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ORIGINAL ARTICLE

THE STRENGTH AND COURAGE TO THINK POSITIVELY: PERCEPTIONS OF YOUNG WOMEN IN CANCER TREATMENT

Amanda Suélen Monteiro*
Graciela Dutra Sehnem**
Cíntia Vanuza Monteiro Bugs***
Anahy da Silva Machado****
Denise Comin Silva Almeida*****
Silvana Bastos Cogo******
Eliane Tatsch Neves*******

ABSTRACT

Objective: to describe the perceptions of young women undergoing cancer treatment. **Method:** qualitative descriptive study developed in the outpatient chemotherapy and radiotherapy of a university hospital through semi-structured interview. Twenty young women who performed cancer treatment participated in the research. The collection of interviews followed the ethical precepts and was approved by the institution's Research Ethics Committee, held from July to September 2021 and submitted to the Inductive Thematic Content Analysis. **Results:** the participants were aged between 20 and 40 years. Most had a diagnosis of breast cancer, Hodgkin's lymphoma or squamous cell carcinoma moderately differentiated from the cervix and experienced cancer treatment for the first time. From the analysis of the speeches, three categories emerged: "The strength and courage to think positively"; "Feeling like a weight: introspection as an alternative" and "The experience of treating a cancer: resignifying concepts and future perspectives". **Final thoughts:** young women in cancer treatment value positive thinking to face the peculiarities inherent in this process, but feel unable to perform their daily activities and had to deal with and redefine their own concepts regarding the future and their perspectives, paying attention to the value of small things.

Keywords: Women's health. Young adult. Neoplasms. Therapeutics. Nursing.

INTRODUCTION

Cancer, also known as neoplasm or malignant tumor, is characterized by the presence of an abnormal mass with autonomous and persistent growth even after the end of the stimuli that formed it. It can remain localized or spread to other body regions, configuring the process of cellular metastasis[1].

The possible causes of this pathology can be internal and external, being the first group defined by hormonal actions, immune conditions, genetic mutations and heredity[2]. External causes may be associated with environmental or behavioral factors, including exposure to ionizing and solar radiation, life habits and attitudes arising from the urbanization process, such as sedentary lifestyle, inadequate diet, smoking and alcohol use[3].

Cancer is a global public health problem. At a global level, statistics showed that, in 2018, approximately 18 million new cases and 9.6 million cancer deaths were diagnosed, with the female sex being more affected by breast cancer, with 2.1 million cases, and colon and rectum with 1.8 million[3]. Nationwide, for the 2023-2025 triennium, the estimates show about 704 thousand new cases of cancer per year, highlighting the incidence in the South and Southeast regions. When analyzing the estimates for the Brazilian female population, breast cancer will be the most incident, with a forecast of 74,000 new cases per year, followed by colorectal cancer in more developed regions, and

*Nurse. Postgraduate student in Continuing and Permanent Nursing Education. E-mail: amandasuelenmonteiro@hotmail.com ORCID: https://orcid.org/0000-0002-4170-4501
**Nurse. PhD in Nursing. Adjunct Professor at the Department of Nursing and Postgraduate Program in Nursing of the Federal University of Santa Maria (UFSM), Santa Maria – RS. E-mail: graci_dutra@yahoo.com.br ORCID: https://orcid.org/0000-0003-4536-824X
*** Nurse from the University of Santa Cruz do Sul (UNISC). Master in Nursing. Assistant nurse in the Municipality of Sobradinho/RS. Secret, Rio Grande do Sul, Brazil. E-mail: cintiamonteirobugs@gmail.com ORCID: https://orcid.org/0000-0001-7594-5242
****Nurse from the Federal University of Santa Maria (UFSM). Assistant nurse at Dr. Bartholomeu Tacchini Hospital. Bento Gonçalves, Rio Grande do Sul, Brazil. E-mail: anahymachado1@gmail.com ORCID: https://orcid.org/0000-0001-7890-0787
*****Nurse. Specialist in Obstetrics. MSc student in Nursing. Professor at the Integrated College of Santa Maria (FISMA). Santa Maria, Rio Grande do Sul, Brazil. E-mail: dennise.comin@gmail.com ORCID: https://orcid.org/0000-0002-4977-8046
******Nurse. PhD in Nursing. Adjunct Professor at the Department of Nursing and Postgraduate Program in Nursing of the UFSM, Santa Maria – RS. E-mail: silvanabastoscogo@gmail.com ORCID: https://orcid.org/0000-0002-1686-8459
*******Nurse. Post-doctor in Nursing. Full Professor at the Department of Nursing and Postgraduate Program in Nursing of the Federal University of Santa Maria (UFSM), Santa Maria – RS. E-mail: eliane.neves@ufsm.br ORCID: https://orcid.org/0000-0002-1559-9533

cervical cancer, in regions with less and more fragile development[4].

Although the incidence of cancer is higher in the elderly population, in recent years, cases of cancer among the young population have increased significantly. International article reveals that there are about 1.2 million new cases of cancer per year among people in the age group of 15 to 39 years; the largest number of diagnoses occurs in more developed countries, while the number of deaths is higher in less developed countries, justified by the lack of resources to screen, diagnose and treat different types of cancers[5]. This reality may be linked to changes in lifestyle, inadequate diet, lack of physical exercise and increased consumption of alcohol and tobacco, along with the association of exposure to carcinogens.

In this context, the woman who experiences cancer treatment faces from anxiety, physical discomfort, depressive state, changes in routine, fear about treatment, to uncertainty and fear of death[6]. In this perspective, many women go through the phase of denial of the disease, caused by the attempt to neutralize reality and use defense mechanisms to ward off stigmatized ideas of painful disease and great suffering, beyond the possibility of mutilation of some part of the body[7].

Thus, cancer treatment can result in relevant changes in the physical appearance of women, and this fact is evidenced as an important cause of physical and psychological pain, since visualization of loss of body parts aggravates feelings of uncertainty about the future and fear of death[8]. Despite the technological advancement and practices of cancer medicine, this disease is still strongly linked to the inability to cure or the finitude of life. For this reason, people end up looking for alternatives in order to acquire strength to face the challenges imposed by therapy, and new paths are followed, strengthened or stimulated[9].

In this context, there is a correlation between social relationships and affective symptoms presented by women with cancer. In the case of breast, for example, the quality of the relationship, support and family functioning are considered aspects that directly affect the manifestation and socioemotional behavior of these women[10]. Moreover, in addition to the amount of support, the type that is offered and the moment of this offer also matter; emotional/subjective support, in this case, is considered more useful during the discovery and treatment of cancer[10].

During cancer treatment, the health team, especially nursing, needs to go beyond the transmission of information on the evolution of the disease, observing non-verbal expressions and hearing what feelings are explained and how[11]. The difficulties presented by women are mainly related to pain and the feeling of finitude in face of the reality of experiencing the cancer treatment, requiring the approach of nursing professionals to minimize feelings of impotence and suffering, both on the part of the affected individual and of caregivers and/or close people who accompany and assist in this process[11].

In this sense, there is a great diversity of studies that present behavioral situations, addressing coping strategies and quality or not of life of people affected by cancer and/or in cancer treatment, which correspond to the extremes of age, children, adolescents and the elderly. This hinders the observation of an important gap in scientific evidence when it comes to the population of young adults, especially young women[12].

According to the statements listed, the perceptions of young women in cancer treatment were chosen as the object of study. This resulted in the following research question: what aspects permeate the cancer treatment of young women? Therefore, this study aimed to describe the perceptions of young women undergoing cancer treatment.

METHODOLOGY

This is a qualitative and descriptive research. The guide Consolidated criteria for reporting qualitative research (COREQ) was used in the preparation of the report of this research. The qualitative approach was understood as the most appropriate for this study, since it enables the study of history, considering the meaning of actions, motivations, aspirations, beliefs, values, attitudes and human relations[13]. This type of research is carried out mainly when the chosen theme is little explored and allows familiarity with people and their concerns[14]. The study

scenario was the outpatient clinics of chemotherapy and radiotherapy, which are part of the Hemato-Oncology Sector of a university hospital in the state of Rio Grande do Sul. This hospital is a reference for the macro-region, being recognized as a center specialized in oncology in situations of medium and high complexity, covering 45 cities in the Midwest of the state of Rio Grande do Sul.

The population of this study consists of 20 young women with cancer who were undergoing cancer treatment in these sectors. There were 24 attempts to attract participants to the study, but four women declined the invitation. A pilot test was executed in order to improve the data collection instrument. Participants were recruited while waiting for medical appointments and/or procedures aimed at therapeutic maintenance.

During data collection, the Covid-19 pandemic was experienced, which culminated in the need to conduct research in a face-to-face and remote way. Thus, the inclusion criteria for face-to-face participation included women aged between 20 and 40 years, according to the classification of Mosquera and Stobäus[15], diagnosed with cancer and undergoing cancer treatment at the institution. For remote collection, in addition to these criteria, they needed to have previously electronic devices that would enable participation in the study. Women who, according to information provided by the health team, presented clinical conditions that would prevent participation in the study due to their difficulty in communicating in the interview were excluded.

The collection of face-to-face data followed the biosafety measures in relation to Covid-19, in rooms provided by the services, without noise, with a quiet appearance, paying attention to the safety and privacy of the participants. For this, the biosafety and prevention measures for SARS-CoV-2 were followed, as established by the Biosafety Manual for the Academic Community of UFSM and the Normative Instruction n. 002/2020 proposed by the Postgraduate Studies and Research Dean of UFSM[16,17]. The data collection was carried out remotely through video and audio calls, through the WhatsApp application and Google Meet, according to the accessibility of the participants. The field research took place from July to September 2021, and of the 20 interviews, 17 were face-to-face, and the other three were remote. Each interview lasted one hour on average.

The participants signed the Informed Consent Form (ICF). The interviews conducted remotely happened due to the preference and better access of the participants, because they did not reside in the city where the collection was applied and depended on public transport to return to the cities of origin. However, these participants were approached in person while waiting for medical consultations to clarify the participation and signature of the ICF. To preserve the anonymity of the participants, they were identified with the letter "W" of woman, followed by a number 01...10...20, according to the order of the interviews.

To carry out the data collection, the researcher conducted exhaustive studies on the subject, as well as searches in the national and international literature for theoretical basis. She also conducted studies on how to develop an interview, training in the research group she participates in and, finally, a pilot test in order to improve the data collection instrument.

The semi-structured interview technique was used for data collection, whose script presented questions related to the characteristics that permeate the experience of a cancer treatment in the young phase of life, as well as information on age, marital status, race, religion, variables of each participant in order to characterize the profile of this population[13]. The speeches of the face-to-face collections were recorded by sound recorder and remotely by sound recorder application upon authorization and transcribed in full, ensuring the veracity of the data.

The data were analyzed according to the proposal of the Inductive Thematic Content Analysis[18]. This technique is based on the non-previous establishment of themes, that is, the categories are constructed from the findings of the field research. This type of analysis consists of six steps to be followed, being: 1) familiarization with the data - stage in which the transcription of the interviews occurs, followed by re-reading of the data, so that the immersion in the data allows to become familiar with their content in depth and breadth; 2) generation of codes - stage in which the researcher must

generate the initial codes systematized and organize them into significant groups; 3) search for themes - stage in which, after encoding and grouping the data, it is possible to use visual representations to dynamically assist in allocating the different codes in the themes, allowing some codes to form main themes, others to form sub-themes, or even to be discarded; 4) review of the themes - this step corresponds to the review and refinement of the themes generated in the previous step, being carried out in two procedural levels: the first, which consists of the review of the data codification, seeking to visualize the formation of a coherent pattern from the reading of all the codes referring to each theme and thus evolve to the other level; and the second level, which consists of the observation of the data set, where the agreement and validity of individual themes in relation to the whole is investigated, reflecting, precisely or not, the meanings evidenced in this set; 5) definition and naming of themes - this penultimate stage seeks to understand the "essence" of each topic , in addition to the global themes and individual aspects that each theme addresses, so that it is possible to carry out the naming of subjects, since it needs to be concise, give the reader an idea about the topic immediately; 6) production of the report - stage in which an analysis is carried out that goes beyond a simple description of the data, also bringing arguments that support the research question.

The research submitted CAAE n. 47529521.4.0000.5346 was approved by the Research Ethics Committee of the educational institution under the opinion n. 5.131.947, in addition to respecting the precepts of the Resolution of the National Health Council n. 466/12 dealing with research involving human beings and Resolution n. 510/2016 that describes the rules applicable to research in Humanities and Social Sciences.

RESULTS

The study participants were 20 young women with cancer who were undergoing cancer treatment. The age ranged from 20 to 40 years, 12 were between 36 and 40 years, and five, less than 30 years; 16 self-reported as white. Two had completed higher education, and five had completed high school. As for religion, nine were Catholic, six evangelical, and two were non-practicing. Regarding marital status, ten were unmarried, nine were married and one was a widow. As for the origin, six were from Santa Maria, and the others, from the Midwest region of the state of Rio Grande do Sul, except for one that was from Manaus/AM, which was residing in the city of study due to the fact of being attending college during the period.

Regarding the clinical profile of the participants, there was a predominance of diagnoses of breast cancer, Hodgkin's lymphoma and squamous cell carcinoma moderately differentiated from the cervix. Among them, 15 women experienced cancer for the first time, while five experienced the disease relapse process. About the therapeutics, nine performed some type of curative chemotherapy, three performed radiotherapy with curative purpose and one interspersed curative radiotherapy with chemotherapy. The others performed other therapeutic modalities, such as surgeries and immunotherapies, for maintenance and palliative treatment.

In the thematic content analysis, three categories emerged: "The strength and courage to think positively"; "Feeling like a weight: introspection as an alternative" and "The experience of treating a cancer: resignifying concepts and future perspectives".

The strength and courage to think positively

The first category reports reactions and positive thoughts manifested by participants to maintain optimism regarding cancer treatment. Throughout this, women experience ups and downs, but some have managed to develop means that helped in the process of having the courage to face the obstacles, as the following report:

> It's a difficult phase, but I never focused on the disease, I always focused on my cure, so that, when they told me "why are you sick?", "no, I'm not sick, I'm doing my treatment so I can get better, heal and get well" [...] I always believed that everything would work out, I had positive thinking. (W01)

> I always tried to stay on top, because I had my

> little son. I said “I'm not going to stay lying in the house with him, crying there, in the state we already are”. (W03)

> With the issue of having the breast removed, I was sad, upset, but it wasn't all that. Because I thought that at least I'm alive, there are so many people who fight and aren't there. (W06)

> I feel very strong, you know, I can't believe I went through it and I'm still going to go through a lot, because it was very fast and I managed to overcome it. (W09)

> We also get stronger to face anything, it seems that everything is easy after you have a disease like that, any day-to-day challenge [...] I think I was sure I was going to be fine, it prevented me from feeling very afraid, you know, because here we know a lot of people, it's different with them. (W13)

> People will feel sorry for me, they will only like me out of pity [...] I was going to make it. Because I thought that one day if I had cancer, I wouldn't be able to stand it, and then I saw that I have more strength than I imagined, more motivation. (W14)

> I feel stronger now, you know, like, I can handle anything. Because before, you had many fears, a lot of insecurity and nowadays I don't think I'm going to get down on small things anymore. (W17)

Keeping the thought that "everything will be o.k." was a strategy used to get strength to overcome the difficulties of treatment. The focus on healing and on better days to come was also present. Still, with the reflection about what they went through during this period, the participants consider themselves stronger to face future problems that may occur in their lives.

Feeling like a weight: introspection as an alternative

In the second category, the particularities of each difficulty faced are exposed, which culminated in a significant emotional strain of young women undergoing cancer treatment.

The change in behavior resulting from the side effects of the treatment, when perceived by women, caused a feeling of impotence, because they felt extremely tired and depressed to try to change their view of themselves.

> It was harder to deal with my feelings, how I felt about it, a lot of ups and downs. Before, my life was not affected by the disease, you know, since the treatment started my life was completely affected. Hence the reality of the disease breaks you like this. I remember that I felt my body, my psychological, my emotional went into a defense mechanism. (W02)

> A lot of emotional pain too because I didn't like to depend, even if my sister was there to support me, I didn't like to ask, to talk, you know. (W04)

> What I think changed a lot in my life was my emotional you know. I'm very emotional, I don't know if this is the beginning of a depression, I cry for anything, you know, I get sad, sometimes it gives the impression that people hurt me easily. (W06)

> I was always coquettish, cheerful, even down here when we were waiting for a consultation, the women would say “how come she has that spirit”, I would make them laugh, jokes, stories. And then after I did all the treatment it seems that I fell, it shook me, I don't know if it was because of the whole process or what, it was what shook me the most. (W07)

> You get more withdrawn, you know, because it's a more sensitive thing, but it's something of us, that we get down like that. So we get a little more sensitive, irritated too, it turns out that the person's emotions hurt even more than you having the disease. (W17)

> Your self-esteem drops down there actually. I hid in the early days. Then I cried a lot because you feel bad, people look at you differently, you know. People look at you in such a way that it seems that you already have your foot in the coffin, with pity. (W19)

Women who experienced a relapse, while being more prepared to face the treatment, were also afraid to have to go through all that again, especially the difficulties. The fact that the treatment intensely weakens people’s bodies and requires that they need third parties to assist in most activities further hinders the process of accepting reality. And this intensifies as the physical and mood conditions fluctuate over the days; thus, feelings of joy and courage are quickly replaced by sadness, depression and a sense of inability.

Emotional issues also suffer changes when women report dependence to perform simple daily activities, because they visualize their physical disability caused by treatment, which

causes demotivation and personal dissatisfaction.

> I think more in the sense of recovery, I mean, the hardest is that you can't get dressed, you can't dry yourself properly, you need help from a second person to comb your hair. Simple things, like that, that you were used to doing but that from now on you see that you can't do them alone, you know. (W17)

> What I found most difficult is the part when you sometimes need someone and you don't have them. I cried and told my husband that the worst thing is that you depend on others, you know, it was the hardest part. So, there were moments when I was alone, then you feel like garbage, you really get upset. I couldn't prepare anything for myself to eat alone, I couldn't make juice. That was the worst part for me, the part of dependence on others, you know? (W19)

To reduce the feeling of heaviness and overload they felt before the people in their lives, women made use of introspection, choosing not to expose complaints, feelings, thoughts, discomforts and insecurities.

> It's very hard for you to see the people you love suffer, too. Everyone suffers together, despite being the people who are going through it, people also suffer. And, a lot of times, I think I couldn't talk about what I felt or what I was thinking in my head because I thought it was going to kind of make the whole situation worse, that everyone was going to suffer a lot more. You don't want to throw that extra weight on people. Once you start treatment, your life changes. (W02)

> I think that at first I'm quieter, then I'm very down, you get a little tearful for something, then I end up talking. But, maybe we close ourselves a little and talk only when we are there on the limit, with this fear. Not talking every day, because there are several changes and things that you don't even know how to describe. (W10)

> I don't speak, I pray, because I think I make my mother nervous and I try to stay strong so I don't make others nervous, you know? Then I see that my mother gets nervous, she hides to cry. So sometimes I try not to talk. (W12)

> I knew I was going to be fine, that I was going to donate 100%, you know, but I didn't want my mother to suffer with this, with the chemotherapy and everything [...] and my family, I supported them you know, I had to be okay for them to be okay. And so it was with this disease too, I literally took it for myself and for me to live with it alone (W13)

They would prefer not to talk so as not to visualize, in other people's expressions, feelings of pity and not to receive words that would make them even more depressed.

The experience of treating a cancer: resignifying concepts and future perspectives

The cancer treatment experienced by these women, subjects of this study, can modify concepts related to worldview and behavior as a whole. The statements show that, experiencing cancer treatment, women began to "look at life with other eyes", so that they began to value simple things and resignify the priorities of their life.

> Everyone says that having cancer is something that changes your life and I thought it was very cliche. But it's really impossible for you to go through something like that and not affect you and not change your opinion about several things like that [...] I changed a lot, in that time everyone changes a lot [...] I don't think that I changed who I was, you know, but I think my view of some things has changed a lot. This was actually a process, because at the beginning, even knowing that there was no explanation and that things just happen, like it or not, you are looking for an explanation of why it happened. (W02)

> I think you start to give more value to some things, stop worrying, sometimes, with nonsense [...] a lot of things change, you stop, before you work, you do things, you run there, run here, you don't even look at a tree, something like that. Now you give more value to nature stuff, to the smallest things, your worries seem to change. (W03)

> And I already see myself with other eyes like "is it worth it? Is it worth stressing over? It's not worth it" [...] it made me more reflective, realizing that I need to love and take care of myself, you know, because it's no use taking care of everyone, the house, the children, the husband and doing everything for everyone and forgetting about me. (W11)

> If we think about it a lot, it's very painful, you know, thinking that you went through all that. But I see it as a great life lesson because today I am totally different from what I was, the little things have become more important, the things invisible to the eyes, you know. This kind of thing, we value more. (W13)

As much as they wanted to allow themselves to experience their fragility and make people around them understand this posture, they emphasized that having and treating cancer caused permanent changes in their ways of thinking and acting.

Issues related to the development of long-term plans were highlighted. From the experiences lived during cancer treatment and the impact of cancer on the lives of these women, most of them say that future plans will be thought of in the short term. The need to face the possibility of recurrence of disease and finitude of life has made them value "today" and the things that are about to happen.

> I think we live life a lot like we're going to live forever and find out you're sick at a young age, you say “my god, we don't live forever, what about all my plans? All my dreams? And if I can't accomplish that, you know”. It's hard for you to be sick, it's hard what goes through your head about what could happen, what's the meaning of my life? What if I die young? What will I leave for the world? I think the whole set is very difficult, you know, to deal with, to face. (W02)

> I don't worry about the future anymore, before I always worried that I have to work to retire, now I don't even know if we're going to retire one day, so I don't worry about so many things anymore, I worry more with “Do you want to go for a walk? we're going today”, next year we don't know anything about what's going to happen. So it's no use making long plans, I make short plans now. My work is one of the biggest concerns, I work in hemodialysis, it's a closed sector with all that suffering. Never before had I imagined myself working in another sector and now this sector I work in makes me afraid of how I will react. (W03)

> I don't like to talk because a movie comes to mind, you start thinking about “will it happen again? Will it?”, I don't know if it's just me that's like that or if everyone is. Because then you start thinking “is something wrong with me?” (W20)

The return to work activities is also a factor that instigates the thoughts of women, because they claim that the changes they experienced may not have space within the work environments, which often have a plastered and vertical-oriented conduct. Future relationships were also questioned, as many feel insecure in making available to meet new people and share the difficulties they experienced and the reality that one day the cancer can be present in their lives again.

DISCUSSION

The process of illness imposes an imbalance of the vital functions of the human being, which instigates the adoption of behaviors related to the reevaluation of actions, posture and values, in order to influence the way they relate to themselves and to others[19,7]. Corroborating the findings, study portrays that, during and after the stage of cancer illness, women change their philosophy of life, begin to see this with other eyes, to value the little things that were not even observed before and to prioritize peaceful and satisfactory ways of living[20].

Therapeutic interventions, when they alter the perception of the women’s physics, also affect subjective behavior, since self-perception is built throughout life by experiences, representations and investments, and, when this is modified, an interruption occurs in the perception of the "female ideal"[21]. Faced with this, women can trigger a process of mourning, in which they prospect a resignification of what it is to be a woman, and their reflections are expanded to different contexts[19].

The effects, especially those of chemotherapy, can be even more impactful for the young woman, because she is in a phase of life in which she has several demands, in order to assume different roles, whether in personal or professional life[22]. She then, when unable, feels powerless because she is, of course, hostage to a lower vital energy, which affects her psychological, generating high levels of anxiety[22].

With the course of cancer treatment and the emergence of various everyday difficulties, women needed to use strategies that allowed them to focus on other aspects of life, other than those related to the disease. These difficulties often cause psychic suffering: anguish, episodes of anxiety, depression and worsening of mental health in the face of the nuances that permeate therapy[23].

Among these difficulties, aspects related to the diagnosis and treatment of cancer stand out, which have an intense social stigma linked to the

finitude of life. This cultural burden causes the young woman in cancer treatment to experience contradictory feelings, which can compromise her life and her physical and emotional integrity, implying a trajectory accompanied by fear of death[20].

Confirmation of the diagnosis of cancer is a difficult time in the lives of women and their families, because when they receive the news, they face a disease that carries a negative emotional load for all of them. Thus, feelings of impotence, anxiety, hopelessness and difficulty of acceptance are triggered, arising the constant need to use strategies to cope with their current life condition, through actions, such as the phases of treatment and mechanisms that favor the minimization of depressive symptoms[6]. For women, facing cancer is not easy, because it consists of making new care choices, having a new differentiated look at their lives and their way of living, requiring daily adaptations driven by the struggle for survival[7,24].

The social and family support for the diagnosed patients needs to be strengthened, constituting a factor of protection and recovery of the health of this woman. This way, she can find reasons to deal with the disease, making it easier to be overcome. This support has positive effects on the immune system, making self-confidence stronger and improving the ability to successfully treat[24]. In this context, to improve negative feelings about the disease, women need to receive support from family, friends and professionals, so that they can gradually return to their active role in society. These relationships help women understand that the reasons for being alive are greater than the adverse effects of cancer and treatment[24].

The diagnosis of cancer is not expected for young adults and, when this happens, the path becomes even more painful because it is accompanied by anguish and fear of discontinuing their lives. Therefore, the nurse, a health educator, is responsible for developing actions for the prevention of diseases and health promotion for young adults who are often unaware of the factors and possibilities of being affected by cancer. For this, in addition to scientific guidelines, the actions of listening, touching and providing the expression of desires must be part of nursing care to ensure a comprehensiveness of the phenomenon in its entirety[25].

FINAL THOUGHTS

Young women undergoing cancer treatment highlighted the appreciation and importance of positive thinking to face the peculiarities inherent in cancer. This action was configured in strength and courage for them to follow the proposed therapy in favor of the pretension of the cure of the disease and the desire to return to their previous life.

On the other hand, they also reported feeling of weakness and consequent inability to perform their daily activities, sometimes seeing themselves as a burden for their families and friends. Thus, several feelings were presented and guided in the painful context of cancer involvement.

In addition to all the impacts arising from a neoplasm, women had to deal with and redefine their own concepts regarding the future and their perspectives, paying attention to the value of small things. In this context, they believe in the importance of living the current moment, valuing all aspects, without the construction of a long-term plan.

A limitation of this study concerns its development during the Covid-19 pandemic, because, in a way, it has hindered access to women, subject of the research. In addition, talking openly about the nuances that permeate the therapeutic process of young women with cancer is also a challenge for them, often causing discomfort and/or several feelings when exposing their reality.

For nursing, recognizing the particularities of each woman during cancer treatment enables the conduction of actions effectively guided to the specific horizon of each patient. This process allows prioritizing the integrality of care to promote a better quality of life for these women. This instigates the development of research aimed at the development and planning of strategies that aim to minimize the mismatches suffered by these women during the treatment period, especially regarding sudden life change. Studies on strategies that address issues of self-esteem and self-image can become important tools during the experience of cancer treatment.

A FORÇA E A CORAGEM DE PENSAR POSITIVAMENTE: PERCEPÇÕES DE MULHERES JOVENS EM TRATAMENTO ONCOLÓGICO

RESUMO

Objetivo: descrever as percepções de mulheres jovens em tratamento oncológico. **Método:** estudo qualitativo descritivo desenvolvido nos ambulatórios de quimioterapia e radioterapia de um hospital universitário por meio de entrevista semiestruturada. Participaram da pesquisa 20 mulheres jovens que realizavam tratamento oncológico. A coleta das entrevistas seguiu os preceitos éticos e foi aprovada pelo Comitê de Ética em Pesquisa da instituição, realizada no período de julho a setembro de 2021 e submetida à Análise Temática Indutiva de Conteúdo.**Resultados:** as participantes tinham idade entre 20 e 40 anos. A maioria apresentava diagnóstico de câncer de mama, linfoma de Hodgkin oucarcinoma de células escamosas moderadamente diferenciado de colo uterinoe vivenciava o tratamento oncológico pela primeira vez. Da análise dos depoimentos, emergiram três categorias: “A força e a coragem de pensar positivamente”; “Sentindo-se um peso: a introspecção como uma alternativa” e “A experiência de tratar um câncer: ressignificando conceitos e perspectivas futuras”. **Considerações finais:**as mulheres jovens em tratamento oncológico valorizam o pensamento positivo para enfrentar as peculiaridades inerentes a este processo, porém sentem incapacidade em desempenhar suas atividades cotidianase tiveram que lidar e redefinir seus próprios conceitos relativos ao futuro e suas perspectivas, atentando para o valor das pequenas coisas.

Palavras-chave: Saúde da mulher. Adulto jovem. Neoplasias. Terapêutica. Enfermagem.

LA FUERZA Y EL CORAJE DE PENSAR POSITIVAMENTE: PERCEPCIONES DE MUJERES JÓVENES EN TRATAMIENTO ONCOLÓGICO

RESUMEN

Objetivo: describir las percepciones de mujeres jóvenes en tratamiento oncológico. **Método**: estudio cualitativo descriptivo desarrollado en la clínica de atención ambulatoria de quimioterapia y radioterapia de un hospital universitario por medio de entrevista semiestructurada. Participaron de la investigación 20 mujeres jóvenes que realizaban tratamiento oncológico. La recolección de las entrevistas siguió los preceptos éticos y fue aprobada por el Comité de Ética en Investigación de la institución, realizada en el período de julio a septiembre de 2021 y sometida al Análisis Temático Inductivo de Contenido. **Resultados**: las participantes tenían edad entre 20 y 40 años. La mayoría presentaba diagnóstico de cáncer de mama, linfoma de Hodgkin o carcinoma de células escamosas moderadamente diferenciado de cuello uterino y experimentaba el tratamiento oncológico por primera vez. Del análisis de los relatos, surgieron tres categorías: "La fuerza y el coraje de pensar positivamente"; "Sintiéndose un peso: la introspección como una alternativa" y "La experiencia de tratar un cáncer: resignificando conceptos y perspectivas futuras". **Consideraciones finales**: las mujeres jóvenes en tratamiento oncológico valoran el pensamiento positivo para enfrentar las peculiaridades inherentes a este proceso, pero sienten incapacidad en desempeñar sus actividades cotidianas y tuvieron que lidiar y redefinir sus propios conceptos relativos al futuro y sus perspectivas, valorando las pequeñas cosas.

Palabras clave: Salud de la mujer. Adulto joven. Neoplasias. Terapéutica. Enfermería.

REFERENCES

1. Instituto Nacional de Câncer (INCA). O que é câncer?/ Instituto Nacional de Câncer. – Rio de Janeiro: Inca, 2022.
2. Instituto Nacional de Câncer (INCA). Fatores de risco. Rio de Janeiro: INCA, 2022.
3. Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. Global cancerstatistics 2018: GLOBOCAN estimatesofincidenceandmortalityworldwide for 36 cancers in 185 countries. CA Cancer J Clin. 2018; 68(6):394-424. Doi: http://dx.doi.org/10.3322/caac.21492
4. Instituto Nacional de Câncer (Brasil). Estimativa 2023: incidência de câncer no Brasil. Rio de Janeiro, 2022. 160 p.
5. Alvarez EM, Force LM, Xu R, Compton K, Lu D, Henrikson HJ, et al. The global burdenofadolescentandyoungadultcancer in 2019: a systematicanalysis for the Global BurdenofDiseaseStudy 2019. Lancet Oncol. 2022; 23(1): 27-52. Doi: https://doi.org/10.1016/S1470-2045(21)00581-7
6. Rosa LM, Duarte EB, Hames ME, Radünz V, Dias M, Bagio CB, et al. Mulheres com câncer ginecológico: significado da braquiterapia. Ciênc., Cuid. Saúde. 2021; 20:e56295. Doi: http://dx.doi.org/10.4025/cienccuidsaude.v20i0.56295
7. Gois RLB, Cipolotti R, Soares DAS, Lobão TA, Santana ABS, Cardoso LO. Self-esteemand self-imageofwomenwithbreastcancer. RSD [Internet]. 2023; 12 (4): e17212441028. Doi: https://doi.org/10.33448/rsd-v12i4.41028
8. Timm MS, Perlini NMOG, Beuter M, Prates LA, Birk NM, Piccin C. A imagem corporal na ótica de mulheres após a mastectomia. Ciênc., Cuid. Saúde. 2017; 16(1). Doi:http://dx.doi.org/10.4025/cienccuidsaude.v16i1.30151
9. Mesquita IMR, Martos CP, Santos LA, Oliveira AFM, Vieira PM, Gonçalves JRL, et al. Percepção de pacientes com câncer sobre a influência da espiritualidade no tratamento quimioterápico. Rev. Fam., Ciclos Vida Saúde Contexto Soc. 2019; 7(4):441-447. Doi: https://doi.org/10.18554/refacs.v7i4.3856
10. Yang Y, Lin Y, Sikapokoo GO, Min SH, Caviness-Ashe N, Zhang J, et al. Social relationships and their associations with affectivesymptoms of women with breast cancer: A scoping review. PLoSOne. 2022; 17(8):e0272649. Doi: http://dx.doi.org/10.1371/journal.pone.0272649
11. Vieira LMP, Muniz LS; Carvalho ACG. Atuação do profissional de enfermagem junto ao tratamento do câncer de pele do

tipo melanoma. Rev. Interdiscip. Pensam. Cient. 2019; 5(55). Doi: http://dx.doi.org/10.20951/2446-6778/v5n5a55

12. Zaremba G, Píspico BCP, Monteiro CRA, Serai M, Martins HH, Santos EJ, et al. Alterações psicológicas em adultos jovens que sobreviveram ao câncer: uma análise de sua qualidade de vida. CEPHO. 2015; 1(1):19-23. Disponível em: http://www.col.periodikos.com.br/article/5c6ffec60e8825a73f8e6fd5/pdf/col-1-1-19.pdf

13. Minayo MCS. O desafio do conhecimento: pesquisa qualitativa em saúde. 14ª ed. São Paulo: Hucitec/ABRASCO: 2014.

14. Gil AC. Métodos e técnicas de pesquisa social. 7ª ed. São Paulo: Atlas: 2019.

15. Mosquera JJM, Stobäus CD. Vida Adulta: Visão Existencial e Subsídios para Teorização. Educação. 1982; 5:94-112.

16. Universidade Federal de Santa Maria (UFSM). Instrução Normativa nº 002/2020/PRPGP. Orienta acerca das atividades de pesquisa e funcionamento dos laboratórios na Universidade Federal de Santa Maria. Santa Maria, 2020. Disponível em: https://www.ufsm.br/app/uploads/sites/345/2020/09/IN_02_Labs.pdf

17. Universidade Federal de Santa Maria (UFSM). Manual de Biossegurança para a Comunidade Acadêmica durante a Pandemia de COVID-19. Santa Maria, 2020. Disponível em: https://www.ufsm.br/app/uploads/sites/346/2020/08/Cartilha_Biosegurança%C3%A7a.pdf

18. Souza LK. Pesquisa com análisequalitativa de dados: conhecendo a AnáliseTemática. Arq. bras. Psicol. 2019; 71(2):51-67. Doi: http://dx.doi.org/10.36482/1809-5267.ARBP2019v71i2p.51-67

19. Barbosa HA, Piris AP. Ressignificando os olhares sobre o câncer. 1ª ed. Montes Claros: Editora Universitária Funorte: 2021.

20. Vieira JF, Miranda MKV, Cardoso AM, Costa JF, Moura IR, Nascimento RCM, et al. Estilo de vida de mulheres jovens com neoplasia mamária em um hospital no oeste do Pará. REAS [Internet]. 2023; 23(5): e12133. Doi: https://doi.org/10.25248/reas.e12133.2023

21. Friggi PF, Quintana AM, Reis CGC, Farias CP. A reconstrução dos contornos do eu: um olhar psicanalítico sobre a amputação. PsicolPesqui. 2018;12(1). Doi: http://dx.doi.org/10.24879/2018001200100378

22. Mairink APAR, Gradim CVC, Prado MAS, Panobianco MS. Vivência de Mulheres Jovens diante da Neoplasia Mamária. Rev. Bras. Cancerol. 2020;66(4): e-031059. Doi: https://doi.org/10.32635/2176-9745.RBC.2020v66n4.1059

23. Borges MG, Anjos ACY, Campos CS. Espiritualidade e religiosidade como estratégias de enfrentamento do câncer de mama: Revisão integrativa da literatura. Braz. J. Hea. Rev. 2021;4(1): 1002-1021. Doi: https://doi.org/10.34119/bjhrv4n1-088

24. Nascimento PS, Costa TR, Sousa Júnior DL, Cavalcante Ribeiro JK, Jales de Carvalho MA, Mesquita FP, Ferreira SS, Alexandre PEA. Dificuldades enfrentadas por mulheres com câncer de mama: do diagnóstico ao tratamento. Rev Interfaces. 2022;10(2):1336-45. Doi: https://doi.org/10.16891/2317-434X.v10.e2.a2022.pp1336-1345

25. Borges VA, Veneziano LSN. Enfermagem nos cuidados de pacientes com câncer de mama. Revista Saúde dos Vales. 2022; 2(2). Disponível em: https://www.revistas.unipacto.com.br/storage/publicacoes/2022/996_enfermagem_nos_cuidados_de_pacientes_com_cancer_de_mama.pdf

Corresponding Author: Amanda Suélen Monteiro. Av. Roraima nº 1000 Cidade Universitária Bairro - Camobi, Santa Maria - RS, 97105-900. e-mail: amandasuelenmonteiro@hotmail.com; Telefone: (51) 98045-5805

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