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Original Article

Correlation between social relational quality and hope among patients with permanent colostomies

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ABSTRACT

Purpose: This study examined the correlation between social relational quality and hope among patients with permanent colostomies.

Methods: Eighty-six eligible patients with permanent colostomies were recruited from a Class A tertiary hospital from July to December 2012. A self-designed demographic questionnaire, the Social Relational Quality Scale (SRQS), and the Herth Hope Index (HHI) were administered to all patients.

Results: The total social relationship quality and hope scores were 49.42 ± 4.98 and 38.52 ± 4.64 , respectively. The total scale score and composing subscale scores for social relationship quality and hope showed a statistically significant positive correlation with each other ($r = 0.324-0.680$; $p < 0.01$).

Conclusions: A positive correlation exists between social relational quality and hope among patients with permanent colostomies. This finding suggests that such patients should be given hope and that their families should be encouraged to provide more support for better acceptance and adjustment.

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1. Introduction

Colorectal cancer (CRC) is one of the most common malignancies throughout the world. In 2008, approximately 334,000 cases were newly diagnosed in Europe and 1.24 million were newly diagnosed worldwide [1]. Although sphincter-saving techniques have been well developed during the last decade, abdomino-perineal resection with colostomy formation

remains a primary and effective life-saving surgical approach for patients with CRC [2]. It is currently estimated that there are approximately 1 million patients with permanent colostomies in China [3]. Although patients with low rectal cancer must face their cancer diagnosis, it is far more difficult for these patients to adjust to the permanent colostomy, which entails a substantial lifestyle change [4,5]. Colostomy has significant effects on both physical and psychosocial functioning [6,7]. Social support plays an important role in

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reducing this pressure and improving health. Patients with cancer who lack social support may be more pessimistic and desperate because they are constantly seeking support from others [8]. Evidence has shown that support from family and significant others contribute to healthy psychological functioning in patients with colostomies [9]. Patients with CRC in Asia, especially those in mainland China, compared with Europeans and Americans, have emphasised that family and friends are their major sources of support and have highlighted the importance of receiving a feeling of love and alliance from these social partners over the intention to rally support for personal problems and were less likely to seek support from close social partners in stressful situations [10]. This illustrates the qualitative aspects of social support. In one study, Chinese patients with CRC in Hong Kong cared more about the quality than the quantity of social relationships when they obtained support from a restricted group of close social partners [11]. Considering these observations, social relational quality (SRQ) may be the optimal parameter with which to describe the condition of social support for Chinese patients with CRC.

As stated by Felder [12], hope is an important inner resource that influences an individual's ability to cope with stress and life-threatening situations. Patients with high-quality social relationships are more likely to be more optimistic, which enhances the power of hope. On the other hand, patients who are hopeful are more willing to participate in group activities [13].

The results of several studies on the level of hope and its relationship with social support among patients with cancer and some chronic diseases have been reported in recent years [14,15]. However, no studies have investigated the correlation between SRQ and hope among patients with permanent colostomies in mainland China. Therefore, we conducted the current study to test the hypothesis that patients with permanent colostomies with higher levels of hope have better SRQ than those with lower levels of hope.

2. Material and methods

2.1. Patients

A convenience sample of 111 patients with colostomies from 4 hospitals in Ghangzhou who underwent colostomy surgery at least 1 month prior to the study and who visited the stoma clinic or association from July to December 2012 was evaluated for inclusion in this study. The inclusion criteria were Chinese nationality and native language, ≥ 18 years of age, ≥ 1 month post-colostomy with experience of stoma self-care at home, no diagnosis of cancer recurrence or metastasis, no diagnosis of psychiatric problems, and willing to participate in the study and provide written informed consent.

2.2. Data collection

This study was approved by the Nursing Department of the cancer centre affiliated with the university before commencement of data collection. A pilot study was

conducted on 15 patients. These data were excluded from the final analysis, and these patients did not repeat the questionnaires. A dedicated and experienced enterotherapist who led the work in the department collected all data. The data were mainly collected from patients who visited the department by administering a questionnaire during a face-to-face interview. Some patients who were unable to return for an additional visit completed the questionnaires by post. Those who needed help were assisted with reading the items and given choices only. The questionnaires were completed within 30 min.

During the data collection, 40 questionnaires were completed by mail; only 29 completed questionnaires were returned (return rate of 72.5%). The most probable cause for failure to return the questionnaire was forgetting to mail it. Seventy questionnaires were collected by interview. After double-checking, 13 questionnaires were eliminated due to missing items. Therefore, 86 questionnaires providing assessable data were considered to be valid for the final analysis.

2.3. Instruments

In this study, a general information form designed by the researcher was used to collect demographic characteristics and information associated with stomas. Additionally, the Social Relational Quality Scale (SRQS) and Herth Hope Index (HHI) were used to evaluate the quality of social relationships and level of hope, respectively.

2.3.1. General information form

A general information form designed by the researcher was used to collect sociodemographic characteristics and stoma-related information. Before the questionnaire was developed, a literature review was performed and the information regarding the clinical experience of the enterotherapist was collected. Eleven items regarding demographic characteristics and 18 items regarding stoma-related information were contained in the final version.

2.3.2. SRQ

SRQ was defined as the patient's level of social support and was based on the quality of different resources, particularly family and friends. We used the SRQS developed in 2009 by Hou et al. [16]. Only patients with CRC were recruited from the development of the questionnaire items to the end of the analysis. Therefore, this study was specifically adapted to patients with CRC. The SRQS scale contains three subscales: family intimacy (Cronbach's $\alpha = 0.80$, addressing family empathy and closeness through day-to-day emotions, activities, and secure attachment), family commitment (Cronbach's $\alpha = 0.82$, describing commitment to satisfying and enjoyable familial relationships), and friendships (Cronbach's $\alpha = 0.75$, addressing relationships and interactions with friends). The mean interitem correlation coefficients for these subscales were 0.40, 0.45, and 0.38, respectively. The item-to-total correlation coefficient ranged from 0.43 to 0.69, indicating that the items were internally consistent. Each item was measured on a 5-point Likert scale ranging from strongly disagree (1) to strongly agree (4). A higher total score indicated

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