

## Understanding Research Articles

Using academic writing standards and APA formatting, respond to each of the following learning objectives. Each 150-350 word response should be entered into the table below. See assignment rubric for specific details on how points are awarded.

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Date 1/22/2021 \_\_\_\_\_

Learning Objective	Response
<p>Select one research (quantitative or qualitative) article from the two provided (see week one discussion questions area for the articles).</p>	<p>The article I selected to complete an analysis on was “Stigma and Its Influence on Patients With Temporary Ostomy” written by F. Qin, L. Zhen, X. Ye, H. Wei, M. Zhu, J. Chen, and L. Shi. This article was published in the May/June 2020 edition of the <i>Journal of Wound, Ostomy and Continence Nursing</i> (Volume 47, Issue 3).</p> <p>It is important for the advanced practice nurse, including WOC nurses, to be able to find and scrutinize information from studies and scholarly articles. This skill will help the nurse improve their practice with evidence-based research which will ultimately improve patient outcomes.</p>
<p>Explain how the selected research is qualitative or quantitative.</p>	<p>The selected article is considered quantitative research because the study was designed to objectively and methodically collect and analyze data. One of the features of quantitative research is that it “obtains numerical data in order to answer the research question (R. B. Turnbull, Jr., MD School of WOC Nursing Education, n.d.)”. To note, this survey provided questionnaires to patients with temporary ostomies where each question was to be answered on a numerical scale assigned to answers ranging between strongly agree to strongly disagree (Qin et al., 2020). In addition to research topic specific questions, the questionnaire included formal, previously validated instruments, namely the Social Impact Scale (SIS) and the Stoma Self-Efficacy Scale (SSES), which strengthened the overall validity and usability of the data gathered. Using that numerical data, along with patient demographic information, the researchers were able to apply quantitative analyses and determine correlations and relationships between variables. Ultimately the researchers concluded that most Chinese patients with temporary ostomies experience a moderate amount of social stigma (Qin et al., 2020).</p>

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<p>Based on the selected research type, respond to the questions below.</p>	
<p>1. Determine if Institutional Review Board (IRB) approval/informed consent obtained. If the research was done outside of the United States, the review body may go under a different name.</p>	<p>As the study was conducted in China, the reviewing body of the study did not use the American nomenclature of "Institutional Review Board." Instead, the article states that the study procedures were reviewed by the Nanfang Hospital Medical Ethics Committee of University in Guangdong Province, China (Qin et al., 2020). After reviewing the study procedures and methods, the University Ethics Committee approved the study and issued an ethical approval certification. This ethical approval and certification allowed the study to move forward. Also, informed consent was obtained from the study participants (patients) before the survey. It is extremely important the patient-participants are made aware of any potential risks or downsides to participating in the study so they are able to make an informed decision as to whether or not to participate.</p> <p>Some type of ethical review of the proposed research by a governing body is important to protect the study participants and ensure the research methods are not harmful or otherwise unethical. It also lends overall legitimacy to the project and is expected for any research study article published in a peer-reviewed journal.</p>
<p>2. Identify the problem and purpose of the research</p>	<p>The article states "The purpose of this study was to explore stigma and its influencing factors in Chinese patients with a temporary ostomy (Qin et al., 2020)." This purpose included delineating which factors may affect a patient's self-perception of having ostomy-related stigma such as age, religion, family relationships, income, insurance status, ostomy-related complications, and sexual life issues (Qin et al., 2020).</p> <p>There are several reasons why a study like this was of particular interest to Chinese health care professionals and researchers. In the discussion portion of the article, the researchers explain that aspects of the Chinese culture itself may strongly influence</p>

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	<p>ostomy patients feeling stigmatized (Qin et al., 2020). For example, there is a Chinese curse “May you birth a child with no rectum!” (Qin et al., 2020) – clearly a derogatory statement. Qin et al. (2020) also point out that the Buddhist belief of “yin and guo” (or “cause and effect”) may lead Chinese to believe that colorectal cancer is caused by the behaviors of the patient, promoting the feelings of stigma in ostomy patients.</p>
<p>3. State the research question (s).</p>	<p>The overall descriptive research question of the study was determining which factors influence stigma felt by Chinese patients with a temporary fecal stoma (Qin et al., 2020).</p> <p>The researchers note that there had been previous studies done on stigma in patients with other socially problematic diseases such as schizophrenia, HIV/AIDS, and lung cancer, but there was only “sparse” evidence about stigma in patients with temporary ostomies (Qin et al., 2020). Additionally, they explain that there has been a rapid increase in colorectal cancer in China making it the fifth most common form of cancer for the nation (Qin et al., 2020) suggesting that there are increasing numbers of ostomy patients in the region. Furthermore, patients often had “temporary” ostomy a lot longer than they originally expected with the mean length between creation to closure of almost a year (Qin et al., 2020). The researchers surmised that living with an ostomy, especially in the Chinese culture, may have a negative impact on the physical, social, and emotional health of the patients leading to feelings of inferiority, loneliness, helplessness, and stigma (Qin et al., 2020). This, in turn, may hamper the patient’s ability to care for themselves subsequently increasing their chances of having stoma or peristomal complications which would even longer delay the closure of the ostomy (Qin et al., 2020). The article states that “stigma is hypothesized to influence a patient’s confidence or coping skills, which negatively influence self-efficacy in ostomy care.”</p>
<p>4. Provide a synopsis of the literature review used in the selected article.</p>	<p>The literature review used in this article includes the following (Qin et al., 2020):</p> <ol style="list-style-type: none"> <li>1. Research on how long it took patients with temporary ostomies to have them closed. This revealed a range of 59 to 1,343 days with a mean of 347 days between ostomy creation and closure.</li> <li>2. Studies that explored the relationship between low self-efficacy in ostomy patients (being able to care well for one’s own ostomy) and stigma as well as between low</li> </ol>

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	<p>self-efficacy and poor mental health.</p> <ol style="list-style-type: none"> <li>3. Studies on stigma in patients with other kinds of diseases (leprosy, HIV, mental illness).</li> <li>4. The use and validity of the Social Impact Scale (SIS) and Stoma Self-Efficacy Scale (SSES) in other studies.</li> <li>5. Literature on cancer incidence, mortality, and other statistics.</li> <li>6. Studies on quality of life for patients with different kinds of ostomies.</li> <li>7. Research on health-related stigma issues in the Chinese culture.</li> <li>8. Literature on the influence of social support and family relationships on ostomy patients.</li> </ol>
<ol style="list-style-type: none"> <li>5. Identify the study design, including sample, setting, and data collection methods.</li> </ol>	<p>The design of this research was a descriptive, cross-sectional study. This type of study measures the condition/disease and possible associated factors for a certain population at a particular point in time (NEDARC, n.d.). The data collected can measure the prevalence of conditions but cannot be used to definitively define causal relationships as the information was collected and assessed at only one point in time.</p> <p>The subjects (sample) of this study were 170 readily available patients who had a temporary ostomy for at least two weeks. The patients came from three general hospitals in the Guangdong province in southeast China (setting). Of the 170 patients given a study questionnaire, 159 were complete enough to include in the study.</p> <p>After recruiting the patients, the data collection method started with the patients signing an informed consent. It is unclear if the patients knew what the purpose of the study was prior to giving their consent. Each patient was then given a 71-item questionnaire (described in Question 6) to complete. The patients were able to fill out the questionnaires privately in a quiet room although researchers were available to explain questions if needed. Finally, two observers oversaw the data examination and data entry.</p>

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<p>6. Describe the data collection tool used; is this tool validated?</p>	<p>The 71-item questionnaire inquired about the patient’s demographic and personal information such as age, sex, education level, employment status, place of residence, quality of family support, and income. It also included focused medical history questions regarding the patient’s type of ostomy, how long the patient had the ostomy, whether or not insurance paid for their ostomy care supplies, if there were any past ostomy-associated complications, and the patient’s self-reported ability to care for their own ostomy.</p> <p>Although the article does not state if the 71-item questionnaire as a whole was validated, the survey did incorporate the validated Social Impact Scale (SIS) and the validated Stoma Self-Efficacy Scale (SSES). Based on numerical scale ratings, SIS questions measured the patient’s perceived stigma. Likewise, the SSES measured the patient’s self-efficacy in caring for their own ostomy as well as the patient’s social self-efficacy. Qin et al. (2020) used multivariate linear regression analyses to identify the main factors influencing stigma.</p>
<p>7. Summarize study results, including strengths &amp; limitations.</p>	<p>The results of this study confirmed many factors that negatively and positively affect patients with temporary ostomies. The mean score of the validated Social Impact Scale incorporated within the study questionnaire revealed that the average patient experienced a moderate amount of stigma (Qin et al., 2020). Additionally, 152 of the 159 patients who completed the survey felt a moderate to high level of social isolation; 149 patients scored moderate to high levels of internalized shame; 143 patients experienced moderate to high financial insecurity; and, 139 patients felt a moderate to high level of social rejection.</p> <p>Multivariate regression analysis of the data identified several statistically significant relationships between stigma and self-efficacy. In general, higher levels of stigma, social rejection, financial insecurity, and to a lesser extent social isolation correlated to lower patient self-efficacy including stoma care self-efficacy and social self-efficacy. The highest levels of stigma were recorded in patients younger than 44 years, those who held religious beliefs, patients who were responsible for all of the financial burden of ostomy care (without insurance), and patients who had previously experienced ostomy-related complications. Patients who were over 60 years old and those who enjoyed harmonious family relationships were associated with experiencing lower levels of stigma and higher levels of self-efficacy.</p>

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	<p>Qin and colleagues (2020) are careful to outline the strengths and limitations of their study. The chief strength of the study was it was the first quantitative study on the subject of stigma and associated factors in temporary ostomy patients in China. Limitations included the limited population from which the patients were recruited as all the patients came from one of three hospitals in one area in China. Additionally, the article pointed out that the study results cannot be extrapolated to residual stigma felt by patients after stoma closure. Finally, the findings still need to be verified by additional studies on the subject matter and, most importantly, effective interventions to mitigate stigma in this population need to be developed to make use of the valuable information.</p>
<p>8. Formulate answer to the question: Why is this research important to the body of WOC nursing knowledge</p>	<p>Although this study's findings need to be substantiated by further comparable research and the population studied may be affected by unique cultural influences, the data is still important to WOC nursing knowledge and universal practice. The results of this research will help guide the practice of WOC nurses around the world because one could reasonably assume the factors that impacted patients in China would comparatively affect similar patients everywhere. Knowing this information, the WOC nurse can be sensitive to the needs of certain patient populations and be able to better support patients living with a temporary ostomy. With this study's data, the WOC nurse will recognize that younger patients, those experiencing stoma complications, and those with less than harmonious family situations may be at higher risk of experiencing ostomy-related stigma and less likely to be able to provide proficient self-care. Thus, actively attempting to diminish development of stigma in temporary ostomy patients may increase the patient's ability to manage their own ostomy. Alternately, the data will encourage the WOC nurse to prioritize patient teaching with the intent of increasing a patient's ability to care for their ostomy and personal needs, which will likely help the patients will feel less overall stigma because of their fecal stoma.</p>
<p>List at least two current references that support your responses, and include the citations in the body of the written responses.</p>	

	<p style="text-align: center;">References</p> <p>NEDARC. (n.d.) <i>Descriptive study</i>. Using Data to Improve Care for Children. <a href="https://www.nedarc.org/statisticalhelp/projectDesign/descriptiveStudy.html">https://www.nedarc.org/statisticalhelp/projectDesign/descriptiveStudy.html</a></p> <p>R. B. Turnbull, Jr., MD School of WOC Nursing Education (n.d.). <i>Applying research &amp; evidence to WOC care</i>. [PowerPoint Slides]. <a href="https://youtu.be/mGkIBZrQm0A">https://youtu.be/mGkIBZrQm0A</a></p> <p>Qin, F., Zhen, L., Ye, X., Wei, H., Zhu, M., Chen, J., &amp; Shi, L. (2020). Stigma and its influence on patients with temporary ostomy: A cross-sectional survey. <i>Journal of Wound, Ostomy and Continence Nursing</i>, 47(3), 244–248. <a href="https://doi.org/10.1097/WON.0000000000000645">https://doi.org/10.1097/WON.0000000000000645</a></p>
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