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OPEN HEART SURGERY

BOONLEE SRISUWATTANASAKUL : COPING WITH UNCERTAINTY IN PATIENTS  
BEFORE OPEN HEART SURGERY. THESIS ADVISORS : SAIPIN GASEMGITVATANA,D.N.S.,  
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The preoperative period with open heart surgery is considered to be stressful, influenced by uncertainty about the impending procedure. The feeling is unpleasant, and may impact on patients' coping. Thus, the researcher is interested in describing uncertainty in illness and coping in patients before open heart surgery, and examining the relationships between education level, severity of illness, length of time waiting for surgery, uncertainty in illness and coping in patients before open heart surgery. Mishel Uncertainty in Illness model and Lazarus&Folkman Stress and Coping model were used as the conceptual framework for this study. A purposive sample including 80 patients before open heart surgery was obtained from the Cardiac-Surgical In-Patient Departments at Siriraj, Rajavithi, Central Chest and Chulalongkorn hospitals during 25 April to 16 June 1998. The volunteer subjects were asked to complete three data collection instruments : a Demographic Questionnaire, the Mishel Uncertainty in Illness scale, and the Jalowiec Coping scale. Data were analyzed by frequency, percentage, arithmetic mean, standard deviation and Pearson's Product Moment Correlation coefficient.

The results were as follows:

1. The subjects exhibited a rather high level of uncertainty in illness and a rather low level of coping.
2. Education level was found to be positively correlated with confrontive coping ( $r=.440$ ,  $p<.01$ ) but negatively correlated with palliative and emotive coping ( $r=-.549$  and  $-.303$ ,  $p<.01$  respectively).
3. Severity of illness was found to be negatively correlated only with confrontive coping ( $r=-.356$ ,  $p<.01$ )
4. Length of time waiting for surgery was found to be positively correlated only with palliative coping ( $r=.238$ ,  $p<.05$ ).
5. Uncertainty in illness was found to be positively correlated with palliative and emotive coping ( $r=.387$  and  $.521$ ,  $p<.01$  respectively) but negatively correlated with confrontive coping ( $r=-.344$ ,  $p<.01$ ).

Consequently, it is recommended that nurses arrange activities to reduce uncertainty in illness and take into account the education level of the patient, severity of illness and length of time waiting for surgery when advising them in order to support effective coping.