

# **NEW STOMA PATIENTS' EXPERIENCES DURING POST-OPERATIVE NURSING CARE**

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Abstract <p>The purpose of this study was to find out the essential concerns for stoma patients and the core information that patient are eager to know concerning stoma care. The aim of this study was to provide information that can help improve stoma patient's' education resulting in a better psychological support in the post – operative stage. Not all, another aim was to find out the most useful method in patients' education process concerning stoma care.</p> <p>Qualitative method was used to implement this study. The research was conducted in the Peking Union Medical College Hospital, Beijing China. Open ended questions were used in one-to-one interviews for collecting data. Four males and one female whose ages range between 48 and 68, and had newly formed stoma were selected for the interviewees. When choosing the samples, the type of ostomy performance was not restricted. The interviews were done between August and September 2011. The average interviewing time was 70 minutes. The inductive content analysis is used to analysis the data.</p> <p>The results of this study revealed that the new stoma patients' concerns in post – operative rehabilitation includes occupational interruption that can lead to economic pressure, fear for social discrimination that is caused by lack of social support, fear for stoma appearance, and worries for daily life. They are eager to get information about nutrition intake and basic stoma anatomy knowledge. Furthermore, the study found out that the pre-operative education has significant effects for the stoma patients' rehabilitation. Concerning the educational methods, the respondents mentioned that both individual education and group counseling have their strengths and weaknesses. For the psychological support, family and friends' support has been mentioned as the most important part that can release stoma patients' anxiety, followed by support from other stoma patients.</p>		

**Keywords**

Stoma care, Patients' Education, Post - Operative Nursing, Patients' Experiences

**Miscellaneous**

Permission to perform the research; Letter of information; Interview questions.

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## 1 INTRODUCTION

In China, the incident of stoma is really high. There are more than 10 million people who need enterostomy surgery because of colon or rectal cancer, trauma, colitis gravies (ulcerative colitis) and Crohn's Disease. At present, there is the accumulative total of 100 million people who have the stoma (Jiang, 2009). People who have had stoma surgery are not only contended with immediate physical changes that the surgery brings out but also adjusted to the psychological impact of stoma formation. The whole experience of having a gastrointestinal illness resulting in stoma surgery represents a major change in patient's life. Patients have to cope with complex feeling of emotional, social and physical problem associated with newly formed stoma (Burnard & Morrison, 1991, 4-8). Due to these series life occurrences, patients can become very anxious and depressed as well as deteriorate of life quality.

The most vital period is the first few days to weeks in post-operative stage after a new stoma formed. There are consistent reports of psychological and social dysfunction in patients whose surgery end with a colostomy (Simmons, Smith, Bobb & Liles 2007, 627-635). Patients may have difficulty to manage their stoma around their life, for example, they don't know how to change stoma bag with adequate facilities properly. This can lead patients to a low mood (Brown& Randle 2005, 74 - 81).Therefore, at this special moment, reassurance and supports are helpful (Simmons et al 2007).

According to White and Hunt (1997), approximately, 18-26% of patients who have the experience of surgery resulting in the formation of a stoma experienced psychological symptoms after the surgery. Stoma patients (regardless of which form of stoma they have) seem to report similar concerns. These can be broadly categorized into concerns about changed body image and attractiveness, noise, odor, and leakage. (pp. 3 - 7.)

The author had an opportunity to perform her final professional practice in the Gastrointestinal Surgical Department in Peking Union Medical College Hospital, Beijing, China, and the most of the patients there had the intestinal tumor, in which some of them needed to

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have colostomy or ileostomy surgery as the necessary treatment. According to author's own observation, the new stoma patient's negative feeling such as anxiety or depression were mainly caused by lack of psychological support and adequate professional stoma care knowledge. For example, patients didn't have sufficient knowledge about the correct way to manage stoma area or to use stoma equipments and the wrong way to change bag may lead to leakage and odors.

A Surgical Patient Education Program provided by American College of Surgeons - Division (year is unknown) stated that up to 80 % of patients do not receive the desired amount of information before the discharge, which resulting to lack of confidence and knowledge on how to properly manage their following care. Furthermore, this educational program mentioned that over 100 studies have determined that patient skills education is associated with lower rates of complications, anxiety, and costs in addition to higher rates of compliance and satisfaction.

As said by Turnbull (2008), White(2004, 326 – 336) had mentioned that due to shortened length of hospital stays, clinicians often have limited time to address more than ostomy “survival skills” before the patient is discharged(Turnbull, 2008). Thus, the author thinks it is critical to find out what is the most important knowledge that patient eager to know, and the most effective way to provide stoma care education that knowledge can be absorbed by the patient maximally.

The purpose of this study was to find out the essential concerns for stoma patients and the core information that patient are eager to know concerning stoma care. The aim of this study was to provide information that can help improve stoma patient's' education resulting in a better psychological support in the post – operative stage. Not all, another aim was to find out the most useful method in patients' education process concerning stoma care.

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## 2 OSTOMY AND STOMA

According to Sands and Marchetti (2011), an ostomy is a surgically created opening between the hollow organ and body surface or between any 2 hollow organs. The word, **ostomy**, comes from the Latin word, ostium, meaning mouth or opening. The word, **stoma**, comes from the Greek word for mouth and it used interchangeably with ostomy. (pp. 517 – 518)

In order to understand ostomy and stoma deeply, Jackson (2008) briefly emphasized the gastrointestinal anatomy. According to him, the gastrointestinal tract begins with the esophagus and continues through the stomach, small intestine, large intestine (colon), rectum, and anus. After the food is digested in the upper part of gastrointestinal tract, the waste leaves the small intestine as liquid. The colon absorbs water from the liquid material and stores the remainder as formed stool until it is passed voluntarily out of the body through the rectum. An ostomy usually performed when a medical condition is so severe that an ostomy offers a better alternative, and patients' quality of life is usually much improved after this surgery (Jackson 2008).

Concerning gastrointestinal tract, there are 2 main kinds of ostomy: colostomy and ileostomy (McGrath & Porrett 2005, 17). Sands and Marchetti (2011, 518) states that the ileostomy is an opening from the ileum to the skin, and the colostomy is from the colon. On the other hand, from the point of exist, according to McGrath and Porrett (2005) the stoma also can be divided as temporary or permanent. A temporary stoma is most often created to divert stool away from an operation site to allow healing to occur without irritation or to provide an outlet for stool when an obstruction is present. This stoma can then be reversed by the surgeon with minimal or no loss of intestinal function. A permanent stoma implies that the bowel cannot be reconnected. Therefore the patient will never have a "normal" functioning bowel again. A permanent stoma may be required when a disease such as cancer of rectum and inflammatory bowel disease, or its treatment, leads to loss of normal intestinal function. (pp. 18)



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## 2.1 Types and Indications of Colostomy

Common types of colostomy include ascending colostomy, transverse colostomy, and sigmoid or descending colostomy. The ascending colostomy which located on the right side of abdomen is a relatively rare opening in the ascending portion of the colon. The transverse colostomy is the surgical opening in the transverse colon resulting in one or two opening. It located on the upper abdomen, middle or right side. The sigmoid or descending colostomy is the most common type of ostomy surgery, in which the end of the descending or sigmoid colon is brought to the surface of abdomen. It is usually located in the lower left side of the abdomen. (Sylvia 2008, 416)

Moreover, Sylvia (2008) explains different types of colostomy regard to retain time. The temporary colostomy allows the lower portion of colon to rest or heal. The permanent colostomy usually involves the loss part of the colon, most commonly the rectum. The end of the remaining portion of the colon is brought out to the abdominal wall to form the stoma.

Friel (2008) states the indications for colostomy that the most common indications include very low rectum cancer, and other indications include large polyp that no amenable to other techniques (e.g. endoscopy), severe pelvic or perineal infection/inflammation (e.g. Crohn's disease), and other malignancies such as ovarian cancers. Moreover, additional indications in different situation also include fecal diversion due to perineal sepsis (e.g. Crohn's disease), disabling incontinence, distal benign or malignant stricture, and emergency surgery when an anastomosis is seemed not safe. (pp. 291)

## 2.2 Types and Indications of Ileostomy

Just like colostomies, there are also different types of ileostomy. According to Rayson (2003), Brooke ileostomy is the standard, conventional type of ileostomy that involves removing or bypassing the entire colon, and in some cases a portion of small intestine (e.g. in the case of

Crohn's disease). The ileum is then brought to the surface of the abdomen, and a stoma is created. For other continent ileostomy options, there are ileoanal reservoir (pouch) procedure and continent intestinal reservoir (Koch pouch). (pp. 31) (See Figure 1.) Furthermore, Boulton, Gupta, Cousins and Hodgson (2011, 111) emphasized the temporary ileostomies and permanent ileostomies. According to them, temporary ileostomies performed as an interim stage when multistage colonic surgery is being performed. Permanent ileostomies are the most common type and are used after removal of the colon (e.g. for Crohn's disease). Continent ileostomies produce a pouch of the ileum below the abdominal wall, which is then drained intermittently via a catheter.

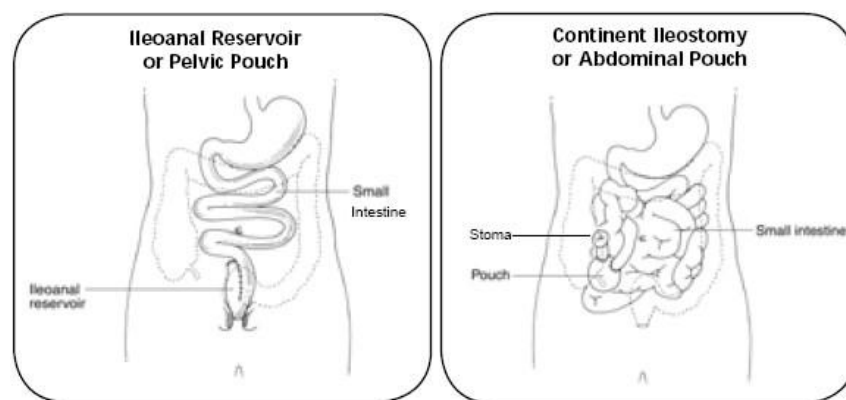


FIGURE 1. Ileoanal reservoir (pouch) procedure (Left) and continent intestinal reservoir (Koch pouch) (Right).(Gutman 2011).

The main indications for ileostomy include ulcerative colitis, Crohn's disease, familial polyposis, and cancer-related problems. Regards to different types of ileostomy, the indication is variable slightly. For the Brooke ileostomy, the indication includes all above diseases. The continent ileostomy is the surgical reason for ulcerative colitis, familial polyposis and cancer-related problems. Then the ileo-anal reservoir is only suitable for ulcerative colitis and familial polyposis. (Types of ileostomies, 2011)

### 2.3 Regular Condition, Output, and Complications for Stoma

According to Wright and Burch (2008), McCahon (1999) defined the regular condition for all stoma types that the stoma should be red or pink due to profuse blood supply, the dark stoma

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indicates poor blood supply and that pale stoma may indicate low hemoglobin. The stoma should be as warm as the rest of the abdomen and the temperature can be felt through the plastic appliance. Furthermore, the stoma must be moist due to the bowel secretion. (pp. 134)

Relating to the shape of stoma, colostomies are flush or minimally raised, whereas ileostomies should have 2.5cm spout. Excluding initially following the surgery the stoma may be edematous, which will reduce in up to eight weeks. (Wright & Burch 2008, 134)

Concerning the output for stoma, as said by Wright and Burch (2008, 134), colostomies generally pass soft and formed stool, usually once or twice daily, and ileostomies usually pass semi - formed loose stool.

Additionally, Gutman (2011) emphasized more detail regard to the output of colostomies and ileostomies. For the colostomies, according to her, the output of ascending and transverse colostomies is semi-solid, unpredictable and contains some digestive enzymes; and the discharge of descending or sigmoid colostomies will resemble normal bowel movements, and regulated in some persons, not in others. And for the ileostomies, she states that the discharge of ileoanal reservoir will be the soft and formed stool that mainly 6-8 times per day, the output for the Brooke Ileostomy is liquid or paste consistency that contains residual digestive enzymes and unpredictable drainage, and lastly, the continent ileostomy 's discharge is liquid or paste consistency.

During the rehabilitation, other physical problems associated with the newly formed stoma may also occur. The patients are in a position where they also have to cope with physical problems associated with the newly formed stoma. From the point of ileostomy, the main complications include obstruction, lack of vitamin B12, irritation and inflammation of the skin around the stoma, stoma stricture or prolapsed and phantom rectum (Ileostomy - complications 2010). Moreover, Gutman (2011) indicated that other complications of ileostomy include diarrhea, electrolyte imbalance which may be caused by the loss large amount of fluid via the stool discharges, and short bowel syndrome (a disorder clinically defined by malabsorption, diarrhea, steatorrhea, fluid and electrolyte disturbances, and

malnutrition (Cagir 2012) when the substantial amount of the small bowel has been removed. The complications of colostomy include rectal discharge when people who have had a colostomy that has left their rectum, phantom rectum, and parastomal hernia (Colostomy – Complications, 2009).

## 2.4 Pouching System --- the Peri-operative Management of Ostomy

The most common management in the post – operative stage for ostomy is to use the pouching system, except for two types of ileostomy which are the ileoanal reservoir (pouch) and the continent intestinal reservoir that are not common in China.

According to Corwell (2011, 285 - 287), the pouching system is the basic stoma management, which consists of the collection device that contains the stoma drainage (See Figure 2.) and the skin barrier that provides secure seal and protects the peristomal skin (See Figure 3.).

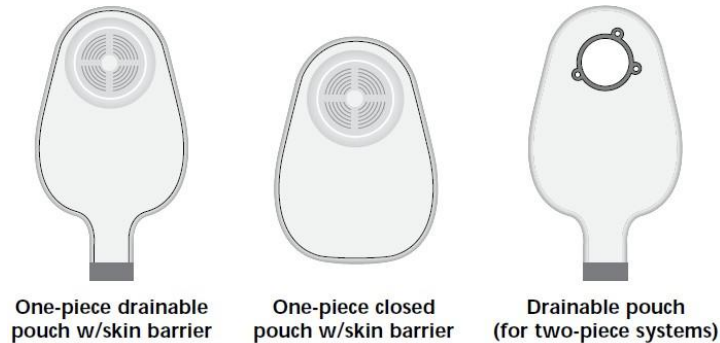


FIGURE 2. Different types of drainage pouch. Gutman (2011)

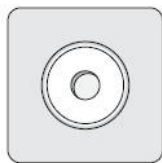


FIGURE 3. Skin barrier. Gutman (2011)

As said by Gutman (2011), basically, all different types of drainage pouches are to do the same

job. They collect stool that may expel expectantly or unexpectedly. (See Table 1.)

<b>Product</b>	<b>Purpose</b>
<b>One piece cut to fit pouching system</b>	Pouch and skin barrier are one unit, can be cut to fit stoma size.
<b>Two-piece pouching system</b>	Skin barrier and pouch are two separate pieces, allowing skin barrier to be placed on prior to pouch application. Skin barrier can be cut to fit or precut.
<b>Convex pouching system</b>	The convex shape can enhance the pouch seal, by flattening an uneven peristomal area, or causing a retracted stoma to protrude into the skin barrier opening.

TABLE 1. Ostomy Products. Cohwell 2011.

### **3 PSYCHOLOGICAL ISSUE FOR STOMA PATIENTS**

#### **3.1 Body Image Alteration Effects**

After the ostomy surgery has been performed, the patient may experience psychological pressure caused by the feelings of alteration in the body image, function and control of stoma as well as restrictions within the current lifestyle and activity. New stoma patients are more concern about their body image than any other issues, therefore, the noise, odour, leakage, visibility of appliance and perceived attractiveness to others are the main reasons that lead to anxieties and fears. (Williams 2005, 158)

According to William (2005, 158), White (1998) clarified that patients more likely to experience difficulties in psychological adjustment include those who have a reported history

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of psychological problems, those who express dissatisfaction with pre – operative information and those expressing negative thoughts of stoma surgery and its impact. Therefore, some patients will react with shock and disgust at the thought of having a stoma, and as said by Williams (2005, 158), Klopp (1990) states that patients with newly formed stomas will express feelings of degradation, isolation, stigma, social restriction and mutilation.

Williams (2005) said that when an individual becomes ill, she/he becomes far more aware of his body. Change in physical appearance may make individuals feel less attractive. These feelings can lead to insecurity, lack of confidence and being out of control, which in turn can be a threat to existing relationships and friendships. Patients with newly formed stomas undoubtedly face changes in their appearance but they also experience loss of control over elimination which for a number of patients can be most disturbing. (pp. 158 – 160) According to him, Church (1986), Wade (1989) and Salter (2002) states that the fear of the stoma being detected, whether it can be smelt or heard, i.e. the passage of wind or rustle of the bag has been expressed by patients in several studies. It is due to what a person was taught from an early age is that being incontinent is socially unacceptable, therefore, this fear and loss of control deliver a severe blow to the self-esteem and gives rise to fears of rejection by friends and of being ostracized by society.

### **3.2 Psychological Analysis for Stoma Patient**

Psychological changes for a stoma patient are very complicated, which affected by patient's character, disease, educational and social background, and the perception of the ostomy. On the other hand, patient's thought is also influenced by peri-operative, recovery, and rehabilitation stage. (Li 2009)

According to Li (2009), Yu and Gao (1996) has stated that the first feeling the patient will experience is denial and contradiction. No matter what is the reason for the patient to have the ostomy surgery, it will seriously affect the patient's body image, habits and normal social

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activities. Thus, when the patient is told the performance of ostomy surgery, usually, the first reaction is to doubt the accuracy of diagnostic and rationality of surgical method. Most of the patients will look for another medical check, but when the final diagnosis is confirmed, they often refuse further medical treatment and even close themselves.

After going through the denial and contradiction, patients may feel stress and anxiety when they had to face stoma as the fact. Especially when the patients wake up from anesthesia after the ostomy surgery has been performed, the first time to see their abdominal stoma will lead to angry and suffer from injustice. (Wang, JP., Wang, ZF., Ye & Guo 1999, 623 – 624) Therefore, as said by Li (2009), at this period, stoma patient's psychological trauma may be more severe than physical wound.

Although patients may already have psychological preparation for the ostomy surgery, when they face the difficult adaptation for the newly formed stoma especially face the inability to control bowel movement and stoma site complications caused by improper care, they are easy to become panic, fear, desperation and loss of confidence in life. At this moment, sometimes patients won't cooperate with treatment even have self- mutilation or suicidal behavior. (Li 2009)

Furthermore, Li (2009) states that during the rehabilitation, patients tend to consider themselves as disable and useless, loss confidence of the recovery procedure, fear for other people's abominate and discrimination, and loss eager to be contact with around people due to inconvenience of daily life. In addition, extra medical cost may cause more pressure to stoma patient. In general, the behaviors of patients who have severe psychological pressure are fear for normal social activities, flinch and strong dependence for family.

Due to the different types of surgery method for ostomy, sacral plexus may be damaged, which may cause patient's sexual dysfunction. Besides the physical damage, stoma patient's maladjustment of the body image changing and unfamiliar with stoma care procedure will lead to psychological sexual dysfunction. About 80 % of stoma patients think the changes in lifestyle

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have the severe impact on emotion state, and more than 40 % of them think the sexual problem influences emotional feeling. Moreover, after the ostomy surgery, the medical staff didn't provide any opportunities for patients to discuss about sexuality changes, which will cause patients' low self - esteem, depression and dissatisfaction with sexual life. (Xu & He 2011)

Xu and He (2011) also emphasized the urination disorder is one of the major psychological pressures for stoma patients. The ostomy surgery, especially the descending or sigmoid colostomy inevitably affects the pelvic autonomic nerves which may lead to urination disorder (e.g. urinary incontinence, urinary retention and painful urination). The symptoms of urination disorder usually happened within one month after the surgery and will disappear with the rehabilitation process.

Patients' psychological pressure may also be caused by lack of knowledge concerning stoma care. As indicated by Xu and He (2011), in China, health care providers do not have adequate professional knowledge about stoma care. Consequently they are not able to provide sufficient health education to stoma patients, that can't satisfy patients' knowledge demanding. Inadequate stoma care knowledge will bring negative feeling to patients because they may be confused by how it will affect their life. Moreover, when there is lack of knowledge, patients' self - care ability will be limited and cannot prevent the peristomal complication. As the result, patients may lose confidence to go back to normal life and the quality of life will be decreased. (Wu & Yan 2011)

Xu and He (2011) continue to say that stoma patients may have psychological pressure that caused by the worries of disease's recurrence.



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### 3.3 Psychological Support for Stoma Patient

Li (2009) stated that the psychological support is multi – faceted and has multi level. It needs the cooperation between health care workers, patients and family members. The high-quality psychological support should be based on patients’ educational background, personality and emotional status, thus to choose a proper way. The whole procedure will be very individual, and should be finished under multi – professional management.

Unfortunately, Breckman (2005, 8) mentioned that stoma patients’ physical rehabilitation does not necessarily mean the patients’ emotional or psychological rehabilitation has also occurred, which often takes longer. Furthermore, according to Breckman (2005, 8), Wade (1989) and White (1999) said the psychological rehabilitation is not achieved by all stoma patients.

In general, trained members of nursing staff have proven to be the most effective source of psychological support. According to Hughes, Myers and Carlson (2001, 60 - 61), the patient should be given sufficient information at all times to be aware and actively engaged in their treatment and rehabilitation plan. Family members should also be included whenever this is thought to be appropriate. The importance of the spouse or partner’s support is invaluable that can offset the initial feelings of shame and mutilation felt by many patients. Education should be given to the relatives so that the sharing relationship is allowed to continue, and the family needs to behave normally and demonstrate continued acceptance of the patient, promoting positive attitudes and dispelling possible feelings of rejection or revulsion. Furthermore, Hughes et al. (2001, 60 – 61) emphasized that encouragement and allowing ample opportunities to talk will be much needed for patients and their relatives, and they should be encouraged to voice concerns and fears. Reassurance regarding the progress or possible outcomes will be constantly required and the nurse must answer honestly but never offer false or premature reassurance.

According to Wu and Yan (2011), Ye (2011) mentioned that health care education has the significant impact on stoma patients’ physical, emotional, social, and personal role functions.

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Providing stoma patients and their families the sufficient health care education can help to release patients' emotional feelings of anxiety and depression, and changes the families' attitude on patients. Thus stoma patients can get more psychological support that given by families.

Stoma patients are also eager to know knowledge concerning stoma care, which can enhance their self – care confidence and release their negative emotional feelings. 77.33 % of the stoma patients hope to understand the treatments and its efficacy. In the early post – operative stages, the patients need to get acquainted with the current problem of daily life related to stoma care. Over 90 % of patients present their eager to know more about stoma management, complications, diet and rehabilitation process. Additionally, more than 60 % of stoma patients require more information on health promotion and guidance for family members. (Wu & Yan 2011)

Besides providing health care knowledge, according to Li (2009), Xu and Yu (1998) has mentioned that the individual psychological consultation can release stoma patients' fear, depression and frustration as to encourage patients to be more active and optimism to face life. Individual psychotherapy can be conducted by recovered stoma patients. They can share their own experiences on how to deal with the stoma and how to overcome the difficulties in rehabilitation in order to diminish new stoma patients' bad feelings. This kind of individual psychological consultation can help patients get through the emotional crisis with the shortest time which can improve new stoma patients' physical and mental rehabilitation.

Furthermore, Li (2009) emphasized the benefits of group counseling for stoma patients. The group counseling builds a harmony environment and atmosphere that stoma patients can share their rehabilitation experiences, reduce loneliness, support each other, and get guidance by professional medical workers.

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### 3.4 Economic Pressure for Stoma Patients in China

According to Xu and He (2011), after two to six months of the ostomy surgery, only 42.5 % of patients went back to work. 80% of patients think they are too weak to do the previous job, and 38% of them stopped working due to involuntary defecation of stoma. Caused by the job quitting, patients may go through more psychological pressure that due to economic reasons. The high medical care cost, ostomy supplies and further treatments expenses may bring the heavy financial burden for patients and their families. Thus, the income is one important issue that will impact patients' psychological status. Patients with high income adjust newly formed stoma better than others.

Hong (2010) mentioned that stoma patients have regular cost that has to satisfy their basic needs. When estimates the lowest standard, every stoma patient will spend about 100 RMB per month. Furthermore, Hong (2010) said that medical workers will help patients choose the appropriate ostomy supplies regards to their economic status, and the peristomal skin protection is the priority for the ostomy products' selection. Generally, the ostomy supplies can be divided to 3 categories: one – piece ostomy bag that cost 10 – 20RMB/per bag, and two – pieces ostomy bag that priced 70RMB, including the skin barrier and pouch. For the normal condition, a one – piece's ostomy bag needs to be replaced 3 to 4 times/day, while the two – pieces' ostomy bag will be changed every 3 to 5 days. Therefore, the calculated expenses of ostomy supplies will be 100RMB, 150RMB or 500RMB.

Although the cost of the ostomy supplies seems to be bearable, for stoma patients, using these products will be life – long behavior. Moreover, the age trend of stoma patients is getting younger, which means more patients need to spend money on ostomy supplies for longer time. On the other side, in China, the cost of ostomy supplies is not included into national medical insurance which means patients and their families need to pay the money by themselves.

(Hong 2010)

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## **4 PURPOSE, AIMS, AND RESEARCH QUESTIONS OF THE STUDY**

The purpose of this study was to find out the essential concerns for stoma patients and the core information that patient are eager to know concerning stoma care. The aim of this study was to provide information that can help improve stoma patient's' education resulting in a better psychological support in the post – operative stage. Not all, another aim was to find out the most useful method in patients'education process concerning stoma care.

In order to achieve the aims and objectives of the research, the following questions are addressed.

- 1) What are the factors that cause negative feeling for stoma patients in post – operative stage?
- 2) What kind of information does post-operative stoma patients expect from medical workers?
- 3) Comparing individual counseling to group counseling: which educational method does post-operative stoma patients find more effective?
- 4) How do stoma patients get psychological support?

## **5 IMPLEMENTATION OF THE RESEARCH**

### **5.1 Setting**

The research is conducted in the Peking Union Medical College Hospital that located in the downtown of Beijing (the capital city), China. Peking Union Medical College Hospital (PUMCH), an institutional Faculty of Clinical Medicine affiliated to both Peking Union Medical College (PUMC) and Chinese Academy of Medical Sciences (CAMS), is a renowned general hospital in China with a prestigious historical background. Designated by Ministry of Health, PUMCH is the

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national medical technical support center for diagnosis and treatment of severe and complicated diseases. The hospital that founded by Rockefeller Foundation in 1921 has maintained its leading position as one of the top-ranked hospitals with its gathering of notable experienced physicians, medical professionals and scientific researchers of various specialties in China for over 80 years. (Introduction for PUMCH 2002)

The main education about stoma care in General Surgical Department III of Peking Union Medical College Hospital is provided by patient's charge nurse. The individual teaching method is mainly used, and the patient is always in the passive position. The education meeting is held inside of ward. The participants include charge nurse, the patient, and one or two close relatives whom will take major responsibility for patient's rehabilitation after discharge. Each educational process lasted for about 20 to 30 minutes depending on patient's understanding and the situation. The given information focuses on how to use stoma appliance, basic diet guidance, and observation of abnormalities. Before the patient is discharged from the department, patient or his / her relative have to demonstrate to the charge nurse that patient and her or his family can manage the stoma at home.

## **5.2 Sampling**

The judgment sample technique is used to sampling the group, which means the researcher actively selects the most productive sample to answer the research question (Marshall 1996, 522 - 525). Four males and one female whose ages range between 48 and 68, that have newly formed stoma were selected into the sample group. Four males were working before they were hospitalized while one female was retired. When choosing the samples, the type of ostomy performance was not restricted as well as the persisting time of ostomy which include both temporary and permanent ostomy.

The reason for the ostomy performance for all participants was colon cancer. The exclusion standards for the sampling group were: patients who were not able to speak mandarin Chinese,

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patients who were not willing to participate in the research and patients who were too weak to communicate in the post – operative stage.

The formal requirement for the research (see Appendix 1) was submitted to Department of Nursing, Peking Union Medical College Hospital, which had been approved. All participants were fully informed about the aim, expectation and procedure of the research and signed inform consent form (see Appendix 2) to guarantee their anonymity and confidentiality. Furthermore, the participation was strictly voluntary.

### **5.3 Data Collection**

One – to – one interview is used in the study because it produces first – person accounts of the experience and the purpose of the interview is to gain a full and detailed account from an informant of the experience under study (Polkinghorne 2005, 137 – 145). According to Polkinghorne (2005, 137 – 145), Potter (1996) has defined interviewing as a technique of gathering data from humans by asking them questions and getting them to react verbally. The interview proceeds as a professional conversation that consists of a give-and-take dialectic in which the interviewer follows the conversational threads opened up by the interviewee and guides the conversation toward producing a full account of the experience under investigation (Polkinghorne 2005, 137 – 145).

The interview was formed by semi – structure open question (See Appendix 3). These kinds of question allowed the author to weight up the credibility of the responses for the author herself and explore some of the underlying motives more directly. Furthermore, this method was used because it allows the interviewees a degree of freedom to explain their thoughts and to highlight areas of particular interest and expertise that they felt they had, as well as to enable certain responses to be questioned in greater depth, and in particular to bring out and resolve apparent contradictions.(Horton, Macve & Struyven 2004)

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In China, the tape recording in the interview has been seen as a formal behavior, which means the whole interview will be used for the serious purpose. Due to this reason, the author thought that there is the possibility that the participants won't express the real feeling in order to protect anonymity. Furthermore, the newly formed stoma might also affect participants' psychological feeling when they consider the tape - recording interview. Therefore, the note - taking method is used for information collection during the interview. According to the Boisier (2010), the note - taking both collects information and serves as the basis for future analysis. It is also an efficient alternative to the lengthy process of transcribing entire conversations. Thus the note - taking helps save time and choose important ideas in any given field of study.

The interviews were taken between August and September 2011 when the author did her professional practice in Peking Union Medical College Hospital. The length of each interview was between 60 and 90 minutes depending on the response of the participant while the average interviewing time was 70 minutes. After the raw papers of note - taking was transcribed, all of them were properly destroyed.

#### **5.4 Research Methodology**

The qualitative research method is used in this study. This method is used because of the qualitative research focuses on the natural setting and the meanings that participants attach to their behavior, how they interpret situations, and what their perspectives are on particular issues (Pratt 2006). According to Marshall (1996), the qualitative studies aim to provide illumination and understanding of complex psychosocial issues and are most useful or answering humanistic 'why?' and 'how?' questions, and some informants are 'richer' than others and that these people are more likely to provide insight and understanding for the researcher. The Qualitative information typified by smaller samples, directional findings, analyses thoughts and feelings, open questionnaire, the explanation for why do people think/behavior(behavior) so, and provide anecdotal type information (Qualitative research 2009).

Moreover, qualitative research in nursing has become increasingly important as ways of developing nursing knowledge for evidence-based nursing practice. Qualitative research answers a wide variety of questions related to nursing's concern with human responses to actual or potential health problems. It is used to gain deep insight into people's attitudes, behaviors, value systems, concerns, motivations, aspirations, culture or lifestyles, and aim to gather an in-depth understanding of human behavior and the reasons that govern such behavior. (Qualitative research in nursing 2011) Therefore, the qualitative research is used for this study because of its nature and description.

## **5.5 Data Analysis**

The data analysis was done in winter 2011, and the inductive content analysis is used to analysis the study. The primary purpose of the inductive approach is to allow research findings to emerge from the frequent, dominant or significant themes inherent in raw data, without the restraints imposed by structured methodologies (Thomas 2003). According to Elo and Kyngäs (2007), the inductive content analysis includes open coding, creating categories and abstraction.

As said by Thomas (2003), inductive approaches are intended to aid an understanding of meaning in complex data through the development of summary themes or categories from the raw data ("data reduction"). These approaches are evident in many qualitative data analyses.

Furthermore, according to Elo and Kyngäs(2007), Krisppendorff (1980), Downe – Wamboldt (1992) and Sandelowski (1995) had mentioned that the content analysis as a research method is a systematic and objective means of describing and quantifying phenomena. Content analysis allows the researcher to test theoretical issues to enhance understanding of the data. Moreover, through the content analysis, it is possible to distil words into fewer content related categories.



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The interviews were taken by note – taking method. The drafts of interview notes in Chinese were six pages A4 sized papers and one and half pages for one participant averagely. The author read the raw paper material many times, and translated word to word from Chinese to English carefully to avoid misunderstanding and inaccuracy. After translation, the data in English was five pages of A4 sized papers of Microsoft word 2007. The font was Cambria, and the size used was 10.5.

The data was read through in details to familiarize with the content, themes and the details about the data. The author used different types of the font to tab themes after the categories, and theme coding was done. The main themes were already derived from the research questions. The sub themes were derived from reading the raw data. For each main theme, there are 2 or 3 sub themes that were brought out from the data relating to stoma patients' experiences. The first – level themes was represented by bold type, and the second – level themes was in type italic. Responses from participants which fell on the same theme were copy and paste all together. The responses that did not relate to the themes or sub themes were deducted. (See Appendix 3).

## **6 RESULTS**

The results of the study are categorized in the following frame. (See Figure 5.)

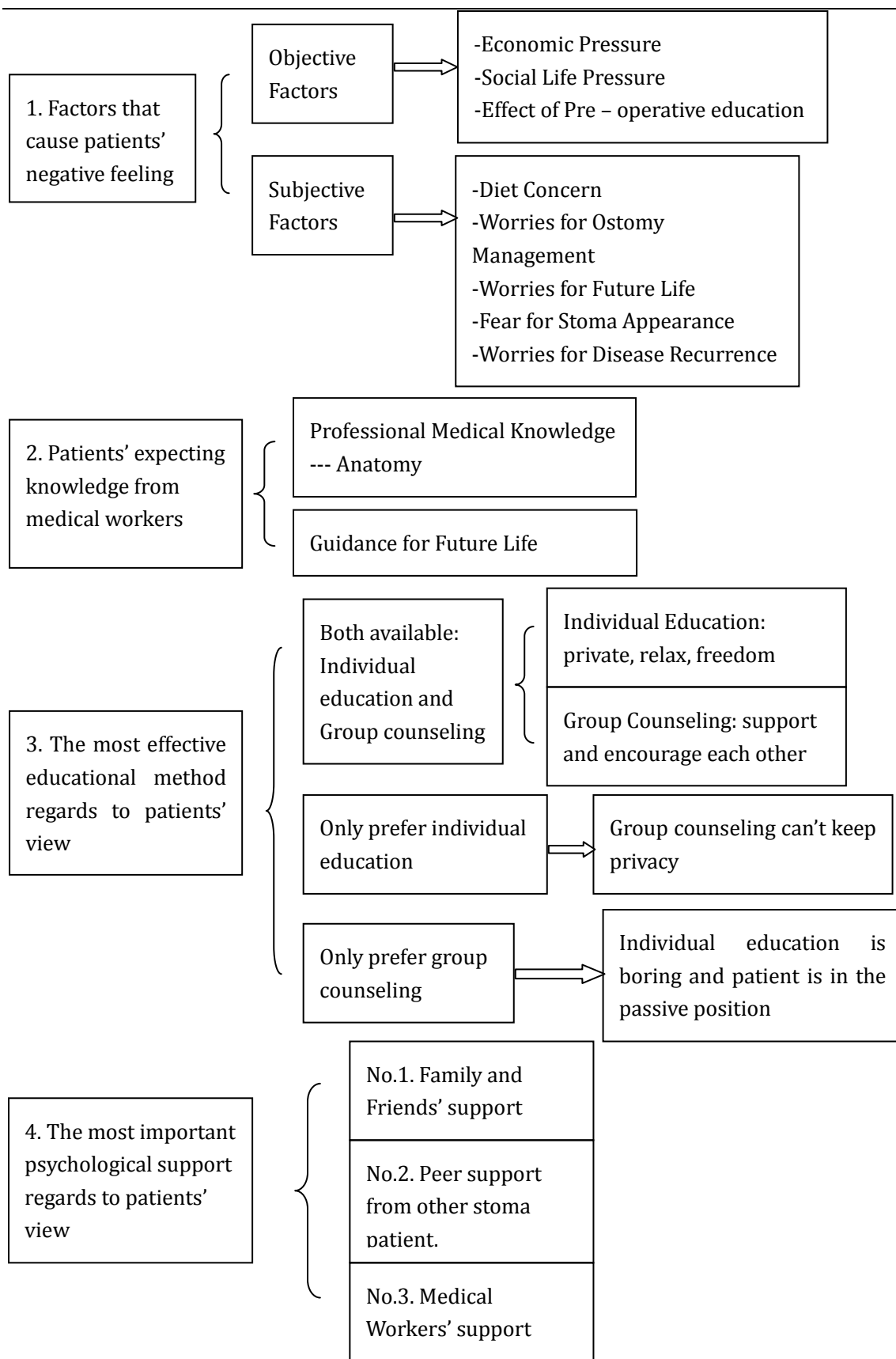


FIGURE 5. Result categories.

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## 6.1 Factors that Caused Patients' Negative Feeling

According to participants' response, the author categorized the valuable information to objective factors and subjective factors. The objective factor refers to the factor that based on facts rather than on individual's feelings or beliefs, therefore, can't be changed by participants' willing. The subjective factor means the attitudes that are influenced by personal opinion.

### 6.1.1 Objective factors that Caused Patients' Negative Feeling

The *objective factors* included *economic or occupational pressure, social life factors, and pre-operative educational effects*. (See Table 2.)

All the participants mentioned economic / occupational factors. Most of them were concerned about the cost of stoma appliance and the future treatment expenses. They were afraid that they couldn't afford the long - term expenses due to the stoma, which would affect their future career and income. On the other side, some of the respondents didn't complain about economic pressure that brought out by stoma, but they felt disappoint about the interruption of their successful career.

However, respondents from rich families, didn't complain about the money, and they were more relaxed when talked about the future expenses.

*"I don't need to worry about money. The only thing I can do is to pay whatever I need that helpful for my recovery."*

The second worry that was mentioned a lot by the respondents was the worries for social life. They fear for the stool leakage, other people's awareness of stoma and society's discrimination. Contrarily, some respondents mentioned that when they already got enough support from friends thus they didn't really consider the social life effects that are caused by newly formed

stoma.

*"I don't have social life pressure. I relate well with other people. After the operation, my friends often come to visit me. They knew my situation and encourage me to fight with illness. I feel relaxed with their support."*

<b>OBJECTIVE FACTORS</b>	<b>SPECIFIED EXPRESSION</b>	<b>ORIGINAL EXPRESSION</b>
<b>ECONOMIC / OCCUPATIONAL PRESSURE</b>	Stoma appliances & Future rehabilitation expenses	<i>"I don't know how much it will cost and whether my savings can support my future treatment because it is a long - term fee"</i>
		<i>"If I cannot work anymore, my family has to bear everything for me. I'm afraid that my family's life quality will be affected by this stoma if it needs lots of money"</i>
		<i>"I'm retired already, and I'm not sure whether my pension can afford the expenses. I don't want to bother my children at the money problem"</i>
	Interruption of successful career.	<i>"I enjoy my job very much, but this thing (stoma) breaks everything! I have enough money for the treatment, but I'm upset because I can't work as before again!"</i>
<b>WORRIES FOR SOCIAL LIFE</b>	Fear for society's discrimination	<i>"I'm afraid that stoma can be seen or smell by other people, and I will be treated as a freak"</i>
		<i>"People around me will discriminate against me. They probably will far away from me because I'm dirty and disable"</i>
<b>PRE - OPERATIVE EDUCATIONAL EFFECTS</b>	Provide psychological preparation,	<i>"My doctor told me that I would have a stoma. He also explained what it is and why it must be performed therefore I already prepared to accept it"</i>
	No pre - operative education cause lack of psychological support	<i>"I think it is quite good that my doctor told me what would happen on my body. At least, I have time to think and accept it psychologically"</i>
		<i>"My doctor didn't say anything about the stoma formation during the pre - operative discussion. This stoma was decided during the operation. I feel shock and scared when I saw it. I even don't know why and how it comes to my body, and how it works"</i>

TABLE 2. Objective factors that caused patients' negative feelings.

According to the respondents, pre - operative discussion and education about stoma formation-affected the respondents' reaction for the stoma after the ostomy surgery significantly. In most of the cases, after the respondents know what the stoma is and why it must be performed

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before the surgery, they have had psychological preparation for the appearance of stoma thus they are more peaceful when they saw the new stoma. On the other hand, when the respondents didn't receive much information from the doctor before the surgery, they faced more challenges. They mentioned that they have to cope with complex feelings and pressures, which include shock, misunderstanding, and depression.

### **6.1.2 Subjective factors that Caused Patients' Negative Feeling**

The *subjective factors* included *diet concerns, fear for stoma appearance, management worries,* and *daily life worries.* (See Table 3.)

Eating is one of the most important things for human being's daily life thus all the respondents mentioned their worries concerning nutrition or eating habits. However, the reasons for why they are concern about daily diet slightly vary. Some respondents were worried that the change of diet will affect their future rehabilitation because they can only take some liquid or soft food that may not contain enough nutrition. However, other respondents were also worried about the alteration of future diet, and the nutritional intake restrictions caused by the stoma.

Beside the worries for the eating habits effects, all the respondents express their concerns for the ostomy management. The lack of confidence for stoma care was the central part of the worries. Some respondents specifically emphasized that the complicated and detailed procedure of stoma management was quite challenging for them.

SUBJECTIVE FACTORS	SPECIFIED EXPRESSIONS	ORIGINAL EXPRESSION
<b>CONCERNS FOR DIET</b>	Diet restriction & Future rehabilitation	<i>"The doctor told me that I could only take some soft food. Howeverm I'm afraid that the soft foods didn't contain enough nutrition to support my recovery."</i>
		<i>"I need more nutrition not only for the recent recovery but also to strength my body that can bear future chemotherapy for the tumor. But the foods I can take now have lots of restrictions. I don't know if the intake nutrition can satisfy my needs."</i>
		<i>"I used to have good appetite and enjoy the delicious foods. I've heard about that there will be lots of food restrictions after having a stoma. My life will be boring ifI cannot eat whatever I want to eat."</i>
<b>CONCERNS FOR OSTOMY MANAGEMENT</b>	Challenging stoma manage procedures	<i>"I'm afraid that I cannot manage the stoma well. It's too much for me. IfI do anything wrong, there must be terrible consequences."</i>
		<i>"I always wonder ifI can management it by myself. The whole procedure of apply ostomy appliances was too complicated. Even when I see nurses do it, I felt it is also not a easy job for them."</i>
<b>CONCERNS FOR FUTURE LIFE</b>	Back to normal life as before	<i>"The stool will come without control, can I perform my daily life routine alone? I feel I'm not as same as others because of the stoma."</i>
	Affect family's life quality	<i>"I used to be lived along and can take care of myself. Even so, now, my daughter has to take care of me. She lives far from my apartment. It will cause lots of trouble."</i>
	Affect life hobbies	<i>"I love water sports. I went to swim every week. It seems that I have to give up this hobby now. It makes me sad."</i>
<i>"I enjoy travelling and use to travel a lot during my vocation. If the rehabilitation goes well, can I still travel with the stoma?"</i>		
<b>FEAR</b>	Fear for stoma appearance	<i>"Although it is a part of my body, I still feel uncomfortable when I see my stoma,not even mention to touch it. It looks bloody."</i>
		<i>"I'm not scared for animal's gut, but the stoma is different. I feel scared to see the stoma that higher than my abdominal wall and it's bloody! I cannot manage it without nurses' help."</i>
	Fear for the disease recurrence	<i>"I want to learn how to manage it by myself, but I'm fear for its appearance. It makes sick."</i>
		<i>"I'm not only concern about the stoma but also the procedure of my disease. For the cure of the cancer, there still has a long way to go. I need to take care of my body carefully and prevent the tumor's relapse."</i>

TABLE 3. Subjective factors that caused patients' negative feelings.

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Furthermore, most of the respondents worried about whether they can live as before. However, these concerns were quite individual depending respondents' previous life experiences in which some respondents said that the stoma not only affected their life but also bother their family members', and other respondents worried that they cannot perform their hobbies in future life, which may cause sadness.

Over half of respondents mentioned their fear for the stoma appearance. As a part of organ, the bowel is hidden under the abdominal wall of human being. Most of the people except professional medical workers hardly have chance to see the real human bowel. However, to see and care their stoma will be a daily routine for stoma patients, which is quite challenging.

The intestinal cancer is one of the main reasons that lead to the ostomy performance. In this study, the reason for all respondents having a stoma was the intestinal cancer that is one of the main reasons that lead to the ostomy performance. Therefore some of the respondents express the worries for the disease recurrence.

## **6.2 Patients' Education**

According to the respondents' given information, the expecting knowledge can be generalized to two main catalogues: Anatomy Knowledge about Surgery's Performance, and Guidance for Future Life that include Diet Guidance.

Regarding to majority of the respondents, only to be told to have a stoma is not enough. They want to know more about anatomy knowledge about intestinal organs and how the surgery is performed. They said that they only knew that some bowel had been cut off with a stoma appeared, but had no idea how it happened.

*"I want to know more professional knowledge about the performance of the surgery."*

*"It is necessary to know why and how the ostomy surgery is performed."*

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*".....How is my intestinal functioning? How the stoma appears? How the stool comes out from the stoma?....."*

Besides the anatomy knowledge and surgery performance, respondents also stated that they want to have more and clearer guidance for the future life. They mentioned that the ostomy management, for example, how and when to change the stoma appliance, is good and properly, however, the guidance for the daily life routine, for example, how to do the exercise or how to perform everyday activity, is insufficient.

*"I want to know more information about my daily life routine."*

*"I want to know more about how to live with a stoma, especially for the travelling situation"*

Furthermore, after the respondents get acquainted with the possible complication for the stoma, which may cause by the food, the respondents also claimed that they want to know more about health diet. Besides preventing further complication, they also said that they want to know which kind of diet can promote rehabilitation.

*"I know food is the most essential part during the rehabilitation. How to manage the diet that I can recover faster?"*

### **6.3 Preferred Educational Methods**

During the interviews, over half of the respondents mentioned that the individual education and group counseling are both viable and list each of the methods has own strength and weakness. Concerning the individual education, the respondents mentioned that it is more informal and more confidential. They said that they can discuss more private question, and don't need to care about others' thought.

*"I will be more relaxed. I can ask whatever I concern and get the answer immediately. We can discuss more sensitive questions."*

*"I'm free to ask anything. No one knows that I have a stoma except my nurse."*



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The strength for the group counseling that mentioned by the respondents includes peer psychological support and the expansion of the stoma recognition. The respondents argued that they could get to know other stoma patients in the group counseling therefore to encourage each other and be more confident for the rehabilitation.

*“We can built good friendship and can support each other in the future life. We are in the same situation and understand each other.”*

*“I feel that I’m not alone and it largely release my pressure.”*

Furthermore, they mentioned that they can know more about stoma during the group counseling due to different people have variable view about one situation. Therefore their concerns and recognition won’t be restricted by own thought.

*“.....I can get more useful sources during the communication with other stoma patients.....”*

*“.....There is a possibility that other patients may ask some questions which I never think about before. It will enlarge the scope of knowledge definitely.”*

Although group counseling is approved by over half of the respondents, one of them specifically mentioned that the precondition should be setting in order to perform successful group counseling. According to this respondent, the gender, age, educational background and social state should be selected carefully because patients’ concerns will vary if they have different background information.

*“Patients’ worries will be differed when they are from different environments. Some of them may ask questions that I already know or even not valuable for my situation. It will waste time during the counseling. I think it is important that all the participants in the group should be in the similar condition.”*

However, beside the respondents who are satisfied by both educational methods, other respondents are prefer only one of the educational methods.

Within this minority group, some of them only prefer the individual education. Except for the

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relaxation and confidentiality that provided by the individual education, they express the insecurity that caused by the group counseling.

*".....I don't know other people in the group. I don't trust them. I can only ask some general questions such as diet. I don't want anyone else to know my privacy....."*

Other respondents like group counseling more than the individual education. They said that the group counseling is more interesting and active, however the individual education is boring and lack of interaction.

*"I think the individual education is boring and I will be tired during the procedure. The nurse is leading the education and I'm in the passive position. I cannot accept valuable information maximally under this condition. Nevertheless, in the group counseling, we can discuss problems together. Therefore, the acceptance of knowledge will be quicker and easier."*

## **6.4 Psychological Support**

As said by the respondents, they wish to get psychological support from Family and Friends' support that has been seen as the most important one, Peer Support, and Medical Workers' Support. (See Table 4.)

Among the most of the respondents, family and friends support has been seen as the most important one. Firstly, they mentioned that relatives' care and encouragement largely increased their confidence during the rehabilitation. They mainly feel warm and relaxed with the relatives' around. Furthermore, they argued that family members' attitude for the disease strongly affects their mental states. On the other hand, the respondents also mentioned the importance of friends' support. They found out that friend' support is the milestone for the returning of the social life.

Some respondents have also put the peer support forward. They indicated that the communication is easier and more understandable within the people under the same situation.

According to the respondents, although relatives' support was important, the worries and the pressure couldn't be comprehended completely by the family. Other respondents present that sometimes it is easier to express their worries to other stoma patients than in front of the relatives. They were afraid that their negative feeling would also affect the family's psychological statuses.

<b>PSYCHOLOGICAL SUPPORT</b>	<b>SPECIFIED REASONS</b>	<b>ORIGINAL EXPRESSION</b>
<b>FAMILY AND FRIENDS 'SUPPORT</b>	Warm and Relax	<i>"I feel very gratitude when I see my wife and daughter helped me to manage the stoma. It is a dirty work, but they didn't reluctant me. It is important that nothing is changed in my family."</i>
		<i>"With my family's care, I know that if I'm abandoned by everyone, I still have my family. I really appreciate their care and support."</i>
	Milestone for returning regular social life	<i>"I feel happy when I see my friends still treat me as their friend. It makes me feel that my social life wasn't abandoned."</i>
<i>"I feel that nothing is more important than if my friends can accept me as a normal person."</i>		
<b>PEER SUPPORT</b>	Easy communication, more understandable	<i>"I talked about the stoma with my relatives, but it seems that they understand it in a different way. There are not in the same angle with me."</i>
	Express the worries easier than with family members	<i>"My disease already caused trouble for my family. I don't want to express any sadness or pressure to my family. I don't want them to bear more for me."</i>
<b>MEDICAL WORKERS' SUPPORT</b>	More effective encouragement and assurance	<i>"Sometimes, when my relatives try to relief my pressure about recovery, I'm not fully trusting them because I'm not sure whether my condition is really improving, or they just trying to comfort me. But the nurse's and doctor's words mean a lot to me. I feel more confidence with their assurance."</i>

TABLE 4. How do stoma patients get psychological support

Lastly, some of the respondents posed that they want to have more support from the medical workers. They argued that their worries and anxiety were mainly caused by the physical sickness that can only be managed by professional medical workers. Beside the physical care, the medical workers' encouragement and assurance will significantly release respondents' psychological pressure.

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## 7 DISCUSSION

### 7.1 Factors that Affect the New Stoma Patient's Post – Operative Rehabilitation

According to respondents' answers, the stoma patients were worried about for occupational interruption, which can lead to economic pressure. Some patients believed that their health will totally be destructed by the ostomy, thus they cannot work with the weak body. However, Hu and Zhang (2005) said that the healing process is as same as other operations, and most of the stoma patients can return to work when the rehabilitation went well. (pp. 430 – 432) Hence, during the post – operative care, nurses should provide more assurances and encouragement that help rebuild the patient's confidence for the body recovery.

Furthermore, the study also shows that the stoma patient fear for returning to work as well as social activities, which can be defined as fear for social discrimination that is caused by lack of social support. According to Yu (2008), social support can decrease psychological stress response, release psychentonia, and enhance social adaptability. Social support enhances stoma patients' coping ability and adaptability thus to maintain health. Good social support can release stoma patients' pressure, keep their emotional stability, and promote rehabilitation consequently. However, lack of social support will lead to negative psychological effects such as loneliness and helplessness. (Wang 2010) According to Zhang and Kong (2005, 70 – 71) and Wu (2009, 3037 – 3038), the nurse should get acquainted and evaluate each stoma patient's social support network, thus to use patient's social support maximally. Moreover, the nurse should encourage patients' relatives, friends and colleagues to come to visit usually and educate them as to strive for more social support for the stoma patient.

The fear for stoma appearance is another interesting topic that has been mentioned by stoma patients. When first time seeing the stoma on the abdominal wall, most of the patients experience fear, loss, helplessness and even self – disgust thus leads to the mentally unstable. In order to help patients go through the difficult period and overcome the psychological

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obstacle, the nurse should associate the family members to understand the patient's psychological status deeply and patiently thus to provide adequate support and encouragement. On the other hand, educating and encouraging the patients to perform stoma care independently is also useful for psychological rehabilitation. (Psychological care for stoma patient 2008)

After analysis the respondents' concerns and expectations, the patients' worries of ostomy management and future life can be generalized as worries for daily life meanwhile they are eager for the education about future life guidance. Wu (2009, 3037 – 3038) mentioned that the mastery of ostomy management knowledge for stoma patients who are in the postoperative stage is insufficient. The wish for life quality improvement makes stoma patients eager to obtain relevant information. She suggested that the nurse should educate the patient not only to change stoma appliance but also observe and self – manage the stoma complications, and how to choose proper appliances. The education for the traveling is always missed due to the shortage of the hospital stayed and patients' capacity. However, Wu (2001) stated that the traveling education could also be provided because traveling is not only to develop individual's temperament, but also to enhance patients' confidence for rehabilitation. According to Yin and Hou (2006), Ye (2001) stated that providing life guidance has the significant effect on stoma patients' physical, role, and emotional and social function. The purposeful, well – planned life habits education can alternate stoma patients' unhealthy psychological status and behavior. On the other hand, this education is beneficial for the patients' recovery for the social life thus to enhance life quality. Furthermore, Wu (2009, 3037 – 3038) mentioned that through the proper nursing intervention, most of the patients expressed that stoma is not as horrible as they used to think after they obtain enough knowledge.

The nutrition intake for stoma patients has been seen as an important question. All the respondents in this study mentioned that the diet has been seen as the prominent concern. According to Yin and Hou (2006, 13 - 17), 91.67 % of stoma patients asked for diet guidance. Lots of patients were afraid to take food freely because of the newly formed stoma. Therefore, nurses should educate patients and their family members the importance of nutrition intake,

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provide clearly food guidance. During the educational process, nurses should also ensure patients that having a stoma didn't change their digestion system. (Zhou, Jin, He, & Wu 2007)

Furthermore, the result of the study shows that the stoma patients are also eager to know basic anatomy knowledge about the stoma which means they wanted to know how the stoma appears on the abdominal wall. According to Wu (2010), Zhu (2008) stated that 77.33% of patients didn't have any relevant knowledge about stoma anatomy thus need significant education, and Yin (2006) mentioned that 91.67% of patients want to get acquainted for the medical knowledge about stoma. The insufficient understanding for the stoma anatomy and function will cause anxiety or even misunderstanding of the treatment. Therefore, providing relevant basic medical knowledge is necessary to improve stoma patients' self - recognition, release anxiety and stress, and enhance the adaptability in the society. (Yin & Hou 2006)

Preoperative education has significant effects for the stoma patients' rehabilitation. Most of the stoma patients felt that it largely released their postoperative fear and anxiety because they have psychological preparation for the stoma already. Berry and Carmel (2007) mentioned that the preoperative education allows the patient and their family to begin learning about stoma care and the use of ostomy appliances prior to surgery at a time when they are less distracted than in the immediate post-operative period. On the other hand, Chaudhri, Brown, Hassan and Horgan (2004) stated that stoma education is more effective if undertaken in the preoperative setting. It results in shorter times to perform stoma self-care proficiency and earlier discharges from the hospital. It also reduces stoma-related interventions in the community and has no adverse effects on patient well-being. Furthermore, Cheng, Xiao, Xu and Luo (2006) suggested that introduce other stoma patients with successful rehabilitation to share experience should also be provided as preoperative education to enhance patients' confidence for ostomy surgery.

Concerning the educational methods, the respondents mentioned that both individual education and group counseling have strengths and weaknesses. The individual counseling provides privacy and free, but it can be boring. While the group counseling allows patients to support and communicate with each other, however, patients with varied background have

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different concerns that may result in the varied opinions that cause wasting of time. As said by Wu and Yan (2010), in China, the one – side preaches was the main pathway for the individual education that couldn't stimulate patients' learning interests. On the other hand, because of the busy work and lack of time, the individual education was often provided in a hurry situation and the knowledge given was over patients' comprehension thus patient couldn't understand information maximally. Furthermore, according to Wu and Yan (2010), Lu (2003) stated that the stoma patients' mastering level of ostomy management knowledge was not relevant with their age and educational background, but affected by the educational methods when providing the knowledge concerning stoma care. Consequently, during the educational procedure, the multi – teaching methods should be performed in order to fulfill patients' individual needs.

Family and friends' support has been mentioned as the most important part that can release stoma patients' anxiety. Family's support is the core and the basic part of social support system and it has significant effect for patients' physical and psychological rehabilitation. According to Wang (2010), 100% of stoma patients require relatives' around during the hospitalized period they get psychological support from family's care thus the confidence for the disease rehabilitation is enhanced. Similarly, family's support affects patients' attitude for the disease. With the family's understanding and support, the stoma patient can adapt whole situation more positive. Moreover, Wu and Lai (2010) argued that the family's support has remarkable results to release patients' self – abasement, loss, despair and rebuild self – esteem, which is the key factor to help stoma patients back to society.

Some of the stoma patients mentioned that they get support from other patients who are in the same situation. In China, the rehabilitated stoma person (people who has a stoma and recovered well, and back to society successfully)'s visiting is the new method to perform peer support for the patients with newly formed stoma. The visiting is provided by the people with stoma for long time that has gone through the rehabilitation well and have already adapted to society successfully. According to Mei (2004), for the patients with newly formed stoma, although they get enough care and support provided by medical worker and family member,

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this support is not same as the peer support. New stoma patient can be more relax and confidence when they see other stoma patient's has successfully been rehabilitated. During the visiting, the successful rehabilitated stoma person uses own experience to teach them how to overcome the recent burden. Because of the similar experience, these two groups of people are able to understand each other better. The successful rehabbed person not only gives physical rehabilitation guidance that combined medical knowledge and own experience but also provides the psychological support to the patient with the newly formed stoma thus to increase their physical and psychological rehabilitation. (Mei 2004) Furthermore, Mei (2004) suggested that if the rehabbed person has the same gender, similar age and background environment, the effects of stoma patients' visiting will be largely improved.

## **7.2 Credibility, Dependability and Transferability**

In the qualitative research the concepts credibility, dependability and transferability have been used to describe various aspects of trustworthiness (Graneheim & Lundman 2003, 105 – 112).

Choosing participants with various experiences increases the possibility of shedding light on the research question from a variety of aspects. Interviewees' various genders and ages, and observers with various perspectives, contributed to a richer variation of the phenomena under study. (Graneheim & Lundman 2003, 105 – 112) In this study, the participants include female and male that age gap was 20 years, and the educational background and social level were varied from middle school (ninth grade) to master degree. Thus the richer material was collected from participants who were from different environments.

Selecting the most appropriate method for data collection and the amount of data are also important in establishing credibility. (Graneheim & Lundman 2003, 105 – 112) The data was collected by the one – in – one interview that was performed when the author did her practice in General Surgical Department III, Peking Union Medical College Hospital. Before the performance of the interviews, the author could build trustful relationship with participants



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when they were hospitalized. Therefore, the participants could express deep feeling that contain more valuable information.

Moreover, Graneheim and Lundaman (2003, 105 – 112) argued that credibility of research findings also deals with how well categories and themes cover data, that is, no relevant data have been inadvertently or systematically excluded or irrelevant data included. The author, firstly, translated the raw material from Chinese to English carefully, and then, reviewed all transcripts for several times in order to get categories correctly. The information that fixed the categories was re - examined in order to get accurate themes that covered all valuable data.

As said by Graneheim and Lundman (2003), dependability seeks means for taking into account both factors of instability and factors of phenomenal or design induced changes, that is, the degree to which data change over time and alterations made in the researcher's decisions during the analysis process. When data are extensive and the collection extends over time, there is a risk of inconsistency during data collection. On one hand, it is important to question the same areas for all the participants. On the other hand, interviewing and observing is an evolving process during which interviewers and observers acquire new insights into the phenomenon of study that can subsequently influence follow-up questions or narrow the focus for observation. (pp. 105 – 112) In this study, during the literature reviewed process, the author found out that many study already proved that people who have had stoma surgery are not only contended with immediate physical changes that the surgery brings out but also adjusted to the psychological impact of stoma formation. The participants were patients who were in the peri-operative stage with their newly formed stoma, thus the sampling conditions were pre -set strictly. Furthermore, the same research questions were provided to all participants. All above conditions were able to guarantee the valuable information was collected from the similar points of view.

According to Graneheim and Lundman (2003), Polit and Hungler (1999) had stated that the transferability refers to the extent to which the findings can be transferred to other settings or groups. To facilitate transferability, it is valuable to give a clear and distinct description of

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culture and context, selection and characteristics of participants, data collection and process of analysis. (pp. 105 – 112) In this study, the descriptions of all the parts of the study were given accurately and richly thus the results of the study can be used in other post – operative stoma care in other hospitals with similar condition. Because no matter the geographical location, social factors, or individual background, new stoma patients' concerns will mainly be focused on the same features that include anxiety caused by stoma, diet, rehabilitation, and future life.

### **7.3 Ethical Consideration**

Qualitative health research is focused on the experiences of people in relation to health and illness, and frequently conducted in settings involving the participation of people in their everyday environments. Therefore, any research that includes people requires an awareness of the ethical issues that may be derived from such interactions. (Orb, Eisenhauer & Wynaden, 2001, 93 – 96)

In this study, the formal application for the research was pre – submitted to the Department of Nursing, Peking Union Medical College Hospital thus the hospital was noticed the aim and the procedure of the study. Before the data collection, the informed consents that cover the aim, expectation and procedure of the research were given to all participants, and the contract that ensure the autonomy, anonymity and confidentiality were also signed by participants to guarantee participation was strictly voluntary.

This study was focus on participants' psychological concerns on the newly formed stoma, and the data were collected via interview. Furthermore, the interviews provide a good opportunity for participants to discuss their problems and concern, and get support immediately during the interview. All the participants were informed before the interview that they can stop and withdraw the interview freely when they feel the interview went too deep that offence their privacy.

## **8 CONCLUSION AND SUGGESTIONS FOR FUTURE STUDIES**

The stoma not only changes patients' body image but also affects the self – esteem negatively. Obviously, the stoma patient is bearing physical, psycho – social pressure. Furthermore, in some cases, the cost for stoma appliance also cause economic burden. Generally, the stoma patients are in the stage that lack of the knowledge about ostomy management, especially for the diet and self – care management. However, there are varied way for patients' health care education. In order to help patients obtain health care knowledge maximally, the education should be provided according to patients' individual needs, and to make sure that the stoma patients improved the knowledge about the self – care concerning ostomy management before the discharge from the hospital.

This study has revealed the general concerns and basic needs for the stoma patients in the post – operative stage. The further study that is recommended in this area should have more restricted limitation for participants such as the age, gender and social – economic background because the concerns and demands may be varied in different environments and in different social – demographic settings. Furthermore, due to the sensitivity of the topic and conservative background, the stoma patients' concerns of intimacy were not conducted in this study. Therefore, professional individuals or organizations need to perform the studies that more focus on stoma patients' intimate relationship with their partner.

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## APPENDICES

### Appendix 1. Appendix 1: Permission to perform the research

Roninmäentie 6 M7 A  
 40500 JYVÄSKYLÄ FINLAND  
 Tel: +358458602113/ +8613810489213  
 Email E5191@jamk.fi  
 4th August 2011

Department of Nursing,  
 Peking Union Medical College Hospital.

Dear madam/sir,

#### **PERMISSION TO PERFORM RESEARCH STUDY IN YOUR HOSPITAL**

I am a Bachelor degree student of Jyväskylä University of Applied Sciences, and studying degree program in Nursing. I'm writing my Bachelor's thesis on the topic "How to release patients' anxiety during the post – operative stoma care ----A Qualitative research in Peking Union Medical College Hospital, General Surgical Department III".

The objectives of this study is to find out the essential concerns for stoma patients and the core information that patient are eager to know concerning stoma care, get the clear view on the most effective way for patients' education from patients' point and the most important way to provide patients' psychological support. I am requesting your kind permission to collect research data in your hospital between the month of August and September.

The research data is to be collected through interviewing 5 patients in your hospital. The selection criteria specified for this study include

- Patients from age 20 to 80
- Patients who are in the post – operative stage with newly formed stoma
- Patients who can speak mandarin Chinese and able to communicate

The data is collected and used for research purposes only and will be dealt with anonymously. I am with firm conviction that this request will meet your kind consideration and approval.

Thank you.

Yours faithfully,

Ying Gao

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Head of Department of Nursing

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## Appendix 2. Letter of information

Jyväskylä University of Applied Sciences,  
School of Health and Social Studies,  
Jyväskylä, Finland.  
Tel: +358458602113/ +8613810489213  
Email [E5191@jamk.fi](mailto:E5191@jamk.fi)  
4th August 2011

Dear Participant,

### LETTER OF INFORMATION

I am a Bachelor degree student of Jyväskylä University of Applied Sciences, and studying degree program in Nursing. I'm writing my Bachelor's thesis on the topic "How to release patients' anxiety during the post – operative stoma care ----A Qualitative research in Peking Union Medical College Hospital, General Surgical Department III".

The objectives of this study is to find out the essential concerns for stoma patients and the core information that patient are eager to know concerning stoma care, get the clear view on the most effective way for patients' education from patients' point and the most important way to provide patients' psychological support. I will conduct interviews for this study between the month of August and September 2011.

Participation is strictly voluntary and there are no known risks to participate in the study. Participants are free to withdraw anytime and they are not obliged to answer any questions they find objectionable or which make them feel uncomfortable. The interview will last for 60 to 90 minutes and there are no remunerations for taking part in the study. Information obtained from participants will be used purposely for this study and your confidentiality or anonymity is guaranteed.

Each participant is asked to sign a consent form to confirm his or her consent to the interview before commencement. Participants may contact the researchers or the head of Department of Nursing if they have any question, concerns or complaints about the research procedures.

Thank you for your participation

Yours truly,

Ying Gao

Tel. +358458602113/ +8613810489213

Email [E5191@jamk.fi](mailto:E5191@jamk.fi)

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**Appendix 3. Interview questions.**

1. When you think about your new stoma, rehabilitation and future life, are you worry about anything? What is the most important concern that makes you unhappy or anxiety?
2. After you have a stoma, what do you want to know from doctors or nurses concerning stoma care? For example, do you want to know more about diet?
3. Regards to your own opinion, when providing stoma care education, what do you prefer more, the individual or group counseling?
4. When you feel anxiety or sad, how do you get psychological support to release negative feelings?

**Appendix 4. Result Categories.**

