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PSYCHOSOCIAL PROBLEMS OF STOMA CLIENTS

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Abstract
The article was focused on the issue of satisfaction of the psychical and social needs of ostomates. The goal of the work was to ascertain the most frequent psychosocial needs of ostomates.

A questionnaire was made up to give a true picture of the given issue. The questionnaire was intended for clients with ostomies on the gastrointestinal and urogenital system. 109 respondents participated in the research. Hospital institutions from all regions of the Czech Republic are represented in the questionnaire research. The questionnaire results were subjected to statistical analysis.

The analysis shows that a stoma represents a serious life situation for the client. It is an intervention in the ostomate's social and intimate life. The client copes with the situation very slowly and very painfully. That is why stress is put on pre-operation preparation, so that the client has sufficient information on the new situation and sufficient time to prepare for such situation. The research shows that most respondents have sufficient information on the care of a stoma; unfortunately, they do not have so much information on social services and social benefits. The care for the ostomate does not end after the exchange of the retaining system. It is important that the ostomate learns to exchange the bag, but he must learn to live with the stoma in the first instance.

The goal for the qualified nurse is to support the patient's ability to adapt to the new life with stoma, to master perfectly the technique of stoma care, to help them cope with a new way of life, to teach them how to acquire self-sufficiency, how to reacquire lost self-confidence and so to return to a full life.

Key words: *stoma – ostomate – stoma nurse – care for ostomies – nursing*

INTRODUCTION

Surgical solutions of diseases of the gastrointestinal and urogenital system often lead to a temporary or permanent stoma. Stomas affect patients across our population, severely handicapping not only the patient but the whole patient's family (Marková 2006). Our goal is that the ostomate has saturated the bio-psycho-social needs in order to be able to lead a full life even with a stoma. Although a stoma is an extraordinarily severe intervention in the client's personal and social life, the health care team often focuses only on the physical care for the ostomate, pushing social and psychical problems into the background. The stoma client is exposed to severe psychical stress and the multidisciplinary team has the important task to help the client cope with the new situation because re-acquisition of psychical balance and prevention to social isolation is as important for the ostomate as the use of correct stoma aids (Otradovcová and Kubátová 2006).

It often happens that the client leaves the hospital with very brief information on caring for their stoma. The client does not know whom to refer to and what his rights are. It is necessary for him not only to be familiar with the correct procedure of exchange of the aids but also to know where to find adequate forms of help and sources of information.

The aim of the present study was concerned to the most frequent psychosocial needs of ostomates.

Hypotheses

- Pre-operation preparation is important for the ostomate.
- The ostomate has sufficient information on the possibility of drawing social benefits.
- The ostomate has sufficient information on the care of their stoma.
- The stoma client can perform all activities like before the stoma.
- The stoma has disturbed the ostomate partner's life.

MATERIAL AND METHODS

A questionnaire was made up to give a true picture of the given issue. The questionnaire was intended for clients with ostomies on the gastrointestinal and urogenital system. The questionnaire investigation was performed in 16 hospitals from all regions of the Czech Republic. 109 respondents participated in the research. The questionnaire contained 91 questions, 58 of them close-ended, 21 semi-close-ended and 12 open-ended. Piloting had been performed for the questionnaire in order to verify whether the questionnaire was understandable for the respondents and whether they understood the contents of all questions. After having evaluated the pilot study, we extended the wording of several questions and completed the answers with the possibility of "I do not know".

The total number of all questionnaires distributed was 130. 116 questionnaires were filled out, 7 of them were eliminated because of an incomplete character. 109 questionnaires were evaluated, which constitutes an 83% return rate.

The questionnaire results were subjected to statistical analysis. Some data were processed with the help of descriptive statistics using tables and figures; selected data were processed with the help of contingency tables, and further it was tested with the help of a chi-quadrate test as to whether there were significant differences in the relevant tables. Statistical analyses were made with the help of SPSS software, version 15.0.

Characteristics of the patients

The set consisted of 44% (48) women and 61% (56) men. The respondents' average age was 64.9 years, with the median of 65 years. The youngest respondent was 35 years old, the oldest one was 90. Further, the respondents were divided by achieved education: elementary education 10.1% (11), trained persons 34.9% (38), secondary education 43.1% (47) and university education 11.9% (13). The respondents were further divided into groups by social status: singles 4.6% (5), married 66.1% (72), mates 2.8% (3), divorced 11% (12) and widows/widowers 15.6% (17). 67.9% (74) of respondents had colostoma, 16.5% (18) of respondents had ileostoma, 12.8% (14) of respondents had urostoma and 2.8% (3) of respondents did not state the type of their stoma.

RESULTS

Table 1 Did you know that you would have a stoma after your operation?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes	84	77.1	77.1
	No	25	22.9	100.0
	Total	109	100.0	

77% of respondents knew before the operation that they would have a stoma. 23% of respondents did not know about the possibility that they could have a stoma after the operation intervention.

Table 2 Who taught you to care for your stoma?

		Frequency	Percentage	Cumulative Percentage
Valid	Surgeon	6	5.5	5.5
	Surgical nurse	21	19.3	24.8
	Stoma nurse	73	67.0	91.7
	I do not know	3	2.8	94.5
	Nobody	6	5.5	100.0
	Total	109	100.0	

67% of respondents were taught to care for the stoma by a stoma nurse; 19% of respondents stated that the surgical nurse from the department where they were hospitalised had taught them to care for their stoma. 5% of respondents were taught by the surgeon to care for their stoma and 5% of respondents stated that nobody had taught them to care for their stoma.

Table 3 Was your economic income reduced because of your stoma?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes	26	23.9	23.9
	No	44	40.4	64.2
	I do not know	39	35.8	100.0
	Total	109	100.0	

24% of respondents are convinced that their economic income was reduced because of the stoma. The stoma did not affect the economic income of 40% of the respondents; 36% of respondents do not know whether their stoma affected their economic income.

Table 4 Can you perform all activities with your stoma like before the operation?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes	28	25.7	25.7
	No	67	61.5	87.2
	I do not know	14	12.8	100.0
	Total	109	100.0	

61% of respondents cannot perform all the activities they performed before the operation because of their stoma. 25% of respondents stated they could perform all the activities. 12% of respondents do not know whether they can perform all the activities like before the stoma.

Table 5 Did the stoma disturb your partnership?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes, strongly	6	5.5	5.5
	Yes, only partially	11	10.1	15.6
	No	67	61.5	77.1
	I do not know	1	0.9	78.0
	I do not live in partnership	24	22.0	100.0
	Total	109	100.0	

5% of respondents stated that their stoma had disturbed their partnership; 10% of respondents stated that their stoma had disturbed their partnership only partially, and 61% of respondents stated that their stoma had not disturbed their partner's life. 22% of respondents do not live in partnership.

Table 6 Have you, in your opinion, sufficient information on the care for a stoma at present?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes	92	84.4	84.4
	No	1	0.9	85.3
	I do not know	16	14.7	100.0
	Total	109	100.0	

84% of respondents have, in their opinion, sufficient information on the care for their stoma at present. 1% of respondents stated not to have sufficient information, and 15% of respondents do not know whether they have sufficient information on the care of their stoma.

Table 7 Do you believe an ostomate has a claim to social benefits?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes	80	73.4	73.4
	No	3	2.8	76.1
	I do not know	26	23.9	100.0
	Total	109	100.0	

73% of respondents believe an ostomate has a claim to social benefits; 3% of respondents think an ostomate does not have a claim to social benefits, and 24% of respondents do not know whether an ostomate has a claim to social benefits.

Table 8 Is it, in your opinion, possible to lead a high-quality full life with a stoma?

		Frequency	Percentage	Cumulative Percentage
Valid	Yes	34	31.2	31.2
	No	39	35.8	67.0
	I cannot state	36	33.0	100.0
	Total	109	100.0	

31% of respondents think it is possible to lead a high-quality full life with a stoma. 36% of respondents said that it is not possible to lead a high-quality full life with a stoma, and 33% of respondents were not able to answer this question.

DISCUSSION

Pre-operation preparation is important for the ostomate

In this part of the research we were interested to know whether the client had been prepared for the new situation, and whether it was possible to prepare clients for such a demanding situation. 77.1% of respondents stated they had known before the operation that they would have a stoma. The remaining clients underwent acute intervention without having the possibility to prepare for it, or did not know about the possibility of getting a stoma. A stoma is a demanding situation, it is very difficult to prepare clients for it, but it is certainly better to prevent the shock the client can suffer after the operation without knowing that they could get a stoma after the operation. Pontiery-Lewis (2006) states that pre-operation education can mitigate the client's anxiety and fear and adequate preparation will have a positive influence on the patient's acceptance of a stoma and therefore their recovery. After 61.5% of clients had been informed by the physician or by a stoma nurse, 52.3% of respondents positively answered the question whether they had the possibility to prepare for their new situation. Only 18.3% of respondents were prepared thanks to information. The familiarisation with the issue leads to the reduction of fear in 46.8% of respondents. It is not possible to prepare the client in advance for such a demanding situation; yet we believe that it is important to inform the client before the operation. Otradovcová and Kubátová (2006) state that sufficient information before the operation leads to better post-operation cooperation of the patient and the patient's family and psychical support of the patient and sufficient information lead to better post-operation cooperation of the patient and the health care worker.

The ostomate does not have sufficient information on the possibility of drawing social benefits

It can be seen in this part of the research that most respondents draw an old-age pension. Only 10% of respondents draw different benefits. They consist most frequently from benefits for hygiene, clothing or housing, amounting to 200 koruna. That benefit has been cancelled at present. According to the Ministry of Work and Social Affairs of the Czech Republic, the benefit for increased life costs in a maximum monthly amount of 200 koruna was a non-mandatory benefit, not very efficiently spent, which mostly did not cover the actual increase of costs. The benefit was not systematic and was often misused. The benefit for increased life expenses constituted in fact "pocket money", which was paid out by the relevant municipality. Mandatory expenses were partially saved by its cancellation (Vyhláška č. 182/1991 Sb.). Most stoma respondents believe that an ostomate has a claim to social benefits; unfortunately, more than a half of them answered that nobody had informed them about the possibilities of drawing social benefits. 30.3% of respondents were informed by a stoma nurse; 1.8% of respondents got information in the stoma club, and 2.8% of respondents got information in the Radim magazine. If the ostomate had the possibility to draw some social benefits, it would be a higher financial benefit in 26.6%, the possibility of parking in parking places for handicapped persons or the use of discounts in public transport in 14.7%; 28.4% of respondents would wish benefits for clothing and hygiene, and 6.4% of respondents think they have a claim to a handicapped ID card. The handicapped ID card is included in the state social benefit governed by Regulation 182/1991 Coll. (Vyhláška č. 182/1991 Sb., Marková and Novotný 2007a, b), Marková (2006) states that a stoma is not listed in the Regulation, and that often leads to problems in practice when recognising the handicapped ID card. It depends on the individual assessment of the relevant cases. In spite of all that, most ostomates are satisfied with the care for ostomates in the Czech Republic. This part of the research shows that most respondents do not know that they have the possibility to draw some social benefits; yet most clients are satisfied with social care.

The ostomate has sufficient information on the care for a stoma

The research results show that the respondents have sufficient information on the care for their stoma. 84% of respondents stated to have sufficient information on the care for their stoma at present. Ostomates get information from stoma nurses most frequently. The Regulation of the Ministry of Health of the Czech Republic No. 424/2004 Coll. specifies that a stoma nurse has, by law, the competence to perform a consulting activity, to familiarise the patients with the assortment of stoma aids, to suggest adequate aids, to perform instruction on their handling and to lead the patients to self-sufficiency (ANNON 2004). Further, the respondents acquire information from stoma magazines. 53.2% of respondents subscribe to the Radim magazine that provides them with information on news in the care for a stoma. 37.6% of respondents regularly visit a stoma nurse; 48.6% go to see her to get stoma aids, and 10.1% go to see a stoma nurse when they have complications or problems. 83.5% of respondents believe that they have got sufficient information; the information concerned most frequently, 50.5% on stoma aids, 36.7% information concerned the care for a stoma, and 5.5% of respondents got information on life with a stoma. The information acquired by ostomates is evaluated by most of them as excellent (50.5%); the information was very good for 29.4% of the respondents, and 12.8% of respondents identified them as good. The analysis of this part shows that the ostomates have sufficient information and seek it actively in the media.

The stoma client can perform all activities like before the stoma

Porrett and McGrath (2005) state that a stoma significantly disturbs the ostomate’s life style. Some clients return to a normal life style with small problems, while others have severe problems adapting to the new situation. The nurse provides consultations and support in both cases before and after the operation and performs interventions in order to help the ostomate to adapt to the change so that they can return to the life style they enjoyed before the stoma. The analysis of this part shows that 25.7% of respondents can perform all activities like before the operation; 61.5% of respondents cannot perform all activities like before the operation. 10.1% of respondents participate in sports like before the stoma; 22.9% of respondents participate in sports, but less than before the stoma. 59.6% cannot participate in sports at all because of their health condition. Because of the stoma, some clients cannot exercise abdominal muscles, play football or hockey, run, bend, cycle, ski, swim and surf. 52.3% of respondents stated that their stoma restricts their movement; 26.6% are not restricted by their stoma, and 11% are definitely not restricted by their stoma during movement. The ostomates stated most frequently the following motives for not participating in sports: fear of a failure of the aid, stoma complications (hernia, adhesion in the scar). The motive for not participating in sports is, in some ostomates, their high age;

similarly, ostomates who did not participate in sports before the operation do not now partake in sports. A stoma did not disturb the possibility to continue their hobbies for 65.1% ostomates. 48.6% of respondents go out, and 47.7% of respondents do not go out (to the theatre, to the cinema...). A stoma did not disturb the travel activities of 22.9% of respondents who travel as frequently as before. 38.5% of respondents travel, but less than formerly, and 38.5% of respondents do not travel at all because of their stoma. The research showed in this part that a stoma restricts the ostomate in performing the activities they used to perform before the operation. Marková (2006) states that the goal of the nursing team and particularly of a stoma nurse is to lead the client to such a life quality that they are able to pass each day at the top of their possibilities, with preserved activity and positive social relationships.

A stoma has disturbed the ostomate partner's life

A lot of patients lived an active sexual life until their operation; after the operation they do not have sufficient information, suffering from psychical and physical problems and are ashamed of and afraid of mentioning them. Sexual issues are often omitted in talks with health care workers. Health care workers avoid that topic because of lack of knowledge or their own shame, and the ostomate deals more with the pain and training for the care for their stoma after the operation. However, the ostomate should be sufficiently informed and get the exact answers to their questions and must know to whom to refer (Otradovcová and Kubátová 2006). 56.9% of respondents from the research sample live with a partner or husband/wife, 13.8% live with children and 18.3% of respondents live alone. 49.5% of respondents stated that their family accepted their stoma very well; other reactions were mostly very positive, like they were tactful, they respect my situation, they accept it calmly, bravely. 20.2% of respondents do not have a partner, 40.4% of the respondents stated that their partner had accepted their stoma very well; unfortunately, 3.7% of respondents stated that their stoma had led to a breakup with their partner. Marková (2006) states that psychical response to a stoma can include feelings of inferiority, disfigurement and, in women, a feeling of the loss of femininity. That can lead to avoiding society up to social isolation. Therefore support by the family is important, as well as the ostomate's awareness and firm understanding of the background. 29.4% of respondents showed their stoma to all family members; 32.1% of ostomates showed their stoma to their partner, and 3.7% to their children. 32.1% of respondents did not show their stoma to their family members. 55% of respondents showed their stoma to their close friends; 35.8% of ostomates stated that they had shown their stoma to their friends; only 9.2% of ostomates did not show their stoma to anybody. 76.1% perform their chores like before the operation. They cannot perform hoovering, window cleaning, lifting things or cooking because of the stoma. 78.9% of respondents stated that nothing had changed in their family after the stoma. 15.6% of the respondents stated that their stoma had strongly disturbed their partnership. A stoma did not disturb the partnerships of 61.5% of respondents. 12.8% of respondents lead an intimate life like before the operation, while 62.4% of respondents do not lead an intimate life at all. Porrett and McGrath (2005) state that an intimate life can be temporarily disturbed after the operation; nerves innervating this area motorially and sensorially can be damaged, which can lead to the loss of libido, erection and ejaculation. Otradovcová and Kubátová (2006) call for health care workers to break the communication barriers and to hold an active and sensitive approach. The ostomate expects a professional approach and assistance from health care workers. It is appropriate that a stoma nurse cooperates with the sexologist and suggests the ostomate to go to see a professional. In this part of the research we ascertained whether the client knew to whom to refer and where to seek help in case of problems. The research analysis shows that 39.4% of respondents were not offered consultation with a professional. 12.8% of respondents were offered consultation, but they did not accept it; and 11.9% of respondents made use of the offer. If the client had a problem, they would go to see a specialist in 39.4% of cases, while 25.7% of respondents would definitely not use such possibility. Most ostomates refer to a stoma nurse with their problems. She serves as a trustee and source of valuable information to most clients. If the client has a problem they mainly refer it to her, and she as a professional should recognise whether the problem lies deeper and offer the client consultation with a specialist. Yet the respondents' answers show that most of them consider the visit of a specialist (psychologist, sexologist) as a last resort. Most clients know to whom to refer in case of problems, but the respondents mostly do not want consultation with a psychologist or sexologist.

CONCLUSION

The article was focused on the issue of satisfaction of the psychical and social needs of ostomates. The goal of the research project was to ascertain the most frequent psychosocial needs of ostomates. A questionnaire was made up to give a true picture of the given issue. The questionnaire was intended for clients with ostomies on the gastrointestinal and urogenital system. 109 respondents took part in the research. The questionnaire contained 91 questions, 58 of them close-ended, 21 semi-close-ended and 12 open-ended. 109 questionnaires were evaluated. Hospital institutions from all regions of the Czech Republic are represented in the questionnaire research. The questionnaire results were subjected to statistical analysis.

The analysis shows that a stoma is a serious life situation for the client. It is an intervention in the ostomate's social and intimate life. The client copes with the situation very slowly and very painfully. That is why stress is put on pre-operation preparation, so that the client has sufficient information on the new situation and sufficient time to prepare for such situation. The research shows that most respondents have sufficient information on the care of their stoma; unfortunately, they do not have as much information on social services and social benefits. The ostomates most frequently visit a stoma nurse who informs them on the news in the care for ostomies; unfortunately, the research showed that the social component is pushed to the background. The care for the ostomate does not end after the replacement of the retaining system. It is important that the ostomate learns to exchange the bag, but he must learn to live with the stoma in the first instance. A stoma constitutes a very demanding life situation, and the ostomate refers to a nurse for advice and help. Each nurse should be able not only to care for the stoma, but also to know the basic information on how to solve the psychosocial problems of her patients. A qualified nurse is able to give professional advice and she knows where the client will find information and further specialised help.

A stoma constitutes serious intervention in the patient's life style. Yet the fact that a person becomes ostomate does not necessarily affect their family and social life. Some preconditions are necessary for it. The first is reliable and suitable aids. At present, the ostomate has the possibility to select the stoma aid so that it protects their stoma reliably. The other precondition is reintegration of the ostomate into social and family life. The ostomate can return to their job if it is not related to high physical effort. Ostomates do not have to go on a disability pension; they can perform work in their original professions, if they are provided with intervals to care for their ostomies. The return to their job is extraordinarily important for the ostomate, because the economic situation of the patient and thus of their family can have worsened because of long-term sick leave.

The ostomate does not need to markedly restrict physical activities like sports and hobbies. They only need to exclude activities connected with lifting heavy loads. A stoma is not a disease, and what applied before an operation, can apply after it as well. The duration of convalescence is individual after the operation and gradual load is recommended. The ostomate should be called by the family or friends to visit social events again. The ostomate will quickly re-acquire the necessary self-confidence by visiting theatres or restaurants.

The goal for a qualified nurse is to support the patient's ability to adapt to a new life with a stoma, to perfectly master the techniques of caring for their stoma, to help them cope with a new way of life, to teach them how to acquire self-sufficiency, how to reacquire lost self-confidence and to return to a full life.

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