



## Effectiveness of STP on Knowledge and Practice of Patients With Colostomy

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## ABSTRACT

Cancer is the disease which causes fear to an individual. Colorectal cancer is one of the leading cancer among adult population. Colorectal cancer has been reported to be one of the common indications for colostomy. A pre - experimental design one group pre-test and post-test was used to evaluate the effectiveness of structured teaching programme on knowledge and practice regarding self care management of patients with colostomy at International Cancer centre, Neyyoor. 30 colostomy patients were selected by using convenience sampling technique. The structured interview questionnaire was used for data collection. Power point teaching was given for 30 minutes and Booklet on colostomy care was given to the patients with colostomy. Posttest knowledge and practice was assessed from the patient. The study results show that the Structured Teaching Programme was effective in increasing the knowledge and practice level of patients with colostomy. The improvement was statistically tested by paired-‘t’ value and the result found to be significant at  $p < 0.001$  level. Patients with colostomy are more risky to have complications which can be prevented by providing education regarding ostomy care and can lead them to live a normal life.

## KEYWORDS

Cancer, Colostomy Irrigation, Ostomy Care

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## INTRODUCTION

Cancer is the disease which causes fear to an individual. Colorectal cancer is one of the leading cancer among adult population. Colorectal cancer has been reported to be one of the common indications for colostomy. Mortality is causing an estimated 57,000 deaths in the United States every year more than 1, 49,000 Americans are reported to be affected with colorectal cancer, out of which 44,000 are affected with rectal cancer. The chances of developing colorectal cancer are markedly increased after the age of 50. In the year 2005 Over 90% of people diagnosed with colorectal cancer are older than 50 yrs of age<sup>12</sup>.

**Lalchero (2007)**, states that the basic aspects of care in the immediate and later post operative period are emphasized on diet, stool irrigation, stoma appliance, psychological support, follow up which showed that most patients returned successions to normal life<sup>6</sup>

The incidence of risk of developing large bowel cancer is 1:25 in that over all 5 year survival is around 40%. The incidence of colorectal cancer in both developed and developing countries has increased over the few decades<sup>14</sup>.

**Metcalf, Maxwell, Colleen, Jay and Chirstina (1999)** stated that patients who are satisfied with the amount of preoperative information they receive are less likely to develop psychological



problems. Psychological adjustment may be affected if patients feel that they have developed insufficient pouch changing skills or have problems with leakage from their pouch or sore skin around their stoma. Studies have also demonstrated that cognitive factors, such as patients feeling in control of their illness and stoma, have been found to play a role in psychological adaptation. Clinical nurse specialists in stoma care are in an ideal position to target these cognitive factors using a variety of strategies including effective practical teaching to empower patients, thus facilitating psychological adaptation following stoma surgery<sup>16</sup>.

Social impact of the stoma is inter-related with psychological and physical aspects which includes body image, sexual activity, altering clothing style, effect of daily activities, passing gas, presence of odor and cleanliness. The importance of providing comprehensive care in the therapeutic manner, increases the rehabilitation of patients with colostomy<sup>5</sup>.

The decision to do an ostomy as a part of treatment of a disease or as a temporary measure in the course of the treatment. As a person having stoma has to adapt himself in so many different ways before he can lead a new normal life

## STATEMENT OF THE PROBLEM

A study to assess the effectiveness of structured teaching programme on knowledge and practice regarding self care management of colostomy among the patients with colostomy at International Cancer centre, Neyyoor.

## OBJECTIVES

- To assess the existing level of knowledge and practice regarding self care management of colostomy among the patients with colostomy
- To assess the effectiveness of structured teaching programme on knowledge and practice regarding self care management of colostomy among the patients with colostomy.
- To associate the knowledge with selected demographic variables such as gender, education, and income.

## Hypotheses

**H1:** The knowledge among patients with colostomy after structured teaching programme on self care management of colostomy is significantly higher than the knowledge before the structured teaching programme.

**H2:** The practice among patients with colostomy after structured teaching programme on self care management of colostomy is significantly higher than the



practice before the structured teaching programme

## **MATERIALS AND METHODS**

### **RESEARCH DESIGN**

A pre-experimental design, one group pretest – posttest design, was adopted for this study

**O<sub>1</sub>** -- Pretest

**X** -- Intervention (structured teaching programme with power point teaching.)

**O<sub>2</sub>** -- Posttest

### **VARIABLES IN THE STUDY**

#### **Independent variable**

Structured teaching programme on self care management for colostomy.

#### **Dependent variable**

Knowledge and practice on colostomy care.

### **SETTING OF THE STUDY**

The study was conducted in cancer wards of International Cancer Centre, Neyyoor, kanyakumari (Dist). It is an institute which runs under Christian medical mission hospital. International cancer centre is a 150 bedded hospital specialized only for cancer patients.

### **POPULATION**

Patients with Colostomy were chosen as population for the study.

### **SAMPLING TECHNIQUE**

Convenience sampling technique was adopted to select the participants for this study.

### **ETHICAL CONSIDERATION**

Patients were informed about the study and written consent was obtained from each of the patients and the study was conducted after obtaining approval from Institutional Human Ethics Committee.

### **CRITERIA FOR SAMPLE SELECTION**

#### **Inclusion criteria**

- ❖ Patients who are willing to participate.
- ❖ Patients with permanent colostomy.
- ❖ Patients who know Tamil and English.

#### **Exclusion criteria**

- ❖ Patient who are not able to perform self care activities.
- ❖ Patient with temporary colostomy.

### **DESCRIPTION OF THE INSTRUMENT**

The instrument selected for research study should be a vehicle that would obtain best data draining colostomy pertinent to the study.

The investigator prepares a structured interview questionnaire with the help of extensive reviews and expresses opinion. It is considered to be the most appropriate



instrument to elicit the responses from illiterate.

The tool used for data collection is a structured interview questionnaire to assess the knowledge and practice of colostomy patients.

**Section A** – Socio-demographic variables consisting of 9 questions

**Section B** – Consists of three parts

**Part I** -- 15 questions to assess knowledge of colostomy care

**Part II** – Check list to assess practice on colostomy Irrigation.

**Part III** – Check list to assess practice on changing colostomy appliance.

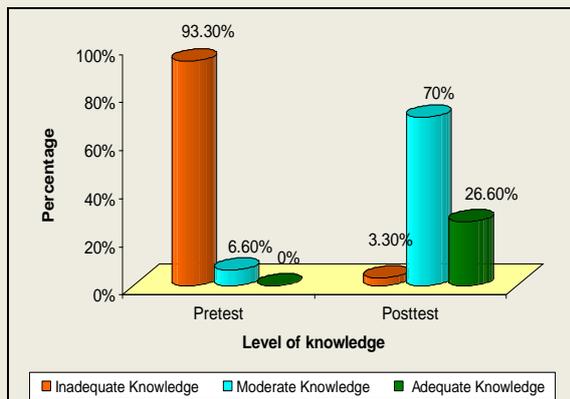
### DESCRIPTION OF THE INTERVENTION

The intervention used by the investigator is structured teaching programme about colostomy care. The teaching consists of articles and procedure for colostomy irrigation and colostomy pouching system. Power point teaching has been given for about 30 minutes and a booklet has been given to the colostomy patient on colostomy care.

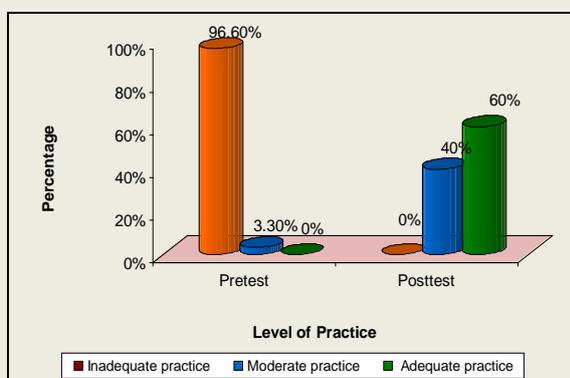
## RESULTS AND DISCUSSION

**Table 1** Frequency and Percentage distribution of patients with colostomy

S.No	Demographic data	Variables	Frequency	Percentage (%)
1.	Age	a. 20 – 30 years	1	3.3 %
		b. 31 – 40 years	2	6.6 %
		c. 41 – 50 years	3	10 %
		d. Above 50 years	24	80 %
2.	Gender	a. Male	14	46.6 %
		b. Female	16	53.3 %
3	Domiciliary	a. Urban	5	16.6 %
		b. Rural	25	83.3 %
4.	Education	a. Non Literate	13	43.3 %
		b. Primary school	16	53.3 %
		c. Higher secondary	1	3.3 %
		d. Collegiate	-	-
5.	Marital status	a. Unmarried	-	-
		b. Married	30	100 %
6.	Occupation	a. Coolie	18	60 %
		b. Agriculture	8	26.6 %
		c. Business	4	13.3 %
		d. Employed	-	-
7.	Monthly income	a. Below Rs. 1000	-	-
		b. Rs. 1001 – 2000	27	90 %
		c. Rs. 2001 – 3000	3	10 %
		d. Above Rs. 3000	-	-
8.	Family	a. Nuclear	26	86.6 %
		b. Joint	4	13.3 %
9.	Duration of Disease	a. 1 – 6 months	1	3.3 %
		b. 6 – 12 months	10	33.3 %
		c. 1 – 2 years	16	53.3 %
		d. > 2 years	3	10 %



**Figure 1** Level of Knowledge of Patients with Colostomy



**Figure 2** Level of Practice of Patients with Colostomy

The average pretest score obtained by colostomy patients was 5.76 with the SD of 1.10, after STP, the knowledge was improved to 10.36 with the SD of 1.77. The improvement was statistically tested by paired-‘t’ value and the result found to be significant at  $p < 0.001$  level. The average pretest score obtained by colostomy patients was 11.80 with the SD of 2.29, after STP, the practice was improved to 22.70 with the SD of 1.29. The improvement was statistically tested by

paired-‘t’ value and the result found to be significant at  $p < 0.001$  level.

**Turnbul (1961)** conducted a pre-experimental study and had found a solution to solve the innumerable problems faced by the stoma patients. He has given training for the patients with colostomy regarding colostomy irrigation and stoma appliance in order to minimize the risks and complications of colostomy. This paved way for the development of newer techniques in management of stomas and stomal appliance. It is by the training of first therapist patients with colostomy today are able to lead a new normal life<sup>17</sup>.

## CONCLUSION:

As a nursing personnel to provide holistic care for the patients it is very important to have the knowledge and skill on the all aspects of the colostomy patients such as personal and social life of an individual. Delivering the appropriate patient education will help to achieve the goal. The study has shown improvement in knowledge and practice and towards healthy living and routine care of patients with colostomy. This study shows the actual need of care in various aspects of colostomy. Patients with colostomy are more risky to have complications which can be prevented by providing education



regarding ostomy care and can lead them to live a normal life.



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