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Coping with What, When, Where, How — and So What?

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Concepts such as coping and adaptation are key elements in our nursing work — particularly since our goal is to work with people to improve their health. We face constantly the challenge of understanding people's behaviour and finding ways to help them as they live with illness situations and/or seek to improve their health. Richard Lazarus (1993) introduced a fundamental change in how we define coping and in how we should pursue coping research. He conceives coping behaviour as a process that changes over the course of a situation. Coping behaviour is dependent on the meaning of the event, the context, and the goals of the person in the situation. I believe that nurses find a "good fit" in the Lazarus emphasis on the *process* of coping. Our values and experience are consistent with his lack of *a priori* judgement about what is "appropriate" or "effective" coping. The fundamental questions in research about stress, coping, and adaptation are "coping with what?", "when?", "in what context?", "how?", and "with what outcome?". Nurse researchers must also ask questions about which nursing approaches are effective in helping people to cope in ways that enable them to achieve health.

Nurses have had a significant focus on coping and adaptation research for nearly two decades. The concepts of stressful situations, coping behaviours, influencing factors, coping outcomes, and the relationships among them are complex. Their investigation demands conceptual clarity and sophisticated research methods. Jalowiec (1993) and Rice (1993) conducted extensive reviews of nurses' research on stress and coping. They reached the following conclusions: most research has been descriptive and correlational in design; research questions commonly lack specificity in relation to the stressful event; studies often do not make links between the coping behaviours examined and the outcomes of those behaviours. They reported that most studies were based on Lazarus and Folkman's (1984) theoretical perspective of stress and coping, but very few were designed in ways consistent with that frame-

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work — for example, very few studies have longitudinal designs. Lazarus (1993) raises similar concerns about psychologists' and others' research. Browne, Byrne, Roberts, and Sword (1994) discuss many of these problems and pose some tantalizing suggestions for their solutions.

The question "coping with what?" is the particular focus of Hilton's (1994) Uncertainty Stress Scale. Other authors have focused on the context of coping, placing most emphasis on personal psychological variables that influence either the individual's appraisal of the stressful event, the coping strategies, or the outcomes of interest. These psychological variables include hopefulness, perceptions of self-efficacy or perfectionism, and coping resources of mastery and health and esteem and communication. Hirth and Stewart (1994) and Snowdon, Cameron, and Dunham (1994) also examined the influence of external or situational resources such as social support. The findings of all these studies illustrate the impact of a multitude of factors on all phases of the stress and coping process. For example, it is clear that we must carefully examine the meaning or appraisal of the situation and the factors influencing that appraisal. Hilton reports differences in uncertainty scores depending on the nature of the situation and the individual's stage in the illness trajectory. Snowdon et al. report that the actual demands of the child's illness or behaviour did not influence outcomes in any significant way. While all these authors raise important questions about appropriate interventions to assist people who are coping with stressful situations, there are very few studies that have assessed the effectiveness of nursing approaches to helping.

Many challenges in stress and coping research remain. Despite the many studies reported, we continue to know relatively little. How do appraisals of health or illness situations change over time and across situations? What is the influence of personal or situational factors on coping behaviour or outcomes? How does coping behaviour change throughout a stressful situation, across situations, with development? What types of nursing approaches are effective in helping people in stressful situations? And, most importantly, do any of these issues make a difference in the individual's, family's, or group's "adaptation"?

Indeed, we have not really clarified what it is we mean by "adaptation." Duffy (1987) challenges our concept of adaptation as a "benchmark of health." She raises important, and unsettling, questions that are similar to those Browne et al. (1994) raise. Duffy states, "Adaptation is a patriarchal mechanism for controlling society, because the group in control defines the norms. Adaptation is what the controlling group

says it is" (p. 186). I am reminded of an early mentor's view of children's and their families' behaviour in the difficult illness situations they faced. In response to health professionals' complaints or worries about "abnormal" behaviour, he always replied: "This is normal behaviour in an abnormal situation. Now, what can we do to help with the situation?" Duffy proposes that we extend our visions, go beyond setting a goal of adaptation as homeostasis, and adopt a transcendence model. The goal in such a model "is to transform the prevailing norms so that transformations are not limited by implicit rules, sociocultural values, or laws of the community" (pp. 188–189). What *is* the "outcome" of interest in coping research? For O'Brien and Page (1994) and Snowdon et al. (1994), the outcome is "satisfaction"; for Hirth and Stewart (1994), it is the individual's assessment of "coping effectiveness." Are these the most important outcomes that nurses should measure? Would the relevant outcomes be different for different disciplines? How shall we decide what outcomes are relevant? Folkman (1991) proposes a solution that includes assessing both relevant outcomes and the "goodness of fit" between "(a) the person's appraisal of what is going on (primary appraisal) and what is actually going on, (b) the person's appraisal of coping options (secondary appraisal) and what the options actually are, and (c) the fit between the options for coping and actual coping processes" (p. 15). That solution adds another dimension to the complexity of research design in the area of coping and adaptation.

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