Assessment of Health Needs and Self-Efficacy for Patients with Colostomy

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ABSTRACT

Background: **C**olostomy is a surgical procedure which may be created due to cancer, inflammatory bowel diseases, bowel ischemia, diverticulitis and trauma. ***Aim:*** this study aimed to assess the health needs and self-efficacy for patients with colostomy. ***Methods:*** A descriptive explorative design was utilized for the conduction of this study , which done in the Surgical Outpatients` Clinics at EL-Mabra Hospital and EL Tadamon Hospital which are affiliated to Health Insurance Organizations at Port Said City. ***Subjects & method*:** A purposive sample of (50) adult patients from both sexes with colostomy and taken from the above mentioned settings. ***Tool 1:***A structured interview questionnaire sheet which consisted of a) socio demographic data sheet and b) Health needs assessment sheet for the studied patients to assess (physical, psychological, social, spiritual and educational needs) .***Tool II:*** Patients` medical record*:* It was developed to assess past and present medical history as (cause of colostomy, type, current treatment and time since operation) and ***Tool III:*** Stoma Care Self - Efficacy Scale. ***Results:*** There were statistically significant relations between patients' age groups, gender, job and educational level as regards their health needs and self-efficacy. ***Conclusion:*** It was concluded that, the studied patients had health needs and low level of self-efficacy. It was affected by (age, gender, education, job, colostomy causes and types). ***Recommendations****:* Further research studies are needed to focus on studying factors that affect the health needs and self-efficacy for patients with colostomy.

Key words: Colostomy, health needs, self –efficacy.

INTRODUCTION

Colostomy is a surgical procedure in which a stoma is formed by drawing the healthy end of the large intestine or colon through an incision in the anterior abdominal wall and suturing it into place. Creation of ostomy leads to bypassing the sphincter which enables bowel movements and excretion to become involuntary. It may be created due to several causes as: cancer, inflammatory bowel diseases, bowel ischemia, and diverticulitis, necrotizing enter colitis, congenital anomalies and other circumstances such as: obstruction, perforation and trauma. It takes the name of colon portion from which formed; ascending colostomy, transverse colostomy, descending colostomy and sigmoid colostomy **(*Dewitt, 2009 &United Ostomy Association, 2011).***

There are approximately 95,000 people living with a colostomy in the UK and around 7,400 had permanent colostomies which carried out each year. In the future, the number of colostomies may increase .The incidence of colostomy in National Cancer Institute in Egypt, about 600/year. It differs from many other surgical Hospitals ***(Mohamed et al., 2012 & NCI, 2012).***

Colostomy can be temporary or permanent. In temporary, patients can resume passage of flatus and feces via the anus, both type performed to treat and reduce patient's pain and discomfort. However; in many cases it may lead to intensified distress, suffering for patients, severe stress, create many challenges in terms of quality of life and functioning ***(Krouse et al., 2009).***

Temporary and permanent intestinal ostomies results in changes in individuals lifestyle (e.g., bowel routine; body image, sexuality; social, physical, leisure activities and psychosocial factors including self-esteem) which often affect their overall well-being and adjustment. In addition to the profound changes arising from ostomy, its effect on person's quality of life and causing of unnecessary sufferings, the patient must also cope with the physical and psychosocial impact of the underlying disorder **(*Pittman et al., 2009 & Ito et al., 2012).***

Health needs defined as the objectively determined deficiencies in health that require health care, from promotion to palliation. A health needs assessment (HNA) is a systematic method of identifying unmet health and health care needs of a population and making changes to meet those unmet needs ***(Fitch, 2008)***. Making good decisions to control disease complications, treatment, and improving life style is a very important goal in treating and caring for patients with colostomy, so it is important to assess their needs for improving the quality and value of care for them. These needs include; physical, psychological, social, spiritual and educational aspect **(*Curtin et al., 2008 & Marquis et al., 2010).***

Self-efficacy is a primary factor for influencing behavior. It may explain a wide range of coping and behaviors when studying the adjustment of patients to multiple demands of illness or disease. Self-efficacy, or the "strength of one's convictions in his/her own effectiveness", is likely to affect whether the person will even try to cope with a stressful situation. In addition, self-efficacy may have profound positive effects on health promotion, compliance to medication, self-care, patients` outcomes and quality of life. It has also been found to play a strong role in the process of adapting to a stoma. Therefore, stoma care self-efficacy may be an important concept to be used

as an outcome when developing interventions to improve ostomy adjustment ***(Simmons et al., 2007 & Wu et al., 2007).***

Colostomies are created to cure disease and relive suffering, but cause an adverse effect on patient's life style. Assessment of health needs can identify the following: Patients at risk for poor health, intervention that promote health or improve patients` understanding of how this surgery influence their live and treatment strategies **(*Mahjoubi, et al., 2010).***

Patients undergoing ostomy are challenged with multiple physical, psychological and social complications. However, self-efficacy may lead to the acceptance of stoma, adaptation with it and improve quality of life. There is a necessary need to conduct this study to assess the health needs and self-efficacy among patients with colostomy to identify specific problems that need special attention and improve patients` health condition ***(balleby et al., 2011 & Fry et al .,2012).***

AIM OF THE STUDY:

The present study aimed to assess the health needs and self-efficacy for patients with colostomy.

SUBJECTS AND METHODS:

A descriptive exploratory design was utilized for the conduction of this study.

Setting:

This study was conducted in the Surgical Outpatient clinics at EL-Mabra Hospital and EL Tadamon Hospital, affiliated to Health Insurance Organizations at Port Said city**.**

Subjects:

A purposive sample of 50 adult patients from both sexes with colostomy were involved in this study from the above mentioned settings. they were selected according to sensitive analysis in relation to the number of patients with colostomy attending to Surgical Outpatient clinics within the year 2013 in EL-Mabra and EL Tadamon Hospital according to the statistical department which affiliated to the setting with the following criteria:

Inclusion criteria:

Conscious adult patients from both sexes with temporary or permanent colostomy receiving the same treatment protocol, with no co-morbid conditions and agree to participate in the study.

Tools for data collection:

Data were collected using the following tools:

I. A structured interview questionnaire sheet for the studied patients (Appendix I): This tool was developed by the researcher in a simple Arabic language to assess health needs of patients with colostomy. It was developed after reviewing the most recent and relevant literatures. It included the following parts:

- **Part (1): Socio demographic data sheet**: it included age, sex, level of education, marital status, residence, occupation and monthly income

- **Part (2): Health needs assessment sheet for the studied patients** :It was divided into five items as follows:

  - **Physical needs**: It included (relieving fatigue and tiredness, caring with skin problem around colostomy, performing physical activities, enough sleep hours , correct sleep position, follow dietary habits changes, suitable clothing, maintaining hygienic measure, dealing with sexual activity disruption and travelling assistance).
  - **Psychological needs**: It included (coping with colostomy and skin complications, decrease sense of depression, anxiety with gases, leakage and odor, increase satisfaction, sense of safety, security and embarrassment enhance body image, learning and more health education).
  - **Social needs:** It included (increasing social support/ relations, encourage recreational activities, work adjustment, sufficient insurance coverage, increase close contact with friends and decrease financial burden).
  - **Spiritual needs:** It included (increase sense of inner peace, prevent conditions causing sadness, increase sense of usefulness / mission for life, positive vision for the future, coping with praying or fasting and improving spiritual practices e.g ability to travel for Hajj or Umrah).
  - **Educational needs:** it included (colostomy definition, causes, complications management and care, dealing with diarrhea, constipation and odor, discharge instructions about life style changes e.g diet regimen, hygiene and daily activities, follow up visits and emergent signs and symptoms.
  - ***Scoring system:***

Patients' answers were recorded as yes or no.

- Positive items were scored as one mark, while negative as zero . Positive items means there is a need for the patient to be covered; negative items means there is no needs for such point.
- More than 20%of positive responses for any items should be considered as identified needs for such group of patients
- The satisfactory level = 50 % and more, meanwhile, unsatisfactory level = less than 50%

II - Medical record*:* It was reviewed to assess past and present medical history as (Cause of colostomy, type, current treatment and time since operation).

III - Stoma Care Self - Efficacy Scale: **(Appendix II)**:

It was adopted from ***Bekkers et al. (1996),*** formulated in Arabic language and was consisted of 13 items that is designed to assess a general sense of perceived self-efficacy with the aim in mind to predict coping with daily hassles and adaptation after experiencing all kind of stressful life events added to difficulties of the disease. Testing reliability of the scale items using alpha cronbach test = 0.94.

Scoring system:

Patients` responses were recorded as follows: 1= not being confident at all, 2 = slightly confident, 3 = fairly confident, 4 = highly confident and 5 = extremely

confident. High scores refer to positive self-efficacy i.e. Subjective presence of ability, so the total score = 100, whereas less than 50 = low (-ve) self-efficacy and more than 50 = high (+ve) self-efficacy.
<20% not confident, 20% – 40% slightly confident, >40% - 60% fairly confident, >60% – 80% highly confident and >80% extremely confident.

I. Operational design:

It was entailed under the following 4 points:

1- Preparatory phase

2-Content validity

3-Piloting of the study tool

4 -Field work description

A) Preparatory phase

This phase was conducted through reviewing of the related literatures, different studies related to the present study, added to theoretical knowledge of various aspects using books, articles, internet, periodicals and magazines to develop the study tools for data collection.

B) Ethical consideration:

Aim of the study was explained to each patient to take their permission to this study and oral informed consent was obtained from them prior to data collection. They were assured that anonymity and confidentiality would be guaranteed and the right to withdraw from the study at any time without giving any reason. Ethics, values, culture and beliefs were respected .

C) Validity and reliability:

***1- Validity*:** Test of the proposed tool using face and content validity.

-Content validity which conducted to determine whether the tools covers the aim, was appropriate , relevant and clear through a jury of nine experts from the Medical staff of General Surgery and Medical-Surgical Nursing staff , Port Said and Ain Shams Universities . Their opinions were elicited regarding the tools format layout, consistency and scoring system.

-Face validity aimed at inspecting the items to determine whether on face of it the tools measures what it supposed to measure.

2- Reliability: Testing of the same tools was done using Alpha- Cronbach test.

Results: Alpha- Cronbach test for each of the needs was as follows:

- Physical needs = 0.733
- Psychological needs = 0.745
- Social needs = 0.661
- Spiritual needs = 0.607
- Educational needs = 0.709

C) Pilot study

It was applied on 10% of the studied patients to test the applicability and clarity of the tools as well as, estimate the time needed to fill in the tools. Necessary modifications were done for the used tools and patients included in the pilot study were excluded from the sample group.

D) Field work:

- Sampling was started and completed within 6 months from August/2014 to January /2015
- Purpose of the study was explained to patients who agreed to participate in the study prior 44777wto data collection.
- Testing validity of the proposed tools using face and content validity
- The researcher started to collect the data from studied patients on the day of follow-up visit to the Surgical Outpatients` Clinics
- Filling in the tools was done according to patients' understanding and health condition.
- Patients filled the questionnaire in the presence of the researcher or it was filled by the researcher for illiterate patients.
- The researcher was available 2 days / week at morning and afternoon shifts (Saturday and Tuesday) from every week .

III .Administrative design:

First , an official letter was issued from the Faculty of Nursing , Port Said University to the Director of Surgical Outpatient s`Clinics at EL-Mabra and EL Tadamon Hospitals , affiliated to Health Insurance Organizations at Port Said city to obtain their approval and assistance in conducting the study.

IV. Statistical design:

Data were fed to the computer and analysis using (IBM SPSS software package version 20.0). Qualitative data were described using number and percentage. Quantitative data were described using mean and standard deviation. Comparison between different groups regarding categorical variables was tested using Chi-square test. In addition, when more than 20% of the cells have expected count less than 5, correction for chi-square was conducted using Fisher's Monte Carlo correction. Reliability statistics was assessed using Cronbach's Alpha test. Significance of the obtained results was judged at the 5% level.

RESULTS:

Table (1): shows that, the mean age of the study sample was 46.32 ± 12.89. Regarding gender and marital status, more than half of them were male and unmarried (56.0%& 64.0% respectively). In relation to residence, all of them (100.0%) were from urban area, added to less than one third of them (28.0%) had university level of education. As regards the job, half of them (50.0%) were employees. Concerning the income, about three fifths (60.0%) of them had not enough income.

Table (2): Shows that, the mean number of the studied patients with physical needs was (35.40± 8.03), compared to (15.60 ± 8.15) with no needs .The highest physical

needs were represented in the following items: specific sleep position, dietary habits changes, clothing and enough sleep hours (100.0%, 96.0%&70.0% respectively).

Table (3): This table reveals that, mean number of the studied patients with psychological needs was (35.60± 13.7) compared to (14.40±13.7) with no needs. The highest psychological needs were found in the following: coping with skin complications, body image, and anxiety with gas, fullness and leakage (100.0%, 98.0% &96.0% respectively)

Table (4): shows that, mean number of the studied patients with social needs was (29.2 ± 11.2), compared to (21.8 ± 12.2) with no needs .The highest social needs were found in the following items: economic burden, sufficient insurance coverage and social relation / support (98.0% , 70.0% & 62.0% respectively) .

Table (5): shows that mean number of the studied patients with spiritual needs was (29.71±8.8) compared to (21.2± 8.8) with no needs .The highest spiritual needs were represented in the following items: Prevent condition causing sadness, coping with praying or fasting and positive vision for the future (96.0%, 64.0%&58.0% respectively).

Table (6): shows that, mean number of the studied patients with educational needs was (27.7±15.9), compared to (22.2±15.9) with no needs .The highest educational needs were found in the following items: Discharge instructions , emergent signs and symptoms , complications of colostomy and follow up visits (90.0 % , 88.0% , 84.0%&82.0% respectively**) .**

Table (7): reveals that, nearly two-thirds (70.0%) of the studied patients had low level of self-efficacy, compared to 30.0% of them with high level of self-efficacy.

Table (8): shows a statistically significant relation between patients self-efficacy (high and low) as regards their needs (physical, psychological, social, spiritual and educational), whereas patients with low self-efficacy had higher needs, (χ^2 =57.8, P<0.001).

Figure (1): Demonstrates that ,psychological needs were the highest followed by physical ,spritual ,social and then later educational needs among the studied patients (mean %=35.6 ,35.4, 29.7,29.2 &27.7 respectively).

Table (1): Socio-demographic characteristics of the studied patients

Items	No.	%
Age		
<30	6	12.0
30 – 45	21	42.0
45. – 65	16	32.0
>65	7	14.0
($\overline{X}$ ± SD) =46.32 ± 12.89		
Gender		
Male	28	56.0
Female	22	44.0
Marital status		
Married	18	36.0
Unmarried(single-divorced –widowed	32	64.0
Residence		
Rural	0	0.0
Urban	50	100.0
Educational level		
Illiterate	5	10.0
Primary	12	24.0
Secondary	19	38.0
University	14	28.0
Job		
Employees	25	50.0
Private	4	8.0
Does not work/house wife	21	42.0
Income		
Enough	20	40.0
Not enough	30	60.0

Table (2): Distribution of physical needs among the studied patients.

Items	No		Yes	
	No.	%	No.	%
Relieving fatigue and tiredness	22	44.0	28	56.0
Maintain hygienic measures	21	42.0	39	58.0
Caring with skin problem around colostomy	18	36.0	32	64.0
Assistance with physical activity	23	46.0	27	54.0
Enough sleep hours	15	30.0	35	70.0
Specific sleep position	0	0.0	50	100.0
Traveling assistance	20	40.0	30	60.0
Dietary habits changes	2	4.0	48	96.0
Suitable clothes	15	30.0	35	70.0
Dealing with sexual activity changes or avoidance	20	40.0	30	60.0
Mean ± SD	**15.60 ± 8.15**		**35.40 ± 8.03**	

Table (3): Distribution of psychological needs among the studied patients (n = 50)

Items	No		Yes	
	No.	**%**	**No.**	**%**
Coping with colostomy	23	46.0	27	54.0
Dealing with depression	2	4.0	48	96.0
Increase sense of safety and security	13	26.0	37	74.0
Decrease anxiety from gases , odor , fullness and leakage	2	4.0	48	96.0
Increase health education	2	4.0	48	96.0
Coping with skin complications	0	0.0	50	100.0
Feeling embarrassed	13	26.0	37	74.0
Feeling less worthiness	26	52.0	24	48.0
Decrease family distress	35	70.0	15	30.0
Learning correct colostomy care	24	48.0	26	52.0
Satisfaction/enjoyment in life	23	46.0	27	54.0
Enhance body image	1	2.0	49	98.0
Mean ± SD	**14.40 ± 13.78**		**35.60 ± 13.70**	

Table (4): Distribution of social needs among the studied patients (n = 50)

Items	No		Yes	
	No.	**%**	**No.**	**%**
Increased recreational activities	36	72.0	24	48.0
Increased social relation / support	19	38.0	31	62.0
Sufficient insurance coverage	15	30.0	35	70.0
Decrease feeling of alone even with others	20	40.0	30	60.0
Increased close contact with friends	26	52.0	24	48.0
Decrease burden to family	20	40.0	30	60.0
Decrease economic burden	1	2.0	49	98.0
Work adjustment	28	56.0	22	44.0
Mean ± SD	**21.80 ± 12.20**		**29.20 ± 11.28**	

Table (5): Distribution of spiritual needs among the studied patients (n = 50)

Items	No		Yes	
	No.	**%**	**No.**	**%**
Increase sense of inner peace	25	50.0	25	50.0
Positive vision for the future	21	42.0	29	58.0
Prevent condition causing sadness	2	4.0	48	96.0
Increase sense of usefulness / mission for life	23	46.0	27	54.0
Coping with praying or fasting	18	36.0	32	64.0
Improving spiritual practices	30	60.0	20	40.0
Mean ± SD	**21.29 ± 8.86**		**29.71 ± 8.86**	

Table (6): Distribution of educational needs among the studied patients (n = 50)

Items	No		Yes	
	No.	**%**	**No.**	**%**
Define what is the colostomy	43	86.0	7	14.0
Causes of colostomy	42	84.0	8	16.0
Complications and management	8	16.0	42	84.0
Skin care around colostomy	18	36.0	32	64.0
Avoid diarrhea / constipation	34	68.0	16	32.0
Avoid odor from colostomy bag	20	40.0	30	60.0
Colostomy care	17	34.0	33	66.0
Discharge instructions	5	10.0	45	90.0
follow up visits	9	18.0	41	82.0
Emergent signs and symptoms	6	12.0	44	88.0
Mean ± SD	**22.27±15.94**		**27.73±15.93**	

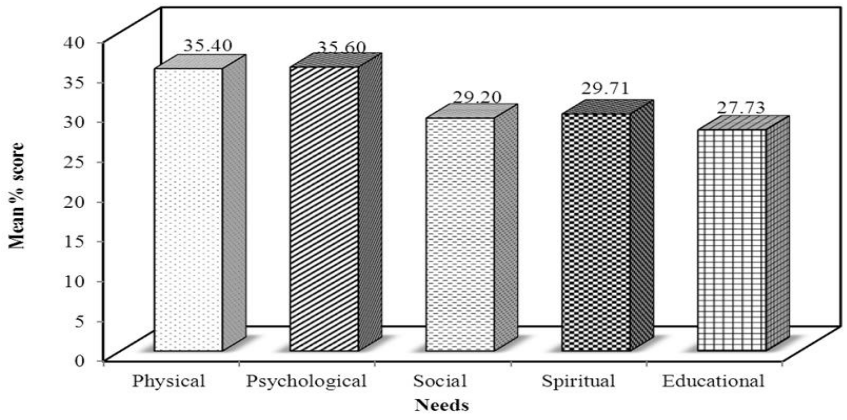
Table (7): Distribution of studied patients according to their self-efficacy level

Self-efficacy	No.	%
<20% Not Confident	10	20.0
20% – 40% Slightly Confident	13	26.0
>40% - 60% Fairly Confident	14	28.0
>60% – 80% Highly confident	8	16.0
>80% Extremely Confident	5	10.0
Low self-efficacy→<50%	35	70.0
high self-efficacy→≥50%	15	30.0

Table (8): Relation between studied patients' needs as regards their self-efficacy (low and high)

Self- efficacy	Needs					□□	p
	Physical	Psychological	Social	Spiritual	Educational		
	%	%	%	%	%		
Low self-efficacy <50%	100.0	100.0	100.0	100.0	77.1	57.839*	0.001*
High self-efficacy ≥50 %	0.0	6.6	40.0	42.8	0		

Figure (1): Distribution of the studied patients according to their needs



DISCUSSION:

The ostomy patients face an array of challenges due to the uniqueness and consequences of their ostomy bag. Purpose of ostomy is to treat and reduce patient's pain and discomfort, but in many cases it leads to intensified distress and suffering for patients and causes severe stress ***(Hornbrook et al., 2008&Krouse et al., 2009).***

The current study aimed to assess the health needs and self-efficacy to patients with colostomy. In the present study, findings regarding patients' characteristics revealed that, mean age of the studied patients was (46.32 ± 12.89). This finding was consistent with ***Madick (2011)*** who reported that, colostomy occurred at age over 40 years therefore, colostomy therapy should be targeted on older patients who require more physical and mental support in adjusting to life with a stoma.

As regards the gender and marital status, more than half of the studied patients were male and unmarried. These findings were supported by ***Baldwin et al. (2009).*** Inaddition, ***Salomé (2015)*** founded that most of studied patients are married and need family involvement especially of the spouse in the recovery of the ostomized patients.

Concerning the educational level and income.findings revealed low both levels among the studied patients. These results may be due to most patients reported that they had to change or leave their job after disease onset, which has affected their income. Moreover, disease-related costs e.g. Buying bags and gloves had caused further financial problems and most of them were treated under health insurance. The previous findings were agreed by***Kimura et al. (2013)*** who found that, family income and educational level were relatively low and emphasize on the importance of government assistance. ***Fortes et al. (2012)*** stated that***,*** the low level of schooling and family income may be a factor for the lack of prevention of colorectal cancer due to lack of information on the risk factors for this disease. **Considering patients` physical needs**, results showed that, the highest needs were represented in: specific sleep position, enough sleep hours, dietary habits changes and suitable clothes. These findings goes in the same line with ***Baldwin (2009***) who mentioned that, patient with ostomies experience sleep disturbances related to the inability to find a comfortable-sleep position without having pouch leakage. Also, sleep disturbance is associated with the presence of the stoma especially during the first months after surgery and with fear about the future. ***Nancy (2011)*** mentioned that, patients with colostomy face many dietary challenges relevant to the location of the stoma. ***Shaffy et al. (2012)*** reported that, most colostomies suffer from discomfort with certain food items which leads to modification of their routine diet. ***Dabirian (2011)*** stated that most patients had a change in their diet due to problems in gas control; but most of them had coped with their conditions over time.

On the same line***, krouse et al. (2007) and Nichols & Riemer (2008)*** recognized that both cancer and non-cancer group were need to change clothing styles. Also, ***Mahjoubi (2010)*** mentioned that stoma patients, for reasons such as location of ostomy, weight changes and changes in body appearance were forced to change their clothing style, which itself reduced their quality of life

Concerning patients` sexual status, the present study findings revealed that more than half of the studied patients had changes in sexual pattern. This could be due to the effect of surgical technique on sexual activity of patients. According to ***Symms et***

al. (2008), sexual relationships were affected after the ostomy and decrease desire to indulge in sexual act which ultimately resulted in inactive sexual life. ***Gemmill et al. (2010)*** reported that most patients lost their sexual activity after stoma surgery.

Regarding physical activities, half of studied patients had poor level. This finding was in agreement with ***Marquis (2010)*** & ***Hardt et al. (2013*)** who reported that the stoma patients suffered from restriction of physical activity and changes in lifestyle. ***Wondergem (2007*)** founded that, all samples of their study experienced a decrease in energy and activities during the first year following their surgery. ***Skinner (2008*)** listed that, a higher number of colostomy patients had discontinued some of their preoperative activities (e.g., household chores, traveling, sports, or spare time activities).

Considering skin problems findings revealed that more than half of the studied patients had skin problem around stoma. This finding was agreed with ***Mahjoubi et al. (2010)*** who reported that, most of colostomy patient's complaints about inflammation around the stoma, inability to control gas and physical aspect that greatly influences the quality of life.

Regarding psychological needs, the present study revealed that most of the studied patients were suffering from psychological problems postoperatively in the items related to depression, poor body image. These findings could be due to feeling of guilt resulting from the impact of operation and colostomy on their family and worry about ‘‘being a burden’’ and loss of ability for passing stool normally and change body image due to the presence of colostomy in addition, the presence of physical problems and pain, isolation from others, and fear of death. ***Adel mehraban et al. (2008)*** found that, prevalence of poor psychological and physical well-being, added to a high level of depression which was somewhat increasing in colostomies subjects. Also, the leakage, odor, and noise from the appliance were the primary sources of embarrassment identified by patients.

Black (2011) found that patients' mood and self-esteem were changed following colostomy surgery and stated that anxiety and embarrassment over a colostomy may lead to an alteration in lifestyle, including the ability to find work, desire to travel and overall self-image.***Kikuchi et al. (2008)*** cleared that, the majority of their patients with a stoma reported that they didn't like the appearance of their bodies at all.

Concerning social needs, results of the present study revealed that, most of patients had new economic burden from colostomy with not enough health insurance support. These findings were supported by ***Colliver (2007*)** who reported that; majority of the subjects included in his study had insufficient monthly income that cannot cover their needs. ***Dabirian (2011)*** found that most patients reported that they had to change or leave their job after disease onset and their ostomy, and that this had affected their income. Moreover, disease-related costs, e.g. buying bags and gloves, had caused further financial problems.

The present study revealed that more than half of patients included in the study need to increased social relation/ support to decrease isolation and feel with loneliness. These findings were supported by ***Gomes (2012)*** who reported that, colostomy patient exposed to a range of social constraints, the possibility of out gassing and excrement leakage due to the lack of voluntary control and also by flaws in the safety and quality of the collection bag, besides other complications. These triggers from fear of public

exposure.***Fucini et al. (2008)*** found that social subscale scored the lowest among the other QOL subscales. It is perhaps because of the fact that physical and psychological disorders resulting from stoma may gradually reduce a person's confidence and reduce his social relations. These factors go hand in hand and lead to some degree of social isolation.

Concerning spiritual needs results of the present study revealed that, most of studied patients had sadness related to their condition. This finding was supported by ***Hussein &AboulFadl (2008)*** who reported that, having a colostomy has a great impact on patient's religious life. Also, he concluded that adding religious aspects to preoperative counseling and to informed consent of surgery is necessary to make patient's expectation more realistic and to put him in a better position to cope with the consequences of colostomy. In Egypt, stoma care nursing (stoma therapists) is substantially deficient so, they need more improvement to enhance quality of life of those patients.

Regarding educational needs, results of the present study revealed that, Majority of studied patients had unsatisfactory knowledge about the discharge instructions and emergent signs and symptoms. These findings were on the same line with ***Cheng et al. (2013)*** who found that the patients have some but not a great deal of knowledge regarding their stoma; the lowest scores were in colostomy care and irrigation, stoma-related complications and how to measure a stoma .***Aboelfadel (2009)*** stated that, patients should have appropriate and adequate information before surgery to enhance their life after colostomy surgery. High light on the importance of preoperative patient education, certainly which improves the QOL of ostimates and prevent progression of relatively minor common problems to more severe conditions.

Regarding relation between patient self-efficacy and their needs, result indicated a statistically significant relation. Patients with low self-efficacy had higher needs. These findings were agreed with ***Hu et al. (2010)*** who found that, patients who master self-care skills can make better social adjustments and observed that ability to self-care was correlated positively with level of psychosocial adjustment.

CONCLUSION:

Overall the study has indicated that, the studied patients had health needs as follows : Psychological, physical, spritual, social and educational. Moreover, the highest need was psychologicalfollowed by physical. There were statistically significant relations between patients' needs and self – efficacy. In addition, statistically significant relations were noticed between patients' needs as regards their self – efficacy level.

RECOMMENDATIONS:

The following recommendations were inferred from the study: 1): Proper training program and follow - up schedules for patients with colostomy and their families should be developed. 2): Continuous assessments of health needs and self-efficacy level for such patients were highly recommended. 3): Urgency for developing the proper rehabilitation programs for such group of patients. 4): Distribution of a simple illustrated and comprehensive Arabic booklet including all information about colostomy.5): A psychological health program should be planned to help such group of patients and their family to cope with the changes that occurred

after surgery. 6): Research studies should be carried out on a large number of colostomy patients for evidence of the results and generalization and 7): Further research studies are needed to focus on studying the factors affecting quality of life for patients with colostomy.

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تقيـــــيم الإحتياجـات الصحية والكفـاءة الذاتيـــة لمرضى فتحــة القولون الصنـــــاعية

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الخـــــلاصة

تعتبرفتحة القولون الصناعية هى إجراءجراحى لعمل فتحة فى جدار البطن تكون إما مؤقتة أو دائمة لتخفيف الالم والمعاناة عن المريض.تهدف هذه الدراسة الى تقييم الاحتياجات الصحية والكفاءة الذاتية لمرضى فتحة القولون الصناعية.أجريت هذه الدراسةفيعيادات الجراحة بالتأمين الصحى ببورسعيد على ٥٠ مريض شرج صناعى ، وقد جمعت تلك المعلومات عن طريق استمارة استبيان المقابلة الشخصية، وقد أظهرت النتائجأن أغلب عينة الدراسة من المرضى كان لديهم احتياجات نفسية ،جسمانية ،اجتماعية ، روحانية،و تعليمية .بالاضافة الى ان الاحتياجات النفسية لهؤلاء المرضى تمثل اعلى نسبة تأثر واحتياج ،يليه الجسمانى ثم الاجتماعى والروحانى والتعليمى.أيضا تم العثور على علاقة ذات دلالة إحصائية بين المرضى من حيث الجنس ،السن ، المستوى التعليمى ،الوظيفة ،نوع الفتحة واسبابها) ايضا اظهرت الدراسة ان ثلثى المرضى لديهم نقص فى الكفاءة الذاتيةمع وجود فروق ذات دلالة احصائية بين المرضى من حيث (السن ،الجنس ،الوظيفة ،مستوى التعليم ، نوع الفتحة وسببها) فيما يتعلق بالتاثير السلبى على الكفاءة الذاتية لهؤلاء المرضى.ولذلك أوصت الدراسة بضرورة التقييم المستمر للإ حتياجات الصحية والكفاءة الذاتية لهؤلاء المرضى ومعرفة العوامل التى تؤثر بالسلب على تلك الاحتياجات و منعها.

الكلمات المرشدة : تقييم الآحتياجات الصحية ، الكفاءة الذاتية ، فتحة القولون الصناعية .