

GUEST EDITORIAL

Coping, Adaptation, and Nursing: What Is the Future?

Judith A. Ritchie

Once again, it has been a pleasure to work with Dr. Laurie Gottlieb, whose knowledge, challenging questions, and creativity contribute so much to this journal. I want to thank Joanna Toti for her skills and her patience with my particular coping strategies! As the call for manuscripts for this issue went out, I wondered what trends in coping and adaptation the manuscripts submitted would reveal. I was not disappointed. This year, all but one of the submissions used qualitative methods, and most of the manuscripts accepted for this issue elicited information from participants over at least two encounters and for as long as 2 years. The studies represented here reflect to some extent the changing knowledge base in coping and adaptation. The issues of the day in this field of research include the discoveries related to the "mind-body" connection, issues of controllability of stressful situations, and the need for innovation in research methods. In my view, nursing, as a practice discipline, should also be considering the "so what?" question: What difference will this knowledge make in our practice and in the outcomes of the people, families, and communities with whom we work?

The field of stress and coping is awash in controversy, resulting, in part, from rapid advances in science. The advances in the science of mind-body connections have major implications for nurses. With more firmly established knowledge about the determinants of health, we have become more alert to the complexity of human function. Advances in neurophysiology and brain imaging have begun to yield new insights into potential additional explanations for the variations in people's differing responses and outcomes in various situations. We have much more evidence now of the impacts of psychosocial situations and our interpretations of and responses to them on brain, immune, and other physiological functions. Huether (1996), for example, has reviewed the research bases that illustrate that the human brain is much more plastic than previously believed, the importance of

early experiences and acquisition of coping strategies, and perception of controllability of events. The centrality of controllability to health outcomes was first raised as a hypothesis in the Whitehall studies (Marmot, 1994). This complexity has led to calls for interdisciplinary work in the field, and, while Lazarus (1999) has raised serious questions about the usefulness of bringing the various perspectives together, others disagree. For example, McEwen (2001) states: "The influence of the social and physical environment on the physical and mental health of individual and groups of people can only be understood by the collective efforts of many disciplines." What will be the contribution of nursing to a multidisciplinary effort in this arena? Dr. B. Gottlieb's Discourse helps us to ponder the current issues and questions in this field.

Nursing is an applied discipline that claims a holistic approach and attention to biopsychosocial and spiritual concepts. We often have opportunities for longitudinal encounters with people, their families, and their communities. Given our strengths of enabling people to learn and develop within or to find ways of changing their situation, we have much to offer the research on stress and coping. Adding the biological to our conceptualization and moving to more intervention research in this arena could bring important insights that will extend the understandings of the linkages between the meaning of stressful events, the usefulness of various types of coping strategies, and the health outcomes. Dr. K. Dracup's Designer's Corner helps us to consider the issues of broadening our designs to include biopsychosocial issues.

In relation to methods, Lazarus has for many years called for more innovative methods in the study of stress and coping. Recently, he reiterated his critique and called for studies that are more holistic in their approach, include longitudinal or prospective designs, and include additional methods, such as narratives, to enable more in-depth understandings (Lazarus, 2000). The papers in this issue represent a move in this direction. Drummond and colleagues call for more complex and multi-method approaches, in particular adding "strategic reflective narrative inquiry" to their more quantitative approaches to developing predictive models. Valkenier, Hayes, and McElheran, Kushner and Harrison, and Werezak and Stewart all used such in-depth approaches and longitudinal designs to describe or develop a conceptualization of the situation in which they are interested. Their studies provide important insights into common experiences for nurses.

The situations that are the focus of the studies presented in this issue are increasingly common. Issues of power and controllability are

central to situations encountered by the participants in these studies. The findings expand our vision beyond the understandings we gain in our individual lives. They raise important questions about the potential for changing policies that often present more challenges for people rather than facilitating their coping in difficult circumstances. In all cases, however, we need to ask what is next. How do we use this knowledge to move beyond understanding to the stage in which we are able to find ways of working with people so as to enhance their health outcomes?

The papers in this issue reflect the challenges extant in today's society in the developed world. The issues are related to living with the imbalances in power relationships both at home and at work (Kushner & Harrison), the challenges of in-home respite (Valkenier, Hayes, & McElheran), the early symptoms of dementia (Werezak & Stewart), and the challenges faced by families with young children. In all cases, controllability, the need for diverse coping strategies and resources, and, potentially, major health impacts, are relevant. The challenges in Drummond and colleagues' research program highlight the issues of the complexity of human behaviour within and across situations. It is those complexities that nurses face every day in practice. It seems clear that new and more comprehensive approaches are needed. In Canada, we are fortunate that the Canadian Institutes of Health Research present us with new opportunities for research funding in complex areas requiring multiple perspectives. Dr. D. Alcock's overview of our roles and opportunities with the Institutes provides us with some strategies to consider as we move forward. As we grapple with new approaches to research and developing new multidisciplinary teams of researchers in this area, the potential for important advances to guide our practice is great.

References

- Huether, G. (1996). The central adaptation syndrome: Psychosocial stress as a trigger for adaptive modifications of brain structure and brain function. *Progress in Neurobiology*, 48, 569–612.
- Lazarus, R. S. (1999). Epistemology and metatheory. In R. S. Lazarus, *Stress and emotion: A new synthesis* (pp. 3–23). New York: Springer.
- Lazarus, R. S. (2000). Toward better research on stress and coping. *American Psychologist*, 55, 665–673.
- Marmot, M. G. (1994). Social differentials in health within and between populations. *Daedalus*, 12(4), 197–216.
- McEwen, B. S. (2001). From molecules to mind: Stress, individual differences, and the social environment. In A. R. Damasio & A. Harrington (Eds.),

Guest Editorial

Unity of knowledge: The convergence of natural and human sciences. Annals of the New York Academy of Sciences (Vol. 935, pp. 42–49). New York: New York Academy of Sciences.

Judith A. Ritchie, N, PhD, is Associate Director for Nursing Research, McGill University Health Centre, Montreal, Quebec, Canada.