NEEDS OF OSTOMY PATIENTS IN THE PERIOPERATIVE PERIOD

by

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STATEMENT BY AUTHOR

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Jessie V. Pergrin
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The author dedicates this work to her parents for being a constant source of love and support, to her family for their encouragement and affection, and to her "kids" for teaching her how to care.
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"A musician must make music, an artist must paint, a poet must write, if he is to be ultimately at peace with himself. What man can be, he must be. He must be true to his own nature."

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ABSTRACT

The purpose of the study was to determine the type of care that was received by subjects who had ostomy surgery two weeks to three months prior to their answering the questionnaire, and to identify the needs of the new ostomate in the perioperative period as perceived by the subjects.

The sample consisted of nine ostomates, ages 25 to 71 years. There were seven women and two men in the sample. Five of the subjects had colostomies, three had urostomies and one had an ileostomy.

The findings of the study indicated that the subjects thought new ostomates should receive more in-depth explanations and more extensive teaching than what they themselves had received. The findings also indicated that the subjects thought most of the teaching should be done before surgery. All care giving activities described in the questionnaire were thought to be necessary by a majority of the subjects.

The contribution of the study to nursing would appear to be that the nurse must be knowledgeable in ostomy care. The study's findings showed that the amount and depth of teaching done for ostomates should be expanded and the nurse should plan to do most of the teaching before the patient goes to surgery.
CHAPTER 1

INTRODUCTION

A publication of the United Ostomy Association (1979) stated that approximately 100,000 surgical procedures for the creation of a stoma are performed each year and there are approximately 1,500,000 people with stomas living in the North American continent. Of these ostomates, 60 percent had colostomies, 25 percent ileostomies and 15 percent urostomies. The male to female ratio of persons with stomas was the same as the male to female ratio for the general population.

One of the leading reasons for ostomy surgery was cancer. A report of the American Cancer Society estimated that in 1979, a total of 112,000 individuals would be diagnosed with cancer of the bladder. Colorectal cancer was second only to skin cancer in the number of people who were affected with it. The incidence of colorectal cancer in males and females was equal and the disease was found more commonly in people who were over 40 years of age. Cancer of the urinary tract was responsible for 10 percent of all cancer in males and four percent in females. In the past 25 years, the incidence of this form of cancer has decreased in females by 25 percent and increased in males by 20 percent (1979 Cancer Facts and Figures, 1978).
These figures represent a large number of people who have had to learn the mechanics of living with a stoma and find security in returning to an active, contributing place in society. For the patient undergoing ostomy surgery, the event is often a devastating one which produces permanent changes. Not only must he cope with the physiological and psychological trauma of having major surgery, but he also faces having to change life-long habits; his relationships with significant others may be threatened; his intact body image is destroyed; and, if the surgery was done because of cancer, he faces losing life itself.

In the past two decades, several organizations have been created in an effort to aid ostomates. In 1962, the United Ostomy Association was formed to provide mutual support to ostomates to help them return to a normal lifestyle. The first Enterostomal Therapy Program began in 1964 at the Cleveland Clinic. At the present time there are eleven programs accredited by the International Association for Enterostomal Therapists which train registered nurses as Enterostomal Therapists. Until several years ago, licensed practical nurses and lay persons also were eligible to become Enterostomal Therapists.

This study was designed to identify the ostomate's perception of patients' needs at several time periods immediately prior to and following ostomy surgery. It is hoped that information obtained from this study will aid nurses and other health care professionals to more effectively meet the needs of persons undergoing this type of surgery so that they can make this stressful period less traumatic for the patient.
Purpose of the Study

The purposes of this study were to identify those care giving activities which the ostomate who was two weeks to three months post-op recalled were done for him and to identify which of these activities he perceived as the needs of the new ostomate. The researcher was also interested in which of the following four time periods those needs had been met for the subject or should be met for the new ostomate: before surgery, approximately three days after surgery, just before discharge, or at the first clinic visit. These care giving activities pertained to the categories of need which were identified by Maslow, that is, physiological, safety, affiliative, esteem and self-actualization.

Statement of the Problem

This study was designed to answer the following questions:

1. What are the physical and psychological needs of the new ostomate as identified by responses to the questionnaire completed by persons who had had a stoma for two weeks to three months?

2. In which of the following four time periods should each of these needs be met: before surgery, approximately three days after surgery, just before discharge or at the first clinic visit?

3. What care did the ostomate recall he received and in which of these time periods was the care given?

Significance of the Study

Ostomy surgery is a life giving procedure. When the underlying disease is cancer, it is hoped surgery will prevent its spread and
prolong life. If inflammatory bowel disease is the problem, surgery offers relief from pain, diarrhea and bleeding. The patient, his family and the health care team hope the outcome will be curative and the patient will resume a normal lifestyle. However, before he can do so, the patient must first face the difficult task of recovering from a major operation. He must also learn to control his bowel or bladder function in a new and different way. This requires his becoming skilled in skin care, application of the pouch and its maintenance and, possibly, irrigation. He will also have to adjust to the change in his body image, since he will no longer have a functioning rectum or bladder and feces or urine will leave his body through a visible opening on his abdomen.

The period before and after surgery is, indeed, a time of crisis. Bryan-Logan and Dancy (1974, p. 57) defined crisis as an event which "threatens the state of equilibrium." Old methods of coping with crisis situations are not adequate and new ways of dealing with crisis must be found in order for the person to cope. Crisis intervention is within the scope of nursing practice. It is the nurse's responsibility to aid the ostomy patient in finding solutions to deal with his situation. The care he receives during this critical period while he is hospitalized may well determine the extent of his final rehabilitation. Robischon (1973) indicated that the type of help which a person received during the crisis period would play a major role in the outcome of the situation.
There are many articles in the literature describing the physical and emotional impact of this type of surgery, but few research studies were found that dealt with the nursing actions which influenced the ostomate's rehabilitation. What the nurse did for the patient was determined by what she perceived as his needs. However, the ostomate is the only one who can truly identify what his needs are. It is, therefore, important and appropriate that nurses look to ostomates to learn how best to care for them. It is important to the body of nursing knowledge that the ostomate's needs be determined. For it is only after these needs have been assessed that nurses can begin to intervene at appropriate times to bring about complete rehabilitation.

Rowbotham (1971, p. 224) stated, "It must always be remembered that a colostomy is for living. It is the end result of an operation which has made it possible for one to return to his own setting."

Theoretical Framework

The theoretical framework for this study was based on Maslow's (1970) theory of a hierarchy of needs. He identified these five basic categories of needs as follows:

1. Physiological—hunger, thirst, sex, oxygen, rest and activity

2. Safety—security, stability, dependency, freedom from fear, anxiety and chaos, need for structure, order, law, limits, protection

3. Affiliative—love, affection, belongingness

4. Esteem—achievement, prestige, strength, adequacy, mastery and competence, confidence, independence and freedom

5. Self-actualization—tendency to become actualized in what he is potentially, self-fulfillment.
Maslow (1968, p. 22-3) defined needs as "essentially deficits in the organism, empty holes, so to speak, which must be filled up for health's sake." Needs can be met by the environment or from within the person himself. Satisfaction of the needs for safety, belongingness, love relations and respect can be accomplished only by the intervention of other people. This means the person becomes dependent on the environment and other people. The person who is only motivated to fill these deficits has more fear of the environment because it may fail him at any time. On the other hand, the self-actualizing individual is more independent and self-directed. His basic needs are fulfilled and motivation for action comes from an inner source. He is "growth-motivated."

According to Madsen (1974), these needs described by Maslow act as motivators of behavior. The more basic needs must be fulfilled before the next highest level of need can become a motivator. Maslow (1970, p. 37) stated, "If all the needs are unsatisfied, and the organism is then dominated by the physiological needs, all other needs may become simply nonexistent or be pushed into the background." Self-actualization cannot begin until the physiological, safety, affiliative, and esteem needs are met.

Maslow's theory of the hierarchy of needs is applicable to the nursing assessment of the needs of the ostomy patient. The ostomate must feel that his physiological and safety needs are being met before he is able to concentrate on the needs for affiliation and esteem. These needs, in turn, must be fulfilled before he is able to begin
moving towards self-actualization. Until the basic needs are met, he is more dependent on external sources of support. And it is only with their fulfillment that he is able to gain independence.

Maslow's theory is useful in determining the priority of health care needs for the ostomy patient. According to Maslow (1970), the physiological needs would be of primary concern to the patient. Once these needs are met, safety and affiliative needs are able to be dealt with. Later, the patient can be helped to develop feelings of esteem. And finally, once the person feels confident that all other needs are satisfied, he can begin to move into the process of self-actualization.

**Definitions**

Enterostomal Therapist: a licensed practical or registered nurse who has completed a certified Enterostomal Therapy Training program.

Ostomy or stoma: abdominal stoma created surgically for diversion of bladder or bowel contents.

Needs: that which is perceived by the ostomate to be necessary or required for adaptation to the stoma.

New ostomate: any person who will have or has had surgical intervention resulting in the creation of a permanent stoma and is in the period of one week prior to and not more than two weeks following surgery.
A selected review of the literature pertaining to the needs and concerns of the ostomy patient is summarized in this chapter. In order to identify the care requirements of the ostomy patient in the perioperative period it was necessary to first review the literature to determine what type of changes occur because of this surgery and what implications these would have for the ostomate. The major categories identified and explored in this chapter include loss, control of bowel and bladder function, body image, rehabilitation and needs.

Loss

Ostomy surgery may precipitate a period of depression and grief over the losses which the patient experiences or anticipates will occur. Normal bowel or bladder function is lost and the patient may fear that he will have to alter established eating patterns and that he will lose the ability to have sexual relationships and to bear children. Grief and mourning for these losses may occur and the patient may become depressed or even suicidal.

The removal of the rectum has been compared to an amputation procedure (Turnbull, 1971). It results in the loss of voluntary control of the sphincter with flatus and feces pushed out by peristalsis through the abdominal opening. Turnbull (1971) stated that damage to
the sex organs or to bladder function occur and that these changes
could create immediate psychological and physical rehabilitation
problems.

Depression might be a part of the grief response to the loss
of the functioning bowel or bladder. According to Wentworth and Cox
(1976), one half of all patients who had ileostomy surgery went through
a period of post-operative depression which was associated with the
loss of the body part and of control over the functions associated with
it. Dlin and Perlman (1971) also reported that in the first year fol­
lowing surgery grief and mourning were common and necessary in order
for the patient to work through the loss. When the grief reaction was
significant enough, depression, anxiety and withdrawal would occur.

Wirsching, Druner and Herrmann (1975) studied 214 persons with
colostomies and 110 persons who had colonic resection without stoma
creation. The perioperative emotional state and social contacts were
examined for the two groups. The emotional state of the colostomy pa­
tients after surgery showed a highly significant (p = .001) degree of
depression. Ten percent of the colostomates reported having had su­
icidal thoughts at some point. In 27 percent of the subjects, a highly
significant rate (p = .001) of loneliness was found. Twenty-seven
percent of the ostomates visited friends less frequently than before
the surgery and 61 percent attended the theater less often after their
surgery. The authors concluded that this tendency to isolate them­
selves originated primarily from fears of becoming a bother to friends
because of lost anal sphincter control. The state of health and
personality of the patient also had a part in contributing to his feelings of loneliness.

The fear of losing the ability to have sexual relationships was common among persons anticipating or recovering from ostomy surgery. Many patients felt they would no longer be attractive to their partner. Burnham, Lennard-Jones and Brooke (1977) studied the sexual problems of a group of 175 female and 128 male married ileostomates. Fifty percent of these subjects felt less attractive sexually but only nine percent of their wives and six percent of their husbands shared this view. Ninety percent of the ostomates stated they were able to discuss problems freely with their partner. Eight percent of the female and eight percent of the male ostomates reported intercourse was difficult because of the stoma. No change in libido was reported by any of the subjects. Almost 50 percent of the respondents described the stoma as a "natural opening" but 12 percent replied it was "unpleasant" and 5 percent that it was "repulsive." Ten percent of the subjects said the stoma created tension in their marriages.

In a study by Donovan and O'Hara (1960) of 21 patients who had a total colectomy for ulcerative colitis, 10 of the subjects reported no change in sexual function. One patient who had had a resection with lymphatic drainage was impotent and one reported difficulty with erection. Nine of the patients reported improved sexual function. The authors concluded that in ileostomates who had surgery with dissection close to the rectum there was no permanent dysfunction and temporary dysfunction was rare.
Women in the childbearing years may fear they will lose the ability to carry and bear children because of the ostomy surgery. However, in reality this does not appear to be a problem. Barwin, Harley and Wilson (1974) compared 20 primigravida ileostomates to a control group of 100 non-ileostomate primigravidas of the same age group. The only differences found between the two groups were increases in the incidences of anemia and C-sections and in the length of time required for healing of the perineum in the ostomates.

During the 1960's, it was still believed that the diet of the ostomate should be severely restricted. Patients were placed on a "colostomy or ileostomy diet" and were forced to change established eating patterns. However, the recent literature on this subject expressed the current thinking that this was no longer necessary. Gazzard, Saunders and Dawson (1978) studied 50 patients with colostomies and 50 with ileostomies who had had their stoma for at least six months. Twenty-five of the ileostomates avoided some foods but only 10 completely excluded certain foods from their diets. Twenty-six patients reported increased flatus after eating certain foods and 34 patients reported odor problems with fish and eggs being the most frequent offenders. The authors cited several factors which influenced the type of foods that could be tolerated by the ostomates. The ostomates tended to limit the diet when depressed over the stoma. Those who had extreme problems with diet before surgery often ignored the side-effects of certain foods. Those subjects whose stoma resulted from surgery for ulcerative colitis were less likely to restrict their diets;
whereas, those subjects who had surgery for colonic polyposis were more likely to impose dietary restrictions. The ostomate need no longer fear dietary restriction. Rowbotham (1971) stated that a person's normal diet is the one which he should follow.

Control of Bowel and Bladder Function

Most people are taught to control their bowel and bladder function as children. In American society, these functions are not discussed openly and are considered to be a personal subject. With the creation of the stoma, elimination of bowel or urinary contents occurs through a hole on the patient's abdomen. This may take place in full view of the patient and others and is no longer a voluntary function. In essence, the ostomate has lost control of a function which he had mastered as a child.

The creation of a stoma presented unique and profound psychological problems. Winkelstein and Lyons (1971, p. 17) stated that, "In our society, which places such strong emphasis on early childhood training in complete bowel and bladder control, the sudden deprivation of control is a mortifying experience—perhaps, the worst possible insult to one's self-esteem. In this respect, ostomies are unique among mutilating surgical procedures." The inability to control bowel and bladder function was often followed by a feeling of shame. With the creation of a stoma, these early learned toilet habits were radically changed and any conflicts which were repressed during infancy now emerge and confront the adult, and he sees his bowel function "by way of a protruding red gut" (Dlin, 1978, p. 215–6).
The patient with a stoma may feel that he is dirty and that those functions which were once private are now public. According to Rowbotham (1975, p. 702), "an ostomy touches on the taboos of dirt and cleanliness, lays bare the fears of cancer and death, and implies disfigurement and rejection to the person who has it."

Although the family might be involved in the teaching sessions, the patient is the one who has primary responsibility for care of the stoma. It is the patient who has managed his own bowel and bladder habits since he was a child, and it is his responsibility to learn to control his elimination by a new method (Watt, 1974). The patient must be able to control his bowel function and be free of accidents before he will be able to achieve any level of peace of mind (Druss et al., 1968).

**Body Image**

"The body, its parts, and its functions have a special mental representation at any given moment that comprises the body image. Apparently, it is formed from birth (or in utero) from the visual perceptions, tactile explorations, sensations from inner organs, and locomotor and integumentary systems" (Dlin, 1978, p. 216).

The surgical creation of a stoma is a severe threat to the intact body image. Body image alteration and distortion are an expected outcome of this surgical procedure (Gallagher, 1972). Dlin and Perlman (1971) also emphasized the psychological trauma caused by a change in the body image. Changes involved in the ostomy surgery are removal of
a body part and closure of a natural orifice, creation of a stoma and confrontation with the possibility of death. These changes required psychological adaptation by the patient.

It is important to give the ostomate the opportunity to express his feelings about his altered body image and to let him know that it is normal for him to feel depressed after surgery (Watt, 1974). Wilhem (1977) stressed that external support is necessary during this critical period and that this support in management of the stoma can help reduce the physical and mental stress which might be produced by this operation. From the results of a questionnaire answered by 78 colostomates and ileostomates, he found that this support frequently comes from another ostomate. Respondents said a visit from another ostomate was psychologically helpful. Articles written by Bailey (1977), Gutowski (1972) and Winkelstein and Lyons (1971) all emphasized the importance of a visit from a rehabilitated and active ostomate.

In order for complete rehabilitation to take place the ostomate must accept the changes which have taken place with regards to his body image. The patient must be assisted to move from his "pre-morbid concept" of his self to an acceptable altered concept (Gallagher, 1972, p. 670). The patient's reaction to the stoma might be influenced by other factors. Meyer (1970, p. 90) stated that "the ability to tolerate mutilation is also determined in some cases by issues of a graver nature than beauty or disfigurement—the matter of life and death and the relief of intolerable suffering."
Rehabilitation

In order for the patient to return to his normal lifestyle, he must be able to independently care for his stoma. Rehabilitation of the ostomy patient begins shortly after, or even before, his surgery.

The rehabilitation involved is planned to ensure the patient's ability to care for the stoma, to adapt his life to it and to return to his usual life pattern as modified by his physical state following surgery (Rowbotham, 1970). Rehabilitation might be defined as a realistic level of independence and resolution of psychological, emotional and social problems (Bailey, 1977). Four developments have taken place in the past 25 years that have been beneficial to ostomy patients and have facilitated their rehabilitation. These developments are: 1) the immediate maturation of the stoma; 2) the improved adhesive appliances which are odor-proof and leak-proof; 3) the establishment of the United Ostomy Association; and, 4) the advent of Enterostomal Therapist (Shuster, 1972).

In a study of 41 patients with ileostomies, Druss et al. (1968) found that although most had adjusted in terms of management of the stoma and returning to normal activities, they had not adjusted psychologically or emotionally. They reported that "the good outcome noted at the functioning level was not often duplicated in terms of intrapsychic well-being. Peace of mind eluded many of these patients" (Druss et al., 1968, p. 57).

Jeter (1978) proposed a technique which was designed to focus patients' attention on their conscious behavior and, thereby, help them
assume greater responsibility for their own actions and for finding better ways of dealing with the realities of daily living. There are several points that are important in the patient's rehabilitation. In the patient's mind the stoma does not belong to him as long as someone else cares for it; therefore, self-care should be initiated early. The rehabilitator should display genuine concern for the patient and use imagination and perseverance in his care. The rehabilitator should get a commitment from the patient to aid him in moving ahead and should not accept excuses for his not doing so. It should be noted that the patient may view this push for self-care as rejection.

The importance of the role of the nurse is emphasized by Rowbotham (1975). He stated that, "The nurse is the human factor who, in a sense, is the glue which holds patient care and rehabilitation together. . . . She can initiate overall patient care and sow the seeds of ultimate rehabilitation. Without the nurse in this complex pathway to recovery, the best technical plans might fail" (Rowbotham, 1975, p. 703).

Needs

The needs of the ostomy patient include pre-operative, post-operative and rehabilitative aspects. These needs arise from the major problem areas which are skin breakdown, odor, leakage and improper fit of the appliance.

During the pre-operative period the patient must be given hope that the underlying disease will be cured by the surgery and that he
will be able to resume a normal lifestyle (Morton and Kinsella, 1975). Also during this time, the Enterostomal Therapist should begin working with the patient. The pre-operative care should also include explaining to the patient what will happen before and after surgery (Gutowski, 1972). The ostomy supplies that he will be using following surgery should be shown to him. He must also be given assurance that he will be able to continue those activities which he did before surgery.

In a study of 41 patients, Druss et al. (1968) found that 18 patients stated the stoma was a problem in their current life. Four subjects stated they had skin problems, four feared they had an odor problem, and three had to make adjustments in clothing. The occurrence of leakage and the difficulty of having to empty the bag at inopportune times were also reported as problems. In a study of 71 ostomates by Mayberry and Rhodes (1978), 42 of the subjects reported that they had a skin reaction at some time since the surgery. The length of time since surgery ranged from nine months to 22 years.

A study of 78 ostomates revealed that many of them thought the surgeon was unprepared to advise them in their stoma care and, in some cases, were misinformed by him (Wilhelm, 1977). Thirty-eight of the subjects said they had been taught by an Enterostomal Therapist and 38 said the surgeon had helped in the stoma care after surgery. Thirty-nine of the subjects thought the Enterostomal Therapist's role in management of the stoma and the selection of appliances to be used by the patient was important.
The importance of knowledge about the proper appliance has been stressed by some authors. Grubb and Blake (1976) emphasized that if the ostomate was to be free of worry, he should have a properly fitting pouch and should be knowledgeable about the effective methods for odor control. Rowbotham (1968) stated that the patient should not be released from the hospital until he has the necessary equipment and knows how to use it properly.
CHAPTER 3

METHODOLOGY OF THE STUDY

The design of the study, the setting and population sample studied, and the questionnaire used as the measurement tool for data collection are discussed in this chapter.

Setting and Sample

The sample consisted of nine persons who met the following criteria:

1. Were eighteen years of age or older
2. Had an abdominal stoma for a permanent intestinal or urinary diversion
3. Had had the stoma for a period of at least two weeks and not more than three months
4. Had had their first post-op visit to the physician or Enterostomal Therapist for follow-up
5. Were able to read and write English
6. Were referred by an Enterostomal Therapist

The setting for the study was a city in the Southwestern part of the United States. There were three hospitals included in the study: a university hospital, a Catholic hospital and a voluntary hospital.
Design of the Study

This was a descriptive study designed to answer the following questions: What care giving activities did the ostomate who was two weeks to three months post-op recall were done for him? Which care giving activities did the ostomate perceive as being most needed by a new ostomate? In which of the following time periods did he feel these needs should be met: before surgery, approximately three days after surgery, just before discharge or at the first clinic visit?

A questionnaire was designed and utilized to elicit responses from the subject to answer these questions. Each subject was asked to categorize a series of statements regarding care giving activities according to which time period the activities had been done for him; when he thought they should be done for a new ostomate; and if he thought they needed to be done at all.

Method of Data Collection

Three Enterostomal Therapists, each employed by one of three different hospitals in the Southwestern part of the United States, were contacted and the study explained to them. All agreed to participate in the study by referral of patients who met the criteria. A proposal for the study was submitted to the Human Subjects Committee of the Arizona Health Sciences Center of the University of Arizona and approval for the study was granted. A copy of the proposal, the letter of approval from the Human Subjects Committee, the consent form and the questionnaire were then submitted to appropriate persons at each of the hospitals for their approval.
From this point, the procedure followed at the three hospitals varied. At the University hospital, permission for the study was given by the Associate Director of Nursing for Research. The Enterostomal Therapist at the hospital was then contacted and she submitted the names of patients who met the criteria for participation in the study.

At the second hospital, the names of six surgeons who performed ostomy surgery were obtained from the Director of Staff Development and Research. These physicians were contacted initially by phone and then letters explaining the study, a copy of the consent form and the questionnaire were delivered to each physician. Permission was requested for the researcher to have access to names of patients who met the criteria for the study. Only two of the six physicians granted permission and each requested a copy of the results of the study. Of the other four physicians, one could not be reached and the other three refused to give their permission. The names of those physicians who had given their permission were given to the Enterostomal Therapist and she searched her files but neither of those two physicians had any patients who qualified for the study.

At the third hospital, approval for the study was given by the Clinical Nursing Specialist. Patients were first contacted by the Enterostomal Therapist to obtain their consent for their names to be given out. A list of names of those patients who consented to participate was given to the investigator.

Those patients who met the criteria for the study were contacted by phone to determine their willingness to participate. A brief
explanation of the study was given to them and an appointment was made to see the patients in their homes. All patients who were contacted and asked to participate in the study agreed to do so. Before answering the questionnaire, all subjects signed the Subject Consent Form (see Appendix A). The consent form and directions for each part of the questionnaire were read aloud to each subject. The researcher was present while the subject completed the questionnaire and answered any questions the subject had.

The Measurement Instrument

The instrument used in this study was a three part questionnaire developed by the researcher. The bases for its development were the review of the literature and the investigator's personal work experiences with ostomy patients. The areas of need as defined by Maslow (1970) were also considered as the questionnaire was being developed.

The questionnaire was originally designed in two parts. Part I asked for general demographic data. Part II requested the subject to categorize a list of forty statements about care giving activities into one of the following time periods in which he thought the activities should be done for a new ostomate: before surgery, approximately three days after surgery, just before discharge and at the first clinic visit. The questionnaire was pre-tested on two patients with colostomies and it was found that the patients were responding according to what had been done for them rather than what they felt should be done for other new ostomates.
On the basis of the results of the pre-test, the tool was then revised into a three part questionnaire. Part I (Appendix B) was designed to obtain general demographic data about the subjects and the ostomates' attitudes toward their stomas at the present time. The questions in Part II (Appendix C) related to care the subject had received before and after his surgery. The questions in Part III (Appendix D) were designed to identify the specific care the subject thought the new ostomate should receive before and after surgery.

Part I contained 16 questions which requested information about the subject's age, date of surgery, marital status, occupation, education, income, type of stoma and reason for surgery. The subject was also asked if he knew anyone with a stoma before he had his surgery, who taught him the most about the stoma and its care, how he felt about his stoma, if he felt the surgery saved his life and if he wanted any more information about the stoma.

Part II consisted of 39 statements relating to the type of care the subject received before and after his surgery and four open-ended questions which also pertained to his care. The areas of care which were dealt with in the 39 statements on the questionnaire related to odor control, management of flatus, application of the pouch, skin care, explanation of anatomy and physiology of the related body systems and encouragement to express fears and feelings about the stoma. The subject was asked to categorize the statements into the time period in which he received the care described. Possible responses were "Before surgery," "Approximately three days after surgery," "Just before
discharge," "At the first clinic visit," "Not done," and "Not applicable." These time periods were chosen because they are landmarks in the pre-operative and recovery periods.

Part III also included 39 statements and the subject was asked to categorize each statement according to the time period in which he thought the action described by the 39 statements in Part II and III were the same. Only the grammatical structure differed so that the statements in Part II referred to the patient himself, and the statements in Part III referred to other new ostomates. Also in Part III were three open-ended questions which pertained to the care which the subject thought the ostomate should receive.

In order to determine if the questionnaire had content validity, all statements were categorized according to the five areas described by Maslow's (1970) theory. These five areas were 1) physiological, which was defined as hunger, thirst, sex, oxygen, rest and activity; 2) safety, which was defined as security, stability, dependency, freedom from fear, anxiety, chaos, need for structure, order and law; 3) affiliative, which was defined as love, affection and belongingness; 4) esteem, which was defined as achievement, prestige, strength, adequacy, mastery and competence, confidence, independence and freedom; 5) self-actualization, which was defined as the tendency to become actualized in what he is potentially, self-fulfillment.

Three persons were selected as raters to categorize the items on the questionnaire. The first rater was considered knowledgeable in Maslow's theory and she had used it as a framework for a previous
study she had conducted. The second rater had some knowledge of both Maslow's theory and ostomy care but could not be considered an expert in either area. The third rater, a registered nurse, had worked extensively with ostomy patients and could be considered an expert clinician in giving care to ostomy patients.

All of the raters were in agreement as to which of the five categories nine of the statements belonged. Two of the raters were in agreement as to which of the five categories 23 of the statements belonged. There was no agreement among any of the raters for seven of the statements. Of the 23 statements on which two of the raters were in agreement, the dissenting opinion was cast by Rater 1 for four of the statements, by Rater 2 for 15 of the statements and by Rater 3 for four of the statements. Because Rater 2 was not an expert either in Maslow's theory or in ostomy care and because Rater 2 was in disagreement with the other two raters on such a large number of the statements, Rater 2's categorizations were deleted and only those of Raters 1 and 3 were used.

As shown in Table 1, eight of the statements were rated as physiological by both of the raters. Eleven statements were rated as meeting safety needs and two were considered affiliative. One of the statements was placed in the esteem category by both of the raters and one was placed in the self-actualization category by both of the raters.
Table 1. Placement of Statements into Categories of Maslow's Hierarchy

<table>
<thead>
<tr>
<th>Category</th>
<th>Number of Statements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physiological</td>
<td>8</td>
</tr>
<tr>
<td>Safety</td>
<td>11</td>
</tr>
<tr>
<td>Affiliative</td>
<td>2</td>
</tr>
<tr>
<td>Esteem</td>
<td>1</td>
</tr>
<tr>
<td>Self-actualization</td>
<td>1</td>
</tr>
<tr>
<td>Not, Categorized</td>
<td>16</td>
</tr>
<tr>
<td>Total</td>
<td>39</td>
</tr>
</tbody>
</table>

Statements categorized as "Physiological" dealt with anatomy and physiology, location of stoma, effluent diet and changes in sexual ability. Statements categorized as "Safety" dealt with odor, pouches, stomal functioning and skin irritation. The "Affiliative" statements dealt with the reaction of the family and their teaching. The "Esteem" statement dealt with returning to work and the "Self-actualization" statement with having the stoma for life. The statements which were not categorized due to disagreement among the raters dealt with expression of feelings, community services, irrigation and activities.

Each part of the questionnaire was scored by determining the frequency of selection of each of the stated time periods for each statement. All responses were weighted equally as none of the statements were considered to be any more important than any other statement.
CHAPTER 4

FINDINGS OF THE STUDY

The sample for this study consisted of nine persons who had surgery which resulted in an abdominal stoma for a urinary or intestinal diversion. This chapter contains a description of the characteristics of the sample, and the analyses and findings of the data collected.

Characteristics of the Sample

The mean age of the sample was 52.1 years and the median 55 years. The distribution of the subjects by age and sex is displayed in Table 2. The sample consisted of two males and seven females who ranged in age from 25 to 71 years. As noted in the table eight of the subjects were 45 years or older.

At the time they were given the questionnaire, six of the nine subjects were married, one was separated, one divorced and one single.

Table 2. Distribution of Subjects by Age and Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Females</td>
<td>1</td>
<td>0</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>4</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>
The subject who was separated said her husband had left her since her surgery and she thought that the stress of the surgery was the cause for the separation. The marital status and sex of the subjects are shown in Table 3. Four of the females and two of the males were married. One of the females was separated, one divorced and one single.

Also of interest to the researcher was the educational background of the subjects. Four of the nine subjects had completed high school. Of these, one had completed twelfth grade plus one year of professional training, two had four years of college and one had four years of college plus one year of professional education.

Another area of interest was the type of work the subjects did prior to surgery. Six of the subjects were employed full time before they had their surgery. The occupations which they held were as follows: instructor, cook, escrow officer, chairman of the board of a large company, garage owner, and waitress/factory worker. Four of the respondents replied they would be returning to their same position.

Table 3. Distribution of Subjects by Marital Status and Sex

<table>
<thead>
<tr>
<th>Sex</th>
<th>Married</th>
<th>Separated</th>
<th>Divorced</th>
<th>Widowed</th>
<th>Single</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Females</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>7</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>
The instructor and the waitress/factory worker had no plans to return to work.

Each subject was asked to check the category which indicated his annual income. The annual income of the subjects ranged from less than $5,000 per year to greater than $20,000 per year. Two of the subjects had an income less than $5,000 per year; one had an income of $5,000 to $9,999; one had an income of $10,000 to $14,999; and three had an income greater than $20,000 per year. Two of the subjects did not answer the question.

**Reasons for Stomal Surgery**

The investigator was interested in the type of stoma which the subjects had and the reasons for the stomal surgery. As shown in Table 4, five of the subjects had colostomies, three had urostomies and one an ileostomy. Eight of the patients stated they had the surgery because of cancer. One subject had surgery as a result of Crohn's disease.

**Attitudes towards Stoma**

The investigator was interested in finding out how the subjects would respond to the question, "How do you now feel about your stoma?" The following statements are those which were written by the subjects:

"Fair."

"Accept."

"I have no regrets."
Table 4. Distribution of Subjects by Type of Stoma, Reason for Surgery and Sex

<table>
<thead>
<tr>
<th>Type of Stoma</th>
<th>Cancer M</th>
<th>Cancer F</th>
<th>Crohn's M</th>
<th>Crohn's F</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Colostomy</td>
<td>0</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>5</td>
</tr>
<tr>
<td>Ileostomy</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Urostomy</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Total</td>
<td>2</td>
<td>6</td>
<td>0</td>
<td>1</td>
<td>9</td>
</tr>
</tbody>
</table>
"I'm beginning to feel it's a natural part of me. At first it was a horrible looking red thing."

"I know I'm going to cope with it very well."

"Something attached to me but a separate entity."

"A pain. I get along pretty good."

"I wish I didn't have it but it was necessary."

"Shocked!"

The next question was designed to find out if the subjects felt the surgery saved their lives. Eight of the subjects stated they felt it had and one didn't know. The reasons cited by the subjects were that the cancer may have spread without the surgery, severe weight loss and cramps, peritonitis, and the inability to live with a rectovaginal fistula.

The subjects were also asked if there was anything else they felt they should or would like to know about the stoma. Five of the subjects replied that they would have liked additional information. The areas identified by the subjects in which they would have liked more information were: stomal revision, management and identification of problems with the stoma, irrigation of the stoma, and the difficulty of finding supplies in the area. One subject wrote an entire page on the need for continued research in ostomy products.

Findings on the Questionnaire--Part II

Part II of the questionnaire consisted of 39 statements which described activities that a health care worker might have done for the subjects before or after their surgery. The subjects responded to each
statement by indicating the time period in which the activity was done for them. The statements had been previously categorized by two raters according to Maslow's five levels of need.

Eight of the statements were categorized as "Physiological" by the raters. These are displayed in Table 5. The number of subjects who selected each time period for the statements are also indicated.

Five or more subjects responded that the activities described by statements 1, 11 and 13 had been done before surgery. Five or more subjects responded that the activities described by statements 4 and 27 had not been done for them.

Eleven of the statements were categorized as "Safety" by the raters. These are shown in Table 6. The number of subjects who selected each time period for the statements are also indicated.

Five subjects responded that the activity described by statement 5 was done before surgery. Eight subjects responded the activity described by statement 25 had been done just before discharge. Five or more subjects responded that the activities described by statements 3, 21 and 39 had not been done for them.

Two of the statements were categorized as "Affiliative," one as "Esteem" and one as "Self-actualization" by the raters. These are displayed in Table 7. The number of subjects who selected each time period for the statements are also indicated.

Five or more of the subjects responded that the activities described by statements 10, 14 and 15 had been done before surgery. Six
Table 5. Number* of Subjects' Selection of "Physiological" Statements by Selected Time Periods on Part II

<table>
<thead>
<tr>
<th>Physiological Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not done</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explanation of functions of intestinal/urinary system</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>2. Shown picture of anatomical location</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>4. Shown picture of a stoma</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>11. Told location of stoma</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Told appearance of effluent</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>13. Told feces/urine to come through stoma</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>20. Discussed diet and nutrition</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>27. Discussed changes in sexual ability</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.
Table 6. Number* of Subjects' Selection of "Safety" Statements by Selected Time Periods on Part II

<table>
<thead>
<tr>
<th>Safety Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not done</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Visited by an ostomate</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>9</td>
<td>0</td>
</tr>
<tr>
<td>5. Shown different pouches and discussed advantages and disadvantages of each</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>7. Explained methods of odor control</td>
<td>4</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>18. Detailed description of how to secure pouch</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21. Told what to do if stoma doesn't function properly</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>22. Told what symptoms indicate improper functioning</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>23. Told when to first expect drainage of stool/urine</td>
<td>1</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>25. Discussed where to buy ostomy supplies</td>
<td>1</td>
<td>0</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>30. Discussed ways of treating skin irritation</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>37. Discussed financial aspects</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>4</td>
<td>0</td>
</tr>
<tr>
<td>39. Visited at home by nurse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>2</td>
<td>7</td>
<td>0</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.
Table 7. Number* of Subjects' Selection of "Affiliative," "Esteem," and "Self-actualization" Statements by Selected Time Periods on Part II

<table>
<thead>
<tr>
<th>Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not done</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affiliative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Spouse encouraged to express feelings</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>26. Family member received instructions in care</td>
<td>1</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Esteem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Told will be able to return to work</td>
<td>5</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td><strong>Self-actualization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14. Told will have stoma for life</td>
<td>8</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.
of the subjects responded that the activity described by statement 26 was done just before discharge.

Sixteen of the statements on the questionnaire were not placed into any of Maslow's levels of need by the raters. These are displayed in Table 8. The number of subjects who selected each time period for the statements are also indicated.

Five or more of the subjects responded that the activities described by statements 6, 8, 9 and 16 had been done before surgery. Five subjects responded the activity described by statement 17 was done approximately three days after surgery. Five or more of the subjects responded that the activities described by statements 24, 28, 33 and 36 had not been done for them.

The subjects were then asked four open-ended questions regarding other care they would have liked to have received and which had had the most influence on making them feel good about themselves again. Four of the subjects said there was no other treatment or care that they would have liked to have had done for them which they did not receive. Other subjects responded that they needed to know more about the surgery and needed more time to work with the Enterostomal Therapist.

Three of the subjects responded that their spouses had had the most influence on making them feel good about themselves again. Three cited the role of the Enterostomal Therapist.

Eight of the subjects reported that they had not been taught or told anything during their hospital stay that they felt should not have been done. Other comments made were that there is a need for more
<table>
<thead>
<tr>
<th>Non-Categorical Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not done</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Discussed possibility of odor</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>8. Encouraged to express feelings about surgery</td>
<td>7</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>9. Encouraged to express feelings about stoma</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>16. Told may continue lifestyle</td>
<td>7</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17. Shown how to secure pouch in place for first time</td>
<td>3</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Assisted in applying pouch</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24. Told of services of UOA and ACS</td>
<td>2</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>28. Encouraged to express fears/problems related to sex</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>29. Told what skin irritation looks like</td>
<td>2</td>
<td>2</td>
<td>3</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>31. Told may be able to control function with irrigation</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>32. Taught to irrigate</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>33. Encouraged to express anger</td>
<td>3</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>34. Told may not feel effluent passing through stoma</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>35. Told will not be able to control gas</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>
Table 8. Continued

<table>
<thead>
<tr>
<th>Non-Categorical Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not done</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>36. Told what activities to restrict</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>38. Told how to manage gas in pouch</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.*
nurses to help the patient and his family understand what is involved, and that the honesty of that information which was given regarding the patient's condition was appreciated. Several of the subjects told the researcher that they were able to remember better those things which they were told before surgery as opposed to what they were told after surgery.

**Findings on the Questionnaire—Part III**

Part III of the questionnaire included 39 statements which described activities that a health care worker might do for an ostomy patient before or after his surgery. The subjects responded to each statement by indicating the time period in which they thought the activity should be done. The statements had been previously categorized by two raters according to Maslow's five levels of need.

Eight of the statements were categorized as "Physiological" by the raters. These are displayed in Table 9. The number of subjects who selected each time period for the statements are also indicated.

Five or more subjects responded that all of the activities described by these statements should be done before surgery. The only statement which was marked as not being necessary by any of the subjects was number 27.

Eleven of the statements were categorized as "Safety" by the raters. These are displayed in Table 10. The number of subjects who selected each time period for the statements are also indicated.

Five or more subjects responded that the activities described by statements 3, 5, 7, 23 and 37 should be done before surgery. Five
Table 9. Number* of Subjects' Selections of "Physiological" Statements by Selected Time Periods on Part III

<table>
<thead>
<tr>
<th>Physiological Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not necessary</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Explanation of functions of intestinal/urinary system</td>
<td>9</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>2. Shown picture of anatomical location</td>
<td>8</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Shown picture of a stoma</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>11. Told location of stoma</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>12. Told appearance of effluent</td>
<td>7</td>
<td>0</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>13. Told feces/urine to come through stoma</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>20. Discussed diet and nutrition</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>27. Discussed changes in sexual ability</td>
<td>8</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.
Table 10. Number* of Subjects' Selection of "Safety" Statements by Selected Time Periods on Part III

<table>
<thead>
<tr>
<th>Safety Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not necessary</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>3. Visited by an ostomate</td>
<td>5</td>
<td>2</td>
<td>3</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>5. Shown different pouches and discussed advantages and disadvantages of each</td>
<td>6</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>7. Explained methods of odor control</td>
<td>7</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>18. Detailed description of how to secure pouch</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>21. Told what to do if stoma doesn't function properly</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>22. Told what symptoms indicate improper functioning</td>
<td>3</td>
<td>1</td>
<td>6</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>23. Told when to first expect drainage of stool/urine</td>
<td>5</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>25. Discussed where to buy ostomy supplies</td>
<td>3</td>
<td>0</td>
<td>9</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>30. Discussed ways of treating skin irritation</td>
<td>3</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>37. Discussed financial aspects</td>
<td>8</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>39. Visited at home by nurse</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>4</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.
or more subjects responded that the activity described by statement 23 should also be done approximately three days after surgery. Five or more subjects responded that the activities described by statements 18, 21, 22 and 25 should be done just before discharge.

Two of the statements were categorized as "Affiliative," one as "Esteem" and one as "Self-actualization" by the raters. These are shown in Table 11. The number of subjects who selected each time period for the statements are also indicated.

Five or more subjects responded that the activities described by statements 10, 14 and 15 should be done before surgery. Eight subjects responded that the activity described by statement 26 should be done just before discharge.

Sixteen of the statements on the questionnaire were not placed into any of Maslow's levels of need by the raters. These are shown in Table 12. The number of subjects who selected each time period for the statements are also indicated.

Five or more of the subjects responded that the activities described by statements 6, 8, 9, 16, 24, 28, 29, 33, 34, 35 and 36 should be done before surgery. Five subjects responded that the activity described by statement 19 should be done approximately three days after surgery. Five subjects responded that the activity described by statement 17 should be done just before discharge.

The subjects were then asked three open-ended questions regarding other care they felt ostomates should receive and what they felt would have the most influence on making the new ostomates feel good
Table 11. Number* of Subjects' Selection of "Affiliative," "Esteem" and "Self-actualization" Statements by Selected Time Periods on Part III

<table>
<thead>
<tr>
<th>Statement</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not necessary</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Affiliative</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Spouse encouraged to express feelings</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>26. Family member received instructions in care</td>
<td>3</td>
<td>3</td>
<td>8</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Esteem</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Told will be able to return to work</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Self-actualization</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15. Told will have stoma for life</td>
<td>8</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.
Table 12. Number* of Subjects' Selection of Non-categorized Statements by Selected Time Periods on Part III

<table>
<thead>
<tr>
<th>Non-Categorized Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not necessary</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>6. Discussed possibility of odor problem</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>8. Encouraged to express feelings about surgery</td>
<td>9</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>9. Encouraged to express feelings about stoma</td>
<td>7</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>16. Told may continue lifestyle</td>
<td>8</td>
<td>1</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>17. Shown how to secure pouch in place for first time</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>19. Assisted in applying pouch</td>
<td>2</td>
<td>5</td>
<td>4</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>24. Told of services of UOA and ACS</td>
<td>5</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>28. Encouraged to express fear/problems related to sex</td>
<td>7</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>29. Told what skin irritation looks like</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>31. Told may be able to control function with irrigation</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>32. Taught to irrigate</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>33. Encouraged to express anger</td>
<td>5</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>34. Told may not feel effluent passing through stoma</td>
<td>7</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
Table 12. Continued

<table>
<thead>
<tr>
<th>Non-Categorized Statements</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not necessary</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>35. Told will not be able to control gas</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>36. Told what activities to restrict</td>
<td>6</td>
<td>1</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>38. Told how to manage gas in pouch</td>
<td>2</td>
<td>1</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>2</td>
</tr>
</tbody>
</table>

*Because some subjects marked more than one time period for any given statement, the total number of responses does not equal nine.*
about themselves again. Subjects responded that personal attitude had an important influence on the ostomates reaction, as will family support and encouragement. Also cited was the importance of knowing how the stoma functions and how to care for it.

The researcher was also interested in the total number of responses for each of the time periods. Five or more subjects responded with "Before surgery" to twenty-seven (69.2 percent) of the statements, with "Approximately three days after surgery" to two (5.1 percent) of the statements and with "Just before discharge" to six (15.3 percent) of the statements.

A total of 447 responses were given on Part III of the questionnaire. These are described in Table 13. Of the 447 responses, 216 (48.3 percent) were in the "Before surgery" category, 73 (16.3 percent) in "Approximately three days after surgery," 98 (21.9 percent) in "Just before discharge," 37 (8.3 percent) in "At the first clinic visit," 13 (2.9 percent) in "Not necessary," and 10 (2.3 percent) in the "Not applicable" category.
<table>
<thead>
<tr>
<th>Time Period</th>
<th>Number</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before surgery</td>
<td>216</td>
<td>48.3</td>
</tr>
<tr>
<td>Approximately three days after surgery</td>
<td>73</td>
<td>16.3</td>
</tr>
<tr>
<td>Just before discharge</td>
<td>98</td>
<td>21.9</td>
</tr>
<tr>
<td>At the first clinic visit</td>
<td>37</td>
<td>8.3</td>
</tr>
<tr>
<td>Not necessary</td>
<td>13</td>
<td>2.9</td>
</tr>
<tr>
<td>Not applicable</td>
<td>10</td>
<td>2.3</td>
</tr>
<tr>
<td>Total</td>
<td>447</td>
<td>100.0</td>
</tr>
</tbody>
</table>
CHAPTER 5

DISCUSSION OF THE FINDINGS AND CONCLUSIONS

Included in this chapter are the findings of the study as they relate to the review of the literature and the theoretical framework. Implications and recommendations for further study are made.

Findings in Relation to the Review of the Literature

Questionnaires given to subjects who had ostomy surgery during the two weeks to three months prior to their answering the questionnaire revealed the following findings. Five or more of the nine subjects responded that 27 of the 39 activities described in Part III should be done for the patient prior to surgery. This indicated that patients desired to know as much about the stoma as possible before the surgery. If this was to be done by nurses, more time must be allotted for pre-operative teaching of patients than what was presently being done. The only activities which were not selected for "Before surgery" by a majority of subjects were those concerning the actual application of the pouch, improper functioning of the stoma, skin irritation, purchasing of supplies, irrigation, instruction of a family member and management of gas in the pouch.

Although none of the subjects had been seen by an ostomy visitor, all thought that an ostomate should visit the patient either
before or after the surgery. This supported the findings in the studies conducted by Watt (1974), Bailey (1977), Gutowski (1972) and Winkelstein and Lyons (1971) which found that a visit from another ostomate was psychologically helpful to the new ostomate.

Saunders (1976) advocated early participation by the ostomate in the care of his stoma. Five or more of the subjects responded that the patient should be shown how to apply the pouch and be assisted in doing so either before surgery or approximately three days after surgery. Jeter (1978) also recommended that the self care be initiated early.

This study's findings also supported Gutowski's (1972) statements which recommended that the patient should know what was going to happen, should be shown ostomy supplies and should be assured that he could return to a normal lifestyle. She stated that all these areas of care should be done for the patient prior to the surgical procedure. The study also revealed that at least five of the subjects replied that the following activities should be done before surgery:

1. The functions of the intestinal/urinary system should be explained to the patient in detail.
2. A picture of the location of the parts of the intestines/urinary system should be shown to the patient and explained.
3. The patient should be shown a picture of what a stoma looks like.
4. Several different pouches should be shown to the patient and the advantages and disadvantages of each discussed.
5. The patient should be told where the stoma will be located.
6. The patient should be told what the stool or urine will look like.
7. The patient should be told that following surgery feces or urine would leave his body through the stoma.
8. The patient should be told that he would probably be able to return to work.
9. The patient should be told he would be able to continue his normal lifestyle.
10. The possibility of changes in sexual ability should be discussed with the patient.
11. The patient should be told that he may not feel the sensation of the stool or urine passing through the stoma and into the pouch.
12. The financial aspects of long-term ostomy care should be discussed with the patient.

Findings in Relation to the Theoretical Framework

Maslow (1970) described a hierarchy of needs in which the more basic needs, those necessary for survival, must be satisfied before the higher needs can be dealt with. Fulfillment of the basic needs requires dependence on the environment and on other people; whereas, fulfillment of the higher levels of needs must come from within the person himself. One who is meeting his own higher level needs can become more self-sufficient and independent.
Nineteen of the statements on the questionnaire pertained to the basic physiological and safety needs. However, there were statements which referred to all five of the levels of Maslow's hierarchy. No more than four subjects responded that any of the activities described by the 39 statements on Part III of the questionnaire should not be done for new ostomates. In fact, "Not necessary" was selected by the subjects for only 2.9 percent of the total of 447 responses given. This indicated that all the activities and, consequently, all levels of need should be considered when care is planned for and given to the new ostomate.

The ostomy surgery created changes which temporarily caused the ostomy patient to increase his concentration on meeting his physiological and safety needs. But it should be remembered that he does not lose sight of the need to also have those activities performed which pertain to esteem and self-actualization aspects.

Implications and Conclusions

Although all the subjects expressed either verbally or in writing their satisfaction with the care they received, the responses on Parts II and III of the questionnaire did vary. While only two of the nine subjects were shown an actual picture of what a stoma looked like before surgery, all nine subjects felt that this should be done. The possibility of changes in sexual ability was discussed with only two of the subjects, yet all but one stated that it should be done before surgery. Five subjects had not been told what to do if the stoma did not function properly, yet all indicated that this should be done
some time before the patient was discharged from the hospital. Five of the subjects were not told about community resources such as the American Cancer Society and the United Ostomy Association, but, again, eight thought this to be necessary.

Eight of the patients indicated that the Enterostomal Therapist was the person who taught them the most about the stoma and its care and one subject stated it was a nurse. It should be noted that several of the subjects told the researcher the name of the person who had done most of their teaching but did not know what this person's title was. This indicated a need for nurses to introduce themselves to the patients and to make the patients aware of their roles.

This study has implications for those health care professionals who desire to give ostomy patients the care and information which they need to resume their lives in spite of the fact that they now have a stoma. Findings from this study support the need for patients to have more extensive pre-operative discussion of the various aspects of the stoma and its care. This teaching might need to be repeated one or more times following surgery to be sure the patient retains the information. He should be given as much in-depth explanation as he needs to have him knowledgeable about the care of his stoma. Patients and their families should be encouraged to express their feelings about the surgery and the stoma. It should be emphasized that normal activities can be resumed. The patient should also be informed of available community resources to which he can turn for additional support.
Recommendations for Further Study

Based on the findings of the study, the following recommendations for further study are made:

1. Revise the questionnaire to include more items pertaining to Maslow's higher level needs and have items rated by experts on Maslow's theory.

2. Repeat the study including a larger and more varied sample of subjects.

3. Conduct a study designed to compare what nurses, Enterostomal Therapists and ostomates see as the care needs of the new ostomate.

4. Perform a similar study with subjects who have not been taught by an Enterostomal Therapist and compare results to those of a sample of subjects who have been taught by an Enterostomal Therapist.

5. Conduct a prospective study with persons anticipating surgery and follow them over time to determine how their perception of needs changes.

6. Accept as subjects persons who have had surgery up to six months prior to the time of filling out the questionnaire.
CHAPTER 6

SUMMARY

The purpose of the study was to determine those care giving activities which the subjects recalled were done for them and to determine which of these activities they indicated should be done for the new ostomate and in which time periods. The researcher hoped the findings would provide information which would lead to improvement in the nursing care of the ostomy patient.

The significance of this study stems from the fact that ostomy surgery, while becoming increasingly more common, continues to present itself as a crisis situation to the person who faces it. If the patient is to be helped to deal effectively with this crisis, the care he receives must be well planned in order to intervene in the crisis situation.

The theoretical framework used for the study was based on Maslow's hierarchy of needs. Maslow's (1970) theory proposed that there are several levels of needs. The more basic needs, those related to physiological and safety factors, must be met before the person can move on to the task of meeting the higher levels of needs, such as, affiliative, esteem and self-actualization.

The selected review of the literature summarized the writings of many authors on the various aspects of the subject of ostomy surgery,
the creation of a stoma and its consequences. The areas of concern discussed in the literature which were found to be most important were loss and its associated responses, control of bowel and bladder function, body image, rehabilitation and needs.

The instrument used to collect the data was a three part questionnaire developed by the investigator to elicit responses which would answer the questions set forth in the purpose of the study. Items on the questionnaire referred to care giving activities which might be done for ostomy patients. All activities were categorized by two raters according to the five levels of Maslow's hierarchy of needs.

The data was analyzed according to the frequency of selection of the stated time periods. Frequency of selection of responses was calculated for the five groups of statements which were categorized according to Maslow's hierarchy. Frequency of selection of responses from Parts II and III were also compared.

Data could not be analyzed on the basis of demographic variables because of the small sample size. Findings of the study revealed that most of the statements were categorized into the "Before surgery" time period by a majority of the subjects. None of the statements were said to be unnecessary by a majority of the subjects.

Although subjects said the care they received was satisfactory, the results of the study indicated the new ostomate should receive more information than what the subjects received and they should receive it earlier in the course of their hospitalization.
Implications for health care workers were derived from the findings of the study. Recommendations for future studies on this topic were also made. These recommendations included modification of the questionnaire and methodology. Other recommendations were to conduct similar studies with a larger and more varied sample and with a sample that had not been taught by an Enterostomal Therapist.
APPENDIX A

SUBJECT CONSENT FORM

I, ________________________, consent to participate in the study entitled "Needs of Ostomy Patients in the Perioperative Period" conducted by Mary Jane Mumme, R.N. The purpose of the study is to determine the needs of the ostomy patient around the time of his surgery. It is hoped that the results of the study will provide information to nurses which will lead to improvement of patient care.

This study has been explained to me and I agree to answer a questionnaire about the needs of ostomy patients. I understand this will be done in my home and will take no more than one hour to complete. I understand that this will be the extent of my participation in the study. I will receive no monetary payment for my participation and there are no costs which I will be expected to assume.

No demands or discomforts will be involved, and risks are believed to be minimal. If I experience any anxiety or have any questions regarding the questionnaire, the researcher will be available to answer any questions.

I have been informed that my name will not be identified on the questionnaire. I understand that group rather than individual responses will be recorded in the research report. The data obtained will be used in the final report of the study and may be published in a professional journal or book.

I understand that I am free to refuse to answer any of the questions on the questionnaire and may withdraw from the study at any time should I so desire. I have also been advised that I may decide not to participate in the study without effect on the relationship with my physician, Enterostomal Therapist or other health care professionals.

I also understand that this consent form will be filed in an area designated by the Human Subjects Committee with access restricted to the principal investigator or authorized representatives of the College of Nursing. A copy of this consent form is available to subjects upon request.

Signature _________________________ Date ___________________
Witness' Signature ______________________ Date _________________
Researcher's Signature ______________________ Date _______________
APPENDIX B

QUESTIONNAIRE—PART I

THE FOLLOWING QUESTIONS ARE TO OBTAIN SOME GENERAL INFORMATION ABOUT YOU. PLEASE FILL IN THE BLANKS OR PLACE A CHECK MARK ( ) BESIDE THE APPROPRIATE RESPONSE FOR THE FOLLOWING QUESTIONS:

What is your present age? ____________ years

On what date did you have your ostomy surgery? ____________ / ____________ / ____________

Are you now: Married _____ Divorced _____ Widowed _____
Separated _____ Single _____

What type of work do you do? _____________________________________________

Has your type of work changed because of your surgery? Yes ____ No ____

How many years of schooling have you completed? (Please circle)
1 2 3 4 5 6 7 8 9 10 11 12
College 1 2 3 4
Graduate 1 2 3 4
Professional 1 2 3 4

What is your annual income? less than $5,000 _____
$5,000-9,999 _____
$10,000-14,999 _____
$15,000-19,999 _____
greater than $20,000 _____

Had you known anyone with a stoma before you had your surgery? Yes ____ No ____

For what reason was your stoma created? Cancer _____
Trauma _____
Inflammatory _____
Bowel Disease _____
Other _____

What type of stoma do you have?
Colostomy _____ Type _____________________
Ileostomy _____
Urostomy _____ Type _____________________
Which person taught you the most about the stoma and its care?  
(Check only one) Doctor ___ Enterostomal Therapist ___  
Nurse ___ Other ___

How do you now feel about your stoma?

In what hospital was your surgery done? _________________________________

Do you feel the surgery saved your life? Yes ___ No ___  
If so, how?

Has your stoma ever been revised since surgery? Yes ___ No ___  
If yes, when and why?

Is there anything that you still do not know about your stoma but feel you should know or would like to know?
APPENDIX C

QUESTIONNAIRE—PART II

THE FOLLOWING LIST OF STATEMENTS REFER TO SOME ACTIVITY THAT A HEALTH CARE WORKER MAY HAVE DONE FOR YOU AROUND THE TIME THAT YOU HAD THE SURGERY FOR YOUR STOMA. PLEASE INDICATE, BY PLACING A CHECK MARK ( ) IN THE COLUMN AT THE RIGHT, THE TIME PERIOD IN WHICH THE ACTIVITY WAS DONE FOR YOU. IF THE ACTIVITY WAS DONE IN MORE THAN ONE TIME PERIOD, CHECK ALL APPROPRIATE COLUMNS. IF THE ACTIVITY WAS NOT DONE FOR YOU AT ANY TIME, CHECK THE "NOT DONE" COLUMN. IF YOU DO NOT FEEL THE STATEMENT APPLIES TO YOU, CHECK THE COLUMN WHICH SAY "NOT APPLICABLE."

<table>
<thead>
<tr>
<th>Statement</th>
<th>Before surgery</th>
<th>Approximately three days after surgery</th>
<th>Just before discharge</th>
<th>At the first clinic visit</th>
<th>Not done</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The functions of the intestinal/urinary system were explained to me in detail.</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2. A picture of the location of the parts of the intestines/urinary system was shown to me and explained to me.</td>
<td></td>
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</tr>
<tr>
<td>3. An ostomate from the United Ostomy Association or American Cancer Society visited me.</td>
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<tr>
<td>4. I was shown a picture of what a stoma looks like.</td>
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</tr>
<tr>
<td>5. Several different pouches were shown to me and the advantages and disadvantages of each were discussed.</td>
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<td></td>
</tr>
</tbody>
</table>

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6. The possibility of an odor problem was discussed with me.

7. Methods of odor control were explained to me.

8. I was encouraged to express my feelings about having this surgery.

9. I was encouraged to express my feelings about having a stoma.

10. My spouse or a person close to me was encouraged to express his/her feelings about my having a stoma.

11. I was told where the stoma would be or was located.

12. I was told what the stool/urine would look like.

13. I was told that feces or urine would now leave my body through the stoma.

14. I was told I will have the stoma for the rest of my life.

15. I was told that I will probably be able to return to work.

16. I was told I will be able to continue my normal lifestyle.

17. I was shown how to secure the pouch in place for the first time.
18. I was given a detailed description of how to secure the pouch in place.

19. I was assisted in applying the pouch.

20. Diet and nutrition were discussed with me.

21. I was told what to do if the stoma does not function properly.

22. I was told what symptoms to look for which indicate the stoma is not functioning properly.

23. I was told when to expect that stool/urine would first begin to come through the stoma.

24. I was told about the services offered by the United Ostomy Association and the American Cancer Society.

25. Places where ostomy supplies can be purchased were discussed with me.

26. A family member received instructions regarding the care that my stoma requires so that they would be understanding and able to help if necessary.

27. The possibility of changes in sexual ability was discussed with me.
28. I was encouraged to express fears/problems related to sex.

29. I was told what skin irritation looks like.

30. Ways of treating skin irritation were discussed with me.

31. I was told I may be able to control bowel function with irrigation.

32. I was taught to irrigate.

33. I was encouraged to express my anger that this has happened to me.

34. I was told that I may not be able to feel the sensation of the stool/urine passing through the stoma and into the pouch.

35. I was told I would not be able to control gas coming through the stoma.

36. I was told what activities I would have to restrict.

37. The financial aspects of long-term ostomy care were discussed with me.

38. I was told how to manage gas that accumulates in the pouch.

39. A visiting nurse came to see me at my home.
THE FOLLOWING ARE QUESTIONS REGARDING THE KIND OF CARE WHICH YOU RECEIVED.

1. Is there any other treatment or care that you would like to have had done for you that you did not receive?

2. What do you think has had the most influence on making you feel good about yourself again?

3. Were you taught or told anything during your hospital stay that you do not feel should have been done?

4. Any other comments:
APPENDIX D

QUESTIONNAIRE--PART III

THE FOLLOWING ARE A LIST OF STATEMENTS WHICH REFER TO SOME ACTIVITY THAT A HEALTH CARE WORKER MIGHT DO FOR AN OSTOMY PATIENT AROUND THE TIME OF HIS SURGERY. PLEASE INDICATE, BY PLACING A CHECK MARK ( ) IN THE COLUMN AT THE RIGHT, THE TIME PERIOD IN WHICH YOU THINK THE ACTIVITY SHOULD BE DONE FOR THE PATIENT. IF THE ACTIVITY SHOULD BE DONE IN MORE THAN ONE TIME PERIOD, CHECK ALL APPROPRIATE COLUMNS. IF YOU DO NOT FEEL THE ACTIVITY SHOULD BE DONE AT ALL, CHECK THE "NOT NECESSARY" COLUMN.

<table>
<thead>
<tr>
<th>The functions of the intestinal/urinary system should be explained to the patient in detail.</th>
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<tbody>
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<td>The patient should be shown a picture of what a stoma looks like.</td>
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5. Several different pouches should be shown to the patient and the advantages and disadvantages of each are discussed.

6. The possibility of an odor problem should be discussed with the patient.

7. Methods of odor control should be explained to the patient.

8. The patient should be encouraged to express his feelings about having this surgery.

9. The patient should be encouraged to express his feelings about having a stoma.

10. The patient’s spouse or someone close to him should be encouraged to express their feelings about the patient’s having a stoma.

11. The patient should be told where the stoma will be or is located.

12. The patient should be told what the stool/urine will look like.

13. The patient should be told that feces or urine will now leave his body through the stoma.

14. The patient should be told he will have the stoma for the rest of his life.

15. The patient should be told that he will probably be able to return to work.
16. The patient should be told he will be able to continue his normal lifestyle.

17. The patient should be shown how to secure the pouch in place for the first time.

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24. The patient should be told about the services offered by the United Ostomy Association and the American Cancer Society.

25. Places where ostomy supplies can be purchased should be discussed with the patient.
26. A family member should receive instructions regarding the care that the patient's stoma requires so that they will be understanding and able to help if necessary.

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28. The patient should be encouraged to express fears/problems related to sex.

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30. Ways of treating skin irritation should be discussed with the patient.

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32. The patient should be taught to irrigate (if applicable).

33. The patient should be encouraged to express his anger that this has happened to him.

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THE FOLLOWING ARE QUESTIONS REGARDING THE KIND OF CARE THAT THE OSTOMY PATIENT RECEIVES.

1. What do you feel will have the most influence on making the patient feel good about himself again?

2. Is there any other treatment or care that you feel the ostomy patient should receive?

3. Any other comments:
LIST OF REFERENCES


71


Saunders, Barbara, SRN. "The Nurse's Role in the Care of Patients with a Stoma," The British Journal of Clinical Practice, 30(4): 81-2, April, 1976.


