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RESEARCH ARTICLE

Assessment Self-Care Knowledge of Patients with Colostomy

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ABSTRACT

Background: *Stoma can be performed as either an urgent situation or optional surgical technique for the treatment of a wide variety of conditions affecting the bowel. These conditions involve colon cancer, bowel obstructions, colon trauma, diverticulitis, bowel necrosis, and ulcerative colitis. This procedure is performed for one of two primary reasons: either to redirect the colon or to decompress the colon.*

Objectives: *The aim of this study is to assess Self-Care Knowledge of Patients with Colostomy at Al Nasiriyah Teaching Hospital.*

Methodology: *The study was conducted using a quasi-experimental technique. The number of participants in the sample is thirty. The researcher devised a questionnaire in assess patients' levels of self-care knowledge after they had had colostomies. This was done in order to achieve the objectives of the study. The researcher created a questionnaire format in order to meet the goals of the study. The study was carried out at Al Nasiriyah teaching hospital. Both intra examiner (test and retest) and inter examiner (alpha Cronbach) tests were used to validate the instrument's validity, and the reliability of the instrument was determined by utilizing intra examiner (test and retest) and inter examiner (alpha Cronbach) tests. The data was analyzed utilizing descriptive statistical data (frequency, percent, Mean of Score (MS), Variations among both pre / post Mean of Score, Standard Deviation (SD), and (RS percent) Relative Sufficiency), in addition to inferential analysis (Chi-Square test, and Contingency Coefficients (C.C.) test, t-test).*

Results: *According to the results of the research, the patients' level of knowledge on colostomy was rather poor.*

Conclusion: *According to the findings of this research, patients who had had colostomies did not have enough understanding about colostomy self-care.*

Recommendations: *According to the findings of the research, patients who had colostomies should have attentive care in the form of consultations and telephone talks to help identify and manage any problems they may be experiencing. Establish instructional special units within surgical departments, particularly in colon operations, with experienced enter-stomal caregivers and all essential reference resources, such as technical manuals and multimedia components. These instructional special units should also be located within surgical departments.*

Keywords: *Assessment, self-care, colostomy.*

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INTRODUCTION

ostomy is made entrance by surgical procedure in the abdomen in which a portion of the colon is came in front of the abdomen to start creating a stoma. This colostomy allows feces matter to carry out from the body and into an outer bag device. Colostomies are typically performed on patients with inflammatory bowel disease (Campos et al., 2017).

Stoma can be performed as either an urgent situation or optional surgical technique for the treatment of a wide variety of conditions affecting the bowel. These conditions involve colon cancer, bowel obstructions, colon trauma, diverticulitis, bowel necrosis, and ulcerative colitis. This procedure is performed for one of two primary reasons: either to redirect the colon or to decompress the colon (Massenga et al., 2019).

Individuals with colostomies often have a low level of knowledge about how to properly care for their colostomy, which can lead in a number of difficulties and repeated hospitalizations. Colostomy people often had feelings of unreadiness in the initial few weeks following the formation of their stoma due to a lack of knowledge about the stoma. Education of patients with ostomies leads to improvements in their abilities to self-manage their conditions, as well as fewer problems and hospitalisations (Abdelmohsen, 2020).

Because stoma procedure is major surgery, it is highly vital and crucial for individuals who have had the procedure to have their knowledge assessed. This is done so that each requirement may be identified as well as met, issues can be minimized, confidence can be improved, as well as the obstacles as well as associated problems with stoma development can be solved (Rouholiman et al., 2018).

The nurses can help to assist the clients in changing their unhealthy behaviors following conducting an evaluation of the clients' knowledge, which will result in an improvement in the patients' wellbeing and the improvement of their health. The collection of data enables them to build an adequate nursing interventions and healthcare educational programmes that is predicated on the requirements of the individuals and takes into account the individuals' physiological, mental, spiritual, social, and academic (Thompson, 2019).

The nurses function is highly essential because it ensures that the patient receives consistent training and care, and it also promotes a healthy lifestyle for the client by evaluating their level of knowledge and their ability to care for themselves. Together with the individuals, the nurse works through the nursing process in order to provide for the clients' requirements. The purpose of the examination is to enhance clinical results for stoma patients, dispel common myths, and foster a sense of self-efficacy among patients (Nieves et al., 2017).

METHOD

The study was conducted using a quasi-experimental technique. The number of participants in the sample is thirty. The researcher at Al Nasiriyah teaching hospital devised a questionnaire in assess patients' levels of self-care knowledge after they had had colostomies. This was done in order to achieve the objectives of the study. The questionnaire is broken up into two parts, which are as follows: Section I: Self-administered form referring to the sociodemographic data of the participants, such as their age, gender, marital status, education level, and occupation). Self-administered questionnaire on patients' colostomy knowledge is included in Section 2 of the form. In all, there are a total of twelve MCQs.

In order to achieve the objectives of the research, the validity of the study tools knowledge exam was evaluated by a group of fifteen specialists, each of whom had more than five years of experience working in their respective fields.

Because the results show a high level of stability and internal consistency for the concepts under research, the dependability of the questionnaire was used to determine whether or not it was reliable. Calculations using the most important statistical measure, known as Alpha Cronbach, were used to establish all of this at the level of individual questions in the questionnaire.

Using version 26.0 of the SPSS software, a descriptive analysis was carried out. This analysis consisted of the following components: mean score (M.S), standard deviation (S.D), and frequency analysis (f). The Chi-Square test, the Contingency Coefficients test (often known as the C.C. test), and the t-test.

RESULTS

The distribution of study groups is shown in Table 1, and it is based on Sociodemographic Characteristics variables (SDCv.) such as "Age Group, Gender, and Educational accomplishment."

The proportion of participants between the ages of 60 and 70 was exactly half, making this age

group the almost overwhelming majority. The research indicates that women make up seventy percent of the sick population.

When it comes to their level of education, the large proportion of patients, which accounts for 36.7%, are illiterate.

In terms of whether or not they were married, the current investigation revealed that 53.3% of the participants were in a marriage. also t he study found that forty percent of the participants are self-employed, which is relevant to the present occupational landscape. The findings of the current research indicated that the majority of participants (36.7% of them), in connection to Lifestyle their work after surgery, are No change in job. This was shown by the fact that there was No change in employment.

This current study found that the majority of participants (56.7 percent) resided in rural regions. This was in regard to the housing situation.

It is conceivable to reach the conclusion that the participants' knowledge of colostomy self-care was inadequate depending on the statistics shown in summary table (2) as well as on the data presented in an overall assessment table (3).

Table 1 shows the distribution of the categories study by sociodemographic characteristics variables with significant comparison

.

Variable		Frequency	Percent
Gender	**Male**	**9**	**30.0**
	Female	**21**	**70.0**
Age	**30-40**	**1**	**3.3**
	40-50	**4**	**13.3**
	50-60	**10**	**33.4**
	60-70	**15**	**50.0**
Educational achievement	**Uneducated**	**11**	**36.7**
	Reading and writing	**9**	**30.0**
	Primary &secondary education	**7**	**23.3**
	University	**3**	**10.0**
marital status	**Unmarried**	**5**	**16.7**
	Married	**16**	**53.3**
	Divorced	**3**	**10.0**
	Widow	**6**	**20.0**
Current Occupation	**Not work**	**6**	**20.0**
	Housewife	**5**	**16.7**
	Free work	**12**	**40.0**
	Employee	**5**	**16.7**
	Retired	**2**	**6.6**
After operation, their job-related lifestyle	**There will be no employment changes.**	**11**	**36.7**
	Part-time employment	**1**	**3.3**
	Lose your job	**6**	**20**
	Get a new work	**3**	**10**
	No have job	**9**	**30**
Residence	**Urban**	**13**	**43.3**
	Rural	**17**	**56.7**

Table 2 summarizes the findings of the knowledge of participants about stoma throughout the analyzed intervals (before & after) of the training program that was applied to the study participants.

knowledge of participants about stoma	No.	MS	SD	RS%	Ass	CS
What is meaning of colostomy?	30	1.30	0.47	65.0	M	NS

What is the normal appearance of stoma?	30	1.70	0.47	85.0	H	NS
How we should clean the stoma?	30	0.53	0.51	26.5	L	NS
What is the meaning of colostomy pouches?	30	0.53	0.51	26.5	L	NS
What are all the different types of pouches?	30	1.70	0.47	85.0	H	NS
When we will change the pouches?	30	0.10	0.31	5.00	L	NS
What kind of food to be avoided after colostomy procedure?	30	0.20	0.55	10.0	L	NS
What is the reason to be avoided certain kinds of foods after colostomy surgery?	30	1.53	0.63	76.5	H	NS
Which type of garments to be worn after the colostomy procedure?	30	2.00	0.00	100	H	NS
How will you go to work after colostomy?	30	0.47	0.51	23.5	L	NS
What are all the warning signs should be observed on stoma?	30	1.00	0.26	50.0	M	NS
For the following should be avoided	30	0.23	0.43	11.5	L	NS

Table (3): Overall Assessment of patients` knowledge about colostomy

Score	N	Total Mean	SD	P-value
patients Knowledge	30	0.27	0.43	0.711

DISCUSSION

Participants' ages ranged from 60 to 70, making up an almost overwhelming majority of the group. This conclusion is in line with the findings of Mohamed et al. (2017), who found that the biggest proportion of participants in their study were between the ages of 46 and 60. This discovery is also in agreement with the results of El-Rahman et al., (2020), who demonstrated that the age varied somewhere from 40 to 50 years, with a mean SD of 47.1111.03 years. This observation is also compatible with the findings of El-Rahman et al., (2020). In a similar vein, Mohamed et al. (2018) found that the oldest age group accounted for the biggest share of both categories (50 and up). It's probable that this has anything to do with the fact that being over 40 increases your risk of developing colorectal cancer. This contradicts the results of Abdelmohsen (2020), who reported that the average age and standard deviation of the sample that was evaluated was 35.6 and 14.4 years respectively.

The research indicates that women make up seventy percent of the sick population. According to Qalawa & Moussa (2019), who found that females had a higher rate of stoma use, these findings are in agreement with their findings (61.5 percent). As well as agree with the findings of Kadam and Shinde (2014), who discovered that stomas were more common in females (66.66 percent); and refutes the findings of El-Rahman et al., (2020), who discovered that stomas were more common in men (63.3 percent); and also come into conflict with the findings of Mohamed et al., (2017), who revealed that the majority of participants (63.3 percent) were males. In contrast to the results, Abdelmohsen (2020) reported that the majority of the participants (61.6 percent) were male.

When it comes to their level of education, the vast majority of patients, which accounts for 36.7%, are illiterate. This data is in consistent with that of Qalawa & Moussa (2019), who found that 73.1% of the uneducated (illiterate) had a higher rate of stoma use than the educated population. In addition, the results of this study provide credence to the findings of Safwat et al. (2018), who found that the majority of participants (35.5 percent) lacked literacy skills. On the other hand, El-Rahman et al., (2020) discovered that the bulk of participants were Secondary, accounting for 40 percent of the total. In addition, Abdelmohsen (2020) discovered that the vast majority of participants, or 63.4% of them, had just a primary level of education.

In terms of whether or not they were married, the current investigation revealed that 53.3% of the participants were already in a committed relationship. El-Rahman et al., (2020) observed that 76.7 percent of the participants were married, and this conclusion is consistent with what they discovered. Similarly, I concur with Abdelmohsen (2020), who found that the majority of the participants (73.4 percent) were married. In addition, Qalawa and Moussa (2019) found that the majority of participants were

married (69.2 percent), which lends credence to the previously stated result.
The study found that forty percent of the participants are self-employed, which is relevant to the present occupational landscape. This finding was supported by Abdelmohsen (2020), which showed that 28.4% of participants were self-employed in some capacity. In contrast to the results of El-Rahman et al. (2020), which stated that the majority of patients (60 percent) were Working. In a similar vein, we disagree with the findings of Safwat et al. (2018), who found that the majority of participants (44.4 percent) were now jobless.
The findings of the current research indicated that the majority of patients (36.7% of them), in connection to Lifestyle their work after surgery, are No change in job. This was shown by the fact that there was No change in employment.
This current study found that the majority of participants (56.7 percent) resided in rural regions. This was in regard to the housing situation. This finding is consistent with the findings of El-Rahman et al. (2020), who demonstrated that the majority of patients (63.3 percent) came from rural areas. In addition, the findings of Qalawa and Moussa (2019), who discovered that the majority of patients (73.1 percent) came from rural areas, provide weight to these findings. despite the fact that I disagree with Sabea and Shaqueer (2021), who found that the vast majority of patients (60%) lived in urban areas.
It is conceivable to draw the conclusion that the patients' knowledge of colostomy self-care was inadequate based on the data shown in summary table (2) as well as on the data presented in an overall evaluation table (3). It could explain why they have such a limited knowledge base. The great majority of people were illiterate, and an even larger proportion did not get sufficient formal instruction, which would have helped them become more knowledgeable about the problem.
This conclusion is consistent with that of Sabea and Shaqueer (2021), who reported that the participants' understanding of colostomy self-care was inadequate.

CONCLUSION

According to the results of the research, it is possible to reach the conclusion that the patient's knowledge on how to properly care for themselves with a colostomy is poor and inadequate.

RECOMMENDATIONS

According to the results of the study, improving stoma patients' life quality may include not only providing them with information but also emphasizing the need of self-care before they are discharged from the hospital.

ETHICAL CONSIDERATIONS COMPLIANCE WITH ETHICAL GUIDELINES

Before beginning the research, approval from the faculty of nursing at Baghdad University's scientific research ethics council was obtained first. This was done in order to ensure compliance with ethical standards. Before continuing with the inquiry, the researcher visited the ward where the subjects were being treated in order to clarify the aims of the study with them and get their agreement. They were provided guarantees that the data acquired would stay anonymous and confidential, and that it would only be utilized for the purpose of doing study in the scientific sector. This was done in order to get their cooperation. The researchers gave their word that the volunteers would never be coerced into continuing to take part in the experiment against their choice.

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AUTHOR'S CONTRIBUTIONS

concep of the Research , authoring, and evaluating the completed version was by each of the writers.

DISCLOSURE STATEMENT:

The authors state that there is no potential bias in their work.

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