INTRODUCTION / BACKGROUND

Breast cancer is the most common cancer in women worldwide and is related to poor quality life and emotional distress (Seib et al., 2018). Factors which impact health after breast cancer include: appraisal, coping, and resources (Al-Azri et al., 2009; Drageset, et al., 2016; Yun, et al., 2017). This presentation focuses on: application of Lazarus and Folkman’s stress appraisal coping framework in a study of early stage breast cancer women; importance of utilizing theory in nursing research; and implications of stress appraisal coping theory for advancing nursing research and evidence-based practice.

RESEARCH UTILIZING THEORY

--Research utilizing stress appraisal coping theory and frameworks has generated a body of evidence-based knowledge for nursing practice on coping strategies, adaptation to illness/disease, and health behaviors.
--Breast cancer is a stressor which affects health and other outcomes. Appraisal, coping and resources can impact health.
--Continued use and evaluation of theories contributes to theoretical extensions and modifications.
--Using theory to guide research helps identify coping patterns which work and resources which promote health.

LAZARUS AND FOLKMAN’S THEORETICAL FRAMEWORK

Lazarus and Folkman’s stress appraisal coping framework guided the study.
--Individuals’ responses to breast cancer are influenced by their subjective appraisals of the situation and current coping. Resources strengthen individuals against perceived harmful losses/threats related to the breast cancer situation. Appraisal, coping, resources impact health outcomes.
--Primary appraisal is judgement about the significance of breast cancer as stressful, positive, challenging, benign, or irrelevant. Secondary appraisal is the assessment of coping options and resources and what can be done about the situation. Primary and secondary appraisals are mediated by coping strategies (Lazarus & Folkman, 1984).

RESULTS: COPING AND HEALTH

--Coping used: staying active/working; prayer; changing/growing; planning; sharing feelings; seeking advice; acceptance; learning new things; changing risky lifestyle behaviors; becoming closer to family.
--Resources used: social supports; religion/spirituality; cultural practices; maintaining independence; finances; goals; feeling in control; healthier lifestyles (reduced caffeine/alcohol; quit smoking; exercising; regular breast care including mammograms/Breast Self Examination).
--African American women used more distancing coping, had less tension-anxiety (t=-2.56, p=.014), less confusion-bewilderment (t=-2.27, p=.028), more vigor (t=4.47, p<.001) and less total mood disturbance (t=-3.22) than Caucasians. African American women had more support from their church/stronger faith than Caucasian women. Hispanic women reported fatigue and uncertainty.

RESULTS: APPRAISAL

--Perceived causes of breast cancer included: poor eating habits; eating too much meat; not caring for oneself; taking estrogen; stress; breast injury.
--Breast cancer was appraised as a challenging experience with harmful losses.
--African Americans had more beneficial-positive appraisals of breast cancer than Caucasians (t=2.80, p=.008).

CONCLUSIONS / IMPLICATIONS

Women used positive and negative appraisals, a variety of coping strategies and resources to promote health. African American women had more beneficial-positive appraisals and better emotional health than Caucasian women. Implications focus on educating women about positive appraisals, helpful coping strategies, resources, healthy lifestyles since they can affect health.

The theoretical framework provides guidance for promoting health of women through reappraisal of the breast cancer situation, lifestyle changes, and developing evidence-based interventions.

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