

**COPING WITH COLORECTAL CANCER
AND THE CREATION OF A COLOSTOMY
IN THE THAI CONTEXT**

by

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Abstract

The number of patients who suffer from colorectal cancer in Thailand has increased during the last three decades as a result of the change to a Western-style diet. Due to many patients presenting at a late stage and the location of tumours in the rectum, patients have a higher probability of needing a colostomy. This study explores the experiences, coping strategies and the factors that influence coping strategies over a six-month period in a group of Thai colorectal cancer patients who have a colostomy.

The conceptual framework used in this study was based on the Moos and Schaefer conceptual model of the stress and coping process. A case study methodology was employed to collect both quantitative and qualitative data from eleven participants at three points in time: within one month after the operation to create a colostomy, three months and six months after the operation. Data were collected from structured interviews, which followed the Coping Responses Inventory (CRI), the Ostomy Adjustment Scale (OAS), the Personal Resources Questionnaire 2000 (PRQ 2000), the Life Orientation Test-Revised (LOT-R), and the Functional Assessment Cancer Therapy-Colon (FACT-C). These data provided information on the participants' levels of coping strategies, adjustment to a colostomy, social support, optimism and quality of life. In-depth interviews with open-ended questions provided a deeper understanding of the participants' experiences in relation to their colostomy.

Findings from quantitative data showed statistically significant changes in the participants' quality of life over time, particularly in their physical and functional well-being. An examination of the coping focus used (approach and avoidance) indicated that participants utilised both approach and avoidance coping at the same time, although approach coping was more common. Changes in the most frequently and the least frequently used coping subtypes at six months after the operation were observed. Correlation tests showed various relationships between the levels of quality of life domains and coping subtypes as time passed. Multidimensional scaling procedures uncovered a consistent pattern of coping which involved 'problem solving' and 'seeking

guidance and support'. Six major qualitative themes emerged through content analysis of the in-depth interview data. The themes described how participants' psychological and emotional concerns changed over time; the steady improvements in physical health after the operation; the difficulties of adjusting to life with a stoma; facing up to the reality of the new circumstances; the spiritual aspects of their lives; and the level of social support experienced. Religious beliefs such as the 'Law of Karma', as well as a variety of religious rituals and other practices such as Buddhist chanting and "making merit" played important roles in coping. The findings from the quantitative and qualitative data were used in a complementary and confirmatory manner to provide a richer understanding of the participants' experiences as they coped with this life changing event.

The findings of the study are significant as they provide important indicators for improvements in nursing service, particularly the development of nursing procedures to enhance the psychological aspects of care. In addition, they offer important indicators for improvement of the nursing curriculum and directions for further research in Thai culture and the health care system.

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