more stressed than men; and (4) religious coping was the strategy most used to deal with stress.

The sample size that does not favor generalization to the population is a limitation of the study; however, the data found suggest that the behavior of the study participants holds similarities to other studies already developed and is fairly cohesive.

The survey of these information can contribute for healthcare professionals in oncology, particularly psychologists to stimulate and reinforce more assertive coping so the oncologic patients face the stress from the diagnosis and cancer treatment positively.

In this sense, it is noticed that the role of the psychologist is utterly important to reduce the stress level of oncologic patients in a process which aims to ensure a better understanding of the individual about the sickening process. The psychologist working in oncology contributes for the maintenance of the psychological well-being of the patient, identifying and understanding the emotional factors that intervene in its health further to preventing and reducing the emotional and physical symptoms caused by cancer and its treatment. All these interventions collaborate to improve the patient's quality of life with actions to mitigate stress conditions and effective adjustment to the oncologic treatment.

The prevalence of stress in women suggests special attention to female oncologic patients since it is a population prone to major emotional cancer-related damages. Continuous psychological care as therapy groups or individual consultations can be a positive tool for this population.

The diversity of users of the Fraternal Love Charity Association arriving from several regions of the State, even from abroad, shows the importance these institutions have because they accept this needy population. During the conduction of this study, it was possible to notice the paramount necessity of the implementation of public policies that expand the access of the oncologic patient to supporting houses because these institutions are essential for the sustainability of the treatment to individuals who travel long distances for clinical follow up. To improve the infrastructure increasing the number of beds in addition to specialized care (psychology, social work and occupational therapy, etc.), within these supporting houses can expand the treatment the patient receives in the therapeutic units.

CONTRIBUTIONS

All the authors contributed for the study conception and/or design, collecting, analysis and interpretation of

the data, wording, critical review and approved the final version to be published.

DECLARATION OF CONFLICT OF INTERESTS

There is no conflict of interests to declare.

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