

Gender Differences in Quality of Life Among Long-Term Colorectal Cancer Survivors With Ostomies

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Colorectal cancer (CRC) accounts for more than 9% of all new cancer cases, and it has the third most frequent incidence rate for cancer in the United States (American Cancer Society [ACS], 2011). Survival rates at one year and five years are 83% and 65%, respectively (ACS, 2011). An estimated 18%–35% of the 1.1 million people alive in the United States with a history of CRC (Mariotto, Yabroff, Feuer, De Angelis, & Brown, 2006), particularly those with low-rectal cancers, have received temporary or permanent intestinal stomas (ostomies) (Gastinger et al., 2005; Jess, Christiansen, & Bech 2002; Schmidt, Bestmann, Küchler, Longo, & Kremer, 2005). Studies have found that CRC survivors, particularly women and those with ostomies, have persistent deficits in their health-related quality of life (HRQOL) (Krouse et al., 2009; Nugent, Daniels, Stewart, Patankar, & Johnson, 1999; Thomas, Madden, & Jehu, 1987; Tuinstra et al., 2004). Understanding how living with an ostomy affects those survivors and how to best help them in the management of ostomy-related challenges is necessary to supporting their HRQOL. The authors undertook this assessment of HRQOL concerns to develop interventions specifically geared toward relief of physical, psychological, social, and spiritual distress and to determine differences in the concerns and adaptations raised by men and women with high versus low HRQOL. Although the time that healthcare professionals have to provide care, education, and support to patients with CRC with ostomies and their families is limited, interactions with the patient and family, particularly during long-term follow-up, should address the most common concerns and challenges that affect HRQOL on a daily basis. This article describes quality-of-life concerns as identified by gender-specific focus groups of cancer survivors with ostomies.

Background

Fecal ostomies, or the surgical exteriorization of the small (ileostomy) or large (colostomy) bowel to the

Purpose/Objectives: To describe how gender shapes the concerns and adaptations of long-term (i.e., more than five years) colorectal cancer survivors with ostomies.

Design: Qualitative study using content analysis of focus group content.

Setting: Oregon, southwestern Washington, and northern California.

Sample: Four female and four male focus groups (N = 33) selected from 282 quantitative survey participants with health-related quality-of-life (HRQOL) scores in the highest or lowest quartile.

Methods: Eight focus groups discussed the challenges of living with an ostomy. Content was recorded, transcribed, and analyzed using directive and summative content analysis.

Main Research Variables: HRQOL domains of physical, psychological, social, and spiritual well-being.

Findings: All groups reported avoiding foods that cause gas or rapid transit and discussed how limiting the amount of food eaten controlled the output. All groups discussed physical activities, getting support from friends and family, and the importance of being resilient. Both genders identified challenges with sexuality and intimacy. Coping and adjustment difficulties mostly were discussed by women, with men only discussing these issues to a small extent. Difficulties with sleep primarily were identified by women with low HRQOL. Problems with body image and depression were discussed only by women with low HRQOL.

Conclusions: Common issues included diet management, physical activity, social support, and sexuality. Although both genders identified challenges, women described more specific psychological and social issues than men.

Implications for Nursing: Application of these gender-based differences can inform educational interventions for colorectal cancer survivors with ostomies.

anterior abdominal wall, allow intestinal waste to flow directly into an external pouch (appliance). Ostomies may be permanent, as with low-rectal cancers, or temporary, when required to divert fecal flow related to emergent procedures or in protecting bowel anastomoses. Ostomies may be necessary in the surgical treatment of CRC