The purpose of this article is to describe information that is necessary to develop and use a preparatory intervention guided by self-regulation theory (Johnson, Fieler, Jones, Wlasowicz, & Mitchell, 1997; Johnson, Fieler, Wlasowicz, Mitchell, & Jones, 1997) for women undergoing radiation therapy for cancer of the cervix or uterus. Self-regulation theory asserts that cognitive schemata, or mental images, of stressful experiences (e.g., undergoing radiation therapy for cancer) guide coping efforts (Johnson, 1996; Johnson, Lauver, & Nail, 1989; Leventhal & Johnson, 1983). A schema formed from a description of the concrete, objective features of the stressful experience helps patients to focus more on the objective aspects of the experience rather than on their subjective, emotional reactions (see Figure 1). Focusing on the more objective aspects of the experience helps patients select and use coping strategies that enable them to regain or maintain more of their usual activities.

Numerous randomized trials have demonstrated the efficacy of self-regulation theory-based concrete, objective information in helping patients maintain or regain usual activities. Patient descriptions of the typical sensations or symptoms associated with specific healthcare events are necessary to develop appropriate preparatory concrete, objective information messages for use in clinical practice. Evaluation of published sensation or symptom descriptions for use in developing concrete, objective information for a specific practice setting requires making judgments about the similarity of patient populations and treatment protocols, as well as the feasibility of implementation and the expected outcomes.

Purpose/Objectives: To describe symptoms associated with radiation therapy necessary to develop preparatory concrete, objective information for women with cervical or uterine cancer.

Design: Prospective, descriptive.

Setting: University-affiliated radiation oncology department in the mid-south.

Sample: 49 of 52 women undergoing external beam radiation and low-dose rate brachytherapy for cervical or uterine cancer. Stage of disease ranged from I–IIIA. Mean age of subjects was 54 years; mean years of education was 11.

Methods: Investigator-developed symptom checklist based on prior research.

Main Research Variables: Symptom reports.

Findings: At least 40% of the women reported difficulty sleeping, fatigue, diarrhea, anorexia, nausea, urinary frequency, dysuria, vaginal discharge, and perineal irritation. Incidence and timing of symptoms varied by operative status and brachytherapy timing.

Conclusions: Findings confirm and clarify the symptoms women associate with radiation treatment for cervical or uterine cancer.

Implications for Nursing Practice: Assessing research findings for relevance to the care of patients in specific settings is necessary. These findings are appropriate for developing preparatory information for women undergoing external beam radiation and low-dose rate brachytherapy.

Key Points . . .

➤ Numerous randomized trials have demonstrated the efficacy of self-regulation theory-based concrete, objective information in helping patients maintain or regain usual activities.

➤ Patient descriptions of the typical sensations or symptoms associated with specific healthcare events are necessary to develop appropriate preparatory concrete, objective information messages for use in clinical practice.

➤ Evaluation of published sensation or symptom descriptions for use in developing concrete, objective information for a specific practice setting requires making judgments about the similarity of patient populations and treatment protocols, as well as the feasibility of implementation and the expected outcomes.

The purpose of this article is to describe information that is necessary to develop and use a preparatory intervention guided by self-regulation theory (Johnson, Fieler, Jones, Wlasowicz, & Mitchell, 1997; Johnson, Fieler, Wlasowicz, Mitchell, & Jones, 1997) for women undergoing radiation therapy for cancer of the cervix or uterus. Self-regulation theory asserts that cognitive schemata, or mental images, of stressful experiences (e.g., undergoing radiation therapy for cancer) guide coping efforts (Johnson, 1996; Johnson, Lauver, & Nail, 1989; Leventhal & Johnson, 1983). A schema formed from a description of the concrete, objective features of the stressful experience helps patients to focus more on the objective aspects of the experience rather than on their subjective, emotional reactions (see Figure 1). Focusing on the more objective aspects of the experience helps patients select and use coping strategies that enable them to regain or maintain more of their usual activities.

A number of randomized trials have demonstrated the efficacy (Lohr, 1988) of concrete, objective information. Providing concrete, objective information led to shorter hospital stays following cholecystectomy (Johnson, Fuller, Endress, & Rice, 1978) and to earlier resumption of usual activities following hospital discharge after hysterectomy (Johnson, Christman, & Stitt, 1985). The efficacy of concrete, objective information was demonstrated further when used with patients undergoing a variety of diagnostic procedures (see Christman, Kirchhoff, ...