

One-Day Experiences of Nursing Students with Stoma Bags: Social and Emotional Learning Example

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ABSTRACT

This study is an awareness study developed for nursing students to understand the physiological, psychological and social feelings of patients with stoma. The research was planned as a single group pre-test and post-test. Thirty three nursing students volunteered to participate in the study. Students were asked to wear the stoma bag during clinical practice. A 21-item questionnaire was used to evaluate the students' views and experiences about the stoma bag. This form was applied one day before insertion of the stoma bag and immediately after removal. Number, percentage and chi-square tests were used to evaluate the data. It is seen that the number of students who stated their feelings of sadness, fear and discomfort after the application increased compared to before the application. Most of the students did not want to share the presence of stoma with their friends due to "embarrassment and shyness" (21.0%). The students stated that after removing the stoma bag, they felt highly relieved (63.6%) and prayed to God (24.2%) because they were healthy. The findings of the students' experiences show that they understand these patients. Nursing is a profession that requires compassion and empathy and adopts a holistic approach to the patient. Nursing is a profession that requires compassion and empathy and adopts a holistic approach to the patient. It is recommended to carry out such studies in terms of individual development and improving the patient-nurse relationship.

Keywords: Intestinal stoma, Stoma bag, Awareness, Nursing students

INTRODUCTION

The main area of interest of the nursing profession is people. Travelbee, one of the nursing theorists, states that nursing is an interpersonal interaction process and nursing is based on the patient-nurse relationship. Travelbee states that nurses will not be effective when caring for patients unless the nurse-patient relationship deepens and reaches the level of human-to-human relationship [1]. For nurses to provide individual care to patients with stoma, they need to be aware of their problems and personal needs [2]. Nursing education is a professional education that requires a good level of knowledge and skills and combines theory and practice. In this training, it is aimed to train persons who have self-worth, high self-confidence, and good interpersonal relations, are aware of their responsibilities, can think critically and are productive [3]. In addition to providing psychomotor skills in nursing education, affective skills should be developed in order to increase students' awareness [2-5]. Awareness is that the person has a high consciousness about himself/herself and the people in his/her circle and is aware of the world in which he lives. High

self-consciousness enables good mental and physical health and good interpersonal relations and provides the ability to manage troubled situations [3].

Nursing students encounter various patient groups in their education. One of these patient groups is individuals with stoma. Stoma, which means "mouth, opening" in Greek, refers to the mouthing of an organ with a lumen to the external environment [6]. Each year an increasing number of colorectal cancers are due to many patients must undergo stoma surgery and this situation is to change the shape of the patient's entire life [7]. In the literature, it has been determined that due to treatment process and these physical changes, people with stoma think that they could not cope with social life and they experienced quitting or changing their work after surgery, fewer meetings with friends and relatives, having marital problems, having decreased social activities and having social isolation problems [8-12].

The adaptation of patients with ostomy and their families to the situation, regaining self-confidence, maintaining daily life activities as before, providing information about the difficulties they may face, providing psychological support, and sharing experiences and fears with the patients can be provided only by nurses who are highly aware of the difficulties experienced by individuals with stoma [13].

Therefore in this study is an awareness study conducted for nursing students to understand the physical, social and psychological difficulties experienced by patients with stoma.

METHODOLOGY

The aim of the study was to ensure that the stoma patients who will give care. The study was designed as semi-experimental. The data were collected during the 2018-2019 academic year. The population of the study consisted of second, third, and fourth-year students (240) studying in the nursing department of the Faculty of Health Sciences in the 2018-2019 education period. All classes were informed about the research topic and what to do in the process. Participation in the study was based on volunteerism. No sample selection was made in the study. 33 students who agreed to wear the stoma bag completed the research. Other students were not included in the study because they did not want to wear a stoma bag. The first-year students were not included because only courses of basic medical sciences existed in the curriculum and they would not provide homogeneity (Our students face the patients in the second year. The first-year students do not have patient experiences). This study was planned for the World Ostomy Day within the framework of the course of social responsibility project. The study was approved by the nursing department. Participation in the study was based on volunteering. The study was started by obtaining the consent of the students.

The data collection form was prepared by the researcher using the literature [8,11,14-17]. The questionnaire consists of 2 parts. While the first part includes 5 questions on descriptive characteristics (gender, class, stoma patients, having a relative with stoma, familiar person with stoma), the second part (pretest-posttest form) includes a total of 12 questions. The pretest-posttest form includes questions about how the students feel before and after applying a stoma bag, sharing the stoma bag with their relatives, the wish to become a stoma care nurse, the problems they experienced during the time they applied the stoma bag, how they coped with these problems and what things they made to coped with.

In this study, students were asked to apply a stoma bag and spend a day with it. They were asked to attach the stoma bag on an internship day (Being together with patients was thought to be more effective in awareness). One day before the hospital internship, the researcher performed the pretest forms to the students. It took approximately 5 minutes for students to complete the form. The next day (on the internship day) they were asked to put a thick viscous liquid into the bag before

attaching it to their skin. At the end of the internship, the students removed the stoma bags with the researcher and the posttest form was performed by the researcher.

The data were analysed using the Statistical Package for the Social Science (SPSS 20.0). Descriptive characteristics were evaluated as numbers and percentages, and the difference between groups before and after the application was evaluated by chi-square test.

RESULTS

Table 1. Demographic Characteristics of the Students

	(n)	(%)
Age	Mean:21,06 (Min:19 - Max:24)	
Gender		
Female	33	100.0
Class		
2nd Year	9	27.3
3rd Year	15	45.5
4th Year	9	27.3
Having a patient with stoma		
Yes	7	21.2
No	26	78.8
Caring or monitoring a patient with stoma		
Yes	9	27.3
No	24	72.7
Having a familiar person with stoma		
Yes	1	3.0
No	32	97.0

It was found that all the students participating in the study were female and 45.5% were third-year students. 78.8% of the students did not have stoma patients and 72.7% did not provide care to stoma patients. 97% of the students stated that they did not have a familiar person with intestinal stoma in their circle (Table 1).

Table 2. Student's opinions about stoma and stoma- bag before and after stoma bag application experience.

	Before n(%)	After n(%)	p
Opinions about the most common feelings of patients with intestinal stoma. *			
Shame – shyness	14 (42.4%)	14 (42.4%)	0.450
Loneliness	20(60.6%)	11(33.3%)	0.081
Loss of self-confidence	12(36.4%)	7(21.2%)	0.198
Anxiety	12(36.4%)	11(33.3%)	0.355
Despair	4(12.1%)	1(3%)	0.706
Sad- worried	4(12.1%)	7(21.2%)	0.133
Discomfort	9(27.3%)	11(33.3%)	0.333
Fear	4(12.2%)	8(24.2%)	0.200
Wishing to become a stoma care nurse			

	Before n(%)	After n(%)	p
Yes	10(30.3%)	11(33.3%)	0.089
No	23(69.7%)	22(66.7%)	
Sharing the presence of stoma and stoma bag with friends			
Yes	20(60.6%)	20(60.6%)	0.171
This situation is very normal	15(45.5%)	14(42.4%)	
To help me cope with it when I'm stuck in a difficult situation	2(6.1%)	3(9.1%)	
To learn how to cope	3(9.1%)	3(9.1%)	
No	13(39.4%)	13(39.4%)	
Embarrassment- shyness	7(21.2%)	7(21.2%)	
Fear of being excluded	6(18.2%)	3(9.1%)	
Stoma bag is visible from outside	-	2(6.1%)	
The pity approach of the social circle	-	1(3%)	
Total	33(100%)	33(100%)	

It was found that 60.6% (20) of the students who participated in the study stated that most commonly feelings experienced by the patients before stoma bag application experience was “loneliness” and after the stoma bag application experience, the opinion about this feeling decreased (33.3%); however, the difference between them was not statistically significant ($p=0.081$). While 30.3% (10) of the students stated they did not want to be a stoma care nurse in their professional life before stoma bag application experience, this number was 33.3% (11) after the application ($p=0.089$).

There was no significant change in opinions of the students before and after the application in terms of sharing the presence of stoma and stoma bag with friends ($p = 0.171$). The most common reasons for not sharing were “embarrassment–shyness” and “fear of being excluded” (Table 2).

Table 3. The views of the students at the end of the day spent with the stoma bag.

	n(%)
The most intense feeling experienced as soon as the stoma is applied *	
Embarrassment-shyness	6(18.2%)
Anxiety-worry	6(18.2%)
Fear	4(12.1%)
Discomfort	12(36.4%)
Bad	9(27.3%)
Feelings after removing the stoma bag *	
Relaxation	21(63.6%)
Happiness	6(18.3%)
Offering Thanks	8(24.2%)
Feeling freedom	2(6.1)
Change in attitudes towards person with stoma	
Yes	32(97%)
No	1(3%)
Coping with stoma	
Very well	1(3%)
Good	9(27.3%)
Moderate	12(36.4)
Bad	11(33.3%)

* Multiple opinions were reported.

It was determined that 36.4% of the students who participated in the study had the most intense feeling as “discomfort” as soon as they applied the stoma bag, and 63.6% had “relaxation” feeling after removing the stoma bag. At the end of the day they spent with the stoma bag, 97% of the students changed their views about the people with stoma and 36.4% had a “moderate” degree of coping with stoma (Table 3).

Table 4. Difficulties experienced by the students throughout application of stoma bag and the status to cope with these difficulties.

	n(%)
Difficulties and issues *	
No difficulty	2(6.1%)
Choosing clothes	5(15.2%)
Communication in social life	11(33.3%)
Continuous attention to the stoma bag	2(6.1%)
Performing Excretion	3(9.1%)
Limitation of activity	20(60.6%)
Things made to cope with*	
Hiding with clothes	6(18.2%)
Getting away from people	2(6.1%)
Try to not demonstrate and accept the situation	19(57.5%)
Crying	2(6.1%)
Talking with friends	1(3.0%)
Restricting movement	2(6.1%)

* Multiple opinions were reported.

In the study, the students stated that 60.6% of the students had “limited activity” throughout application of stoma bag and 57.5% of them were trying to accept the situation with this restriction (Table 4).

DISCUSSION

In addition to the development of cognitive and psychomotor skills, the development of affective skills is also important in nursing education. Nurses are expected to empathize and be aware of their patients in their approach to patients.²

In the literature, patients with stoma experienced feelings of “embarrassment”, “dependence”, “fear and stress” [18-20]. In the present study, while most of the students wrote “loneliness”, “embarrassment-shyness”, “lack of self-confidence” to the question about the most common feelings experienced by patients with intestinal stoma at higher rate, they reported these feelings less and “fear”, “discomfort”, and “unhappiness” feelings more after the application. There was no significant difference between the feelings mentioned before and after the application ($p > 0.005$) (Table 2). In a similar study to this study, by Taylan et al., (2017) with working nurse group, they stated that the most frequently mentioned feeling was “exclusion” and there was a significant difference before and after the stoma bag application experience ($p=0.01$).

Patients with stoma have fears about their job and social life and they have difficulty in returning to their previous life after stoma surgery [16,21]. Nurses should be highly aware of the feelings of loneliness, fear, embarrassment, and exclusion experienced by these patients. It is expected that they should provide counselling and training according to their personal needs by being aware of the problems and feelings they may experience after discharge and including the individuals and

their circle into care. In the present study, the students who answered “yes” to the status of sharing the presence of stoma bag with their friends in case of stoma thought that “this situation is very normal”, and those who said “no” did not want to share it because of “embarrassment-shyness” (Table 2). In the study by Taylan et al., (2017), they revealed that nurses stated that “there is no situation to hide and they can share it to get support” and some did not want to share because of “embarrassment”.² In many studies, it is seen that patients do not want to share the presence of stoma with people around them because of similar feelings [16,21,22]. In this respect, it is similar to the present study.

After stoma surgery, patients generally have the fear of exercise and therefore tend to be inactive [17,18,22]. In the present study, the students stated that they experienced mostly the feeling of “discomfort”, difficulty of “physical activity”, and mostly “relaxation” feeling as soon as they removed the stoma bag (Table 3). It is mentioned that persons with stoma prefer more wide and darker clothes because they are uncomfortable noticing the stoma from outside their clothes [18,22]. The students reported that they were trying to cope with the difficulty they experienced, trying not to show, accepting the situation and hiding it with their clothes (Table 3). Taylan et al. (2017) stated that nurses had difficulty mostly in movement restriction and they tried to cope with this situation by thinking that it was temporary, which is similar to the present study [2].

Being aware of the patient and his/her situation and evaluating his/her behaviours and others' behaviours are related to the nurse's capability to empathize. Empathy enables the nurse to understand the patient and his/her needs correctly, to achieve positive results, and to increase personally professional satisfaction [23]. While empathy in nursing is so important, there are studies in the literature reporting that nurses do not exhibit enough empathic approach towards patients [23-25]. There are also studies showing that nursing students' empathic approach skills are weak [26]. In this study, nearly two-thirds of the students stated that they had severe to moderate difficulty in coping with the stoma bag (Table 3). When all the findings obtained from the study are evaluated, although there are no significant findings directly in the test results before and after (Table 2), in line with the answers given by the students to the questions (Tables 2, 3, 4) and the verbal feedback they conveyed at the end of the study (“..thank god my health. in place”, “..it is really difficult to live with a stoma bag” “..from now on I will be more careful when communicating with this patient group”) shows that students understand the difficulties experienced by patients with stoma. Therefore, we think that this study is useful.

CONCLUSION

- In this study, carried out under the name of a social responsibility project, in order for students to understand the difficulties experienced by stoma patients;
- Students stated that they wanted to hide their stoma bag from other people, had difficulties in choosing clothes, physical activity and coping, and experienced feelings of discomfort, embarrassment, withdrawal, exclusion, and unhappiness.
- As a result, it is seen that students experience difficulties and emotions similar to stoma patients. It is recommended to carry out such awareness studies in order to strengthen the patient-nurse relationship by improving the empathy skills of the students in nursing education.

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Conflict of Interest

The authors declare no potential conflicts of interests with respect to the authorship and/or publication of this article.

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REFERENCES

1. Shelton G. Appraising Travelbee's Human-to-Human Relationship Model. *J Adv Pract Oncol*. 2016;7(6):657-661.
2. Taylan S, Akıl Y, Cihan R, Arslan S. Nurses' awareness as a result of short term stoma bag life experience The effect of stomatal baggage experience on nurses awareness. *International Journal of Human Sciences*. 2017; 14(3), 2208-2218.
3. Azak A. Determining Mindfulness Levels in Nursing Students. *Journal of Education and Research in Nursing*. 2018; 15(3),170-176. <http://doi.org/10.5222/HEAD.2018.170>
4. Williams J, Stickley T. Empathy and nurse education. *Nurse Education Today*. 2010; 30(8), 752-755. <https://doi.org/10.1016/j.nedt.2010.01.018>
5. Reynolds W, Scott PA, Austin W. Nursing, empathy and perception of the moral. *Journal of Advanced Nursing*. 2000; 32(1), 235-242. <https://doi.org/10.1046/j.1365-2648.2000.01440.x>
6. Vilz TO, V Websky M, Kalff JC, Stoffels B. Intestinale Stomata [Intestinal stomata]. *Chirurg*. 2020;91(3):269-280. doi:10.1007/s00104-020-01144-4
7. Suggested citation: American Cancer Society, *Cancer Facts and Figures (2016)*. Atlanta: American Cancer Society; Accessed November 28, 2019. <<https://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2016.html>>.
8. Grant M, McCorkle R, Hornbrook MC, Wendel CS, Krouse R. Development of a chronic care ostomy self-management program. *Journal of Cancer Education*. 2013; 28(1), 70-78. <http://doi.org/10.1007/s13187-012-0433-1>
9. Sharpe L, Patel D, Clarke S. The relationship between body image disturbance and distress in colorectal cancer patients with and without stomas. *Journal of Psychosomatic Research*. 2011; 70, 395-402. <https://doi.org/10.1016/j.jpsychores.2010.11.003>
10. Hubbard G, Taylor C, Beeken B, Campbell A, Gracey J, Grimmett C, et. al. Research priorities about stoma-related quality of life from the perspective of people with a stoma: A pilot survey. *Health Expectations*. 2017; 20(6), 1421-1427. <https://doi.org/10.1111/hex.12585>
11. Brown H, Randle J. Living with a stoma: a review of the literature. *Journal of Clinical Nursing*. 2005; 14(1), 74-81. <http://doi.org/10.1111/j.1365-2702.2004.00945.x>.
12. Kilic E, Taycan O, Belli AK, Özmen M. The Effect of Permanent Ostomy Surgery on Body Perception, Self – Esteem, Spouse Harmony and Sexual Functions. *Turkish Journal of Psychiatry*. 2007; 18(4), 302-10.
13. Tao H, Songwathana P, Isaramalai SA, Zhang Y. Personal awareness and behavioural choices on having a stoma: a qualitative metasynthesis. *Journal of Clinical Nursing*. 2014; 23(9-10),1186-1200. <http://doi.org/10.1111/jocn.12309>

14. Karadag A, Öztürk D, Çelik B. Adaptation of the quality of life scale for individuals with ostomy into Turkish. *Turkish Journal Colorectal Diseases*. 2011; 21, 173-181. Doi: <http://doi.org/10.5505/KRHD.2011.66588>
15. Lim SH, Chan SWC, He HG. Patients Experiences of Performing Self-care of Stomas in the Initial Postoperative Period. *Cancer Nursing*. 2015; 38(3), 185-193. <https://doi.org/10.1097/NCC.000000000000158>.
16. Sinclair LG. Young adults with permanent ileostomies: experiences during the first 4 years after surgery. *Journal of Wound Ostomy & Continence Nursing*. 2009; 36(3), 306-316. <https://doi.org/10.1097/won.0b013e3181a1a1c5>
17. Russell S. Physical activity and exercise after stoma surgery: overcoming the barriers. *British Journal of Nursing*. 2017; 26(5), 20-26. <https://doi.org/10.12968/bjon.2017.26.5.S20>
18. Honkala S, Bertero C. Living with an ostomy: women's long term experiences. *Nordic Journal of Nursing Research*. 2009; 29, 19–22. <https://doi.org/10.1177/010740830902900205>
19. Andersson G, Engstrom A, Soderberg S. A chance to live: women's experiences of living with a colostomy after rectal cancer surgery. *International Journal of Nursing Practice*. 2010; 16, 603–608. <http://dx.doi.org/10.1111/j.1440-172X.2010.01887.x>
20. Manderson L. Boundary breaches: the body, sex and sexuality after stoma surgery. *Social Science & Medicine*. 2005; 61, 405–415. <https://doi.org/10.1016/j.socscimed.2004.11.051>
21. Simmons KL. A view from here: psychosocial issues in colostomy care. *Journal of Wound Ostomy & Continence Nursing*. 2014; 41(1), 55-59. <https://doi.org/10.1097/01.WON.0000438015.98357.53>
22. Grant M, McMullen CK, Altschuler A, Mohler MJ, Hornbrook MC, Herrinton LJ, Wendel CS, Baldwin CM, Krouse RS. Gender differences in quality of life among long-term colorectal cancer survivors with ostomies. *Oncology Nursing Forum*. 2011; 38, 587–596. <http://doi.org/10.1188/11.ONF.587-596>
23. Williams J, Stickley T. Empathy and nurse education. *Nurse Education Today*. 2010; 30(8), 752-755. <https://doi.org/10.1016/j.nedt.2010.01.018>
24. Reynolds W, Scott PA, Austin W. Nursing, empathy and perception of the moral. *Journal of Advanced Nursing*. 2000; 32(1), 235-242. <https://doi.org/10.1046/j.1365-2648.2000.01440.x>
25. Knyk D, Olson JK. Clarification of conceptualizations of empathy. *Journal of Advanced Nursing*. 2001; 35(3), 317-325. <https://doi.org/10.1046/j.1365-2648.2001.01848.x>
26. Ward J, Cody J, Schaal M, Hojat M. The empathy enigma: an empirical study of decline in empathy among undergraduate nursing students. *Journal of Professional Nursing*. 2012; 28(1), 34-40. <https://doi.org/10.1016/j.profnurs.2011.10.007>