Valley International Journals
Open Access Journal
VIJ
New Thinking New Innovation

International Journal Of Medical Science And Clinical Inventions
Volume 2 issue 07 2015 page no. 1157-1162 ISSN: 2348-991X
Available Online At: http://valleyinternational.net/index.php/our-jou/ijmsci

A Study To Assess The Quality Of Life And Establish Relationship With Selected Factors Of The Ostomates Attending Follow Up Clinics In Selected Hospitals Of Kashmir With A View To Develop A Sim For Them To Improve Their Quality Of Life

Shakeela Akhter* Sumeera Bashir* Nighat Hafiz*
*Lecturer- Govt. College of Nursing (GMC) Srinagar
Email: skhiradwaseem@gmail.com

Abstract:
The present study is an attempt to assess the quality of life and establish relationship with selected factors of the ostomates attending the follow up clinics in selected hospitals of Kashmir. The conceptual frame work adopted was based on Orem's self care model. Correlational survey approach was used and data was collected through a structured interview schedule from the sample selected by purposive sampling technique. The results suggested a significant relationship between Quality of Life and Duration of surgery. There was no significant relationship between QOL score and age, sex, education, occupation, type of Ostomy and type of pouch. It also was concluded from the study that out of 50 ostomates, 20% were in the Level of Best Quality of Life, 60% were in the level of Moderate Quality of Life and 20% of ostomates were in the level of Poor Quality of Life. The SIM developed during the research also has a beneficial role to play and may prove a major weapon to tackle the problems and understanding of emergencies during the surgical ostologies.

Key Words: ***Quality of life (QOL)*** ***Ostomates*** ***Patients*** ***Treatment*** ***SIM***

Introduction

Quality of Life is a broad range concept defined as the degree of satisfaction or dissatisfaction of people affected by the person's physical health, psychological state, personal beliefs, social relationships and relationships with the silent features of their environment. The actual motive of ostomy is to treat and lessen patients' pain and discomfort, but in many cases it leads to increased distress. Some of the usual causes of this uneasiness in the patients are pouch leakage, offensive odor, reduction in pleasurable activities, severe stress as a result of skin irritation and anxiety. The gastrointestinal symptoms are associated with depression and angst and significantly impair the Quality of life (QOL) in ostomates.

Ostomy is a procedure where in an opening "Stoma" is surgically created in the abdomen involving parts of either the gastrointestinal or urinary tract implemented to treat several conditions, including acute diverticulitis, rectal cancer, trauma, or inflammatory bowel disease. The discharging of feces diverted from the large intestine through this opening is technically called as Colostomy and when diverted from small intestine is called Ileostomy. Urostomy means discharging urine through the surgical opening. Reasons for this surgery are varied, but the most common causes are colon cancer and

inflammatory bowel disease. The individual with colostomy or Ileostomy undergoes a complex treatment with a wide range of adjustments and the quality of life is more often compromised in the patients. Studies have shown that colostomy is known to impact negatively on a patient's quality of life. Concerns include incontinence, rectal discharges, gas, difficulties in returning to work, decreased sexual activity and travel and leisure challenges. There is a need for well designed intensive information and education among the nursing personnel equipped with skill and positive attitude to enable them to deal with difficult situation of patients and to motivate and supervise them with proper planning. For this, research studies in this area will provide sound body of knowledge to improve quality of life of ostomates with the use of scientifically tested materials and updated care strategies.

Objectives:

- The present study tries to assess the Quality of Life of ostomates with respect to few selected factors including Age, sex, Education, Occupation, Duration of Illness, Duration of Surgery, Economic factors, Type of Ostomy and Type of Pouch.
- The study further tries to evaluate the challenges faced by the ostomates attending follow up clinics in selected hospitals of Kashmir valley.
- The study is also aimed to develop a SIM (Self instructional module) for ostomates to improve their quality of life.

Material and Methods

The study is a primary approach to investigate the Quality of Life of Ostomates in the valley of Kashmir. In order to meet the objectives of the study, a structured interview schedule was formulated. The interview schedule was having two sections: Section 1, wherein the demographic information of the subject was evaluated. It included the Name, age, sex, marital status, education, income, occupation and diagnosis and information regarding colostomy and Section 2, wherein all the dimensions of quality of life of the subjects were investigated. This part of the interview schedule examined the General health, physical health, psychological, social and family functioning, employment, emotional role and sexual role. The conceptual framework adopted for the study was based on Orem's self care model. Sampling was done using Non-probability purposive sampling method. The sample consisted of 10 ostomates for pilot study and 50 ostomates for the final study. All the subjects in the sample were with the permanent type of ostomy, the other three criteria followed for their selection as according to Polit and Hungler(1991) were

1. Minimum Six weeks and maximum three years postoperative subjects with permanent colostomy or Ileostomy.
2. Subject willing to participate.
3. Subjects in the age group of 18—60 years.

The pilot study of 10 ostomates was conducted in AIIMS cancer institute followed by the main study in SKIMS Soura Srinagar. The data was collected from 16th June 2010 to 15th July 2010 and was put to statistical analysis using SPSS.

Statistical analysis

To evaluate the quality of life of ostomates under the effect of different demographic variables, Scores were analyzed. The Scores were given on the basis of positive and negative replies from the sample population. The maximum possible score is 340 but in the present investigation, the quality of life scores ranged from 128-283 with an S.D. of 40.35. The variables studied were Age(15-45 years, 46 years and above), sex (Male/female), education (No formal edu., Up to Senior secondary, Graduate, post graduate and above), Occupation (House wife/Domestic help, Unskilled Laborer, Skilled worker, professional), Income (< Rs 10,000, Rs. 10,001 and above), Duration of Surgery (6 months- 1 year, 1 year and above),Type of Ostomy (Colostomy, Ileostomy) , Type of Pouch (One piece drainable and closed, Two piece drainable and closed), Diagnosis (Ulcerative colitis, Chron's disease, treatment of cancer). The statistical test ($\chi 2$) with observed value greater than the table value was considered significant otherwise insignificant at 5% level of significance. Statistical analyses were preformed with the statistical software SPSS and SAS.

Results and Discussion

A. Portrayal of sample characteristics

30% of sample ostomates were in the age group of 15-30 years, 35% in the age group of 31-45years and 35% were in 46-60 years age group. Majority of Ostomates (60%) were females and all the ostomates were married. 60% of Ostomates were Illiterate, most (48%) earning Rs. 5000-10000 per month, 40% were earning Rs. 10000-20000 per month. Greater part of ostomates (54%) had 6 month to 1 year duration of surgery. 88% of Ostomates were diagnosed with cancer. Common Ostomates (80%) had not changed their diet because of Ostomy. 78% Ostomates used two piece drainable pouches. Majority of Ostomates (58%) were changing their pouches twice daily. Majority of Ostomates (82%) felt comfortable with their daily ostomy care.

B. Results related to quality of life scores of ostomates

- Range of Quality of Life score is 128-283.
- Majority of Ostomates (60%) were in the score range of 159-249, indicated Moderate Quality of Life.
- The mean quality of Life score was 210.3 and the SD value was 41.352.
- Out of 50, 20% of Ostomates were in the Level of Best Quality of Life, 60% were in the level of Moderate Quality of Life and 20% of ostomates were in the level of Poor Quality of Life.

C. Findings related to quality of life scores with selected factors

Relationship between age and quality of life score was found to be insignificant at 5% level of significance. Same is the case with Education, Income, Occupation, Type of Ostomy, type of Pouch and diagnosis. We do not found any significant existing relationships of these factors on the quality of life in the selected ostomate group but in case of the Duration of surgery, it was found to affect significantly the Quality of life of ostomates both at 5% and 1% level of significance.

S.No	Selected factors	Best Quality of Life	Moderate Quality of Life	Poor Quality of Life	Chi square Value	Degrees of Freedom	Relationship
1	**Age** 1. 15-45 years 2. 46 years and above	9 3	24* 14*	-	0.5672	1	Non-Significant
2	**Sex** 1. Male 2. Female	5 6	10 19	5 5	0.7146	1	Non-Significant
3	**Duration of Surgery** 1. 6months- 1 year 2. 1 year and above	2 9	25 14	-	7.2812	1	Significant
4	**Income** 1. <Rs. 10,000 2. ≥Rs. 10,001	5 6	12* 17*	-	2.938	1	Non-Significant
5	**Education** 1. No formal Edu. 2. Up to Senior Sec. 3. Graduate 4. P.G & above	6 2 2 2	22* 10* 3* 3*	-	2.5871	3	Non-Significant
6	**Occupation** 1. House wife 2. Unskilled laborer 3. Skilled worker 4. Professional	4 2 3 2	14 5 9 1	7 1 1 1	5.01235	6	Non-Significant
7	**Stoma Type** 1. Colostomy 2. Ileostomy	9 2	18 11	7 3	1.451	2	Non-Significant
8	**Type of pouch** 1. One piece drainable and Closed 2. Two piece drainable and	5 3	6* 31*	- -	2.774	1	Non-Significant

	Closed						
9	**Diagnosis** 1. Ulcerative Colitis 2. Chron's disease **3.** Treatment of Cancer	1 2 9	2 1 35	- - -	3.4385	2	Non-Significant

Conclusion

Majority of ostomates were in the age group of about 31-60, mostly females and married. Majority of ostomates were Illiterate which earned Rs. 5000-10,000 per month predominantly domestic helping people or house wives. Most of the ostomates have duration of surgery 6 months to 1 year and diagnosed with cancer. Ostomates did not change their diet because of ostomy neither did they felt any change in style of clothing. Majority of the ostomates had problems with travelling and were using two piece drainable pouches and changed their pouches twice/day. The maximum number of ostomates felt comfortable with the daily ostomy care. The Ostomates had a score range of 159-249 indicating moderate quality of life. The mean quality of life score was 210.3, median was 212 and mode of 222 with an SD of 41.352. There was a significant relationship between Quality of Life and Duration of surgery. There was no significant relationship between QOL score and age, sex, education, occupation, type of Ostomy and type of pouch. The results of the study conclude that the SIM regarding ostomic care among the patients was effective to improve the quality of life of ostomates. Prior to implementation of SIM the patients had an insufficient knowledge of the benefit of recommendations by the researcher and were often busy to express the complications of the surgeries but after implementation of SIM the ostomamtes had good knowledge regarding ostomic problems and their remedies and had to a great extent improved the quality of life.

Acknowledgement

I am very thankful to the faculty members of the Department of Nursing, Jamia Hamdard, New Delhi for their worthy guidance during the experimental work and also want to express my gratitude to all those who directly or indirectly helped in the completion of this work.

References

1. Krouse RS, Grant M, Rawl SM. Coping and acceptance: The greatest challenge for veterans with intestinal stomas. J Psychosom Res. 2009; 66: 227–232.

2. Sinha Aditi, Goyal Harinderjeet,Singh Shailja, and Singh Rana. Quality of Life of Ostomates with the Selected Factors in a Selected Hospital of Delhi with a View to Develop Guidelines for the Health Professionals. Indian J Palliat Care. 2009; 15(2): 111–114.

3. White, Hunt Psychological management of stoma related cancer: Nurs Stand. 1998; 12: 935–8.

4. Irvine EJ. Quality of life issues in patients with inflammatory bowel disease. Am J Gastroenterol 1997; 92: 18.

5. Camilleri-Brennan J, Steele RJC. Quality of life after treatment for rectal cancer. Br J Surg 1998; 85: 1036.

6. Torkington J, Khetan N, Jamison MH. Temporary decompression after colorectal surgery: randomized comparison of loop ileostomy and loop colostomy. Br J Surg. 1998; 85: 1452.

7. Dabirian Aazam, Yaghmaei Farideh, Rassouli Maryam, and Tafreshi Mansoureh Zagheri. Quality of life in ostomy patients: a qualitative study. Patient Prefer Adherence. 2011; 5: 1–5.