

Complications And Stoma Care Self-Efficacy Are Associated With Ostomy Adjustment In People With An Intestinal Or Urinary Ostomy

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More than 120,000 new ostomies, or surgically created openings through the abdomen for bowel or urinary elimination, are created annually in North America. Up to 80% of patients with a new ostomy experience ostomy-related complications that can interfere with adjustment to living with an ostomy and diminish quality of life. The purpose of this study was to examine relationships among ostomy complications, stoma care self-efficacy, and ostomy adjustment in people living with an intestinal or urinary ostomy. Examining relationships is important to identify people at risk for poor adjustment and to allow for early intervention to improve outcomes for these patients. Data were collected from 202 participants by trained telephone interviewers. Eligible participants: 18 years of age or older, had ostomy surgery within the past 24 months, currently have an ostomy, and were able to speak English. The Ostomy Adjustment Inventory-23 was used to assess adjustment to living with an ostomy and the Stoma Self- Efficacy Scale measured confidence in caring for an ostomy. Univariate analyses were conducted using t-tests, ANOVA, and correlations using the Statistical Package for the Social Sciences. Higher ostomy adjustment scores were observed in participants with permanent versus temporary ostomies ($p=.002$). Compared to those who did not experience ostomy complications, participants who developed peristomal dermatitis ($p=.005$), parastomal hypergranulation ($p=.003$), stomal bleeding ($p=.004$), and stomal retraction ($p=.015$) had lower ostomy adjustment scores. Stoma care self-efficacy scores were significantly correlated with ostomy adjustment scores ($r=0.534$, $p=.000$). Ostomy complications that may be modifiable influence ostomy adjustment. Additional support and education to reduce complications and enhance stoma care self-efficacy are needed for people at risk for poor adjustment. Future research is needed to develop and test the effectiveness of interventions to enhance self-efficacy and ostomy adjustment.

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