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# The Effects of Sense of Coherence, Demands of Illness, and Social Support on Quality of Life After Surgery in Patients With Gastrointestinal Tract Cancer

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**C**ancer has been the leading cause of death in Japan since 1981. In 2005, the death rate for cancer was 258.3 people per 100,000, accounting for 30% of the total number of deaths (Health and Welfare Statistics Association, 2007). Gastrointestinal tract cancer has been a major threat to the Japanese population. In terms of mortality rankings of cancer sites in 2005, lung was the leading site for men, followed by stomach, liver, colon, rectum, and pancreas. The leading site for women was stomach. When colon and rectal cancers were combined, the death rate was higher than that for stomach (Health and Welfare Statistics Association).

Having cancer is a life-threatening event and an existential plight. However, patients can adapt to a cancer diagnosis at some point. A literature review of multidimensional quality of life (QOL) among long-term (five years or longer) adult cancer survivors showed that they experienced good to excellent QOL (Bloom, Petersen, & Kang, 2007). Taylor (1983), who verified a theory of cognitive adaptation to threatening events, proposed that people have self-curing abilities and use their social networks and individual resources to help them deal with personal issues. Results of a study of patients' responses to cancer by Stiegelis et al. (2003) also supported Taylor's theory of cognitive adaptation in cancer.

If patients do have the self-curing abilities referred to by Taylor (1983) and can develop their self-care skills, then nurses are in a good position to provide patients with help in developing those skills. This study explores the factors related to self-care skills of patients who had undergone surgery for gastrointestinal tract cancer and the relationship between those factors and patients' adaptation.

## Study Concepts

People, in general, try to cope with stressful life conditions. Patients with good self-care skills may ef-

**Purpose/Objectives:** To examine the relationship between quality of life (QOL) as an index of adaptation status and concepts related to self-care skills of patients who have been diagnosed with and undergone surgery for digestive system cancer: sense of coherence (SOC), social support, demands of illness, and the thought "Why me?"

**Design:** Cross-sectional survey.

**Setting:** General hospitals in Japan.

**Sample:** 60 patients who had been newly diagnosed with digestive system cancer and had undergone surgery.

**Methods:** Questionnaires were distributed to participants whose discharge date had been determined. The questionnaires were returned through the mail within two weeks of the discharge date.

**Main Research Variables:** QOL, SOC, social support, demands of illness, and the thought "Why me?"

**Findings:** QOL was strongly correlated with SOC and the demands of illness and was moderately correlated with social support. The only variable that was negatively correlated with SOC was the question, "Why me?" SOC and demands of illness accounted for 54% of the variance in QOL; social support was not a significant factor.

**Conclusions:** This study suggests that SOC is positively correlated with QOL and the demands of illness are negatively correlated with QOL among study participants.

**Implications for Nursing:** Nursing interventions focusing on SOC and illness demands may have a significant effect on QOL of patients following cancer surgery.

fectively use social networks and be able to engage in appropriate coping behaviors. The coping strategies that they use lead to a reappraisal of their condition. In understanding the stress-coping process, Lazarus (1999), who determined the extent of psychological stress by the relationship between the individual and the environment, argued the importance of identifying the personality variables involved and how individuals appraise what is happening.