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ORIGINAL ARTICLE

COPING STRATEGIES OF WOMEN DIAGNOSED WITH ENDOMETRIOSIS

Carla Marins Silva*
Ana Laura Morgado Lopes**
Danielle Menezes da Silva***

ABSTRACT

Objective: To understand the coping strategies employed by women diagnosed with endometriosis. **Methodology:** Descriptive, qualitative research in a virtual environment using GoogleMeet®. Between January and March 2021, 20 recorded interviews were carried out with Brazilian women diagnosed, surgically or not, with endometriosis, aged between 18 and 47, who participated in closed Facebook® groups. The interviews were transcribed for thematic content analysis and conducted using Atlas.ti8 software. **Results:** The strategies included self-control with drug treatment and surgery for addressing the problem, and additional strategies such as relaxation, following an anti-inflammatory diet, physical activity, and natural therapies. Emotional strategies included self-awareness, self-care, and positive mentality, as well as participation in virtual support groups for endometriosis. Some individuals mentioned giving up the fight against endometriosis and withdrawing from social and professional life. **Final Considerations:** Nurses should be part of a multidisciplinary team and provide comprehensive care by integrating traditional and holistic approaches to alleviate symptoms and promote well-being. They should also promote the establishment of support networks to empower and involve the woman in decision-making, considering social determinants and her preferences.

Keywords: Psychological Adaptation. Endometriosis. Women's Health. Nursing.

INTRODUCTION

It is estimated that endometriosis affects around 2-10% of women of reproductive age worldwide(1). In Brazil, around seven million Brazilian women are affected(2). It's worth noting that these figures are still inconclusive due to underreporting caused by the difficulty in accessing a definitive diagnosis and the lack of value placed on women's complaints by health professionals(3).

The implantation of stromal cells and endometrial glandular epithelium outside the uterine cavity induces a chronic inflammatory reaction. It is characterized by menstrual irregularities, chronic disabling pelvic pain, and the possibility of infertility(4). Suffering from these symptoms has an emotional impact, and it is expected to develop psychological disorders that compromise the quality of life, such as depression and anxiety, as well as feelings of worthlessness, incapacity, and isolation caused by living with the disease for so long(1). In this context, women look for strategies to cope with endometriosis (coping).

The English term “coping” can be translated into Portuguese as “lidar” or “*enfrentar*,” understood as a series of cognitive and behavioral strategies/efforts used to adapt to adverse situations(5). These actions can be understood as unconscious mechanisms(5). Folkman and Lazarus(5) proposed a model with four assumptions: it is an interactional process between the individual and the environment; it aims to manage the stressful situation; coping processes need to be evaluated according to how the phenomenon is perceived and interpreted by the individual's mind; and it is the cognitive and behavioral effort to reduce or tolerate the demands of interaction with the environment(5).

These authors classify coping into two categories: problem-focused coping, whose action is directed at the source of the stressful situation to change it, and emotion-focused coping, defined as an effort to regulate the emotional state, directed at the somatic or feelings level to reduce the unpleasant physical sensation of a stressful situation(5).

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*RN. Nurse Midwife. Ph.D. Faculty at School of Nursing of the University of São Paulo. Email: carlamarins@usp.br
**RN. Primary Care Nurse at Jr Hospital Israelita Albert Einstein. Email: lauramorgado2011@gmail.com
***RN. Nurse Midwife. Master. Faculty at the Faculty of Nursing at the State University of Rio de Janeiro. Email: dmsenf24@gmail.com

This article will use this reference as support.

It's important to note that not all individuals have access to the necessary information, leading many endometriosis patients to develop coping strategies on their own, often through internet research(6). Nurses must understand this complex biopsychosocial situation as part of the multidisciplinary team caring for women with endometriosis. This understanding will help improve consultations and care plans. Nurses should explore coping strategies and gain insight into how women adapt to the symptoms of the disease.(7)

Thus, the chronicity of endometriosis and the consequent impairment of women's quality of life, which requires care plans and actions by health services, justify carrying out studies on the subject. In addition, there is a gap in the national and international literature regarding adaptation strategies after diagnosis of endometriosis from the perspective of women. It is understood that the approach to this subject goes beyond biomedical issues, as focused on in most of the studies available in the literature. In nursing care, women's experiences can encourage professionals to provide more humanized care and promote active listening, appreciation of the patient's complaints, clinical assessment, and referral for early diagnosis(8).

Given the context, the study aimed to explore the coping strategies utilized by women following a diagnosis of endometriosis.

METHODOLOGY

This is descriptive, qualitative research that considers a degree of reality that cannot be quantified. It works with beliefs, aspirations, values, and attitudes, which represent deeper aspects of relationships and phenomena(9).

For this study, a unique approach was taken to attract participants. 20 cis Brazilian women, aged between 18 and 47, diagnosed with endometriosis, were recruited from closed groups on the social network Facebook® using the expression “endometriosis”. These groups, which had over 5,000 women, were selected based on members' direct or indirect expressions of their endometriosis diagnosis through discussions or comments.

The researchers were able to join 12 closed groups dedicated to providing support and sharing experiences for women diagnosed with endometriosis or experiencing related symptoms. These groups had over 5,000 participants. The group administrators granted access to the researchers, who then made informative posts in each closed social network group. The posts included the title, institution, research team information, and a description of the research's inclusion criteria. The criteria included being a woman who had received a diagnosis (surgical or not) of endometriosis, experiencing symptoms without specifying age, ethnicity, or socioeconomic status, and regardless of any treatment received.

In this post, a link was made available that directed the interested party to the WhatsApp contact of the scientific initiation fellow or the interested party could send private messages on Facebook to participate. After contacting the interviewer, the potential participant received an explanation of the study, its objectives, motivations, risks and benefits and the Informed Consent Form.

Women with endometriosis who declared themselves asymptomatic, who had speech disorders, or who did not have sufficient internet data for a videoconference were omitted. Depending on each participant's interest and availability, online meetings were scheduled using the GoogleMeet® application to conduct the interview, which was recorded with their consent. The Informed Consent Form was previously sent via private message on the social network and returned to the researcher's e-mail address with a signature expressing consent to participate. It is worth noting that 150 women expressed an interest in taking part. However, many did not have the time to participate, and others did not call in at the scheduled time or did not fit the inclusion criteria, totaling 20 interviewees.

A semi-structured interview script was divided into two sections to collect the data. The first was made up of characterization questions: age group, marital status, schooling, average family income, reproductive history, and time since diagnosis, and the second had a trigger question: “Tell me what you do to cope with endometriosis?”, followed by topics introduced during the interview: repercussions of endometriosis on life, support network, expectations and feelings after diagnosis and strategies used to cope with/adapt to endometriosis.

The interviews took place between January and March 2021, depending on the participants' availability, and lasted between 30 and 50 minutes. At the end of the collection, the statements were transcribed by the scientific initiation fellow and analyzed according to thematic content analysis(10), which involves three stages: pre-analysis, exploration of the material, and treatment of the results—inference and interpretation. This analysis was conducted using Atlas.ti 8 qualitative analysis software, reaching 171 codes organized into 24 groups.

The study, conducted with unwavering respect for ethical precepts, adhered to all the resolutions 466/2012 and 510/2016 of the National Health Council and was approved by the research ethics committee of the signatory institution (opinion no. 4.303.580). To ensure anonymity, the interviewees were identified with the letter e followed by the number indicating the order in which the interview took place. The Consolidated criteria for reporting qualitative research (COREQ) guided this qualitative research report.

RESULTS

The 20 participants in the study were aged between 18 and 47. Nine were married or in a stable union, nine were single, and two were divorced. Six had completed higher education, six had incomplete higher education, four had completed high school, three had completed postgraduate studies, and one had incomplete doctoral studies. They reported a family income of between 2,005.00 and 8,640.00. In addition, only three participants had given birth one or more times.

The results of the content analysis were categorized according to the theoretical framework's classification of “problem-focused coping” and “emotion-focused coping”(5) and are described below:

Problem-focused coping strategies

In this category, 14 groups of codes were identified, with 129 codes discussing coping strategies focused on the problem. These codes are grouped into five subcategories: “Seeking strategies for self-control of symptoms,” “Seeking complementary alternative measures and treatments,” “Distancing from routines and social life,” “Seeking and offering a support network,” and “Seeking knowledge.”

Seeking strategies for self-control of symptoms

This is a subcategory made up of 35 codes organized into five groups. After the diagnosis, the women make an arduous pilgrimage in search of specialized professional care. They report a lack of qualified professionals to treat and monitor women with endometriosis.

> In the beginning, it was very complicated because we had a shortage of professionals who were specialists.” (I1)

> It was a very difficult search because I had to go to several gynecologists. Before, I thought that any gynecologist would understand endometriosis. But I see that there are a lot of gynecologists who deliver babies, and that's it. Few specialists can treat a disease that is new and under investigation. (I11)

The search for the “right” professional can be complex because, even if they are specialists, clinical care is seen by the participants as imposing, unwelcoming, and unsafe. They report the lack of multidisciplinary space that endometriosis requires. A conventional approach with medication or surgery characterizes the treatments often indicated by specialists.

> I didn't have very good support from the doctors who have been in my life. They were very practical. It's surgery, and that's it. I wasn't well looked after. So, to this day, I have trouble finding a good doctor.” (I1)

> How nice it would be to go to a place with all

> the professionals we need for healthy follow-up, and here they don't. (I18)

In the face of drug treatment, with the uniqueness of each organism, women choose whether to tolerate the side effects to improve the symptoms of endometriosis. In addition, the participants reported self-medication with analgesic drugs as a strategy. In addition to symptom control, medication is also often used to preserve fertility.

> I still feel things, for example, fatigue; I also feel some pain in my legs and some headaches. So, I started to think that it was the effect of the medication, some side effects. But, on the other hand, I still think it's better to take it than risk having painful menstrual cycles. (I1)

> The downside is the question of putting on weight. I put on weight, and I'm already chubby. I was upset, but it's an evil that comes to good. (I10)

> So it could be that I don't use it and become infertile in the future. Maybe I'll use it and preserve my fertility... (I6)

Despite the negative feelings, such as fear, uncertainty, and insecurity, generated in cases where surgical treatment is indicated, the participants agreed to undergo more invasive procedures with the expectation that it would be a way of resolving the problem and preserving their fertility.

> When you mentioned surgery, I was scared, but with the tests, I thought, well, if I have the surgery and it solves my problem and preserves my fertility, fine, I'll do it. (I3)

> The downside is that you certainly have a high chance of having to operate again later (I9).

Seeking complementary alternative measures and treatments

In this subcategory, five groups of codes were identified, with 58 codes. To relieve the symptoms of endometriosis, the interviewees look for measures and treatments other than conventional ones. They report using relaxation measures during the symptoms, such as lying still, not moving around too much, and choosing to do what they like, such as watching videos and listening to music.

> When it's very intense, I lie quietly in my corner and wait for the pain to go away.” (I19)

> I rest. Sometimes, I would move around a lot while the cramps were going on, and it would get worse. So, I try to keep quiet.” (I6)

> I feel it helps because the cramps seem to subside as soon as I relax and listen to music. (I17)

Another nontraditional method women widely use is changing their eating habits and implementing an anti-inflammatory diet. Women find out about this method through their searches, information on websites, blogs, and social networks, and referrals from other women with endometriosis. They report that it is widespread and that women have seen good results.

> I didn't care about food before. I didn't know that a healthier diet was related to endometriosis. Nobody ever told me about it. I improved by studying, researching independently, and adopting healthier habits. (I18)

> So, I went to a doctor about two or three months ago, and she told me about the anti-inflammatory diet, which has been scientifically proven. It's something that produces results, isn´t it? (I19)

Many women find regular physical activity improves their symptoms and use it as a complementary treatment. From light walks to more intense sports, they often associate it with weight loss. They see it as something that improves their quality of life in coping with endometriosis, and they adhere to it, even without feeling satisfied.

> It's improved a lot with physical activity. I saw a very drastic change. I became less bloated; I started to see my body reacting. That's when I realized that I needed to do something. (I3)

> I had much more discomfort before I started these exercises; I've noticed it improved. (I13)

Some participants opted to use holistic therapies and natural care practices, including acupuncture and auriculotherapy, guided meditation, massages, vaginal douches, hot water baths, drinking teas, and homeopathy, as well as looking for exercises that work the body and mind, such as yoga and Pilates. They also talked about the consequences of endometriosis on mental health and the search for psychotherapy as an alternative and complementary method of treatment.

> I started doing acupuncture; I did a mentoring course on natural gynecology, then I started doing vaginal douches with propolis, and the pain during intercourse stopped. (I18)
>
> What does help me is the hot water bottle. I put it on as soon as I feel pain in my pelvic region. It helps me more than medication, that's for sure. (I9)
>
> I felt quite confused and helpless. So, I went back to therapy, which greatly helped me. (I15)

Distancing from routines and social life

Two codes were identified in this subcategory, with 14 codes on harmful and unhealthy adaptive strategies involving the participants' routine and social life. Among them, the most frequent is withdrawing from various activities, such as leisure, studies, and professional activities, due to the symptoms and the repercussions on mental health. They prefer to isolate themselves for fear of pain and embarrassment and/or because they are tired from fighting endometriosis. In this context of isolation, they even choose to distance themselves from their partners and romantic relationships, which has an impact on the reduction in sexual relations.

> I often stop going out with my friends and family. I spend the day in bed wrapped in a blanket, with painkillers and a hot water bottle.” (I17)
>
> We didn't have sex for four months because I was in pain, and I didn't want to. (I3)

Some are indifferent to the disease, don't seek improvement, and ignore the symptoms, conforming and dealing passively with endometriosis.

> For me, there's no method I can follow that I can use to make it better. So, I must put up with it, put up with it, and put up with it. There's no way.” (I7)
>
> I don't have any treatment; I just found out that I have endometriosis. (I10)

Seeking and offering a support network

In this subcategory, six codes addressed the importance of sharing experiences with other women with the same diagnosis. This eases the feeling of loneliness and allows them to re-signify their experience with the disease. They also consider it a coping strategy to be available to help other women in the same way that they were helped at some point after their diagnosis.

> I never imagined such a thing, you know? Being able to help someone with the same problem as me. I'm happy about that.” (I20)
>
> Today, I do whatever I can to help other women. I'm happy to share my experience. (I3)

Seeking knowledge

This subcategory identified 16 codes related to seeking knowledge about endometriosis. Given the difficulty in finding a professional to maintain a relationship and provide good follow-up, women seek knowledge on the Internet, social networks, blogs, online groups, and courses. They take the opportunity to ask questions about test results before their scheduled appointments and report that this strategy gives them greater peace of mind.

> I researched more scientific information by going to groups, even in other countries, and then I became a little calmer and learned to live with it. (I10)
>
> Some doctors I follow on Instagram and Facebook®, who I know, post good information and are highly recommended in the groups I join. (I12)

Others don't use the internet as a reliable source and report a lack of research. They seek knowledge through consultations with health professionals or use consultations to confirm knowledge acquired by other means.

> I read a lot and did a lot of research. But the internet is good, but we know there's a lot of false information.” (I18)
>
> I researched a lot of things and discovered that there is little research on endometriosis. (I13)

Coping strategies focusing on emotion

In this category, seven groups of codes were identified, with 40 codes talking about emotion-focused adaptation strategies.

Among the reports, self-knowledge appears as an essential adaptive strategy, marked by the recognition that endometriosis is a disease that does not manifest in the same way in all women.

> This stuck in my mind: each woman has her singularities; each is different, and there are countless symptoms and consequences. So, a lot about each woman must be studied and personalized.” (I15)

> We share experiences, but what works for me won't all work for the other. The right thing to do is to work on self-knowledge in therapy. It's a very strong move; you turn the key in a very good way, yes, a very positive way.” (I11)

The participants point out that it is also important not to focus mentally on the symptoms to reduce painful sensations.

> What distracts me from the pain, at least in the middle of work, is focusing on what I'm doing. So, the restaurant is full of customers? Fine, I'll focus here on the pan, I'll focus here on the orders, I'll focus on the dishes I'm making and get on with life. (I17)

> I try to rest, I try to abstract, I try not to think about pain, I try not to be focused. It's a horrible illness; I pretend I don't have it. When it comes, I wait for it to pass. (I19)

In this sense, they say they have learned to respect the time and processes they go through. For example, when they have tried many times to get pregnant. When they are advised to get pregnant as part of their treatment, they feel pressured, as they understand that it must happen at the right time.

> You respected your own time and your own body, knowing that you can't compare yourself. Everyone has their own time, process, history, and uterus; it's unique and yours.” (I11)

> What I wanted was quality of life and freedom of choice, you know? I didn't want to be pressured into getting pregnant because I don't think you make that decision by surprise. I think it must be discussed; it must be matured.” (I18)

One of the strategies focused on emotion is trying to visualize the good side of endometriosis, such as the learning and experience gained from living with the disease and the possibility of getting pregnant. In addition, religiosity emerged as a point of strength.

> It's a challenge every day, but I don't see the disease as something bad. I think it came to transform my life and make me adopt healthier habits. Which is what's giving me a better quality of life. (I18)

> In the past, my remedy was to pray. I didn't have much to do; I tried not to think about the worst. (I5)

DISCUSSION

The participants reported difficulties and pilgrimages in search of adequate, comprehensive, resolving, and welcoming care. An article on the illness experience of women with endometriosis(8) also describes violence in the form of rude, quick, and unresolved care. It also talks about the need to go through several professionals, the lack of knowledge of professionals about the disease, and the lack of access to specialists(8). This difficulty in the doctor-patient relationship hampers treatment, affects women's relationship with the disease, and often leads them to seek alternative treatments, which are not always scientifically proven(11). In this context, the statements about self-medication with painkillers revealed non-adherence to conventional treatment and the use of alternative therapies. Self-medication can be related to a lack of qualified and knowledgeable care and can have consequences such as masking symptoms without solving the problem, allergic reactions, addiction, and death(12).

As a problem-focused strategy, women undergo self-treatment with medication or seek surgical interventions to alleviate symptoms and contain possible progression of the disease, aiming to improve their quality of life. These findings corroborate the problem-focused strategies identified in a qualitative study that examined the health-related quality of life of 25 South African women diagnosed with endometriosis(7).

In clinical practice, it is evident that pharmacological treatment improves symptoms and contributes to preserving fertility. However, it is necessary to assess tolerability and the degree to which women are uncomfortable with side effects(13, 14). Given this, it is common for women to seek alternative strategies, in a complementary or substitutive way, to control symptoms in a more natural way. There are several options for treating endometriosis, and the choice should be based on the particularities of each woman(13).

However, although the National Policy for Integrative and Complementary Practices (PNPIC) is on the health policy agenda in Brazil as an essential structure in the process of remodeling health care, it is still a challenge in the face of questions about the biomedical model(15). To this end, PICS in the SUS should go beyond adding practices or procedures and collaborate with changes in care routines and daily actions in health services(15).

Other strategies focused on the problem reported by the participants were relaxation during symptoms, healthy eating, physical activity, and holistic therapies. Some of these strategies were also found in a study on the quality of life of women diagnosed with endometriosis(7). The study found that women seek self-control using relaxation and diet control but limit physical exercise.

It is worth noting that most integrative and holistic approaches are low-risk and low-cost and are recommended for a wide range of diseases, including traditional Chinese medicine(16). They are also therapeutic actions based on knowledge originating in different cultures, with welcoming listening, bonding, and interaction between individuals and the socio-cultural context(17).

Another complex aspect of the experience of women with endometriosis is the use of harmful and unhealthy adaptive strategies involving routine and social life. They report social withdrawal as an adaptation due to the painful symptoms and psychological distress caused by the disease. The feelings generated by the pain are expressed as producing tension between personal experience and social demands, constituting a predisposing factor for social and professional isolation(18,19). A study focused on quality of life points out that women with endometriosis often schedule social and work activities based on the menstrual cycle to have better control over possible unpleasant repercussions(7).

In this context, the adoption of passive behaviors in the face of endometriosis has also been evidenced due to the difficulty in resolving it and the wear and tear it causes. Thus, when faced with situations that cannot be controlled, feelings of hopelessness or the desire to give up on treatment proposals are frequent(20).

However, the participants consider a welcoming and empathetic support network fundamental to their self-strengthening. This social support is a compilation of connections and bonds between people with a constant and significant relationship with the woman with endometriosis(18). This support is a coping strategy because of its emotional, affectionate, and substantial support, which affects well-being, self-esteem, and the health-disease process(18). Social and family support is essential for women to get through the disease process, reducing the damage to their quality of life(7,14).

In addition, women cite participation in virtual endometriosis groups as an essential strategy for getting out of the solitary perspective of the disease. A qualitative study carried out at a specialty outpatient clinic in a city in the interior of Minas Gerais to describe the experiences and difficulties of women with endometriosis(6) also points to the value of virtual groups for women diagnosed with endometriosis, such as social support, information about the disease, bonds, sharing experiences, alternatives and indications.

In addition, emotion-focused strategies, which seek to reduce the unpleasant physical sensation of a stressful situation by regulating the emotional state(5), are actions that contribute to accepting the disease and adapting to its experience with positive attitudes, self-encouragement, and the search for spirituality(7).

The results of this study on emotion-focused coping corroborate those of a survey that highlighted actions such as accepting the disease and learning to live with it, adopting positive attitudes, talking to oneself to motivate oneself, and seeking spirituality(7). A study that looked at the correlation between coping strategies, depression, stress levels, and pain perception in 171 patients diagnosed with endometriosis at the Hospital das Clínicas in São Paulo found that those who used positive coping strategies were better able to adapt to stress and had less depression(21). In addition, some women turn to religiosity as a point of strength, as identified in a study in which women with chronic pelvic pain expressed a high level of religiosity and had a better quality of life in the psychological sphere(21).

A literature review(14) that presents potential treatments for endometriosis beyond conventional treatment says that the search for knowledge about endometriosis converges with the search for better strategies and self-knowledge. In this way, empowerment is acquiring control over one's life, allowing people to decide on resolutions about their health. The higher the level of empowerment, the better the health outcomes.

In the present study, the women reported that psychological therapy was a bridge to self-knowledge and a reduction in anxiety and fear. However, psychological intervention has been poorly disseminated as a multidisciplinary alternative, limiting its benefits(22).

Due to its different clinical manifestations and the prevention of psychological distress, endometriosis requires multidisciplinary care and management. Furthermore, care plans and clinical protocols must be drawn up to manage cases beyond the biomedical approach(8,19).

Given this scenario, we understand health professionals' fundamental role, from valuing complaints, clinical assessment, and referral for early diagnosis(8) to the clinical monitoring of these women and implementing strategies according to their singularities.

A limitation of the study was the possible digital exclusion of participants who only had access to the internet.

FINAL CONSIDERATIONS

Women diagnosed with endometriosis are in constant search of the ideal treatment strategy and integrate actions to accentuate the benefits so that experiences can be positive or negative according to the respective uniqueness of each condition and life context. The coping strategies focused on the problem were for self-control of symptoms, and those focused on emotion were self-knowledge, positive mentalization, respect for the processes experienced, and participation in virtual groups about endometriosis. It should also be noted that some women gave up the fight against endometriosis, taking a passive stance and withdrawing from social and professional life.

As part of a multidisciplinary team, these results suggest that nurses must act with traditional and holistic treatments, integrating mind and body to relieve symptoms and achieve well-being, considering social determinants and women's wishes. In addition, the creation of support networks mediated by professionals and based on scientific evidence should be strengthened to empower women with endometriosis and help them make decisions.

ESTRATÉGIAS DE *COPING* DE MULHERES COM DIAGNÓSTICO DE ENDOMETRIOSE

RESUMO

Objetivo: conhecer estratégias de adaptação (*coping*) utilizadas por mulheres com diagnóstico de endometriose. **Metodologia:** pesquisa descritiva, qualitativa, realizada em ambiente virtual através do *GoogleMeet*®. Entre janeiro e março de 2021, foram realizadas 20 entrevistas gravadas com mulheres brasileiras com diagnóstico, cirúrgico ou não, de endometriose, entre 18 e 47 anos, e que participavam de grupos fechados do *Facebook*®. As entrevistas foram transcritas para análise de conteúdo temática, conduzida com auxílio do software Atlas.ti8. **Resultados:** As estratégias focalizadas no problema foram (auto)controle com tratamento medicamentoso e cirúrgico. Ademais, estratégias como relaxamento durante os sintomas, hábitos alimentares com a dieta anti-inflamatória, atividade física e terapias naturais. As focalizadas na emoção foram autoconhecimento e busca por informações, autocuidado, mentalização positiva, respeito ao tempo e processos vividos e participação em grupos virtuais sobre endometriose. Ressalta-se ainda, em algumas falas, a desistência diante da luta contra a endometriose, assumindo postura passiva, afastamento da vida social e profissional. **Considerações finais:** sugere-se que o enfermeiro, como integrante da equipe multidisciplinar, combine cuidados integrais com abordagens tradicionais e holísticas para alívio de sintomas e bem-estar. Ademais, fomentar a criação de redes de apoio para fortalecimento e tomada de decisões, considerando os determinantes sociais e o desejo da mulher.

Palavras-chave: Adaptação Psicológica. Endometriose. Saúde da mulher. Enfermagem.

ESTRATEGIAS DE *COPING* DE MUJERES CON DIAGNÓSTICO DE ENDOMETRIOSIS

RESUMEN

Objetivo: conocer las estrategias de adaptación (*coping*) utilizadas por mujeres con diagnóstico de endometriosis. **Metodología**: investigación descriptiva, cualitativa, realizada en ambiente virtual a través de *GoogleMeet®*. Entre enero y marzo de 2021, se realizaron 20 entrevistas grabadas con mujeres brasileñas con diagnóstico, quirúrgico o no, de endometriosis, entre 18 y 47 años, que participaban de grupos cerrados de *Facebook®*. Las entrevistas fueron transcritas para análisis de contenido temático, realizado con la ayuda del *software Atlas.ti8*. **Resultados**: las estrategias focalizadas en el problema fueron (auto)control con tratamiento medicamentoso y quirúrgico. Además, estrategias como relajación durante los síntomas, hábitos alimenticios con la dieta antiinflamatoria, actividad física y terapias naturales. Las focalizadas en la emoción fueron autoconocimiento y búsqueda de información, autocuidado, mentalización positiva, respeto al tiempo y procesos vividos y participación en grupos virtuales sobre endometriosis. Se destaca también, en algunos relatos, la renuncia ante la lucha contra la endometriosis, asumiendo postura pasiva, alejamiento de la vida social y profesional. **Consideraciones finales**: se sugiere que el enfermero, como integrante del equipo multidisciplinario, combine cuidados integrales con enfoques tradicionales y holísticos para alivio de síntomas y bienestar. Además, que se fomente la creación de redes de apoyo para fortalecimiento y toma de decisiones, considerando los determinantes sociales y el deseo de la mujer..

Palabras clave: Adaptación Psicológica. Endometriosis. Salud de la Mujer. Enfermería..

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Corresponding author: Carla Marins Silva. Av. Dr. Enéas Carvalho de Aguiar, 419, sala 228 - Cerqueira César, São Paulo - SP, Brasil. 55 11 95855-3079 carlamarins@usp.br

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