Exploring the Relationship between Resilience and Ostomy Adjustment in the Adult with a Permanent Stoma

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Purpose

• To describe the relationships between resilience and ostomy adjustment in adults with permanent stomas to determine if participants who report higher levels of resilience also report higher levels of adjustment to the presence of a permanent stoma.
There are an estimated 750,000 – 1,000,000 people in the US with an ostomy.

Literature reports high rates of adjustment problems and complications. Includes stomal & peristomal complications, impaired QOL, sexual difficulties, impact on significant other and caregiver.
Background/Significance

• There are large gaps in ostomy nursing research.
• No research on relationship between resilience & adjustment to ostomy was found on literature review.
Research Questions

• What are the levels of resilience in adults with permanent stomas?
• What are the levels of adjustment?
• Are there significant relationships between resilience scores & identified demographic characteristics?
• Are there significant relationships between ostomy adjustment scores & identified demographic characteristics?
• Is there a significant relationship between resilience scores & ostomy adjustment scores?
Subject & Settings

• Participants in this study were 18 years and older, could read and write in English, and had permanent stomas. They were recruited from ostomy support groups on the East coast of the United States. Those with temporary stomas were excluded.
Methods

• A descriptive, correlational research design utilizing the Roy Adaptation model as the theoretical framework was used in this study. The relationships between levels of resilience, levels of adjustment to an ostomy, and demographic characteristics were examined. 48 participants completed a demographic questionnaire, the Resilience Scale, and Ostomy Adjustment Inventory-23 (OAI-23) for data collection.
Demographics

• Age, gender, marital status, employment, co-morbid conditions.
• Ostomy specific characteristics such as time since surgery, type & reason for ostomy, self care status, wear time, access to ostomy specialist, insurance coverage.
Roy’s model

• People are adaptive systems with biological & physical processes used to adapt to changes in their environment.
• Adaptation defined as a process & outcome where people use conscious awareness to create human & environmental integration.
• Level of adaptation effects ability to respond in positive or negative way.
Roy, cont.

- Processes for individual coping are cognator & regulator subsystems, which are manifested in person’s behavior.
- Cognator process includes perceptual & information sharing, learning, judgement & emotion.
OAI-23

• Measures social & psychological adjustment to an ostomy.
• 23 items on 5 point Likert scale
• Higher score indicates higher level of adjustment.

• Subscales
  • Acceptance
  • Anxious pre-occupation
  • Social engagement
  • Anger
Resilience

• “a dynamic process encompassing positive adaptation within the context of significant adversity” - Webster.

• The act of springing back, rebounding or the power or ability to recover quickly from a setback, illness, overwork or other adversity.

• Studied in elders, cancer patients, Parkinsons, DM, nurses.
Resilience Scale

- Resilience as a personality characteristic that moderates the negative effects of stress & promotes adaptation.
- 25 items on 7point Likert scale
- Score range 25-175, high level at or >125.
- 5 interrelated characteristics:
  - Self reliance
  - Meaning
  - Equanamity
  - Perserverance
  - Existential aloneness
Results

- Participants age 31-85, average 66yrs old.
- 60% women, 62% with IBD.
- Time since surgery 3 mos-50years, mean 15 yrs.
- Arthritis, cataracts, hyperlipidemia most common co-morbid conditions.
- 85% worked with ostomy nurse at time of surgery.
Results

• Scores showed both high level of resilience (148.3) & adjustment to ostomy (93).
• Respondents reported high levels of anger and moderate levels of anxious pre-occupation.
• Strong significant relationships were found between the OAI-23 scale and the Resilience Scale. Higher levels of resilience were associated with higher levels of ostomy adjustment.
• Perseverance was the only subscale of the Resilience Scale that was a predictor of ostomy adjustment.
Results

• Significant relationships between demographics & ostomy adjustment, no significant relationships between resilience & demographics.

• Women & those employed reported more anxious pre-occupation than men.

• Employed were more socially engaged.

• Those with more health problems had more difficulty caring for the stoma.
Limitations

- Small homogenous sample of elderly Caucasian participants.
- Participants were members of a support group utilizing positive strategies to promote adaptation.
- Suggest longitudinal study, larger geographic area, more diverse sample size to increase generalizability of findings.
Conclusions

• Results supported Roy’s definition of adaptation.
• Nurses should utilize strategies to promote high levels of resilience in patients with permanent stomas to facilitate adjustment.
• Individualized education plan, goal setting, developing mastery in self care, problem solving skills, stress management, thinking in empowering ways all promote resilience & adaptation.
• Measures to enhance resilience could be important in those with other chronic diseases.
References

References

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References


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