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PONGPAK PITTAYAPAN: THE PROCESS OF STRESS APPRAISAL, COPING AND ADAPTA-TIONAL OUTCOMES IN CERVICAL CANCER PATIENTS DURING RADIOTHERAPY. THESIS ADVISOR: SOMCHIT HANUCHARURNKUL, Ph.D., TASSANA BOONTONG, Ed.D., PIRAT TEPMONGKOL, M.D., YUPAPIN SIRAPO-NGAM, D.S.N. 156 p. ISBN 974-662-241-2

Stress seems to be a significant problem found among cervical cancer patients during radiotherapy but there is limited data concerning the process of stress appraisal and coping with illness during radiotherapy in this group. The purpose of this study was to investigate: 1) the process of stress appraisal, coping and adaptational outcomes in cervical cancer patients during radiotherapy, and 2) the cause and effect of coping strategies on adapational outcomes. The Lazarus and Folkman stress, appraisal, and coping model was used as a framework for this study. Sixty cervical cancer patients were studied at three points in time whilst receiving radiotherapy.

The findings of this Stress Appraisal study highlight six categories of stressful encounters: Cancer, Role performance, Symptom distress, Radium insertion, Treatment fee, and Travel. These encounters were of different important to patients in each time period; In Time1, Cancer was most important, in Time2, Treatment fee and in Time3, Symptom distress. In primary appraisal it was found that patients suffered differing stressful experiences, which changed over the three time periods. These experiences were: Time1, Challenge, Time2, Threat, and Time3, Loss. When tested with Freidman's test, it was found that experiences changed significantly (p < .05). In secondary appraisal it was found that the patients have moderate options or resources over the three time periods. Coping efforts in each time period were shown in the following order: Situational control, Optimistic, Spiritual, Social support, and Passive acceptance. Significant changes in Situational control coping strategies were evident when tested with Repeated Measure ANOVA (p < .05). Effectiveness of adaptational outcomes exhibited an ordered consistency in each time period, and were as follows: Somatic health, Social functioning, and Morale. All three outcomes decreased with the passing of time. Significant changes were noticed in all of the three outcomes and total outcomes when tested with Repeated Measure ANOVA (p<.05). The analysis of cause and effect showed that: 1) Situation control coping strategies predict adaptive adaptational outcomes, 2) Passive coping strategies predict maladptive adaptational outcomes, and 3) adaptational outcomes predict Optimistic coping strategies.

Results of this study suggest that in meeting the changing needs of patients, nurses should assess stress and coping during each time period. Empowerment programmes should be developed within oncological nursing services. Appropriate informations, collaboration and choice must be provided for these patients in order to help them gain situational control and decrease passive acceptance behavior, both of which lead to adaptive adaptational outcomes.