



## Original article

# Impact of in Effect of Instructional booklet on the knowledge, attitude, problems faced and coping strategies adopted by colostomy patients in selected hospitals of Delhi

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## ABSTRACT

**Aim:** The main aim of the study was to evaluate effectiveness of the instructional booklet (IB) on colostomy patients.

**Material and methods:** Quasi experimental approach was used on 200 patients drawn from two tertiary care hospitals of Delhi.

**Intervention:** instructional booklet on colostomy care: (IB) for colostomy care was developed that included: knowledge of disease related to colorectal cancer, Colostomy care, Care of appliance, Diet, Self-care, Problems arising from stoma.

**Results:** Demo graphic characteristics and clinical profile of patients were similar in control and experimental groups except gender, age, Education, monthly income and type of colostomy. Information booklet significantly enhanced knowledge, attitude, and coping and reduced physical and psychosocial problems. The acceptability and utility of informational booklet by patients was very high.

**Conclusion:** Information booklet was found to be effective in enhancing knowledge, developing positive attitude, decreasing physical and psychosocial problems and adopting better coping.

**Implications:** All the colostomy patients and their care givers need to be trained on colostomy care prior to their discharge after surgery so that they can independently take care of themselves.

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## 1. Background of the study

Cancer prevalence in India is estimated to be around 2.5 million, with over 8,00,000 new cases and 5,50,000 deaths occurring each year due to disease. More than 70% of the cases in advanced stages of the disease. Colostomy patients experience physical, psychological, emotional and social problems. Enhancement of Quality of life of patients with colostomy is prime responsibility of nursing professionals.<sup>1–3</sup>

## 2. Need for the study

The individual with colostomy undergoes a complex treatment with a wide range of adjustments effecting the individuals social and psychological functioning.<sup>4–6</sup> The formation of the stoma consequent to abdominal surgery represent a major change in a person's life and

results in complex emotional, social and physical and psychological concerns.<sup>7,8</sup> Although there is evidence of medical and nursing research studies done, but very few studies have been carried out in India as to how to improve the knowledge, attitude, self concept, self body image, quality of life, problems faced, and coping strategies used by colostomy patients. Therefore researcher intended to evaluate effectiveness of information booklet on knowledge, attitude, self concept, self body image quality of life, problems faced and coping strategies adopted by colostomy patients in order to empower patients to develop self-care ability to manage themselves and lead a wholesome quality life.

## 3. Objectives of the study

- To develop and evaluate an instructional booklet on colostomy care for patients having colostomy.
- To assess and evaluate the knowledge, attitude, self concept, self body image, quality of life, problem faced and coping strategies adapted by colostomy patients before and after the administration of information booklet."

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#### 4. Research hypothesis

(H<sub>1</sub>): Mean post-test knowledge, attitude, problem faced and coping strategies adopted by patients with colostomy who are exposed to instructional booklet on stoma care will be significantly higher in patients than who are not exposed as evident from structured knowledge, attitude scale, problems faced check list and coping strategies adopted questionnaires at 0.05 level of significance.

#### 5. Review of literature

In many colostomy patients the complication rates for skin excoriation, leakage, soiling or night-time emptying were higher amongst the ileostomy patients.<sup>6</sup> In a retrospective analysis of long-term defunctioning stoma complications after colorectal surgery revealed that the overall complication rate was 60%.<sup>9</sup> Post surgery ostomy care nurses may enhance ostomates' overall quality of life and when additional intensive follow-up introduced, certain aspects of quality of life improved.<sup>9</sup> Evaluation of the end colostomy complications and the risk factors influencing them in Iranian patients revealed that there were 56.4% psychosocial complications.<sup>10</sup> Sinha et al.<sup>5</sup> reported on QOL of ostomates and developed guidelines for nurse's role to improve QOL of patients. Findings of the study by Fredrick et al.<sup>11</sup> demonstrated that knowledge of colostomates and their relatives was found to be low. Utility of the self instructional guide was expressed as highly acceptable and usability. Lo et al.<sup>12</sup> stated that cost effectiveness of enterostomal education using a multimedia learning education program for addressing stoma care in the post operative period. Simmons et al.<sup>13</sup> demonstrated that stoma acceptance, stoma care self-efficacy and interpersonal relationships are correlated. Addressing psychosocial concerns should become part of the care routinely given to stoma patients. De la Quintana Jiménez et al.<sup>14</sup> stated that personal support and help received pre and post surgery from ostomy care nurses may enhance their overall QOL. Chaudhary et al.<sup>15</sup> reported that stoma education is more effective in the preoperative period it results in shorter times to stoma proficiency and early discharge from the hospital. Salomé et al.<sup>16</sup> investigated the quality of life of colostomy patients.

##### 5.1. Research methodology

Quasi experimental approach and Pretest Posttest control group, time series design (Fig. 1) was used for the study.

##### 5.2. Study setting

All India Institute of Medical Sciences and Safdar Jung Hospital

##### 5.3. Study sample

Cancer patients having colostomy, who had cancer and attending OPDs, Day care centres, radiation therapy unit, oncology surgery ward, seeking treatment from AIIMS and Safdar Jung Hospital were chosen by purposive sampling method. Inclusion Criteria: Colostomy patients who are: Adult (18 years and above)

having colostomy less than 6 months can read and write English or Hindi, willing to participate in the study. Exclusion Criteria: Those with visual and hearing or any cognitive impairments.

##### 5.4. Subject size

Total 200 patients (experimental group 100 and control group 100).

##### 5.5. Tools for data collection

Data collection tools were Structured Knowledge Questionnaire (SKQ), Attitude Scale, problem checklist, Coping check list for patients and Opinionnaire for acceptability of IB. Validity and reliability of the tools were established. All the tools translated to Hindi and were found to be well understood by the patients.

#### 6. Intervention: instructional booklet on colostomy care

The instructional booklet (IB) for colostomy care was developed after extensive literature review: books, research studies and American ostomy manual. The content validity of IB was done by eight experts from all the areas of oncology and oncology nursing. The clarity of items was verified by giving draft of the IB to ten stoma patients from study settings. IB was translated to Hindi. It was tried out on five colostomy patients and was found feasible and appropriate.

- **Content areas of instructional booklet (IB): Knowledge of disease related to colorectal cancer:** Location of large intestine and its function, colorectal cancer and treatment. **Colostomy care:** Colostomy irrigation, types of colostomies and tips on stoma care. **Care of appliance:** Types of pouch, procurement of appliance, care of appliance and stoma. **Diet:** Type of foods and how to avoid problems. **Self care:** Daily ADL, Sex-related, travel, exercise and sports and work related issues. Problems arising from stoma: when to seek medical advice, coping with stoma.

**Permission and ethical approval:** Obtained from institutional ethical committee and competent authorities of both the study settings. The subjects were informed that the participation is voluntary and routine care would be provided. They could decline to participate in the study any time and could withdraw from the study anytime.

**Procedure used for Data Collection:** Explained the purpose of the study, pre test was done for both the groups. Experimental group IB was administered, on day 30, 60 and 90 post tests were administered for control and experimental groups.

**Data Analysis:** Data was analyzed using STATA software version 11.1. Descriptive statistics (frequency, mean, percentage, standard deviation) was used for describing the demographic variables.

Demographic characteristics and clinical profile of colostomy patients did not differ in experimental and control groups with respect to their marital status, family size, support network, place of living, diagnosis, duration of colostomy, chemotherapy and stage of cancer except gender, education, monthly income, and type of colostomy. Chi square/Fisher exact test were used for adjusting these five variables.

#### 7. Findings

As given in Table 1 that the Information booklet on colostomy care significantly increased colostomy patient's knowledge, developed positive attitude, decreased problems and improved coping scores. Hence research hypothesis accepted and null hypothesis rejected at  $p < 0.05$  level of significance.

Design of the Study						
Group	Pre test (01) Day 1	Intervention (IB) Day 1	Day 15	Post test (02) Day 30	Post test (03) Day 60	Post test (04) Day 90
Experimental	01	√ X	Doubt clarification	02	03	04
Control Group	01	–	Routine care	02	03	04

Fig. 1. Diagrammatic Representation on Research Design.

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