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Telephone follow-up for patients returning home with colostomies: Views and experiences of patients and enterostomal nurses

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A B S T R A C T

Purpose: To explore the views of patients and enterostomal nurses regarding a telephone follow-up program for patients returning home with colostomies.
Methods and sample: Semi-structured interviews were conducted with eleven patients who accepted a telephone intervention and seven enterostomal nurses who conducted telephone follow-ups. Qualitative data were analyzed using content analysis.
Key results: The enterostomal nurses indicated that the telephone follow-up was appreciated and well accepted by the patients. Both the patients and the enterostomal nurses perceived the telephone follow-up as efficient at solving stoma care problems in a timely manner, shortening the process of resuming normal life, and most importantly, providing psychological support. The enterostomal nurses found that telephone follow-up after a patient's hospital discharge was meaningful work. Additional nurse training and measures to overcome communication barriers are required.
Conclusions: All of the patients benefited from the nurse-led telephone follow-up program as part of the continuity of nursing care. The sustainability of the service requires hospital support. Further dissemination of telephone follow-up to other discharged surgical patients might be warranted.

Introduction

The number of patients with colostomies in Mainland China has been estimated to be one million, with 100,000 new cases per year (Yu, 2005). Stoma surgeries lead to problems with both physical and psychological functioning (Brown and Randle, 2005; Burch, 2005; Simmons et al., 2007). One study showed that stoma patients have difficulty adjusting to and living with their stomas after hospital discharge (Richbourg et al., 2007). Nurses play a major role in providing patients with necessary post-operative information and self-care advice to support them in this critical transitional period from hospital to home (Beaver et al., 2010a).

Nurse-led telephone follow-up is becoming a common approach to provide support to patients after hospital discharge (Beaver et al., 2010b; Cox and Wilson, 2003). Most hospitals in Mainland China provide little routine nursing follow-up after patients are discharged because of nurse shortages and insufficient nursing care service. In Mainland China, the telephone is the first choice for nursing follow-up for 90% of cancer patients because it allows them to communicate with nurses directly and quickly and to receive timely access to nursing assistance, if the service is available (Yang et al., 2003). Patients welcome nurses' calls and there is a growing evidence that nurse-led telephone follow-up is an effective approach to providing care in general oncology (Booker et al., 2004; Beaver et al., 2010b). A literature review examining the use of telephone follow-ups for patients with colorectal cancer found that the majority of patients identified the use of the telephone as an acceptable method of follow-up and as a positive experience (Cusack and Taylor, 2010). However, until recently, there has been little research on telephone follow-ups for colostomy patients.

The specific functions of Chinese communication dictate a set of communication behaviors that are unique to Chinese culture and might affect the communication process between nurses and patients (Liu et al., 2005). As most health professionals who care for Chinese patients are trained in Western medical educational

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system, they often are unaware of the complex Chinese culture that influences their patients' response to care (Chen, 2001). For example, Chinese patients with cancer perceived that psychological needs were to be met by their close family members rather than nurses (Liu et al., 2005). Patients may have been reluctant to talk to the nurse about their psychological concerns regarding the permanent stoma (Zhang et al., 2012). This is different from the open communication in Western cultures. Under such culture circumstance, Chinese patients with cancer may be passive in communicating their needs to nurses, in turn forming a cycle in which care might neither be fostered nor valued by either party (Liu et al., 2005).

A review study showed that nurse-led telephone follow-up is a feasible and effective way of providing support and information (Cox and Wilson, 2003). However, another review article that examined 33 studies reported that the effectiveness of telephone follow-up could not be ascertained due to methodological and clinical heterogeneity (Mistiaen and Poot, 2008). Because the effectiveness of an intervention is determined by its applicability and outcomes and by the clients' experiences, adherence, and attitudes, information about intervention processes and procedures is necessary for accurate outcome interpretation, program improvement, and successful replication in future studies and in clinical practice (Campbell et al., 2000). A lack of information about the intervention process makes it difficult to assess which factors, in general, improve or hamper the quality and effectiveness of telephone intervention.

The main part of this study was conducted as a randomized, controlled trial. Colostomy patients in both the intervention and control groups received routine discharge care. Only the patients in the intervention group received 2–3 telephone follow-ups from enterostomal nurses within 1 month of hospital discharge. The telephone follow-up protocol was based on Social Learning Theory (SLT, Bandura, 1997) and on a previous study (Wong et al., 2004). The protocol consisted of three parts: assessment, management options, and evaluation. The first part included a general assessment of the patients' clinical statuses, including stoma complications and other discomforts, stoma self-care abilities, emotional conditions and self-efficacy. Then, based on the assessment results, the nurses employed the sources of information of SLT in the telephone calls for management options: (a) self-care skills accomplishment (e.g., providing practical information about stoma self-care); (b) vicarious experiences (e.g., encouraging colostomy patients to actively attend the Ostomy Association and to maintain contact with other colostomy patients); (c) verbal persuasion (e.g., the use of discussion to convince patients that they could perform activities and control their lives); and (d) emotional arousal (e.g., awareness of the patients' emotions, such as anxiety, distress, isolation, and maladaptation, and minimizing these negative emotions, when possible). Finally, the nurses provided an evaluation and an appropriate referral, such as to an emergency room, enterostomal nurse outpatient clinic, general practitioner, or colorectal surgery outpatient department. The effectiveness of the telephone follow-up was evaluated using quantitative and qualitative methods. This paper presents the results of the qualitative part of the study.

Aims

The aims of this study were as follows: (1) to explore patients' perceptions of the impact of telephone follow-ups conducted by nurses and of the extent to which the intervention achieved its goals, and (2) to explore enterostomal nurses' perceptions about the implementation of the telephone follow-up as well as the benefits and barriers of such services.

Methods

Subjects and sampling

A random sample consisting of approximately 20% of the patients in the intervention group was selected by patient identification number using a computerized system. Eleven patients who had completed the telephone follow-up and data collection participated in the interviews. The patients included 4 women and 7 men, with a mean age of 51.3 ± 12.8 years old (ranging from 28 to 71 years old). The characteristics of the patient sample were representative of the telephone group in the main study.

The seven enterostomal nurses were all women, with a mean age of 41.7 ± 4.6 years old (ranging from 34 to 48 years old). Their average length of stoma care experience was 12.9 ± 6.4 years (ranging from 8 to 23 years). The demographic information of the nurses is provided in Table 1.

Data collection

The study was approved by the university's and the hospital's ethics committees. Qualitative data were collected using semi-structured interviews. The initial interviews were conducted in person and ranged from 15 to 30 min in length. All of the interviews were audio-recorded and transcribed. The interviews were conducted by the second investigator from July 2009 to January 2010. All 7 enterostomal nurses and 11 patients (21.2%) were contacted by telephone or by e-mail to thank them for their participation in the main study and to invite them to discuss their experiences in interviews, which constituted the qualitative part of the study. All participants consented to the interviews. The two groups of participants (7 enterostomal nurses and 11 patients) were found to be adequate in size because the data reached saturation.

Two interview guides (one for patients and one for enterostomal nurses) related to pertinent issues of telephone follow-up were developed by the researchers. The semi-structured format allowed the researchers to address the topics in the guide in a relaxed, conversational manner. The open-ended interview questions for the patients and the enterostomal nurses are listed in Box 1 and Box 2, respectively.

Data analysis

Each recorded interview was transcribed verbatim by the principal investigator and was analyzed using qualitative content analysis (Graneheim and Lundman, 2004). Because the investigators' first language was Chinese and because of their desire to preserve the original meanings of the clients' statements, all of the data analyses were conducted using the original Chinese transcripts. The unabridged transcripts were read several times to obtain a general sense of the reviews. The data were then examined

Table 1
Enterostomal nurses' demographic characteristics.

Nurses code	Age (years)	Education	Ostomy care experience (years)	Years of obtaining Enterostomal Therapist certificate
1	45	Bachelor	23	11
2	41	Diploma	10	4
3	44	Bachelor	8	8
4	38	Bachelor	8	8
5	42	Bachelor	21	9
6	48	Diploma	9	9
7	34	Bachelor	11	4