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ORIGINAL ARTICLE

Cancer diagnosis and interpersonal support: perception of cancer patients

O diagnóstico de câncer e o apoio interpessoal: percepção dos pacientes oncológicos

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ABSTRACT

Objective: To identify how the cancer was discovered and the perceptions of interpersonal support at that time. **Methods:** A descriptive study with a qualitative approach, based on conceptual bases of interpersonal relationships, carried out in a city in the interior of the Minas Gerais state, Brazil, with seven low-income cancer patients assisted by the Volunteer Center. For data collection, recorded semi-structured interviews were used and the sample was closed using the theoretical saturation technique. The data were analyzed using inductive thematic analysis. **Results:** In the analysis, two themes emerged: The different facets that occurred when the cancer was discovered; Interpersonal support when diagnosed with cancer. These themes reflect the difficulties for patients to receive a diagnosis and the importance of interpersonal support. **Conclusion:** Through this study, is noted that the form of the discovery of cancer and the presence of close people during this moment can have an impact on the patient who faces cancer disease.

RESUMO

Objetivo: Identificar como ocorreu a descoberta do câncer e as percepções sobre o apoio interpessoal nessa ocasião. **Métodos:** Estudo descritivo com abordagem qualitativa, pautado em bases conceituais das relações interpessoais, realizado em um município do interior do estado de Minas Gerais, Brasil, com sete pacientes oncológicos de baixa renda assistidos pelo Núcleo de Voluntários. Para a coleta de dados, foram utilizadas entrevistas semiestruturadas gravadas. O fechamento da amostra foi feito por meio da técnica da saturação teórica e os dados foram analisados utilizando a análise temática indutiva. **Resultados:** Na análise dos dados emergiram dois temas: As diversas facetas do momento de descoberta do câncer; e O apoio interpessoal na ocasião do diagnóstico de câncer. Esses temas indicam as dificuldades enfrentadas pelos pacientes ao receberem o diagnóstico e a importância do apoio interpessoal nesse momento. **Conclusão:** Por meio deste estudo, nota-se que a forma de descoberta do câncer e a presença de pessoas próximas durante esse momento pode repercutir no modo como o paciente oncológico enfrenta tal enfermidade.

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Introduction

Cancer can be defined as a set of more than one hundred diseases that are characterized by cell growth abnormalities[1]. Metastasis is the stage in which these cells invade tissues and the blood and/or lymphatic stream and spread to other parts of the body[1].

Within the oncological context, is necessary to understand that the obstacles experienced by patients can start with the delay in diagnosis and last because of the difficulties in accessing exams, side effects, and barriers imposed on treatment[2].

When diagnosed with cancer, patients may have doubts and insecurities[3]. They may feel surprised, apprehensive, distressed, and also have a strong will to live and hope for a cure[4]. In addition, cancer transforms plans and dreams, alters daily tasks, and enables new experiences[5].

Coping actions in which there are feelings of optimism and a positive attitude can minimize bad feelings[3]. Furthermore, having the support of family members, friends and co-workers contribute substantially to facing such situations[6].

It is known that the diagnostic and therapeutic itineraries can be marked by weaknesses in the care network and by negative feelings of the cancer patient[7], most of the time due to the idea of suffering and death[8,9]. In this context, the family becomes the main support network for cancer patients, so that their active participation, from diagnosis to treatment, positively influence how the patient's treatment and disease[4,8].

It is understood that the support of family and friends positively influences the survival[10] and quality of life of cancer patients[11]. However, in the absence of efficient support provided by the family, friends, and other significant people for the patient, depression[12] and other problems in the life of cancer patients are possible, especially for those who are in a vulnerable situation. Therefore, it is believed that it is necessary to identify the perceptions of these patients about the interpersonal support received in the discovery of cancer, seeking subsidies for individualized and comprehensive care.

Thus, considering that cancer treatment can cause traumatic experiences[13] and that having interpersonal support from different forms, such as family, friends, and other close people, can positively contribute to how the cancer patient will experience this disease, this study was guided by the following question: “How was the

discovery of cancer and what are the perceptions about interpersonal support at that moment"?

Based on this question, this study aimed to identify how the discovery of cancer occurred and the perceptions about interpersonal support at that time.

Methods

This is a descriptive study with a qualitative approach based on the conceptual bases of interpersonal relationships[14].

The study was carried out in a municipality in the interior of the state of Minas Gerais, Brazil, with low-income cancer patients assisted by the Volunteer Center, an organization of the community itself to support these patients, mainly in the financial aspect.

To select the study participants, the following inclusion criteria were established: a) ≥ 18 years; b) being registered and accompanied by the Volunteers' Nucleus. As exclusion criteria, the following were defined: a) impossibility of responding orally to the interview; b) not being at home after three attempts to contact.

After contacting the Volunteer Center, a list was prepared with names and addresses of cancer patients assisted, who met the inclusion criteria. In data collection, we sought to achieve a heterogeneous sample to understand more broadly and in-depth the phenomenon studied. Thus, cancer patients with different profiles and different life scenarios were included.

To collect data, a semi-structured recorded interview was used. Data collection took place through home visits, from December 2019 to March 2020, carried out by the first author. After completion, each interview was transcribed and analyzed. Data collection ended when theoretical saturation[15] was verified, which occurred in the seventh interview. Saturation sampling is understood as a conceptual tool used to close the sample size of a study, with the interruption of data collection[16]. Thus, based on a sample, the assessment of theoretical saturation occurs through a continuous process of collecting and analyzing the material from the interviews[16]. Study participants were named "E1, E2... E7".

Data were analyzed using inductive thematic analysis[17]. This method does not use, *a priori*, a predefined coding framework, presenting itself as an analysis process guided by data collected[17]. Thus, the inductive thematic analysis made it possible to codify and organize the qualitative material into two central themes.

The research was approved by the Research Ethics Committee of the Federal University of Vales do Jequitinhonha e Mucuri, CAAE: 05010918.9.0000.5108, and no. 3,229,421.

Results

In a brief general characterization of the seven cancer patients who participated, it is pointed out that they are three men and four women, aged between 26 and 87 years; most are single, catholic religion, with a family income of one minimum wage and with children.

Regarding the organ which cancer affected, one research participant had cancer in the larynx, four in the breast, one in the stomach, and one in the intestine. The minimum time elapsed since the diagnosis was one year and two months, and the maximum was 20 years. Two participants had a recurrence, one during radiotherapy and the other when the treatment had ended.

The analysis of the interviews made it possible to identify the following themes: The different facets of the moment of cancer discovery; and Interpersonal support at the time of cancer diagnosis.

The different facets of the moment of cancer discovery

The discovery of cancer can occur in several ways. One of them is by chance, during routine activity, such as taking a shower, for example: "I discovered it myself, taking a shower. Then, I went to the post [health unit]." (E4)

Some people can notice when something different appears in some part of their body:

> *As I told you, I had my hand here [puts a hand on breast]. I told my neighbor: 'it looks like an olive pit, tomorrow I'm going to have a mammogram'. The girl [health professional] did my mammogram, went inside, came back, did it again, came back, did it again, did it five times. Then I said, 'Something's wrong. When she gave it to me I said: 'girl, I have cancer'. And she even thought it was strange because I said so naturally, 'girl, I have cancer'. (E1)*

Knowledge of the body can favor the early search for care with the health professional to obtain clarification on that sign or symptom presented:

> *Actually, I felt the lump. Then, out of curiosity, I went to the nurse. She realized that it was really a lump and asked permission for me to have a mammogram, because of my age. I was 28 at the time. (E3)*

However, sometimes the discovery occurs after the patient already has several signs and symptoms:

> *It was the shortness of breath, the loss of voice, and the difficulty in swallowing. It was all three. I was choking, right!? (E7)*
>
> *I found out because there was a pain in my neck here [points with finger to the spot] and the arm had a numbness, it felt like there was a lump here [points with the finger to the spot] and the lump was under*

the arm. Then the lump was the disease, right!? I went to Belo Horizonte, when I got there, they took it away. (E2)

Other times, the discovery happens after some time of investigation:

I had an abdominal abscess. Then I had surgery on this abscess, it didn't heal. Then I did it again, it didn't heal. In this third surgery, they [surgeons] went deeper, took a tissue sample, and saw that I had bowel cancer. (E5)

The delay in finding cancer can result in the disease getting worse, being diagnosed at a more advanced stage:

I came first here in Diamantina. The doctor saw that it was cancer, but he didn't want to tell me. He didn't speak to me; he only spoke to my family. Then he sent me to Belo Horizonte. But he already knew I had cancer because he didn't even want to move. I went to Belo Horizonte, and they did the exams all right, then it was found and a month after I was participating in the treatment, they performed the stomach surgery. Then, they did it in the femur, in the groin, in the part of the leg that was already hard. Here, there was also a lump [points to a region of the arm], I had to have surgery, and a piece was removed for a biopsy. He did the biopsy and found that it was cancer itself, it was malignant, then he removed it here [points to the same region of the arm]. (E6)

To obtain the diagnosis of cancer, the patient may have to leave their municipality of residence, as shown in the following report:

[...] the biopsy, that's where the city hall people got it for me in Montes Claros. [....] the mammogram and ultrasound, I did it here [in the municipality of residence]. Now, the rest was in Montes Claros (E3).

In the search for a diagnosis, patients can also report financial expenses, through the payment of consultations and exams, as shown in the speech:

Difficulty eating was choking and voice. So, I went to the doctor. He referred me to a specialist. [...] I paid for the doctor's consultation and the biopsy she did [...]. I was paying for the consultations, but I couldn't take them anymore, because these consultations are very expensive. Then she [the doctor] referred me to Belo Horizonte, through SUS. (E7)

The news of the discovery of another malignant tumor during cancer treatment can be impacted the patient:

I had chemotherapy, then I had surgery and went to radiotherapy. When I was having radiotherapy, I discovered another cancer. [...] We started all over again. (E3)

Upon receiving the cancer diagnosis, the cancer patient may report different feelings, often translated as fear and distress, as reported below:

I got scared! Because the doctor said I had throat cancer and my voice was failing! (E7) It is remarkable, it is still remarkable when you receive the news that you have a disease that many people lost their lives because of it, you know!? [...] sometimes it scares a little. (E5)

Therefore, it is clear that the process of cancer discovery occurred in different ways. This moment of fragility, in which the cancer patient can experience negative feelings, indicates the need for support.

Interpersonal support at the time of cancer diagnosis.

In interpersonal relationships, the family plays a large role at the time of diagnosis. The absence of this support can cause anguish and suffering, as shown in the report below:

The doctor said I had cancer and I told my family. [...] Instead of supporting me, they came to my door and made bad comments: 'we are under no obligation to look at you, you can manage on your own. I said: 'Oh my God!' It was a shock for me. [...] if I went after family consideration, I was lost. (E1)

Faced with the diagnosis of cancer, the presence of family members, with emphasis on the role of children, can be significant for cancer patients, being translated into reception and support:

It was my son, wow, he walked all over town [to find a hospital that performed cancer treatment], because they wouldn't accept just anyone. (E2) I have two children, they live with me. [...] I had a lot of support! (E3) The doctor [city where you live] asked for a mammogram. Afterward, I went to Belo Horizonte and stayed at my daughter's house, who supported me at this moment of diagnosis. (E4)

Support from other family members, such as wife and niece, also appeared in the reports of cancer patients at the time of diagnosis:

When I found out I had cancer, it was hard! [...] But my wife was there, supporting me. (E7) I stayed at my niece's house and then I went to the hospital [...]. At my niece's house, they have a car and my nephew took me to the hospital, I didn't have to pay for a taxi. This helped because the money is little, and the family income is just my salary. (E6)

A closer relationship with people who are significant to the patient, such as neighbors and friends, for example, can help to support the diagnosis:

My angel up here [neighbor], I call her my angel, she

> *has an affection for me, she worries about me, you know? When I'm depressed, she says, 'Don't come, for God's sake, don't come with that frown, complaining about life!' [Laughter]. I adore her! (E1) She [friend] actually started helping me from the beginning. [...] she gave me a lot of advice [...] She was a member of the family that I met much later. (E5)*

At the time of cancer discovery, often permeated by uncertainties and anguish, other cancer patients who experience similar situations can also play an important supporting role:

> *I got to know other people, other patients, who helped me as much as possible [...]. (E3)*

The diagnosis of cancer is a moment of fragility. The absence of interpersonal support with a low degree of effectiveness can compromise the patient's condition.

> *[...] what impressed me the most was the family had abandoned me, I felt anguish, and I suffered. I said: 'people, you can't, there isn't a person who suffers that much, what kind of life do I have?' (E1)*

Thus, in the face of the diagnosis of cancer, the importance of interpersonal support is perceived, as it allows reception, listening, and support in different situations.

Discussion

The discovery of cancer appeared in the reports as a process linked to fears and weaknesses, which requires the presence of close people to support the patient. The expansion and innovation in cancer diagnosis methods are evident, with faster, more practical, less invasive, and sometimes more affordable methods[18]. However, access is still far from ideal and the success of the procedures depends on several factors, making it a challenge for the health system to provide effective methods, in addition to being properly indicated and distributed[18]. In addition to the importance of quality and accessibility of methods promptly for diagnosis, professionals, especially physicians, must pay attention to the importance of the diagnosis being made in an empathic, supportive, and humanized way.

In some reports, it was possible to perceive that the diagnosis of cancer occurred late, which may suggest weaknesses in the health care network. In this sense, another research indicated that cancer patients demand agile and effective responses to the diagnosis of cancer, which involves effective and qualified assistance from the health team, development of interdisciplinary continuing education activities, combined with the municipal care network and the patient's particular social support network, in addition to raising awareness among managers of the need to support the demands made in the different spheres of interdisciplinary care for patients and their families[2].

Thus, all factors that contribute to compliance with the cancer treatment law must be considered and valued; because, in addition to influencing the natural history of the disease, they enable early, adequate, and humanized diagnosis and treatment, to improve survival[19], in addition to mitigating the impacts on the quality of life of patients and their families during the stages of diagnosis, treatment, and post-treatment.

In this study, it is noted that the diagnosis of cancer was a delicate moment and linked to feelings of fear and distress. It is understood that there is still prejudice in society regarding cancer, which is known by some as "that disease" and, in certain scenarios, associated with the occurrence of death in a short time. In addition, it is known that there is a relationship between the way the patient is informed and the chances of better acceptance. This statement is in line with a study that demonstrated the importance of how the diagnosis is reported to the patient and family for the acceptance of cancer, also reflecting on the adequacy of reactions in the process of illness and treatment, and consequently on the prognosis[20]. However, many patients surveyed felt that physicians had little ability to communicate this diagnosis, generating a great negative impact on patients and family members[20]. Thus, the importance of empathy and skill in communication is reinforced to carry out a more humanized diagnosis and treatment[14].

Some reports of the participants who participated in this investigation pointed to the experience of a moment of fragility when they discovered cancer. Thus, it is important to highlight that the health professional's attention to the patient and their families must cover, in addition to the biological, the spiritual, ethical, and human dimensions, as guiding principles of care in oncology[21], given vulnerability, not only physical but also existential of that moment.

Given this conception, it is important to invest in the permanent education of professionals who work in the services of the care network, so that they know and become aware of the process of illness and treatment of cancer patients, to improve the care provided. by the interdisciplinary team[2]. Undeniably, the approach must be multi-professional and interdisciplinary, since cancer affects the biopsychosocial situations of the individual and his family[22].

The results of this study show that cancer is a stigmatized disease and feared by some patients. This statement is in line with another research that pointed out that both patients and their families suffer when receiving the diagnosis, as they associate it with the prognosis of death, which produces many negative feelings related to the perception of imminent risk of loss[20]. This involves a lot of anxiety, doubts, and uncertainties[20], making interpersonal support essential to face the disease in a more adequate, satisfactory, and

light way, enhancing the chances of better prognoses related to self-care and better adherence to treatment.

Interpersonal support was perceived by cancer patients who participated in this study as something positive, as it enables welcoming and contributions to face cancer. In line with this view, a study indicated a consensus among cancer patients about the importance attributed to the quality of interpersonal interactions and communication in coping with the disease and treatment, being recognized as a source of comfort, balance, serenity, relief from symptoms and anxieties, which demonstrates the importance of pleasant and welcoming living spaces[23]. Thus, health teams must recognize this factor in the construction of their way of positioning themselves in front of patients and families, considering the stage of life, pain, and suffering experienced[23]. Therefore, the professionals involved must also prioritize self-care, both individually and as a team[23].

It is essential to recognize the need for institutional strategies that encourage the incorporation of professional attitudes that value humanized care, because, otherwise, satisfactory adherence to therapy is impaired and the patient is weakened, which can produce negative emotional impacts on him or her in your family[24].

The appreciation of interpersonal relationships should include from the diagnostic phase to psychosocial rehabilitation, covering all stages of treatment as fundamental elements that collaborate in the coping process[25], including the recognition of the importance of the family, professionals, and patients who are passing through or have already gone through similar situations, in addition to neighbors, co-workers, friends, social organizations and the various sectors of the municipal care network, according to the particular characteristics and demands of each case.

In addition, cancer therapies have a variety of physical and emotional consequences for patients, requiring them to restructure and build strategies for self-care and coping with the stage of the life cycle experienced, creating technologies of care and self-care sustained by sociability[26].

In view of both the results of this study and the findings in the literature that corroborate them, it is understood that this interdisciplinary care must be based on the biopsychosocial and spiritual perspective, to stimulate and strengthen welcoming, satisfying, and emancipatory interpersonal interactions between professional-patient, patient-patient, professional-professional, professional-managers, including family members and the community in this flow of communication, with the patient occupying a central place, to become the first and last target of the search for well-being and health carried out by all these instances of articulation, creating a therapeutic environment in which relationships are recognized and valued.

Given the results obtained, it is believed that the cancer patients who participated in this study, despite experiencing a situation of economic vulnerability, had, in a certain way, and effective interpersonal support network, which functioned as important support at the time of cancer diagnosis.

As a limitation, we can mention the restriction of the universe and the location of the study in a municipality in the interior of the state of Minas Gerais, Brazil, so that, given the socioeconomic and cultural situation of this group, it is not possible to generalize the findings.

Despite this, the findings of this study can help health professionals who care for cancer patients, by recognizing the importance of interpersonal support for their health, and can build dialogue channels that make it possible to understand the life scenario of each patient.

Conclusion

Through this study, it is possible to note how the discovery of cancer occurred and how the presence of close people can affect the cancer patient facing this disease.

Thus, it is expected that this study will help to broaden the view of health professionals in the oncology area of the health-disease process, with recognition of subjectivities, appreciation of patients' perceptions and feelings, and strengthening of their protagonist. In addition, this study can encourage and contribute to news research that identifies and evaluates interpersonal support for cancer patients in other contexts and regions, aiming to broaden the discussion lines.

Conflict of interests

The authors declare that there is no potential conflict of interest.

References

1. Instituto Nacional de Câncer José Alencar Gomes da Silva. ABC do câncer: abordagens básicas para o controle do câncer. 6a ed. rev. atual. Rio de Janeiro: INCA; 2020.
2. Batista DRR, Mattos M, Silva SF. Convivendo com o câncer: do diagnóstico ao tratamento. Rev Enferm UFSM. 2015;5(3):499-510. doi: http://dx.doi.org/10.5902/2179769215709
3. Ramírez-Perdomo CA, Rodríguez-Velez ME, Perdomo-Romero AY. Incerteza antes do diagnóstico do câncer. Texto Contexto Enferm. 2018;27(4):e5040017. doi: http://dx.doi.org/10.1590/0104-07072018005040017
4. Mattias SR, Lima NM, Santos IDL, Pinto KRTF, Bernardy CCF, Sodré TM. Câncer de mama: sentimentos e percepções das mulheres diante do diagnóstico. Rev Fund Care Online. 2018; 10(2):385-90. doi: 10.9789/2175-5361.2018.v10i2.385-390
5. Wakiuchi J, Marcon SS, Oliveira DC, Sales CA. Rebuilding subjectivity from the experience of cancer and its treatment. Rev Bras Enferm. 2019;72(1):125-33. doi: http://dx.doi.org/10.1590/0034-7167-2018-0332
6. Magalhães PAP, Loyola EAC, Dupas G, Borges ML, Paterra TSV, Panobianco MS. O significado das atividades laborais para mulheres jovens com neoplasias da mama. Texto Contexto Enferm. 2020;29:e20180422. doi: http://dx.doi.org/10.1590/1980-265X-TCE-2018-0422
7. Teston EF, Fukumori EFC, Benedetti GMS, Spigolon DN, Costa MAR, Marcon SS. Sentimentos e dificuldades vivenciadas por pacientes oncológicos ao longo dos itinerários diagnóstico e terapêutico. Esc Anna Nery. 2018;22(4):e20180017. doi http://dx.doi.org/10.1590/2177-9465-ean-2018-0017
8. Martins ARB, Ouro TA, Neri M. Compartilhando vivências: contribuição de um grupo de Apoio para mulheres com câncer de mama. Rev SBPH. 2015; 18(1):131-51.
9. Barsaglini RA, Soares BBNS. Impactos de adoecimento de longa duração: experiência de adultos jovens com Leucemia Mieloide Aguda. Ciênc Saúde Colet. 2018;23(2):399-408. doi: http://dx.doi.org/ 10.1590/1413-81232018232.15442017
10. Sarma EA, Kawachi I, Poole EM, Tworoger SS, Giovannucci EL, Fuchs CS, et al. Social integration and survival after diagnosis of colorectal cancer. Cancer. 2018;124(4):833–40. doi: http://dx.doi.org/10.1002/cncr.31117
11. Adam A, Koranteng F. Availability, accessibility, and impact of social support on breast cancer treatment among breast cancer patients in Kumasi, Ghana: A qualitative study. PLoS One. 2020;15(4):e0231691. doi: https://doi.org/10.1371/journal.pone.0231691
12. Wondimagegnehu A, Abebe W, Abraha A, Teferra S. Depression and social support among breast cancer patients in Addis Ababa, Ethiopia. BMC Cancer. 2019;19:836. doi: https://doi.org/10.1186/s12885-019-6007-4
13. Suwankhong D, Liamputtong P. Physical and Emotional Experiences of Chemotherapy: a Qualitative Study among Women with Breast Cancer in Southern Thailand. Asian Pac J Cancer Prev. 2018;19(2):521-8. doi: http://dx.doi.org/10.22034/APJCP.2018.19.2.521
14. Formozo GA, Oliveira DC, Costa TL, Gomes AMT. As relações interpessoais no cuidado em saúde: uma aproximação ao problema. Rev enferm UERJ. 2012;20(1):124-7.
15. Fontanella BJB, Luchesi BM, Saidel MGB, Ricas J, Turato ER, Melo DG. Amostragem em pesquisas qualitativas: proposta de procedimentos para constatar saturação teórica. Cad Saúde Pública. 2011;27(2):389-94. doi: https://doi.org/10.1590/S0102-311X2011000200020
16. Fontanella BJB, Ricas J, Turato ER. Amostragem por saturação em pesquisas qualitativas em saúde: contribuições teóricas. Cad Saúde Pública. 2008;24(1):17-27. doi: https://doi.org/10.1590/S0102-311X2008000100003
17. Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(2):77-101.
18. Nascimento FB, Pitta MGR, Rêgo MJBM. Análise dos principais métodos de diagnóstico de câncer de mama como propulsores no processo inovativo. Arq Med. 2015; 29(6):153-9.
19. Oliveira MM, Malta DC, Guauche H, Moura L, Silva GA. Estimativa de pessoas com diagnóstico de câncer no Brasil: dados da Pesquisa Nacional de Saúde, 2013. Rev bras epidemiol. 2015;18(Supl.2):146-57. doi: https://doi.org/10.1590/1980-5497201500060013
20. Costa MCM, Melo CF, Baião DC, Cavalcante AKS. Comunicação de uma má notícia: o diagnóstico de câncer na perspectiva de pacientes e profissionais. Rev enferm UFPE on line. 2017;11(Supl.8):3214-21. doi: 10.5205/reuol.11135-99435-1-ED.1108sup201704
21. Soratto MT, Silva DM, Zugno PI, Daniel R. Espiritualidade e resiliência em pacientes oncológicos. Saude e pesqui. 2016;9(1):53-63. doi: http://dx.doi.org/10.177651/1983-

1870.2016v9n1p53-63

22. Sartori ACN, Basso CS. Câncer de mama: uma breve revisão de literatura. Perspectiva, Erechim. 2019;43(161):7-13.
23. Rennó CSN, Campos CJG. Comunicação interpessoal: valorização pelo paciente oncológico em uma unidade de alta complexidade em oncologia. Rev Min Enferm. 2014;18(1):106-15. doi: http://dx.doi.org/10.5935/1415-2762.20140009
24. Theobald MR, Santos MLM, Andrade SMO, de-Carli AD. Percepções do paciente oncológico sobre o cuidado. Physis. 2016;26(4):1249-69. doi: http://dx.doi.org/10.1590/S0103-73312016000400010
25. Ambrósio DCM, Santos MA. Apoio social à mulher mastectomizada: um estudo de revisão. Ciênc Saúde Colet. 2015;20(3):851-64. doi: http://dx.doi.org/10.1590/1413-81232015203.13482014
26. Oliveira PE, Guimarães SMF. Vivências e práticas de cuidado de mulheres em processo de tratamento de câncer. Ciênc Saúde Colet. 2015;20(7):2211-20. doi: https://doi.org/10.1590/1413-81232015207.18022014