Article

Applying the Chronic Care Model to Support Ostomy Self-Management: Implications for Oncology Nursing Practice

Elizabeth Ercolano, RN, MSN, DNSc, Marcia Grant, RN, PhD, FAAN, Ruth McCorkle, RN, PhD, FAAN, Nancy J. Tallman, BSN, Martha D. Cobb, BSN, MSN, MEd, CWOCN[®], Christopher Wendel, MS, and Robert Krouse, MD



Background: Living with an ostomy requires daily site and equipment care, lifestyle changes, emotional management, and social role adjustments. The Chronic Care Ostomy Self-Management Training Program (CCOSMTP) offers an ostomy self-management curriculum, emphasizing problem solving, self-efficacy, cognitive reframing, and goal setting.

Objectives: The qualitative method of content analysis was employed to categorize selfreported goals of ostomates identified during a nurse-led feasibility trial testing the CCOSMTP.

Methods: Thirty-eight ostomates identified goals at three CCOSMTP sessions. The goals were classified according to the City of Hope Health-Related Qualify of Life Model, a validated multidimensional framework, describing physical, psychological, social, and spiritual ostomy-related effects. Nurse experts coded the goals independently and then collaborated to reach 100% consensus on the goals' classification.

Findings: A total of 118 goals were identified by 38 participants. Eighty-seven goals were physical, related to the care of the skin, placement of the pouch or bag, and management of leaks; 26 were social goals, which addressed engagement in social or recreational roles and daily activities; and 5 were psychological goals, which were related to confidence and controlling negative thinking. Although the goals of survivors of cancer with an ostomy are variable, physical goals are most common in self-management training.

Elizabeth Ercolano, RN, MSN, DNSc, is an associate research scientist in the School of Nursing at Yale University in West Haven, CT; Marcia Grant, RN, PhD, FAAN, is a distinguished researcher at the City of Hope National Medical Center and Beckman Research Institute in Duarte, CA; Ruth McCorkle, RN, PhD, FAAN, is the Florence Wald Professor of Nursing in the School of Nursing at Yale University; Nancy J. Tallman, BSN, is a retired wound ostomy continence nurse; Martha D. Cobb, BSN, MSN, MEd, CWOCN®, is a retired clinical associate professor in the College of Nursing at the University of Arizona in Tucson; Christopher Wendel, MS, is a statistician in the College of Medicine at the University of Arizona; and Robert Krouse, MD, is a staff general and oncologic surgeon in the Southern Arizona Veterans Affairs Health Care System and a professor of surgery in the College of Medicine at the University of Arizona. The authors take full responsibility for the content of the article. The study was supported, in part, by a grant (NIHR21 CA 133337) from the National Cancer Institute. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the independent peer reviewers or editorial staff. Ercolano can be reached at elizabeth.ercolano@yale.edu, with copy to editor at CJONEditor@ons.org. (Submitted April 2015. Revision submitted September 2015. Accepted for publication November 10, 2015.)

Key words: quality of life; gastrointestinal malignancies; genitourinary malignancies; gynecologic malignancies; patient-centered care

Digital Object Identifier: 10.1188/16.CJON.20-03AP

stomies are the surgical attachment of bowel or ureter to the abdominal wall to allow elimination of feces or urine. Ostomies cause major life disruptions to the well-being of the whole individual: physically, psychologically, socially, and spiritually. Impacts include daily care of the stoma and skin, correct fitting of pouches, diet and elimination strategies, adjustments in social routines to integrate daily care requirements, and at-

tending to potentially negative emotional and spiritual changes that may accompany chronic care demands (Crawford et al., 2012; Recalla et al., 2013; Sun et al., 2014). The trend toward shorter hospital stays has resulted in fewer opportunities for specialized trained ostomy nurses to support patients with new ostomies. Therefore, oncology nurses in both the hospital and outpatient settings may need to play a role in assisting ostomates to self-manage disease-related effects (Crawford et al., 2012).