



BELIEFS AND RESILIENCE IN PATIENTS WHO ARE SURVIVORS OF LEUKEMIA

CRENÇAS E RESILIÊNCIA EM PACIENTES SOBREVIVENTES DE LEUCEMIA

CREENCIAS Y RESILIENCIA EN PACIENTES SOBREVIVIENTES DE LEUCEMIA

Dafne Alves Naressi¹, Nara Marilene Oliveira Girardon-Perlini², Isabel Cristina Pacheco van der Sand³, Margrid Beuter⁴, Bruna Vanessa Costa da Rosa⁵

ABSTRACT

Objective: to describe the beliefs of adult patients with diagnosis of leukemia that were considered survivors after bone marrow transplantation, in the perspective of resilience. **Method:** it is a descriptive and exploratory study, with qualitative approach, of case study type, with three patients. The research subjects were three patients. Data collection was through semi-structured interviews, in the period from April to June 2011. Data analysis followed the proposal of Content Analysis. All participants signed a Free and Informed Consent Form, after the research project approved by the Ethics Research Committee from *Universidade Federal de Santa Maria*, CAAE nº 0015.0.243.00-11. **Results:** three categories have emerged: *The beliefs related to illness by leukemia, The facilitator beliefs and The restrictive beliefs of the resilience.* **Conclusion:** we realized how much could be significant for the Nursing practice the knowledge about patients' beliefs related to their diagnosis, treatment and healing. **Descriptors:** Nursing; Psychological Resilience; Neoplasia; Leukemia; Survival.

RESUMO

Objetivo: descrever as crenças de pacientes adultos com diagnóstico de leucemia considerados sobreviventes após transplante de medula óssea, na perspectiva da resiliência. **Método:** estudo descritivo, exploratório, do tipo estudo de caso, de abordagem qualitativa. Os sujeitos da pesquisa foram três pacientes. A coleta de dados foi por meio de entrevista semiestruturada, no período de abril a junho de 2011. A análise dos dados seguiu a proposta de Análise de Conteúdo. Todos os participantes assinaram o Termo de Consentimento Livre e Esclarecido, depois de aprovado o projeto de pesquisa pelo Comitê de Ética em Pesquisa da Universidade Federal de Santa Maria, CAAE nº 0015.0.243.00-11. **Resultados:** três categorias emergiram: *As crenças relacionadas ao adoecimento por leucemia, As crenças facilitadoras e As crenças restritivas da resiliência.* **Conclusão:** percebeu-se o quanto pode ser significativo para a prática de enfermagem o conhecimento acerca das crenças dos pacientes relacionadas ao seu diagnóstico, tratamento e cura. **Descritores:** Enfermagem; Resiliência Psicológica; Neoplasia; Leucemia; Sobrevivência.

RESUMEN

Objetivo: describir las creencias de pacientes adultos con diagnóstico de leucemia considerados sobrevivientes después de trasplante de médula ósea, en la perspectiva de la resiliencia. **Metodología:** estudio descriptivo, exploratorio, de tipo estudio de caso y de abordaje cualitativa. Los sujetos estudiados fueron tres pacientes. La búsqueda de datos se llevó a cabo por medio de entrevistas semiestructuradas, realizadas en el período de abril a junio de 2011. El análisis de datos ha seguido la propuesta de Análisis del Contenido. Todos los participantes firmaron un Consentimiento Informado después de la investigación fue aprobada por el Comité de Ética en Investigación de la *Universidade Federal de Santa Maria*, CAAE 0015.0.243.00-11. **Resultados:** emergieron tres categorías: *Las creencias relacionadas con la enfermedad de leucemia, Las creencias que facilitan y Las que restringen la resiliencia.* **Conclusión:** el conocimiento sobre las creencias de los pacientes en relación a su diagnóstico, tratamiento y cura para la práctica de enfermería pueden ser significativos. **Descriptor:** Enfermería; Resiliencia Psicológica; Neoplasias; Leucemia; Supervivencia.

¹Nurse graduated from *Universidade Federal de Santa Maria/UFSM*. Santa Maria (RS), Brazil. E-mail: dafne.naressi@hotmail.com; ²Nurse, PHD in Nursing, Adjunct Professor of the Nursing Department and of *Programa de Pós-Graduação em Enfermagem* from *Universidade Federal de Santa Maria/PPGENF/UFSM*. Santa Maria (RS), Brazil. E-mail: nara.girardon@gmail.com; ³Nurse, Master in Nursing, Doctorate's Student of the Post-Graduate Program in Health Sciences/*Doutorado Interinstitucional/DINTER "Novas Fronteiras"* UNIFESP/UFRJ/UFSM. Professor of the Nursing Course from CESNORS/UFSM. Palmeira das Missões (RS), Brazil. E-mail: isabelvan@gmail.com; ⁴Nurse, PHD in Nursing, Adjunct Professor of the Nursing Department and of *Programa de Pós-Graduação em Enfermagem* from *Universidade Federal de Santa Maria/PPGENF/UFSM*. Santa Maria (RS), Brazil. margridbeuter@gmail.com; ⁵Nursing Academic, Scholarship Student of Scientific Initiation from FIPE/*Universidade Federal de Santa Maria/UFSM*. Santa Maria (RS), Brazil. E-mail: bruninha_vcr@hotmail.com

INTRODUCTION

Leukemias are malignant neoplastic hematological diseases resulting from unregulated proliferation of hematopoietic cells of the bone marrow, with changes in the maturation and cell apoptosis which occurs commonly during the childhood. Only 20% of cases occur in adults. Among the cancer types, the leukemia in adults presents itself as one of that are covered of non-promising prognosis, when compared to what affects children. The survival in five years is about 40%.¹

The bone marrow transplantation consists of replacing the diseased bone, or loss, by normal cells. The transplantation can be autogenic, when the bone comes from the patient himself, or allogeneic, when it comes from a donor. The transplantation can also be done from precursor cells of bone marrow, obtained from the circulating blood of a donor or from blood of an umbilical cord.²

By completing the oncologic treatment and not presenting cancer manifestations for a time longer than five years, the patient may be considered cured,³ as is the case of who underwent bone marrow transplantation. Notwithstanding the possibility of cure, a diagnosis of leukemia sets up itself in one experience that places in psychoemotional crisis both the patient and its family.

The ability of overcoming adverse situations and of giving a new meaning to life has originated the term resilience. The beliefs of the patient and those shared with family contribute to the resilience, since they influence the way they will act in the face of difficulties, among which is included the illness from cancer. It is noteworthy to note that resilience is a concept originating from Physics and it refers to the ability of a material to absorb energy without suffering permanent or plastic deformation.⁴

People are born with the capacity for resilience, as they are able to develop social competences, skills for solving problems, critical consciousness, autonomy and sense of purpose. However, these capabilities also depend on the environment and relationships which people establish with themselves and others in this context.⁵ Although still little explored in Nursing, the issue has been studied in contexts of people with chronic diseases, family caregivers, and, mainly, in the oncology field.⁶⁻¹⁰

When it comes to cancer, one study aiming to know the meaning assigned by families to this diagnosis in one of its members, has

identified that, in the trajectory of the illness, the cancer means a threat to the family world. Even for those who finished the oncologic treatment and are in stage of remission from the disease or those who are considered cured, the threat persists, relating to the risk of recurrence, with which they must learn to coexist.¹¹

Whereas the individual and its family are an interconnected system in which, mutually, they are influenced and influence each other before the illness, the particular way like each person reacts in the situation will depend, too, how the family unit is positioned against the fact. From this perspective, the mode of coping, and, therefore, the resilience, will be associated to the meanings and beliefs attributed, by them, to the disease and illness. It should be noted that the "belief system of the family is considered the heart and soul of the resilience".^{12:50}

The oncologic treatment can result in lower self-esteem, powerlessness, hopelessness and even leads to depression, embodying a period marked by losses that, coupled with the meanings attributed to the disease, causes suffering and uncertainties, both for the present and the future. In contrast to this perception, the hope for better days, the confidence in the success of therapy and the courage itself, the expectation of healing and overcoming the difficulties of each stage strengthen and enliven both the sick person and its family, reinforcing the beliefs in possibility to complete the treatment, overcome the disease and come back to the life course. From this perspective, the personal beliefs may contribute in how they will act in this trajectory.¹²

Beliefs, in this study, refer to the lenses from which we see the world and they influence what you see or not see and what is done from what is perceived. The belief system encompasses the values, convictions, attitudes, tendencies and assumptions that are mixed to form a set of basic premises that trigger emotional reactions, beyond to inform decisions and guide actions. The facilitator beliefs are those that help the individual to overcome adverse situations that it is living, whereas the restrictive beliefs are those that can hinder this overcoming.¹²

Considering the context of illness by leukemia and the possibility of surviving in the face of the disease, it should be assumed that the beliefs, mainly the facilitators, may influence the occurrence of healing. Thus, having a diagnosis of a serious disease, like cancer, and survive, constitutes itself, often,

in a very significant experience for those who survive.

The term survival can have different meanings, depending on the perspective of each individual, as it is also evidenced with regard to the cancer. Survive/survival/survivor may be related to the acts undertaken for staying alive, no mattering what may happen in the course of the disease, the completion of oncologic therapy for at least two years or the absence of any clinical sign of disease for five years.¹³⁻⁵

The ability of coping and overcoming, which is perceived in people who experience unfavorable and suffering situations, as in the case of individuals with diagnosis of leukemia, is consistent with the concept of resilience. The handiness to deal effectively with the adverse circumstances of illness, surviving in the face of the disease and extracting forces to pursue life, even it is in a different way of the living period earlier of the diagnosis, shows the resilient nature of the survivor of leukemia. Being resilient does not mean the non-existence, minimization or removal of problems and difficulties, but it is when having been faced with an adverse situation, the person, successfully, faced the challenges presented and has been winner.⁵

Often, as a result of its own suffering and impotence sensation for not knowing how to deal with the insecurity, ineffectiveness of the treatment and hopelessness of the patient and its family, the health team departs itself. Although Nursing can experience stressful situations in living with these people, the work in the oncology sector requires preparation for an integral action and with effective care. Thus, beyond to meet the clinical and therapeutic needs, it is essential to strengthen and support the patient and its family, reinforce the beliefs that may promoters of resilience and also seek to reframe the restrictive beliefs.

Placing the resilience as a concept that applies to the process of illness and recovery constitutes itself in challenge and contribution to the Nursing, and furthermore it is a strategy to aggregate knowledge about resilience in oncology.^{6,16} It should be evidenced that contributing to the development of studies that address this perspective is a necessity for the professional practice.

Therefore, for the nursing care in oncology, know the beliefs of people who are survivors of cancer, in this case, leukemia, can constitutes itself in the possibility of broaden the gaze on this issue, including the resilience

as a source of inspiration and guidance for the professional practice, shifting the emphasis from negative beliefs of the disease to the potentialities of people and their families.

From the aforementioned, this study seeks to answer the following questioning: What are the beliefs of adult people who are survivors of leukemia after the bone marrow transplantation? As **objective**, we intend to describe the beliefs of adult patients with diagnosis of leukemia that were considered survivors after bone marrow transplantation, in the perspective of resilience.

METHOD

It is a descriptive and exploratory study, with qualitative approach, of case study type, with three patients who are survivors of leukemia, considered healed after bone marrow transplantation; who perform follow-up with oncologist doctor and / or nurse at the *Centro de Transplante de Medula Óssea* (CTMO) from the *Hospital Universitário de Santa Maria/HUSM*, Rio Grande do Sul / Brazil.

The study participants are male, two married and one divorced. Of these, one had complete higher education and the others had not concluded the elementary school. All of them had children. As for the occupation, one was trader, one was grower and the other one was mason. The ages of the researched were 35, 44 and 52 years old. All of them received marrow from siblings. The transplantation was of the allogeneic type. The survival time ranged from three to nine years.

To locate potential participants, we used two strategies. The first was to talk to the nurse who performed nursing consultations, identifying those who met the inclusion criteria: be a survivor of leukemia and be considered healed after one bone marrow transplantation. These were contacted, informed about the study and invited to answer a survey about the experience of having suffered from leukemia, performed bone marrow transplant and be considered healed. Two individuals were localized.

In the second strategy we sought the list of transplanted patients who were registered in the period from 2003 to 2009 in the Notebook Registry of the CTMO. In this survey, there were 31 entries. Of these, 11 patients were registered like survivors, and three were reported as residents in the city of Santa Maria. We located the medical charts and, of two of them, we got the phone numbers; one agreed to participate in the study and was interviewed in home visit.

Data were collected between April and June 2011 and analyzed by means of content analysis, thematic modality operationally performed in three steps: pre-analysis, material exploration and processing of the results, and interpretation.¹⁷

In the first stage, we took up contact with the material produced during the phase of transcription of the interviews, through exhaustive reading, aiming to the impregnation of the information contained; in the exploration, we performed the categorization of data, when the text suffered cuts and the registration units were grouped based on their thematic affinities; finally, in the phase of interpretation, we sought the comprehension and interpretation of the data, integrating them into the theoretical framework about the issue.¹⁷

The research project was submitted to the Ethics Research Committee - *Comitê de Ética em Pesquisa* (CEP) from *Universidade Federal de Santa Maria* (UFSM), and it was approved in accordance with Opinion CAAE: 0015.0.243.00-11, under Protocol nº 23081.002557/2011-99. All study participants signed a Free and Informed Consent Form (FICF).

RESULTS AND DISCUSSION

The beliefs regarding the illness by leukemia are evidenced in the trajectory of the disease, not restricting to a specific phase of the experience. Although each step represents single dimension of the experience, the meaning attributed to the experience is related to the event as a whole, by expressing itself by way of the person thinking and coping the situation, that is to say, through its beliefs.

♦ Beliefs related to the illness by leukemia

The beliefs related to illness by leukemia help to define how the person will act and react in each phase of treatment, which can be identified from the search by diagnosis until the moment when it is considered healed. The illness experience begins itself with the realization that something strange is happening. Noting that something is different, the person begins to pay attention in itself and tries to understand what is happening. When you realize that what you are feeling is, really, different, ends up worrying and trying to figure out what might be wrong.

At the beginning, I started walking, for example on a slope and I felt a sense of weariness. Each day more and more I got tired. Then I went to a doctor to see what

was happening. They evaluated me and made many types of exams, but they did not find everything. I was hospitalized for 28 days. I was anemic and kept with low platelets. Hence they called an expert... (E2)

In the search for answers, the person meets the medical protocols, by conducting examinations and remaining, often, hospitalized while expects the conclusive outcomes, which can take a time beyond than it has imagined. At the moment in which the diagnosis of leukemia is received, the person suffers the impact of revelation.

I was at Porto Alegre, at the time. Then they told me there that I was this damn disease [...] they hospitalized me and I stayed for treatment. They put me in a little hospital. That's crazy! It was only remedy to soothe the pain. Then I said: that's over! Here my death will be faster. I'm out of here! (E3)

The disclosure of diagnosis, on the one hand, provokes an emotional shock that causes pain and suffering, but, on the other hand, leads to an action which is evident as a result of settings with regard to the situation. Before the diagnosis, whose meaning is related to beliefs about cancer, people perceive themselves dealing with a disease that is difficult to treat and can lead to death.¹⁶

For some people, the disclosure of diagnosis triggers feelings of uncertainty and insecurity that are expressed through weeping and in social isolation. Others react in a different manner, denying, in principle, the reality and discrediting the diagnosis.

At the beginning I did not believe it, I didn't care about it. I didn't believe that I was sick, to the point of not caring about it there. I thought it was all a lie. (E1)

To think that the diagnosis is a lie can express a belief related to yourself, since you do not see yourself as a person vulnerable to illness. This tendency of ignoring highly stressful experiences which are fraught with conflicts is rooted in cultural heritage, because to survive the aftermath of disasters and wars, individuals, historically, are compelled to not thinking about the fact and, therefore, they gain forces to move forward.¹²

Our culture, in a certain way, encourages intolerance to personal suffering, valorizing the ability to not let itself depressed and, stimulating not look back, in order to extract the positive aspects of the experience and, thus, focusing on coping with new challenges.¹²

Another factor that may influence the way a person acts before the diagnosis refers to the time required to assimilate the news, organization of ideas and acceptance of the disease. Thus, faced with a crisis, the individual has two alternatives: one is to get rid of adversity and the other is to sink into it.¹² In this logic, considering how study participants have acted, we can learn that, though giving to the diagnosis a significance of uncertainty about the future, the decision was made in order to take control of the situation and deciding what to do at that particular time.

They didn't want let me out. So I said: yes I'm leaving! I want to leave my corpse in my homeland! I will not staying here! I saw that was not going forward. It was my luck to have come here. I asked a relative to bring me. I spent a night in the Emergency Room and they sent me to there and I started the treatment. (E3)

The capacity to call upon itself the responsibility of the decision emphasizes an internal condition of control and self-protection¹⁶, which is stronger as it notes that its decisions result in something positive, like being immediately met in your demands in the hospital institution. This perception of resolution strengthens the beliefs regarding the ability to control the situation and life, despite illness.

The role of sense of coherence stands out as propellant of resilience, which covers optimism and confidence in the ability to clarify the nature of the problems, so that they seem ordered, predictable and explainable.¹² This characteristic, combined with the ability to solve problems, evidenced by the ability of planning, seeking help and application of critical thinking, configures itself in a resource that favors the overcoming of difficulties.⁶

The confrontation of the problems, by thinking they can be solved, allows the mobilization of resources, including the relational, which are manifested in the bonds of solidarity and, contributes to the resilience.

We arrived at midnight by means of a bus. Then, there was a couple coming here and we met them. We started to talk, saying we were coming here to get interned, we had health problems and we did not know anything. Then they said they were from here, they knew [the HUSM]. On the bus station, they said it was very dangerous to go to the hospital, because we knew nothing, had no buses at that time, only taxi. A son came to pick them up at the bus

station, and they said, 'We'll give you a ride and take you to the hospital'. (E2)

Although cancer, generally, represents a known context of people, it does not seem to occur with leukemia. Information regarding the disease, diagnosis, examinations, treatment and prognosis are, most often, transmitted by professionals who care for patients and also for others who experience similar situations. Based on prior information and in getting others in day by day, the person interprets them, influencing the expectations regarding the course and outcome of illness.

That had to be solved. I was more anxious because it took much time. I guess I did not have much sense of it. This was supposed to be resolved in two or three months. But no, it took a year, almost two years; so I could go home [...] (E1)

The expectation and the need for speedy resolution of the situation can become a source of anxiety, discouragement and frustration.

I thought it was all easy; it would not have so much reaction, so much medication. I thought that soon I would be fine and back to home, working. (E2)

The lack of knowledge related to the disease and, perhaps, the shortage of information can contribute to the strengthening of the beliefs that cancer and leukemia are diseases hard to treat, which can reflect in the capacity to be resilient.

♦ Facilitator beliefs of the resilience

The beliefs and the actions are interdependent, since the first can facilitate or restrict the second, coupled with the fact that the second, and their consequences, can reinforce or modify the first. Among the types of beliefs, it should be highlighted the facilitators, because they increase the options for solving problems.¹²

The way of positive thinking, or the optimism, refers the person to seek, in itself, a power that encourages it to believe in the capacity and possibility to solve problems. It is perceived, in statements, that the optimism is a great ally in the course of disease and treatment, by printing an aura of certainty and confidence on the experienced time.

I think what helped me was to have thought so: nothing will happen wrong. Everything is going to be alright! I think this positive thinking, I would call it of sure thinking. I told you it is like that story on the penalty, sometimes you're watching a soccer game, the penalty happens, and the referee takes the ball and, suddenly, comes you the thinking: this guy will miss that penalty!

The guy hits and misses it, did you understand? That story is like this[...] (E1)

The optimism and the sense of purpose are pointed in the literature as vital factors for the resilience.⁶ People with resilient characteristics face adversity as a challenge and, therefore, assume the posture of winners and, as a result, they become stronger. Optimism and confidence, in a positive outcome, seem to contribute to increased self-esteem, reinforcing the sensation of hope and personal control.

The hope and the interventions that empower it are considered beneficial for the emotional adjustment before oncologic diseases⁹, leading to the elaboration of thoughts related to positive contexts, which assist in the course of the disease, in overcoming the challenges that are presented, by collaborating with the emergence of feelings of achievement.

I thought: tomorrow or later, God willing, I'll get out of here and take care of my children. That was the hope I had and, thanks to God, it was like I thought[...] (E3)

The hope is mobilized by a power that gives meaning to one's life, which may be related to children, family, work or other important dimension to it. The maintenance of hope seems to favor decisions, initiatives and efforts for the overcoming, denoting a facilitator belief of resilience.

I thought of coming home and keep my life, work, fix my house and raise my daughter. I believe that. I had a daughter who was just a few months old[...] I had to take care of her! My thought was to go home. Always I did like this. I've come to perform the treatment exactly for it, so I could go back home relaxed[...] (E1).

The courage and the encouragement needed to live the experience of illness arise, also, from the belief in your own powers, as well as the certainty of being able to count on the support of family members and in the establishment of a trusting relationship with the professionals who work directly in the care.

It was hardness! My children were the people who really helped me; they always had been there and helped me for lifting my head... (E3)

Because nurses guided me, the psychologists also came and said: will happen this; will happen that, but you must not get scared because it is like this. Hence, we'd be more prepared for what would happen, either good or bad. (E2)

At admission, the person is in a different environment and over which it has little control, may feel fragile unstable and with

doubts, which may impair the self-confidence in the possibilities of dealing with the situation. This contributes to seek in its own strengths, in professionals and in people that are significant the subsidies that strengthen and help this subject to understand what is happening and believes that can overcome the illness.

Among the resources for the overcoming, we should cite the hoping to come back to life, the family strengths and the faith.

I clung to my children, to God and my family, who also gave me strengths (E3).

In review of spirituality as coping strategy in situations of serious diseases, it is mentioned that in most articles analyzed the spirituality and religious beliefs are seen as important coping strategies for the promotion of comfort and tranquillity, followed by the support of family, friends and neighbors.¹⁸

In this study it should be evidenced, also, the importance of family support and comprehension of health professionals as allies in the search for the overcoming. The professionals, in addition to clinical care, may contribute to the treatment is performed in such way that the patient has less suffering. The family's reaction before the illness and the meaning attributed to this reaction by the sick person may represent a source of support and stimulation.

I always said to them that I preferred to know about the situation: if something good was happening, they could tell me; if it was bad, that, at least, I knew it was bad. I wanted they tell me everything. (E2)

The interaction of professionals and family members with the sick person can collaborate, through clarification and guidance, in strengthening of confidence and in determination to overcome the adversity of illness, reinforcing the facilitator beliefs.

♦ Restrictive beliefs of the resilience

The peculiar constitution of each individual and its way of thinking and acting in a situation of illness are closely associated with the culture of its social group and interpersonal interactions that occur there, especially in the family ambit.^{5,11,16} Thus, the way of coping the situation experienced, in general, will depend on the socio-cultural norms for which the family is submitted, which will indicate whether or not a particular event is considered a problem. This means to say that if a person reacts in a negative way to the illness and the family also assign a negative meaning, this individual hardly will constitute itself in a source of support that promotes a resilient attitude.

In this sense, the restrictive beliefs contribute to prolong the problems, without finding a solution that is resolute, and increase anxiety and stress. In fact, stress can decrease the possibility of positive consequences and additional stressors tend to increase the impact of other stressors present.¹⁶ So, when people strengthen the restrictive beliefs, they have difficulties to develop positive thoughts, they become vulnerable and, subsequently, more favorable to risks as depression and low self-esteem, since the main feelings that are strengthened are hopelessness and failure.

Whereas the stigma related to cancer as an incurable disease and causing pain and suffering is still prevalent in society, when receive a diagnosis of leukemia and realize the physical commitment in which they are, people, often, feel hopeless, failing to see opportunities for treatment and cure.

I was ashamed of myself, of the people who visited me, because of my thinness. I was horrible and so gaunt. Horrible! Two days after I started doing the chemo, they shaved my hair. I was down. I have a trauma that, if I see a person who shaved his hair ... I do not like to see a person like this... (E3)

The sick people with leukemia are faced with changes in their lives and, sometimes, they are not prepared to deal with them. As, often, they have few subjective resources or even materials to face the changes that occur at a speed over which they have no control, the feelings of vulnerability and powerlessness may restrict thoughts and attitudes that could help them to overcome the event. In some cases, due to illness and treatment, people, for some time, have difficulty in recognizing themselves, mainly in physical viewpoint, which undermines their self-esteem and self-confidence.

When people realize that their actions are useless and what is done has no effective result, they cease to take initiatives and become passive, dependent and hopelessness. Low self-esteem, feelings of failure and fragility increase the likelihood of coping mechanisms are ineffective.¹²

Besides the difficulties experienced as a result of illness and treatment, the sick person may need to deal with adverse situations and also causing suffering, like the ones arising from family crisis. Given the circumstances of this nature, the restrictive beliefs are enhanced

I have three children. The wife, at the time of illness, went away and left the children here, alone. I was hospitalized. Then I went

down because of it. We were happy, it was 14 years together. When my family figured it out, the despair emerged. They thought I would die. My two older guys got so sad. (E3)

The impact of illness and changes in family environment depend on how the family was structured and how it works. Some families, before difficult situations, become united and mobilize themselves to support and meet the needs of the sick family member during the treatment. Such attitudes strengthen them. Others, who appear to be unstable in their structures, may have the conflicts and the weaknesses exacerbated, making them explicit, and completely destabilizing themselves, which, in its turn, creates more problems and suffering to the sick person. Situations of threat to the integrity and well-being of the family can also collaborate to strengthen the restrictive beliefs of the resilience.¹²

FINAL REMARKS

The beliefs of adult patients with diagnosis of leukemia that are considered survivors after bone marrow transplantation, with regard to illness are related to the diagnosis, the available resources for coping the situation and the possibility of overcoming the disease. These beliefs are associated with the cultural meaning attributed to cancer as an incurable disease, which leads to pain, suffering and death. This way of thinking, which expresses restrictive beliefs of the resilience, can contribute for that the difficulties arising from the execution of the treatment become obstacles to its completion.

Furthermore, the conception that the reality of the illness can be overcome, that there are resources for the treatment and healing for leukemia, associated with the internal mood to solve problems, refers to a set of facilitator beliefs of the resilience, which favor confidence and mobilize the capacity of overcoming in the face of challenges and difficulties.

It should also be perceived that the confidence in the family support and health professionals during the illness reinforces the certainty in overcoming. The hope that life will come back to what it was before the illness and the existence of a personal objective for achieve the recovery, either the children or the family, are also elements that strengthen the belief in overcoming the illness and contribute for the resilience.

Based on the results obtained in this study, it should be highlighted that the knowledge of

patients' beliefs, related to their diagnosis, treatment and healing, can be significant for Nursing practice, since it should be directed the actions of care, in order to help the strengthening of facilitator beliefs and promotion of the resilience.

Nonetheless, considering the number of participants as one of the limits of this study, it is noteworthy to note that the considerations presented here are representative of the sample and the context in which the research was conducted, lacking other studies that allow to broaden the discussion on resilience in Nursing and, particularly, in oncology.

REFERENCES

1. Falcão PR, Martins RLS. Leucemia linfóide aguda do adulto. In: Prado CF, Ramos AI, Valle RJ. Atualização terapêutica. 20 ed. São Paulo: Artes Médicas; 2001. p.661-6.
2. Instituto Nacional de Câncer. Ações de Enfermagem para o Controle do Câncer: uma proposta de integração ensino-serviço. 3 ed. Rio de Janeiro: Inca; 2008.
3. Muniz RM, Zago MMF, Schwartz E. As teias da sobrevivência oncológica: com a vida de novo. Texto e contexto - enferm [Internet]. 2009 Mar [cited 2011 Oct 02];18(1):25-32. Available from: <http://www.scielo.br/pdf/tce/v18n1/v18n1a03.pdf>
4. Tavares J. Resiliência e Educação. São Paulo: Cortez; 2001.
5. Silva MRSda, Lunardi VL, Lunardi Filho WD, Tavares KO. Resiliência e Promoção da Saúde. Texto e contexto - enferm [Internet]. 2005 Dec [cited 2012 Apr 24];14(n.spe):95-102. Available from: <http://www.scielo.br/pdf/tce/v14nspe/a11v14nspe.pdf>
6. Kline NE. Editorial. J Pediatr Nurs Oncol [Internet]. 2010 Mar/Apr [cited 2011 Oct 02];27(2):63. Available from: <http://jpo.sagepub.com/content/27/2/63.full.pdf>
7. Tavares BC et al. Resiliência de pessoas com *Diabetes Mellitus*. Texto contexto - enferm [Internet]. 2011 Oct/Dec [cited 2011 Oct 02];20(4):751-57. Available from: http://www.scielo.br/scielo.php?pid=S0104-07072011000400014&script=sci_arttext
8. Gaioli CCLO, Furegato ARF, Santos JLF. Perfil de cuidadores de idosos com doença de Alzheimer associado à resiliência. Texto contexto - enferm [Internet]. 2012 Jan/Mar [cited 2011 Oct 02];21(1):150-57. Available from:
9. Costanzo ES, Ryff CD, Singer BH. Psychosocial adjustment among cancer survivors: findings from a national survey of health and well-being. Health Psychol [Internet]. 2009 Mar [cited 2011 Oct 02];28(2):147-56. Available from: <http://aging.wisc.edu/pdfs/2492.pdf>
10. Ho SM, Ho JW, Bonanno GA, Chu AT, Chan EM. Hopefulness predicts resilience after hereditary colorectal cancer genetic testing: a prospective outcome trajectories study. BMC Cancer [Internet]. 2010 Jun [cited 2011 Oct 02];10(279):[about 10 p.]. Available from: <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2891641/pdf/1471-2407-10-279.pdf>
11. Girardon-Perlini NMO. Cuidando para manter o mundo da família amparado: a experiência da família rural frente ao câncer [Tese]. São Paulo (SP): Escola de Enfermagem da USP; 2009.
12. Walsh F. Fortalecendo a resiliência familiar. São Paulo: Roca; 2005.
13. Guerra MR et al. Sobrevida de cinco anos e fatores prognósticos em coorte de pacientes com câncer de mama assistidas em Juiz de Fora, Minas Gerais, Brasil. Cad Saúde Pública [Internet]. 2009 Nov [cited 2011 Oct 02];25(11):2455-66. Available from: <http://www.scielo.br/pdf/csp/v25n11/15.pdf>
14. Ortiz MCA, Lima RAG. Experiências de familiares de crianças e adolescentes, após o término do tratamento contra câncer: subsídios para o cuidado de enfermagem. Rev Latino-Am Enfermagem on line [Internet]. 2007 May/Jun [cited 2011 Oct 02];15(3):411-17. Available from: http://www.scielo.br/pdf/rlae/v15n3/pt_v15n3a08.pdf
15. Mendonça GAS, Silva AM, Caula WM. Características tumorais e sobrevida de cinco anos em pacientes com câncer de mama admitidas no Instituto Nacional de Câncer, Rio de Janeiro, Brasil. Cad Saúde Pública [Internet]. 2004 Sept/Oct [cited 2012 Mar 03];20(5):1232-39. Available from: <http://www.scielo.br/pdf/csp/v20n5/17.pdf>
16. Sória DAC, Bittencourt AR, Menezes MFB de, Sousa CAC de, Souza SR de. Resilience and oncology nursing. Acta paul enferm [Internet]. 2009 Oct [cited 2012 Apr 24];22(5):702-6. Available from: <http://www.scielo.br/pdf/ape/v22n5/17.pdf>
17. Minayo MCS. O desafio de conhecimento: pesquisa qualitativa em saúde. 10 edição. Rio de Janeiro. Editora Hucitec; 2007.

Naressi DA, Girardon-Perlini NMO, Sand ICP et al.

Beliefs and resilience in patients who are...

18. Balduino LSC, Liberato SMD, Torres GV et al. Spirituality, coping and nursing: an integrative literature review. J Nurs UFPE on line [Internet]. 2011 Mar/Apr [cited 2012 June 12];5(spe):481-88. Available from: http://www.ufpe.br/revistaenfermagem/index.php/revista/article/view/1737/pdf_456

Submission: 2012/08/01

Accepted: 2012/11/01

Publishing: 2013/01/01

Corresponding Address

Nara Marilene Oliveira Girardon-Perlini
Universidade Federal de Santa Maria
Departamento de Enfermagem
Av. Roraima, 1000
Prédio 26 – Cidade Universitária
Bairro Camobi
CEP: 97105-900 – Santa Maria (RS), Brazil