



Assessment of Nurses, Knowledge Regarding Colostomy Care INPOLIC Hospital Sudan March-2018

Setana Abdalgader Shaikaldeen and Eman Ahmed Saad Mohmed*

Pediatric Nursing, Sudan International University Khartoum, Sudan

*Corresponding Author: Eman Ahmed Saad Mohmed, Pediatric Nursing, Sudan International University Khartoum, Sudan.

Received: January 19, 2022

Published: June 13, 2022

© All rights are reserved by Setana Abdalgader Shaikaldeen and Eman Ahmed Saad Mohmed

Abstract

Background: A variety of gastrointestinal etiologies may necessitate the creation of a fecal diversion. Teaching the patient how to coping with colostomy can be a challenging experience for the nurse. The patient with a stormy needs encouragement, support and counseling

Objective: This study aims to assess nurse's knowledge about care of colostomy.

Method: The research design was a descriptive cross-sectional study. The sample consisted of (5) nurses working in paediatric and general surgical word.

Data was collected by self-administered questionnaire and analyzed by SPSS program.

Results: Results interpret the pad knowledge of participants regarding to questions except their knowledge about indication, complication and teaching.

Conclusion: This study revealed that the level of participant's knowledge regarding colostomy care was (72%) according to bloom's classification for level of knowledge it was in adequate knowledge.

Recommendations: According to study findings researcher recommend the Education program can be introduced to participants to increase their knowledge about new guidelines and protocols if founded and it is important to provide facilities to update information about colostomy care and Motivate the participants and give them a chance to be more qualified to improve quality of nursing care.

Keywords: Assessment; Nurses; Knowledge; Colostomy; Care

Introduction

The colon, which is the first 4 feet of the large intestine, is part of the body's digestive system. It has the job of absorbing water from waste material (feces) and returning it to the body. It also absorbs any remaining nutrients. The solid waste material is then passed through the colon to the rectum. From there, it is eliminated from the body through the anus [1].

When the colon, rectum, or anus is unable to function normally because of disease or injury, or needs to rest from normal function, the body must have another way to eliminate the waste.

A colostomy is a surgical procedure that brings one end of the large intestine out through the abdominal wall. During this procedure, one end of the colon is diverted through an incision in the abdominal wall to create a stoma. A stoma is the opening in the skin where a pouch for collecting feces is attached. People with temporary or long-term colostomies have pouches attached to their sides where feces collect and can be easily disposed of [1].

The type of effluent is dependent on the location of the bowel used (end stoma, Loop Stoma and Double-Barrel Stoma) [2].

A portion of large intestine has been operated upon and needs to be 'rested' until it is healed. In this case the colostomy is often temporary and is usually reversed at a later date, leaving the patient with a small scar in place of the stoma [1].

Common early complications include surgical site infection, wound dehiscence, colostomy necrosis and retraction. Awareness of the common indications plus the types and the complications may help in improving outcomes of patients [3].

Objectives

General objective

To assess nurse's knowledge about care of colostomy

Specific objectives

- To assess the nurse's knowledge regarding colostomy care.
- To evaluate nurse's knowledge about complications of colostomy.

- To identify nurse’s knowledge about teaching should be given to patients and their families.
- To improve quality of colostomy care.

Research Methodology

Study design

This is Descriptive cross sectional, Hospital based study.

Study setting and area

This study in police hospital, which located in Khartoum Burriss kobar bridge west Alrebat University.

Study population

The target populations of the study were all nurses working in surgical ward in police Hospital.

Inclusion and exclusion criteria

Inclusion criteria

- All nurses working in surgical ward during study period.

Exclusion criteria

- Nurses of national service.

Sampling and sample size

Sampling

- Total coverage of nurses how working in surgical ward.

Sample size: 50 nurses

Data collection technique and tools

Technique of data collection

- The collection of data from subjects under study will be collect by filling questionnaire. Questionnaire will be given to participant by a researcher and waited to check.

Tools of data collection

- A designed structured, self-administered questionnaire will be used by the researcher to collect the data from study subjects.

The tool consists of two parts

- **Part I:** Deal with demographic data which include qualifications- years of experience.
- **Part II:** Deals with knowledge questionnaire to assess the Knowledge regarding colostomy care.

Data analysis

- The data will be analyses by using computer through statistical package of social program (SPSS).
- Bloom’s classifications cut off point for knowledge was used
 - Good knowledge score of 80- 100%.
 - Satisfactory knowledge score of 60- 79%.
 - Poor knowledge score less than 60%.

Ethical considerations

- The research will respect the rights of participants, treat data with confidentiality.
- Verbal consents will be obtained from all participants after explanation.
- Approval from administrative authorities of police Hospital will be taken.
- Take Letter from Shendi University to police hospital.

Results

Valid	Frequency	Percent	Valid Percent
Missing	1	2%	2
Stoma edema	8	16%	16
Colour of the mucosa	11	22%	22
Height of the stoma	5	10%	10
B and C	24	48%	48
2 and 3 and 4	1	2%	2
Total	50	100%	100

Table 1: Assessment of a newly stoma.

The flowing table show percentage and frequency of assessment of newly stoma colour of mucosa and height of the stoma is height percent 48% frequency 24 and the lowest percent 10% frequency 5.

Valid	Frequency	Percent	Valid Percent
5-10 cm	10	20%	20
Greater than 4 cm	14	28%	28
1.3cm	7	14%	14
don’t no	19	38%	38
Total	50	100%	100

Table 2: What is a normal height of the stoma above skin level.

The flowing table show percentage and frequency of normal height of stoma I don’t know is high percent 38% frequency 19 and the low percent is 14% of 1 --3 cm frequency 7.

Valid	Frequency	Percent	Valid Percent
Missing	2	4%	4
Daily	36	72%	72
Every other day	7	14%	14
At least weekly	4	8%	8
Monthly	1	2%	2
Total	50	100%	100

Table 3: What is proper time to measure the stoma?

The flowing table show percentage and frequency of proper time to measure the stoma daily is high percent 72% frequency 36 the low percent 2% monthly.

Missing	1	2%	2
Bleeding during cleaning	30	60%	60
Postoperative edema	10	20%	20
Dark purplish color	5	10%	10
Decrease output	4	8%	8
Total	50	100%	100

Table 4: Which of the following stoma symptoms must be addressed with the physician immediately?

The flowing table show percentage and frequency of address the physician immediately bleeding is the high percent 60% frequency 30 the low percent 8% is Decrease output frequency 4.

Valid	Frequency	Percent	Valid Percent
Missing	2	4%	4
To assist in patient mobilization, hasten bowel function	28	56%	56
To assist in pouch change procedure	9	18%	18
To stop patient from being noncompliant	9	18%	18
To start feeding	2	4%	4
Total	50	100%	100

Table 5: Pain management in the important postoperatively.

The flowing table show percentage and frequency of pain management assist patient mobilization is high percent 56% frequency 28 and the low percent 4% and frequency 2.

Valid	Frequency	Percent	Valid Percent
Missing	1	2%	2
Formed Stool	9	18%	18
Semi- solid stool	2	46%	46
Continuous soft to watery effluent	13	26%	26
Semi - liquid to very soft stool	3	6%	6
1 and 4	1	2%	2
Total	50	100%	100

Table 6: What is condition of faecal output?

The flowing table show percentage and frequency of condition of faecal output Semi- solid stool is high percent 46%frequency 2 the Semi - liquid to very soft stool

Is low percent 6% with frequency 3?

Valid	Frequency	Percent	Valid Percent
Missing	1	2%	2
Decreased abdominal pain	9	18%	18
Decreased of drainage from the closed suction drain	12	24%	24
Resumption of oral intak	16	32%	32
Presence of flatus	12	24%	24
Total	50	100%	100

Table 7: What is the indication of the return of the bowel function?

The flowing table show percentage and frequency of indication of the return of the bowel function Resumption of oral intak high percent 32% frequency 16 Decreased abdominal pain is low percent 18% with frequency 9.

Valid	Frequency	Percent	Valid Percent
Missing	1	2%	2
Hernia	8	16%	16
Obstruction	13	26%	26
Bleeding	9	18%	18
Prolapse	19	38%	38
Total	50	100%	100

Table 8: What is main complication of colostomy?

The flowing table show percentage and frequency of main complication of colostomy Prolapse is high percent 38% frequency 19 Hernia is low percentage 16% with frequency 8.

Valid	Frequency	Percent	Valid Percent
Missing	1	2%	2
When and how to empty the pouch	19	38%	38
How to open and close the clamp	5	10%	10
When to call the physician or nurse	14	28%	28
How to change the wafer and pouch	10	20%	20
1 and 2 and 3 and 4	1	2%	2
Total	50	100%	100

Table 9: How to teach the patient when he discharging from the hospital?

The following table shows percentage and frequency of teaching the patient when he is discharged from the hospital. When and how to empty the pouch is high percent 38% frequency 19.

Discussion

This descriptive cross-sectional hospital-based study was conducted in police Hospital with main aim to assess nurse's knowledge regarding nursing care of colostomy.

- The study reveals that majority of participants have a bachelor degree (82%) and their experience less than 5 years (50%) and more than 10 years (8%) successively.
- A study was done to assess level of knowledge about colostomy care was found that (82%) of participants studied BSc, according to study findings just (72%) have an adequate knowledge regarding meaning of colostomy while study was found that the total knowledge of participants was (72%) which is a moderate knowledge according to Bloom's classification for knowledge [11].
- Regarding participant's knowledge about major indication of colostomy is intestinal obstruction and the percentage is (58%) which is poor knowledge according to Bloom's classification foreknowledge, in compare to other study done in January 2011 and December 2013 at St Paul's Hospital Millennium Medical College, AA, and Ethiopia. The major indication is sigmoid volvulus and the percentage is (46.6%) Regarding participant's knowledge about common type of colostomy sigmoid colostomy is highest common type by percent 42% and lowest type is trans for and descending by percent 8% [11].

Regarding participant's knowledge about pain management assist patient mobilization is high percent 56% is poor knowledge.

Study also reveals that, (38%) of complication is prolapsed respondents was known about complications which is considered not satisfaction knowledge, while in Ethiopia study the major complication is surgical site infection and the percentage is (2.3%).

Regarding participant's knowledge about the large percentage for this question (Erythematous because of the presence of the pouch adhesive) with a percentage of 36% means poor knowledge when I compare with cut point. Lastly the study revealed that participants have poor knowledge about teaching should be provided to patient and their Families which is (38%), a nurse may need to teach the client because wound may not be healed totally by the time the client is discharged so, client need support and knowledgeable advice as they to know the nearest location for purchase of ostomy supplies immediately after dismissal, home deliveries of supplies may be necessary also [12].

Conclusion

This study revealed that the level of participant's knowledge regarding colostomy care was (72%); according to Bloom's classification for level of knowledge it was an inadequate knowledge.

Result reveals that, more than half of participants have bachelors in nursing (82%), while there is no one having an MSc or PhD in nursing.

Results interpret the poor knowledge of participants regarding to questions except their knowledge about instruction should be given to client when he discharge from hospital the percentage is (38%).

From this study it can be concluded that targeted group needs more qualifications and need to be more experienced to improve quality of nursing care about colostomy.

Bibliography

1. MK Jackal., *et al.* "Pressure Ulcer risk factors in an ICU population". *American Journal of Critical Care* 4.5 (1995): 361-367.
2. Sue C., *et al.* "Fundamentals of Nursing Standards and Practice, 2nd edition". Delmar\Thomson learning 1039-1042.
3. Keller., *et al.* "Pressure ulcer in intensive care patients; a review of risks and prevention". *Intensive Care Medicine* 28 (2008): 1379.
4. Potter., *et al.* "Canadian Fundamentals of Nursing 3rd edition (2012).
5. Elsevier Canada "Archived copy". Archived from the original on (2015).
6. Gupta piyush. "Essential pediatric Nursing 2nd edition" (2007).
7. Gupta MC and Mahajan BK. "Textbook of preventive and social medicine" (2013).
8. Anyanwu LJ., *et al.* "A descriptive study of commonly used postoperative approaches to paediatric stoma care in a developing country". *Stormy Wound Manage* 59.12 (2013): 32-37.
9. Postoperative approaches to paediatric stoma care in a developing country". *Stormy Wound Manage* 59.12 (2013): 32-37.
10. Burch J. and Duncan J. "Bowel Irrigation", in Burch, J. (ed.) *Stoma Care*. Chichester: Wiley-Blackwell 271.
11. Carlson E., *et al.* "Positive and negative aspects if colostomy Irrigation: a patient and WOC nurse perspective". *Journal of Wound, stormy and Continence Nursing* 37.5 (2010): 511-516.
12. Colostomy Association. "An Introduction to Irrigation".

13. Grogan S. "Understanding body dissatisfaction in men, women and children. 2nd edition". New York: Rutledge (2008).
14. Colostomy irrigation: Colostomy Guide (PDF). United Stormy Associations of America (2013).
15. Rooney Debra. "Colostomy irrigation: A personal account managing colostomy". *Stormy* (2012).
16. Wax Arnold. "What is colostomy irrigation?" (2012)
17. Senior editors and Bruce G Wolff. "The ASCRS textbook of colon and rectal" (2014).
18. Walkman Asha. "Application of Nightingale Nursing Theory to the Care of Patient with Colostomy" 97 (2017): 2.
19. Chandramouli, *et al. Journal of Paediatric Surgery* 569 (2004): 39
20. KB Alters. *Nursing Clinics of North America* 281 (2008): 21
21. Idem Murat KemalOnen., *et al. Paediatric Surgery International* 671 (2006): 22.
22. Chaya Phillip L., *et al. Tanzania Journal of Health Research* 224 (2011): 13
23. Kadar, *et al. "Effectiveness 3of Structured Education on Care-giver's Knowledge and Attitude Regarding Colostomy Care roguery". New York: Springe (2014): 586.*
24. Taylor CR., *et al. "Fundamentals of nursing: The art and science of nursing care. Philadelphia: Lippincott Williams and Wilkins (2008).*
25. "Paraostomy Hernias: Prosthetic Mesh Repair". *Abdominal Surgery. American Society of Abdominal Surgeons* (2013).
26. Medically reviewed by Debra Sullivan, PhD, MSN, RN, CNE, COI (2001).