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# What's the plan?: Supporting individualised care for hospitalised patients with stomas

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# What's the plan?: Supporting individualised care for hospitalised patients with stomas

## Abstract

**Background:** Nurses play a pivotal role in providing nursing care and ongoing support to assist patients in adapting to a normal life with a stoma. While stomal therapy nurses have high levels of clinical expertise, little is known about ward nurses' experiences and understanding of their role in caring for patients with a stoma.

**Aim:** To explore ward nurses' understanding of their role in caring for patients with a stoma. **Methodology:** One face-to-face focus group interview was conducted with nurses (n=6) from the colorectal ward in a large metropolitan hospital. Data analysis was undertaken using a general inductive approach. **Findings:** Two main categories and 13 themes emerged from the focus group data. Participants reported a lack of stomal therapy nursing knowledge and skills, and they strongly advocated for a documented, multidisciplinary, individualised care plan for the patient with a stoma. **Conclusion:** The findings from this study can be used to inform the development of strategies to support regular in-service training programs for nurses and to guide the implementation of individualised plans for stoma care. Further research is warranted to investigate how these approaches can be translated into clinical practice to improve the outcomes for patients with a stoma.

## Keywords

supporting, individualised, care, hospitalised, patients, what's, stomas, plan?:

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# What's the plan? Supporting individualised care for hospitalised patients with stomas

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## ABSTRACT

**Background:** Nurses play a pivotal role in providing nursing care and ongoing support to assist patients in adapting to a normal life with a stoma. While stomal therapy nurses have high levels of clinical expertise, little is known about ward nurses' experiences and understanding of their role in caring for patients with a stoma.

**Aim:** To explore ward nurses' understanding of their role in caring for patients with a stoma.

**Methodology:** One face-to-face focus group interview was conducted with nurses (n=6) from the colorectal ward in a large metropolitan hospital. Data analysis was undertaken using a general inductive approach.

**Findings:** Two main categories and 13 themes emerged from the focus group data. Participants reported a lack of stomal therapy nursing knowledge and skills, and they strongly advocated for a documented, multidisciplinary, individualised care plan for the patient with a stoma.

**Conclusion:** The findings from this study can be used to inform the development of strategies to support regular in-service training programs for nurses and to guide the implementation of individualised plans for stoma care. Further research is warranted to investigate how these approaches can be translated into clinical practice to improve the outcomes for patients with a stoma.

**Keywords:** Stomal therapy nursing, in-service training, care plan, focus group, qualitative research.

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## INTRODUCTION

Approximately 42,000 people in Australia live with an intestinal stoma, and thousands more undergo surgical stoma formation every year<sup>1</sup>. These stomas are created for a variety of reasons, including trauma; diseases such as acute diverticulitis, Crohn's disease and ulcerative colitis; congenital abnormalities; and neurological disorders where toileting is complicated<sup>2</sup>. However, cancers of the bowel, bladder or pelvic organs are by far the most prevalent reason for the formation of a stoma, accounting for more than half of the cases<sup>3</sup>. The formation of a stoma impacts the individual psychologically and emotionally and can impact their quality of life. In addition, previous studies have reported a range of stoma-related complications including peristomal skin disease, parastomal hernia, prolapse, stenosis, retraction, granuloma formation, leakage and necrosis, which further enhance the impact<sup>4,5</sup>. Consequently, in addition to acute postoperative nursing care, ward nurses have an important role in providing education to patients about stoma self-care, along with ongoing support and counselling to assist the patient in adjusting and adapting to a normal life with a stoma<sup>6</sup>. Due to their roles in direct patient care, ward nurses are likely to be the first to detect signs of stoma complications and are best placed to provide ongoing education for patients to achieve self-care. Yet, little is known about how they perceive this aspect of their work, and a paucity of literature exists related to how they are prepared to care for patients with stomas.

Over the last 20 years in Australia, specialist nursing roles have emerged in various forms, including that of the stomal therapy clinical nurse consultant (CNC)<sup>7</sup>. Characterised by high levels of clinical expertise, the stomal therapy CNC role extends to patient support and education, providing expert advice and consultation to clinical (that is to say, nursing, medical, allied health) staff, and acting as a consultant for challenging stoma problems<sup>7,8</sup>. Further, the stomal therapy CNC role is constantly evolving with the advent of new recovery programs and improved laparoscopic surgical techniques, and the CNC is compelled to pursue research opportunities that contribute to evidence-based practice. Therefore, the role of the CNC is perceived as multifaceted, complex and advanced.

The roles of both the ward nurse and CNC are important in caring for patients with a newly created stoma, yet a lack of clarity around both roles exists<sup>9,10</sup>. One concern is that stoma care and patient education are not seen by ward nurses as priorities, with staff citing time constraints and excessive workload as reasons why procedures, such as stoma bag changes, are carried out without educating or supporting the patient to be self-caring. Inexperienced ward nurses, too, can create barriers in patient stoma self-care. For example, pivotal patient teaching opportunities may be missed if an inexperienced nurse does not adequately interpret patient cues that they are ready to learn self-care. Moreover, stoma bag changes may be 'taken over' by an inexperienced nurse in an effort to provide some relief to the patient, when this is, in fact, disempowering for the patient, or alternatively, the ward nurse may call upon the stomal therapy CNC to carry out routine bag changes, perceiving this to be part of their role<sup>9</sup>. Hanley and Adams<sup>10</sup> also suggest that ward nurses are becoming increasingly dependent on the CNC,

claiming that specialist nurses frequently receive referrals for situations that should be addressed by ward staff. These issues are compounded by staff turnover, a lack of experienced staff, lack of nurse education in stomal therapy nursing, and poor documentation about individualised stoma care. Consequently, there is a need for an approach that supports coordinated, comprehensive, individualised stoma care and assessment that promotes clear and consistent communication between the patient and multiple health disciplines, and empowers the patient to be self-caring with their stoma. To do this, a better understanding of the ward nurse's role in the care of patients with a stoma is needed.

## AIM

The aim of the study was to explore nurses' experience with and understanding of their role in caring for patients with a stoma. The central premise is that these nurses are not always clear about how to provide appropriate stoma care, how to collaborate effectively with their patients in this care, and/or when they should refer directly to a stomal therapy CNC. With this central premise in focus, questions were formulated to explore the nurses' role in relation to other key stakeholders, for example, the CNC and the patient.

## METHOD

### Design

This study utilised a qualitative, descriptive approach<sup>11</sup>. Grounded in the principles of naturalistic inquiry, qualitative description was found to be especially useful for this inquiry as it aimed to obtain honest, 'everyday' responses from ward nurses regarding their role in providing stoma care and to express them in a systematic and informative way<sup>11,12</sup>. A focus group was chosen as the means of data collection for three reasons. Firstly, focus groups are considered useful for exploratory phases of research that may eventually lead to larger studies<sup>13</sup>. Secondly, focus groups may yield rich data as they provide the opportunity for nurses to consider, clarify and more fully elicit their views in the context of others<sup>14</sup>, and, finally, in view of time constraints and staffing issues, data can be collected more quickly than when conducting individual interviews<sup>15</sup>.

### Setting and participants

Data were collected from nurses in one colorectal ward in a large metropolitan hospital in Sydney. This ward was chosen because it has the highest proportion of patients admitted with a stoma, so nurses were expected to have more clear-cut views than those working in other ward settings. The study participants comprised one male and five females, varying in age and nursing experience.

### Procedure

This study followed the principles outlined in the Declaration of Helsinki<sup>16</sup>. Ethical approval was obtained from the Hospital's Human Research Ethics Committee.

Support for the project and approval to recruit the nurses was obtained from the colorectal ward nurse unit manager. Flyers with information about the study, including information about informed consent, were distributed to all nursing staff.

The focus group interview was held in a private meeting room adjacent to the hospital's colorectal ward in November 2017. In an effort to capture the most open and candid responses possible, the focus group was moderated by a co-investigator external to the hospital setting, and who was not known to the participants. The moderator had a background in nursing and education, with substantial qualitative research experience, including conducting focus groups. Before the interviews were carried out, the focus group moderator described the reason for the study, informed the nurses that participation was voluntary and that the session would be audiotaped and transcribed. Participants were also informed that their identities would be protected on all transcripts, reports and publications that resulted from the interviews. Signed informed consent was received from each participant.

The discussion was guided by five open-ended questions that aimed to explore ward nurses' understanding of their role in providing stoma care. The moderator also took field notes during the interview and wrote summary notes immediately after the focus group. The interview continued until it was clear all six participants had ample opportunity to contribute and discussion had waned. The interview concluded after approximately 42 minutes.

### Data analysis

The data were analysed using a general inductive approach in accordance with principles described by Thomas<sup>17</sup>. With the study aim firmly in focus, the primary researcher read and reread the transcript many times, establishing a set of categories and subcategories (that is to say, themes) that constituted the preliminary findings. To enhance the credibility of the findings, a second researcher independently analysed the data and developed a second set of categories and themes based on the research aim. Further analysis and discussion between the two researchers took place to establish the extent of overlap, reduce redundancy and develop a more robust set of categories and themes. The results were discussed in regular meetings with the research team until consensus was reached.

### Trustworthiness of the data and findings

Research findings should be as trustworthy as possible and every research study must be evaluated in relation to the procedures used to generate the findings. Guba and Lincoln<sup>18</sup> describe four general types of trustworthiness in qualitative research: credibility; transferability; dependability; and confirmability. In this study credibility was achieved by using purposive sampling technique to recruit ward nurses who had experience in caring for patients with a stoma. Participants were assured that their identities would be protected on all transcripts, reports and publications that resulted from the interviews. Open-ended questions, probes and prompts were utilised throughout the interview process to encourage participants to share their experiences. The moderator used field notes to enhance the reliability, validity and veracity of qualitative data collection<sup>19,20</sup>. Validation and discussions among co-researchers was also used to enhance the trustworthiness of the data analysis. The voices of the participants were widely represented in the quotes provided

to support the themes and also to achieve transparency in the data interpretation<sup>17</sup>.

## FINDINGS

Two overarching categories that emerged from the data were: (a) the lack of stomal therapy nursing knowledge and skills; and (b) the need for an individualised plan for patients with a stoma care. In relation to these categories, 13 sub-categories or themes were identified.

### Category One: Lack of knowledge and skills

In overview, focus group participants identified a lack of formal learning in the provision of individualised care to patients with stomas. This included in both undergraduate nursing programs and hospital settings: "... you go through uni and they do a brief outlook ... maybe ... one session ..." and on entry to a specialised colorectal ward "No formal [ward-based] education in regards to managing stoma, changing the bag, what to look for ..."

Focus group participants suggested two ways to address stomal therapy nursing knowledge and skills for ward nurses. Firstly, there was strong support amongst the group for a ward-based in-service training program. Participants suggested that such a program would be useful for both new and existing staff: "... every time a new group of staff come on ... and ... your seniors ... can go in and refresh their memory as well". Moreover, the group proposed that the content of such a program, include "the basics", such as "[types of surgical] procedures ... [expected stoma] output ... [what is] normal for each kind of surgery ... deviations ... Things that can go wrong as far as ... prolapses ... retract[ions] ... Common problems ...", and "type[s] of products they use or what to look out for — general stuff".

Themes under this category were further classified into two sub-categories: nurses' views on curriculum (that is to say, content) and pedagogies (that is to say, delivery). These findings are presented in Table 1.

### Category Two: Individualised plan for patient stoma care

Secondly, the focus group participants overwhelmingly advocated for a documented, multidisciplinary, individualised care plan for the patient with a stoma, which is presented as a substantial finding of this study. Described by various names such as a "tool", a "care plan", a "checklist", "guidelines" or "pathway", participants were highly prescriptive about the features of such a document, and also suggested potential positive outcomes that might be seen as a result of its introduction. Features of this particular solution that were proposed by the participants are presented in Table 2.

## DISCUSSION

The purpose of this study was to explore nurses' experience with and understanding of their role in caring for patients with a stoma. Focus group findings strongly indicate the need for relevant stomal therapy nursing in-service training programs to increase nurses' skills and confidence in caring for patients with a stoma. This is not a surprising finding, since in-service training is an integral part of continuous professional development for



Table 1: Stoma in-service training needs for ward nurses

Category	Themes	Sample responses
Curriculum	Patient-centred care and education	... something that's ... appropriate for the patient, appropriate for the stoma, appropriate for the output, the surrounding skin.
	Supporting patient self-care	... [patients' inability to self-care] could make a difference between a week's discharge if they're not comfortable with their stoma management ... some of them are just reluctant to touch it ...
	Surgical procedures and types of stomas	... whether they've got ... a loop ileostomy, end ileostomy and/or colostomy or all the other different types of stomas.
	Stoma appliances	... even just knowing what appliance would be the most appropriate. There's the whole wall here of all these bags and I will just pick one.
	Dietary advice	A lot of [patients] ask me what — am I going to be able to eat this? ... Some might be able to, some might not be. Then, again, that goes back to their anatomy.
	Troubleshooting common problems	Things that can go wrong as far as ... prolapses ... retract[ions] ... it helps to be able to plan ahead ...
Pedagogies	A regular education program	... every time a new group of staff come on ... and ... your seniors ... can go in and refresh their memory as well, whoever wants to — where you just learn the basics, or they can go through the type of products they use or what to look out for — general stuff.
	Support from stomal therapist	... they're specialised and they're going to be — their experience is much wider than ours, and their exposure to different things, whereas we are probably more limited.
	Practical "hands-on" learning	... how to do the stoma bag change, and then how to do an assessment and what will be the normal and abnormal ...
	Time to develop skills and knowledge	We might not be able to get a seal. You might get a leak in half an hour and it's all got to be torn down again ...
	Multidisciplinary education	... the junior doctors ... sometimes ... explain different things from the way it has been explained by the stoma therapist ... a patient mostly will listen to the doctors, not to the nurses all the time.

nurses and plays an indispensable role in improving the quality of inpatient care<sup>21</sup>.

Regular in-service training is particularly important in the context of stomal therapy, as newly qualified or junior nurses may not have been afforded the opportunity to develop specialised knowledge and skills in stomal care during their undergraduate training programs. For experienced nurses or those who have not practised for some time, the recent advances in stoma care, such as new stoma appliances, as well as the changing roles in nursing necessitate the need for lifelong learning. Participants in this study identified specific content and methods to guide future in-service training. Consistent with what is reported in the literature<sup>22</sup>, identified pedagogies critical to achieving positive in-service training include ensuring that opportunities are provided on a regular basis with support from stomal therapy nurses and involves practical "hands-on" learning that is delivered in a multidisciplinary manner (Table 1). Therefore, collaboration between stomal therapy clinicians and researchers is important to ensure that relevant evidence-based pedagogies are used to deliver the required content.

However, previous work has highlighted significant challenges and barriers associated with the delivery of in-service training programs. Examples of these include scheduling challenges

due to competing demands with service needs and lack of awareness of the importance of education due to poor staff attitudes<sup>23</sup>. Therefore, to be effective, in-service programs must be supported by early dissemination of information related to in-service opportunities, content must address relevant gaps in clinical knowledge and skills, and apply mandatory attendance requirements<sup>23,24</sup>. Nurses have also reported strong preference for clinical supervision at the point of care, therefore opportunities for utilising teachable moments must also be considered<sup>25</sup>.

Participants also strongly advocated for a documented, individualised and comprehensive plan for stoma care, completed by the stomal therapy CNC in consultation with the patient, and accessible by all health professionals providing care for patients with newly created stomas. The use of documentation is a well-established as a means of providing clear and consistent nursing care, facilitating communication, coordination and evaluation<sup>26</sup>. For example, wound management plans ensure quality and continuity of care and increase nurses' accountability for care<sup>27,28</sup>. However, in relation to a stomal therapy care plan, perhaps it is the patients' autonomy, accountability and empowerment which is worthy of further consideration.

The Australian Nursing and Midwifery Board Standards for

Table 2: An individualised plan for patient stoma care

Specific content/features	Sample responses	Anticipated outcomes
Tick box format	... it'll be an easy reference point to look for ...  Because if you have a leaking stoma you're not going to go through someone's documentation and think ... how does stomal therapy want me to do it?	Coordinated, comprehensive care and assessment
Located in patient's bedside notes	It's easy. It's there, because you've always got your head stuck in the bedside notes ...  You have to document about the stoma separately when you're doing your notes anyway, where if you've already done it in your care plan, it's there ...	
Initially completed by stomal therapist and then updated regularly by ward staff	I think it should be the stomal therapy that kick-starts this care plan because they're the one that's introducing the stoma to the patient, and the caring ... They also know the baseline.  It would definitely be very helpful to the patient and to the stomal therapist because we're all assessing it properly.	
Comprises an important part of clinical handover	Because bedside handover, you need to [say] everything was under the patient's care. You need to make sure ... that nothing has changed during your care, or for the incoming nurses as well.  ... it will be a much more thorough way and you'll know that you're assessing ... appropriately every time. You're not just saying what you know, commenting on what you know and then not commenting on other things because you don't know about them.	
Completed in consultation with the patient	... that would be very helpful with patients that are just non-compliant and just very reluctant and like, well, someone else will do it for me.  ... we sign ... it off together.	Patient autonomy, accountability, empowerment
Indicates whether patient is self-caring	There should be a checklist ... saying this patient is self-caring, we've done our — [or] not finished our part ... to make this patient self-caring.  ... it empowers them, so that they know where they're up to with their stoma care. If they have any problems, well, then now is the time to get that under control.	
Outlines such aspects as type of stoma, location, output, perfusion	There could be output, the perfusion, the size, whether [the stoma is] retracted, whether it's prolapsed, all these other observations [on the plan] that you don't think about doing but it might prompt you ...	Individualised care
Outlines the type of appliance and other specifics regarding bag changes	You might need suction, which is another thing that can be put on the care plan ... whether or not suction is required when they were changing — because ... you might need ... someone else with you, instead of just going in blind.	
Outlines type of surgical procedure	You want to know what's gone on in theatre. You want an outline or an overview of the surgical procedure because that's going to affect the way you educate the patient.	Clear and consistent communication between patient and multiple health disciplines
Accessible by all health professionals	If the doctor tells them this is what's happening, you're having this kind of an output because we've done this and that, but then the patient will be saying, oh, but the stomal therapist told me I'll be expecting a very high output for the rest of my life because I do have a very short gut now; but then we're not going to listen to the nurses anymore because they were told by the doctors it's a different way around. [A care plan] can prevent that ...	

Practice<sup>29</sup> stipulate that nurses should engage in therapeutic and professional relationships, acting as advocates for their patients and respecting patient autonomy. Upholding this standard is challenging when nurses do not have the skills to provide

stoma care, or time constraints and excessive workload prevent them from supporting patient self-care. Consequently, a clear, documented stomal care plan that supports patient autonomy has potential to improve outcomes for both patients and nurses.

## Benefits to patients

The psychological distress (for example, altered body image, reduced self-esteem, perceived loss of control) experienced by many stoma patients is often due to a lack of knowledge about stoma care<sup>30</sup>. Therefore, patients would benefit from nurses who are more knowledgeable in the area as a result from in-service training focusing on stomal nursing. The suggestion here is that if patients' practical stoma management skills can be mastered in the early post-operative period, the dignity, autonomy and self-care that arises as a result of good practical skills will expedite patients' psychological adjustment to a new stoma.

Improved documentation can contribute to more holistic care and better patient outcomes<sup>31</sup>. The plan proposed by this study's participants suggests inclusion of practical and simple aspects of care, including selecting the most appropriate type of appliance and other specifics of bag changes. When completed and reviewed regularly in consultation with the patient, including self-care progress, this may serve to enhance practical skills, provide a means of patients gaining control over their lives and thereby facilitate faster psychological adjustment to a stoma<sup>9,31</sup>. Consequently, patients' discharge from hospital will be timely, and fewer peristomal complications will be experienced<sup>9</sup>, thereby reducing health care costs. This places even more emphasis on the importance of having ward nurses who are skilled in stoma care.

## Benefits to nurses

Nurses who are able to support stoma patient self-care will benefit from a reduction in their overall workload and stress. For example, a patient who is able to empty and change their own stoma bag will require less nursing time spent providing appropriate physical and emotional support. This may be achieved by the plan proposed here.

Documentation that provides information about the stoma (for example, location, perfusion, output) and the type of stoma care to be provided (for example, appliance, specifics of bag changes, input from patient), completed in consultation with the patient and accessible by multiple health disciplines not only empowers patients to become self-caring, but empowers nurses, too. Such a plan serves to educate inexperienced nurses about stoma care and improves their patient education skills. Moreover, a stoma management plan can support open and accurate communication between disciplines (for example, between doctors and ward nurses, ward nurses and stoma therapy CNC). Not only does this facilitate positive stoma patient experiences but the reduced workload and stress that arises as a consequence may also lead to lower staff turnover and absenteeism.

## Study limitations

The nature of qualitative description creates limitations in the scale, scope and transferability of this study's findings<sup>11</sup>. Time constraints and heavy nursing workloads remain a significant challenge for nursing research. While the intention was to obtain qualitative data from 10 to 16 participants in two separate focus groups, only six expressed an interest and were able to attend one interview. The small number of participants represented those who were available at the time of the study and have

experience in caring for patients with a stoma. Thus, the findings may be unique to the setting in which the study was undertaken and may not reveal the full extent of the issues faced by nurses in providing stoma care. Nonetheless, the findings included detailed and rich descriptions of participants' experiences to increase transferability to similar contexts.

## CONCLUSION

This study makes an important contribution to the existing knowledge in relation to ward nurses' experience and understanding of their role in caring for patients with a stoma. The findings support the importance of stomal therapy in-service training and the development of documented, individualised and comprehensive plan for stoma care. Stomal therapy clinicians and researchers should collaborate closely to develop appropriate content and pedagogical approaches for stomal therapy nursing in-service training programs and evidence-based stoma care plans. Further research is warranted to investigate how these approaches can be translated into clinical practice to improve the outcomes for patients with a stoma.

## CONFLICT OF INTEREST

The authors have no conflict of interest to declare.

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## VALE Lynne Vaughan

Lynne Vaughan was a much-loved and well-respected nurse, colleague and friend to many and it is with great sadness to us that she passed away suddenly on 2nd April 2018.

Lynne worked in many and varied roles across both the NSW and MNC LHDs, including theatres, wound product purchasing and supply, wound management, continence and stoma.

She was a key member in the highly motivated and professional leadership group of nursing colleagues within the stoma, wound and continence network and she was passionate about her work, colleagues and, most of all, her clients. Lynne easily developed a special bond with her clients and would often make the time to call to see them on the way to and from work, with many expressing their sorrow and great sense of loss at her passing.

Lynne will be remembered as a wonderful nurse, clinician, educator and patient advocate; a truly resourceful and fabulous co-worker. She was a bright and spirited lady; a



generous friend; traveller; photographer and party-loving woman.

Lynne will always be remembered fondly as a dedicated nurse by all that knew her.

RIP Lynne.