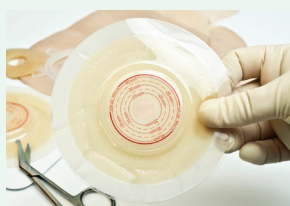


Applying the Chronic Care Model to Support Ostomy Self-Management: Implications for Oncology Nursing Practice

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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 self-reported 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 Quality 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.

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Ostomies 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).