



DETERMINING THE INFORMATION LEVEL DEVOTED TO STOMA CARE OF PATIENTS WITH ABDOMINAL STOMA

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ABSTRACT

This study was to determine the information level devoted to stoma care of patients with abdominal stoma. The samples for this study included 78 patients registered to companies marketing these stoma care products. The survey form developed by the researcher consists of two parts. In the first part the socio-demographic features of the patients and the data about the disease are considered where as in the second part the proposals to determine the knowledge level are involved. The patients' sexualities, the hospital where they were operated, the information sources in the hospital and the average of correct answers was insignificant ($p>0.05$). The correlation between the suitable answers and the education level or whom they got this education or the difference between the right answers averages was significant ($p<0.05$).

Key Words: Stoma, Care, Patient training and nursing

INTRODUCTION

Stoma is a Greek originated word meaning "gap" or "mouth" (1). Stoma creation is a procedure widely utilized in gastrointestinal and urinary system surgery. The most common reasons requiring stoma operation are colorectal cancers or vesica urinary cancers (2, 3). Colorectal cancers are in the fourth place among the most commonly seen cancer types in the United States of America. According to the data belonging to year 2004, 147.000 people were diagnosed to have colorectal cancer in the United States of America(4). According to the data belonging to year 2003, there were nearly 100.000 people with stoma in England, and nearly 28.000 of these patients were opened stoma, and among these patients nearly 19.000 died every year (5).

There is not any statistical data about the number of patients with stoma or how many stomata are opened in a year in our country. According to the data belonging to year 2009 in Turkey, colorectal

cancers rank second for women (12.5%), and fourth for men(18.2%), and bladder cancer rank third for men(21.1%) (6).

Stoma, actually opened for the aim of removing the underlying pathology and providing a more qualified life for the individuals, affect the whole life of them at the same time (7). In the studies performed for determining the living quality of patients with stoma, it is stated that along with stoma complications they undergo, psychological, physiological and social problems also negatively affect the living quality of patients (2, 7, 8).

In decreasing these problems that patients with stoma undergo, most of the responsibility shall be born by nurses who are experts in stoma care. The role of the stoma care nurse is to support patients adapting to life with a stoma, and this involves physical and psychological challenges for patients (9) And the most important responsibility is serving as a consultant for the patient and his / her family and informing them about stoma and the needed care (5, 10).

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Even though the nurses have such an important role in the prevention of stoma complications, there are not stoma care nurses in every country and health organization. In our country, the care of patients with stoma is performed by the doctors and nurses working the clinic where the patient has undergone operation. It is known that consultancy services are not carried out in a systematic way before the operation at these clinics; only physical care is provided after the operation; discharge training or monitoring after discharge at home are not realized; and patients are not informed enough to deal with problems on their own. For this reason, clinic and stoma nurses shall train the patients well about the stoma care. This training to be provided is thought to prevent the development of stoma complications by increasing the knowledge and ability level of patients.

Since any research has not been performed yet in our country related to the determination of stoma care knowledge levels of patients with abdominal stoma, this research is a definitive one performed for the aim of determining the stoma care knowledge levels of patients with abdominal stoma.

METHODS

Since the number of patients with stoma is not certain in our country, it was thought that most of the patients were registered in the records of three firms marketing stoma care products in the country and negotiations were held with those firms but the final patient number could not be found.

As the final number of patients with stoma could not be found, a pilot study was performed on 20 patients while calculating the sampling number; and the rate of right answer was found to be 17.4 over 24. As a result of calculation, the sampling size was determined to be minimum 71. For the collection of data, a questionnaire form developed by the researcher was used. The form included two sections. In the first section, there were socio-demographic features of patients and data about the disease and in the second section, there were directions oriented for determining the stoma care knowledge level of patients. The questionnaire form was prepared making use of the literature.

For performing the research, the firm authorities were informed about the content of the research in the first place and a written approval was obtained. Since the patients registered in the records of the firms could not be directly contacted, instructions were also attached to forms for informing the participants and the patients were requested to fill in those forms according to the instructions. The questionnaire forms have been delivered by December 2005 that were sent to firms by the patients until August 2006; and those data were compiled by the researcher to be evaluated.

Encoding and evaluation of the data collected after the research were computed in SPSS 11.5 program by the researcher. Average and standard deviation rates of right answers given to questions in the second section of the questionnaire were calculated and compared to the independent variables. In the evaluation of the data, Mann-Whitney U test and Kruskal-Wallis multi-factor variance analyses were used.

RESULTS

These are the results obtained; 62.8 % of the patients who participated the research was males, 33.3 % was at the ages of 55-64. 74.4 % were married, 34.6 % high school graduates, 23 % university graduates. 38.5 % of the cases lived with their partners (Table 1). The diagnosis of 55.1 % was colorectal cancer, 67.9 % was operated at a university hospital, 59 % had permanent colostomy 52.6 % have used double parted bags emptied underneath. 64.1 % took care of their stoma themselves 93.6 % expressed no handicaps that hindered their stoma care. 89.7 % said that they got information from the hospital, 51.4 % said that they got information just after the operation, 60.3 % said that they got education and counseling

Table 1. Sociodemographic characteristic of patients

	Number	%
Sexuality		
Male	49	62.8
Female	29	37.2
Age group		
<40	19	24.4
40-54	18	23.1
55-64	26	33.3
65>	15	19.2
Marital Status		
Married	58	74.4
Single - Divorce	20	25.6
Educational Background		
Illiterate	2	2.6
Literate	6	7.7
Primary school	16	20.5
Secondary school	9	11.5
High school	27	34.6
University	18	23.1
Job situation		
Retired	33	42.3
Job situation	19	24.4
Officer	15	19.2
Other*	11	14.1
Total	78	100.0

after being discharged from hospital, 61.7 % got this education from the company attendant.

The correlation between the suitable answers and the education level or whom they got this education or the difference between the right answers averages was significant ($p < 0.05$)

DISCUSSION

The aim of this study was to determine the stoma care knowledge levels of patients with abdominal stoma. More than half of the patients (62.8 %) included in the research were male (Table 1). This data is a reflection of the fact that colorectal and vesica urinary cancers are more frequently seen in males (5). In literature it is stated that the most important reason for opening a stoma is colorectal cancer (11).

Average of right answers of the patients given to the questions related to stoma care is $\bar{X} = 17.36 \pm 2.54$ (Table 2). Even though average of answers of patients show that they answered most of these questions correctly, the fact that some important behaviors are not performed at the desired level bring into mind the need of patients for information about stoma care.

In the content of the research, it was detected that 89.7 % of patients were informed about the stoma care at hospital. 17.1 % of them obtained this information from nurses (Table 2). This finding is satisfactory considering the fact that patients have been trained on stoma care. However, when the right of patients for information demand is considered, the rate of possible risks to be encountered by the patients not trained on the issue (10.3 %) cannot be undervalued. WCET (World Council of Enterostomal Therapists) expresses their philosophy as: "Each individual has some rights and needs; and these shall be provided with the best tools and methods present in the country of the individual; besides, each individual has the right to receive comprehensive and individualized care presented by directly by stoma - therapy nurse or under the administration of stoma therapy nurse" (12). According to the statements of WCET, every patient has the right to receive information related to stoma from the stoma care nurse. However, in our country, a stoma care nurse is not yet present. Stoma care nurses shall plan the whole care of the patient by determining the physical, psychological and social needs of the patient; apply their plans and train the patient about stoma care. All of these applications help to increase the living quality of the patient and decrease the risk of complications possible to occur after stoma (13,14). By whom the training about stoma is presented, time of presenting these information, to whom these are presented and their efficiency are very important. When the correct answer averages were taken into consideration with other information sources, it was seen that correct answer rate of patients having received the information from their nurses is higher than the

ones informed by other information sources (Table 2). The reason for the high correct answer rate of patients informed by their nurses is that nurses spend more time with patients and they act as a consultant, trainer and nurse for them from the pre-operation period.

While it is a satisfactory finding that correct answer rate of patients having received the information about stoma care from their nurses at the hospital is higher, the fact that only 17.1 % of patients have received these information from nurses indicates that we do not fulfill our training and consultancy tasks as needed. Nearly half of the patients were detected to have received the information related to stoma care from the firm authorities.

Even though it not their task, the firm authorities inform the patients as they need and ask questions. Besides its not being a

Table 2. Possibility of patient's getting knowledge about stoma treatment

	Number	%
Possibility of getting knowledge about stoma treatment at the hospital (n=78)		
Available	70	89.7
Not available	8	10.3
Sources of knowledge (n=70)		
More than one source*	29	41.4
Firm authorities	26	37.1
Nurse	12	17.1
Doctor	3	4.4
Time of giving knowledge (n=70)		
After surgery	36	51.4
Before Discharging from hospital	17	24.3
Beginning before surgery till discharging from hospital	15	21.4
At home	2	2.9
Possibility of getting education and counselling (n=78)		
Available	47	60.3
Not available	31	39.7
Sources of education after discharging (n=47)		
Stuff of firm	29	61.7
Department of stoma therapy at Gazi university	8	17.0
Nurse	5	10.6
Doctor	3	6.4
More than one source **	2	4.3

* (Nurse-doctor, nurse- firm authorities) ** (Doctor- firm authorities, nurse-stuff of firm)

right approach, the firm authorities have had to undertake this responsibility not fulfilled by health professionals.

Adaptation of a patient with stoma to his / her new life style, accepting the new image of his / her body and continuing his / her post – operation life independently is related directly to the training and consultancy they receive from their nurses during their stay at hospital from the admission to discharge (15).

In literature, it is emphasized that training of patients about stoma care shall start by their admission to hospital and continue during the post – operation period as well (16,17). Preoperative and postoperative follow-up care, appropriate peristomal skin care, and patient education influence the development of complications. The current study was conducted in stoma therapy units, where follow-up and patient care were performed regularly (18). Patients with stoma need to be informed by the pre- operation period and acquire some psychomotor skills before discharge. However, it was detected that only 21.4 % of our patients were informed from the pre - operation period to their discharge (Table 2). 39.7 % of patients were detected not to have received training and consultancy services about stoma care after discharge (Table 2). Average correct answers rates of patients having received information after discharge about stoma care (18.1 ± 2.5) was higher than the average correct answer rates of patients not having received information after discharge (16.3 ± 2.2). (Table 3)

The patients cannot deal with their problems about stoma care since the training they have received at hospital is not continued after their discharge, there is lack of health professionals to monitor them when they are at home after discharge, and there is lack of a health organization they could consult to in case of a problem.

As also stated in the Legislation on Home Care Services issued by the Ministry of Health in 2005, continuation is fundamental in home care (19). This continuity shall be non – stop service depending on the demand and need of the patient. As also seen from the researches, patients with stoma need care after discharge (16). And in our country, home care nurses shall be trained and present those services to the patients with stoma.

While it is pleasing that patients receive training after discharge, it is worrisome in the name of health services that most patients (61.7 %) receive this training from the firm authorities (Table 2). The training provided by the firm authorities is limited to the care of the stoma and the skin around the stoma, and it does not include the psychological and social problems caused by stoma. However, patients with stoma shall not only be supported in physical terms but also in psychological and social terms. This service can only be provided by a uniform nursing understanding.

Correct answer rate of patients having received training and consultancy from nurses (20.6 ± 1.5) and Gazi University Stoma therapy Unit was the highest (19.2 ± 1.5) ($p < 0.05$) (Table 3). In a study performed by Karadağ et al. in the content of Gazi University Stoma therapy Unit, it was stated that complications of patients seen when they applied for the unit decreased after regular monitoring and consultancy services. In the same study, it was also detected that psychological, physiological and social support and information meaningfully increased the living quality of patients (20).

As also seen in the researches performed, stoma therapy nursing, started in 1958, make important changes in the lives of patients and increase their living quality and satisfaction, and

Table 3. Average of right answers according to patient's possibility of getting knowledge and their sources about stoma treatment

	Averages of right answers	P
Possibility of patient's getting knowledge about stoma treatment		
Available	17.6 ± 2.5	0.047
Not available	15.5 ± 2.7	
Sources of knowledge (n=70)		
Nurse	18.3 ± 2.6	0.340
Doctor	16.3 ± 2.4	
Firm authorities	17.4 ± 2.5	
More than one sources*	16.9 ± 2.5	
Time of giving knowledge (n=70)		
Beginning before surgery till discharging from hospital	18.5 ± 2.4	0.152
After surgery	17.5 ± 2.5	
Before Discharging from hospital	16.8 ± 2.3	
At home	17.0 ± 1.4	
Possibility of getting education after discharging		
Available	18.1 ± 2.5	0.001
Not available	16.3 ± 2.2	
Sources of education after discharging		
Nurse	20.6 ± 1.5	0.001
Department of stoma therapy at Gazi University	19.2 ± 1.5	
Firm authorities	17.7 ± 2.3	
More than one source **	17.0 ± 0	
Doctor	13.7 ± 0.6	

*(nurse-doctor, nurse- firm authorities), ** (doctor- firm authorities, nurse- firm authorities)

they decrease the risk of complications by providing regular monitoring and consultancy services.

TAKE HOME MESSAGES

- Opening stoma therapy units at hospitals for more regular realization of discharge training and monitoring after discharge.
- Presenting training and consultancy services for the patients and their relatives by stoma care nurses starting by the pre – operation period.
- Development of home care nursing services since patients with stoma need regular and continuous training.

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