

# Stressors Relating to Patient Psychological Health Following Stoma Surgery: An Integrated Literature Review

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Despite advancement in surgical techniques and medical treatments, for some patients, stoma surgery is unavoidable for colorectal-related conditions, including colorectal cancer. Manderson (2005) estimated that at least 1 of every 1,000 people in developed countries requires a stoma following surgery for colorectal-related conditions. Stoma, also known as ostomy, is an artificial opening created on the abdomen to provide an alternative route for elimination (Manderson, 2005). A colostomy is formed when the colon is brought out of the body and sited at the lower left abdomen, while an ileostomy is sited at the lower right abdomen (Dorman, 2009; Williams, 2008). Common reasons for colostomy or ileostomy surgery include colorectal cancer, diverticular disease, intestinal obstruction, Crohn's disease, ulcerative colitis, and familial adenomatous polyposis (Fulham, 2008; Williams, 2008). Colorectal cancer is the third most common cancer in the world, with an estimated 1.23 million people diagnosed per year worldwide (Ferlay et al., 2010). The American Cancer Society (2012) estimated that, per year, 143,460 individuals in the United States are diagnosed with colorectal cancer and 51,690 die from the disease. Risk factors for colorectal cancer include older age, family history, history of inflammatory bowel disease, and polyps (Smeltzer, Bare, Hinkle, & Cheever, 2008).

Stress is a multidimensional concept that consists of physiologic, psychological, and social aspects (Solowiej, Mason, & Upton, 2009). Stress occurs when an individual appraises a certain situation as a threat that exceeds his or her ability to cope (Lazarus & Folkman, 1984). Stoma surgery often induces a series of physical and psychological stresses, leading to maladjustment and poorer health outcomes (Broadbent, Petrie, Alley, & Booth, 2003; Upton & Solowiej, 2010; Von Ah, Kang, & Carpenter, 2007). Common stoma-related

**Purpose/Objectives:** To summarize empirical evidence relating to stressors that may affect patients' psychosocial health following colostomy or ileostomy surgery during hospitalization and after discharge.

**Data Sources:** An extensive search was performed on the CINAHL®, Cochrane Library, PubMed, PsycINFO, Scopus, Science Direct, and Web of Science electronic databases.

**Data Synthesis:** Eight articles were included with three qualitative and five quantitative research designs. Most studies were conducted in Western nations with one other in Taiwan. Following colostomy or ileostomy surgery, common stressors reported by patients during hospitalization included stoma formation, diagnosis of cancer, and preparation for self-care. After discharge, stressors that patients experienced encompassed adapting to body changes, altered sexuality, and impact on social life and activities.

**Conclusions:** This review suggests that patients with stomas experience various stressors during hospitalization and after discharge. Additional research is needed for better understanding of patient postoperative experiences to facilitate the provision of appropriate nursing interventions to the stressors.

**Implications for Nursing:** To help patients deal with stressors following stoma surgery, nurses may provide pre- and postoperative education regarding the treatment and recovery process and encourage patient self-care. Following discharge, nurses may provide long-term ongoing counseling and support, build social networks among patients with stomas, and implement home visit programs.

**Knowledge Translation:** Stoma surgery negatively affects patients' physical, psychological, social, and sexual health. Postoperative education programs in clinical settings mostly focus on physical health and underemphasize psychological issues. More pre- and postoperative education programs are needed to help patients cope with stoma stressors.

stressors include altered body image, the loss of body function, and perceived self-care difficulties (Persson & Hellström, 2002). In addition, stress associated with the diagnosis of cancer also is linked to causing