

Understanding Research Articles

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The reference used for this assignment is listed under the references section. The article I chose for this weeks project is titled “Transition Home Following New Fecal Ostomy Creation”. I am choosing to complete this course due to my experience with wound and ostomy care as a registered nurse in the operating room and in Homecare and this article really sums it up for me personally. I am fortunate enough to have witnessed both sides of multiple different diagnosis. Whether it be being part of the team in the ostomy creation or the nurse taking care of the patient at home post operatively the WOC nurse plays a big role in the patients experience when discharged from the hospital. New ostomy creations not only have a physical impact but a mental impact as well. My role in homecare as the nurse case manager is to see the big picture and assess my patient's mental status as well as physical and nutritional status. In my experience, meeting these areas of patient needs can lead to optimal patient outcomes.

I determined that this article is a qualitative study due to the article searching for the “why” using subjective data versus objective data. This study is taken based on the accounts of 13 patients who underwent elective colorectal surgery. 11 of the patients had temporary ostomies and 2 patients had permanent colostomies created. Patients were between the age of 33 to 78. Interviews were conducted and transcribed verbatim (Keng et al., 2021). The basis of the study was how the patient transitioned home after a shorter LOS or length of hospital stay and how the WOC nurse facilitated in that process. These patients have gone through ERAS, or enhanced recovery after surgery, which provides them theoretically the shortest length or recovery time. ERAS is a specific care set of instructions pre- and post-op the patient follows to shorten recovery time. Based on the qualitative data, there were 5 major themes that were common throughout the patient experience. 1. Having an ostomy is a life-changing and bizarre

experience; 2. Adjustment and adaptation occur through acceptance and self-reliance; 3. It's a hands-on thing: with the role of WOC nurse providing support in achieving independence; 4. Improved home care infrastructure is needed; and 5. Practical advice shared from experiential learning (Keng et al., 2021).

Informed consent is an important part of research because it goes hand in hand with autonomy. A patient's ability to consent to any medical procedure or sharing of medical data is based upon the medical knowledge that is provided to them by their providers. This study was approved by the Hamilton Health Sciences Integrated Research Ethics Board, approval #0336 (Keng et al., 2021). This study does not specifically mention where each participant is from, but it does reference different studies conducted in the Netherlands and Singapore. As nurses it is our job to protect our patients autonomy and provide only the most accurate, up-to-date information as possible so that the patient can make the best, most informed decision as possible.

The purpose statement of this articles is “perioperative ostomy education is essential for patients to develop skills and comfort with self-care at home with a new ostomy, but shortened hospital length of stay (LOS) reduces time for postoperative education for patients. This study explored the initial experiences and care needs of patients who have undergone creation of a new ostomy during their transition from hospital to home”(Keng et al., 2021). Since this is a qualitative study it goes through the experiences of patients who are transitioning home post ostomy creation. This procedure particularly is physically and mentally demanding and can pose a great burden to a patient once discharged from the hospital.

The research design was a qualitative interpretive description using latent content analysis. According to this study, “to the best of our knowledge, this is the first study to examine the transition home experience of colorectal surgery patients with a new ostomy in the context of

shorter LOS in a North American setting (Keng et al., 2021). There is data published prior to the ERAS era which is included in some areas of this study as mentioned above in Singapore and Iran, but this study is conducted during the fast tracked surgery era in Ontario, Canada.

This qualitative review certainly showed that having a CWOCN post-operatively improved patient outcomes. The themes that were recorded show that as much as ostomy creations are physical they pose a psychological risk as well. ERAS protocols are improving patients response to surgery. ERAS can be described as “A protocol of components related to preadmission, preoperative, intraoperative, and postoperative care is implemented with the goal of improving patient recovery, facilitating earlier discharge from the hospital, and potentially reducing health care costs without increasing complications or hospital readmission” (Greer, 2017). Healthcare today focuses on cost-efficient nursing and providing patients with a WOC nurse post op can help offset some of the costs that occur when a patient becomes hospitalized secondary to their new ostomy. The WOC nurse provides education, assessment and support to the patients and caregivers that is needed in the successful transition period from hospital to home.

The methods to obtaining data were obtained using a qualitative method. “This noncategorical methodological approach was chosen to enhance our understanding of the experience of new patients and their care needs and aligned with an orientation toward generating practice-relevant findings” (Keng et al., 2021). A 700 bed hospital in Ontario, Canada which serves 1.8 million people was the setting for the study. The 13 patients selected for this study were followed from their hospital stay and nursing care post operatively was provided though the patients local branch of community care access centre. Although this is a

small study the information is valuable due to the consistency of surgery, surgeon and area that the patients are from.

The results as mentioned previously in this project are that there were 5 major themes that were recorded from the 13 patients studied. The first being that having an ostomy is a life-changing and bizarre experience. There were differences in opinion based on those patients who had a temporary vs. permanent ostomy. Also, due to unforeseen circumstances while undergoing surgery you are aware of the risks pre-operatively and are left to wonder what will you wake up to in an unplanned event. The second theme is adjustment and adaptation occur through acceptance and self-reliance. There was a relationship between independence with the ostomy and acceptance of the ostomy. This article states that patients frequently came to terms quickly with their ostomy after looking at the benefits vs the harms of not having one. The third theme is it's a hands-on role that the WOC nurse can support in achieving independence. WOC nurses were found to have a large role in teaching, education and adaptation. Though all nurses try to be helpful it was frustrating for some patients to have different information coming from different nurses especially while at the hospital. Having one WOC nurse that follows the patient pre to post op had the best outcome. The fourth theme is that improved Homecare infrastructure is needed. Participants commented on how the process could be improved for future use. One complaint was lack of immediate access to the WOC nurse after discharge with some patients waiting weeks to see the WOC nurse. This is a key time in the patients transition and the lack of a specialized nurse in this area can lead to confusion between patient and other providers of care. The last theme is practical advice from experiential learning. The patients in this study emphasizes their wish to have known small key bits of information that would have made their transition home smoother (Keng et al., 2021).

to quote this study, “We found that a shorter LOS did not impede ostomy education, so long as adequate home care support was available. Outcomes clearly indicated a need for increased WOC nursing care at home and ostomate support group programs”. This statement can assist future policies and policy makers and help them focus on areas of need such as timely care after surgery. This study outlines the way the patients felt at home and with the proper nursing care, fast tracked hospital stays did not impeded ostomy education. Going forward there should be better communication between the hospital and wound centers that provide the WOC nurse to the patients so that the patient feels confident in the nurse.

This research is important because as quantitative studies suggest valuable numerical information, quantitative studies give you a insight to the emotional piece that goes into new fecal ostomy creations. With shorter length of hospital stays being the goal it will be increasingly important to provide patients with adequate outpatient services that are appropriate. A nurses education and experience can be valuable to the patients during this important transition period.

References

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