

Available online at [www.sciencedirect.com](http://www.sciencedirect.com)

ScienceDirect

journal homepage: <http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132>

## Original Article

# Factors associated with stoma quality of life among stoma patients

Chunli Liao\*, Ying Qin

International Medical Service, Peking Union Medical College Hospital, Beijing, China

## ARTICLE INFO

## Article history:

Received 26 February 2014

Received in revised form

17 April 2014

Accepted 23 April 2014

Available online 9 May 2014

## Keywords:

Colorectal cancer

Hope

Quality of life

Stoma self-care

## ABSTRACT

**Background:** Quality of life (QOL) concerns in patients with stomas is a globally important health issue. Currently, a lack of understanding into which factors influence QOL post-colostomy hinders the ability of health care professionals to provide appropriate instruction and care needed to improve a patient's QOL.

**Objectives:** To determine the level of stoma-specific QOL and to determine which factors associate with stoma-specific QOL among patients with a stoma.

**Methods:** A convenience sample of 76 patients with stomas was recruited from patients who presented to the ward for checkup in a tertiary hospital in Beijing. Quality of life, self-care, and hope were assessed in patients by the Stoma-QOL, stoma self-care agency scale, and Herth Hope Index, respectively. Statistical analyses were performed using Pearson correlation, t-test, and multiple linear regression analysis.

**Results:** Our stoma-QOL survey demonstrated that stoma patients experienced difficulties functioning in work and social situations, had issues with sexuality and body image, and difficulties with stoma function. Patients expressed concerns related to the stoma itself such as finding privacy to empty the pouch, problems with leakage, and difficulties participating in social activities. Multiple linear regression analysis indicated that self-care agency and hope were the main influencing factors and explained 23.4% of the variance of stoma function and 17.8% of the variance of work/social function.

**Conclusion:** QOL in patients with a stoma was not ideal. Our findings demonstrate that following stoma implantation, improvements in self-care and inspiring hope in patients played an important role in bettering their stoma-QOL. The strength of our study is that we adopted a stoma-specific questionnaire instead of a general scale such as EORTC C30.

Copyright © 2014, Chinese Nursing Association. Production and hosting by Elsevier (Singapore) Pte Ltd. All rights reserved.

\* Corresponding author.

E-mail address: [sherry\\_1986@163.com](mailto:sherry_1986@163.com) (C. Liao).

Peer review under responsibility of Chinese Nursing Association



## 1. Background

Colorectal cancer (CRC) is a major public health concern and significant increases in disease incidence and mortality rates have been observed in recent years. Colostomy remains the standard treatment option for CRC, resulting in approximately 100,000 colostomy patients with permanent stoma in UK, 750,000 in the USA, and 1,000,000 in China [1]. The current 5-year relative survival rate of CRC has increased and is likely attributable to a combination of treatment advances, increased publicity, and higher rates of screening [2]. As life expectancies of CRC patients have increased, quality of life concerns have become an increasingly important aspect of managing CRC [3].

A patient's opinion of their well-being and functional status, as measured by quality of life (QOL), is an important outcome in addition to conventional tumor specific outcomes [4]. Accordingly, research into improving disease-specific QOL has become a research priority. However, most studies investigating QOL in stoma patients used generic or cancer-related QOL questionnaires, such as EORTC QLQ-C30, FACT-G, MOS, or SF-36 questionnaires. Using these questionnaires on stoma patients resulted in inconsistent reporting of QOL over time, suggesting that more specific and sensitive instruments are needed in order to gain further insight into the issues of most concern to stoma patients [5–7].

Previous studies have shown the level of QOL among CRC patients was not ideal and the presence of a stoma was found to be an independent factor in worsening QOL [8,9]. Patients with a stoma have to cope with stoma-related technical problems as well as complications that develop as a result of the stoma. In contrast to non-stoma patients, these patients also have to manage sensitive issues such as changed body image, odor, loss of control over the elimination of feces and gases, managing the stoma, and continuing normal activities. These additional stresses result in psychological distress, stigma embarrassment, and social isolation [10–12].

Previous studies demonstrate that dispositional optimism predicts lower psychological distress and increased QOL [13]. Hope, as it relates to cancer therapy, is a state of optimism regarding a good outcome from cancer treatment. Studies have shown that hope can mitigate the effects of psychological distress in cancer patients [14,15]. As a result, hope likely plays an important role improving QOL in stoma patients. Cheng et al. believed that higher scores in knowledge and self-care were associated with a higher level of psychosocial adjustment, which in turn indicates a higher level of QOL [16]. Issues relating to knowledge and self-care have previously been identified as the most common barriers during rehabilitation [17,18], however the effects of these factors on QOL have not yet been reported.

In this study, we sought to quantify the level of stoma-specific QOL and to determine which factors associated with stoma-specific QOL among patients with a stoma. The results of this study provide important information that is useful in the implementation of further interventions aimed at improving stoma-specific QOL.

## 2. Methods

### 2.1. Subjects

A convenience sample of 76 patients with a stoma was selected from patients who presented to the ward for checkup in a tertiary hospital in Beijing between June 2013 and March 2014. Eligibility criteria included a diagnosis of colorectal cancer, having undergone stoma surgery, living at home, 18 years of age or older, the ability to speak and write Mandarin, and a willingness to participate. Exclusion criteria included hospitalized patients and patients with physical or psychological disabilities that would prevent them from participating in self-care. Eventually, 76 patients completed the study.

### 2.2. Data collection

An Ethics Committee in the hospital where this study was undertaken approved this research. All participants were given information about the study and written informed consent was obtained from those patients who agreed to participate. The patients completed the study questionnaires while undergoing routine checkups during clinic visits in the ward. Demographic and medical data were collected from each patients' medical record. The Stoma-QOL, stoma self-care agency scale, and Herth Hope Index assessed QOL, self-care, and hope, respectively. These questionnaires took approximately 15–20 min to complete. Study investigators were trained by the researcher in proper data collection and how to answer the questions in a unified way. For illiterate patients, the investigators read the questionnaires and recorded the responses from patients. Answers were immediately checked in order to ensure that the questionnaires were completely filled out. If missing values were found, the questionnaire was returned to the patient so that he or she could fill in the missing item. A small gift was provided as an award.

### 2.3. Outcome measures

General demographic data and disease characteristics that were collected included age, gender, marriage, education, employment, medical insurance, monthly income, living status, complications of stoma, duration of stoma implantation, chronic disease (based on at least one disease as follows: diabetes mellitus, hypertension, heart disease or a stroke), and treatment received (e.g. chemotherapy or radiotherapy).

QOL was assessed by Stoma-QOL (SQOL) [5]. The SQOL questionnaire was developed specifically for stoma patients and contains 21 items that focus on factors directly related to life with a stoma. The questionnaire is comprised of three subscales (work/social function, sexuality/body image, stoma function) and two single items (financial impact, skin irritation). SQOL was translated into Mandarin Chinese and then translated back into English by two bilingual scholars. Subjects respond to 19 items on a 5-point scale with numbers referring to 1 = never, 2 = seldom, 3 = occasionally, 4 = frequently, or 5 = always. The other two satisfaction items were scored from 0 to 100. A high score on an SQOL subscale corresponded to a better QOL. The SQOL questionnaire

Download English Version:

<https://daneshyari.com/en/article/2655876>

Download Persian Version:

<https://daneshyari.com/article/2655876>

[Daneshyari.com](https://daneshyari.com)