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## Original Article

# Correlation between acceptance of disability and social relational quality in patients with colostomy

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## ABSTRACT

**Purpose:** To investigate the correlation between acceptance of disability and the quality of social relations of patients with colostomies.

**Methods:** A total of 111 patients with permanent colostomies were recruited by convenience sampling. They were asked to complete a general information questionnaire and assessed according to the Acceptance of Disability Scale and Social Relational Quality Scale.

**Results:** Overall, the patients' acceptance of disability was moderate. The total score and factor scores of acceptance of disability were significantly correlated with the total score of social relational quality and the factor scores of family commitment and friendship ( $p < 0.05$ ).

**Conclusion:** There is a positive correlation between acceptance of disability and social relational quality in patients with colostomy. These results will help improve patients' social relational quality of life and provide psychological intervention to promote their acceptance of disability.

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## 1. Introduction

Rectal cancer, a significant health concern experiencing increasing incidence and mortality rates, is one of the three

leading causes of cancer-related deaths worldwide. Rectal cancer accounted for an estimated 1,023,000 new cancer cases and 529,000 cancer deaths worldwide in 2002, increasing at a rate of 8.3% and 7.5%, respectively, compared to the year 2000 [1,2]. Rectal cancer accounted for 172,000 new cancer cases

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**Table 1 – Levels of acceptance of disability for colostomy patients (n = 111).**

Variables	$\bar{x} \pm SD$	Low		Moderate		High	
		No.	%	No.	%	No.	%
Enlargement	60.53 ± 10.72	4	3.6%	47	42.3%	60	54.1%
Subordination	13.65 ± 5.06	62	55.9%	41	36.9%	8	7.2%
Containment	54.05 ± 14.97	28	25.2%	76	68.5%	7	6.3%
Transformation	52.73 ± 15.22	28	25.2%	58	52.3%	25	22.5%
ADS	181.46 ± 39.45	15	13.5%	77	69.4%	19	17.1%

Total score range: low: 50–133; moderate: 134–217; high: 218–300.  
 Enlargement: low: 14–37; moderate: 38–61; high: 62–84.  
 Subordination: low: 5–12; moderate: 13–22; high: 23–30.  
 Containment: low: 16–42; moderate: 43–79; high: 80–96.  
 Transformation: low: 15–40; moderate: 41–65; high: 66–90.

and 99,000 cancer-related deaths in China in 2005 [3]. Most Chinese patients with rectal cancer devalue their health status and ability to recover because they have a stoma, stool leakage, and/or odor. Therefore, they may avoid social activities and give up their own interests. These patients may not only devalue their health status, but also may devalue their existence. Enduring this disease and associated physical disability can seriously damage their psychological health and ability to adjust [4]. Tables 1–3

Acceptance of disability (AD), a derivative of the concept of acceptance of loss, refers to the process of an individual's ability to adapt his or her value system to cope with the perceived limitations of a disease or disorder. AD is a good indicator of whether the disease causes a decline of the patient's perceived self-value and ability to cope with or recover from the disease [5]. Our study participants were experiencing self-perceived health status decline and questioning their physical appearance. Wright summarized the process of acceptance of loss as a series of changes in value. It is postulated As a result of value shifts, individuals with physical disabilities can come to accept their loss when their value shifts in the following four ways [6]: Enlargement of scope of values; Subordination of physique; Containment of disability effects; Transformation from comparative values to asset values. [7]

Participating in social activities may help patients accelerate their adjustment after the undergoing a colostomy. To measure the level of social networks within the context of a collectivist society, the social relationship quality (SRQ) scale is used [8]. In the present study, SRQ measures the core of Chinese patients' social networks. Patients with high-quality social relationships are more likely to participate in group activities. [9]

However, few studies have investigated AD and SRQ together in colostomy patients in Mainland China. Correlational analysis was used to explore the relationship between

AD and SRQ. Further more, this study carefully examined the dimensions of AD, another aspect few studies have examined.

## 2. Materials and methods

### 2.1. Patients

A convenience sample of 111 colostomy patients from four hospitals in Guangzhou, China was chosen for the study. Each subject enrolled in the study underwent colostomy surgery at least one month prior to the study and went to the stoma clinic or association between August 2011 and February 2012. Volunteers were included in the study if they were at least 18 years of age, were one or more months post-Miles operation, had a minimum of post-primary education, and were fluent in Chinese. Patients with a history of mental illness, other cancer metastases, or other serious physical illness including heart failure and stroke, were excluded from the study. In total, the study included 70 male and 41 female subjects with an overall mean age of  $58.93 \pm 12.21$  years. The average time after the colostomy operation was  $53.00 \pm 62.99$  months.

### 2.2. Data collection

#### 2.2.1. Acceptance of Disability Scale (ADS)

Linkowski developed the ADS in 1971; according to Wright's acceptance of loss concept [10]. It includes 50 items and uses a six-point scale, with 15 items positively scored and 35 questions reverse scored. One point is assigned for the response of "strongly disagree" and six points for "strongly agree." Acceptance of disability is correlated with total positive score, ranging from 50 to 300. The validity of this scale has been proven in the past as it has been used to investigate patients with spinal cord injuries, diabetes, and colostomies [10–12]. In a study of 77 Ehlers–Danlos patients, the reliability

**Table 2 – Social relationship quality levels (n = 111).**

Variables	Total score	Maximum	Minimum	$\bar{x} \pm SD$
Family commitment	20	20	12	17.25 ± 2.10
Family intimacy	28	28	13	22.40 ± 2.53
Friendship	20	20	7	14.98 ± 2.17
SRQS	68	68	39	54.64 ± 5.46

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