

THE POSITION OF STOMA NURSES IN THE CZECH REPUBLIC

Helena Michálková, Valérie Tóthová

University of South Bohemia, Faculty of Health and Social Studies, Department of Nursing, České Budějovice, Czech Republic

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Abstract

Objectives: The research project was focused on the work of stoma nurses. The work of stoma nurses in the Czech Republic has not been completely unified yet. Stoma nurses do not have unified conditions for their work. Those specialists have different competences and different professional education achieved.

Methods: The research had set the aim to clarify the given situation, to identify the particularities of work of stoma nurses and to ascertain the competences of those professionals. A questionnaire was made up in order to give a true picture of the given issue. The questionnaire was intended for stoma nurses and to nurses caring for ostomates. The questionnaire investigation was performed in all regions of the Czech Republic. 89 respondents participated in the research.

Results: The analysis of the result shows that stoma nurses do not execute their specialization as main job contents. Most respondents deal with the stoma issues during the performance of their primary job contents, and therefore they do not have so much time to work with ostomates as the stoma clients would deserve. Stoma nurses do not have conditions to perform their function either. The respondents do not have spaces to perform their specialization, they do not exactly given competences and deal with ostomates only as needed and only if their primary job contents allows them do that.

Conclusion: The stoma nurse is an unsubstitutable professional in caring for ostomates. Yet it is still not quite self-evident in the Czech Republic to have that function established in each surgical department. Although it is not necessary to discuss the importance of the stoma nurse function, the job contents of stoma nurse is still heterogenous and those specialists have different conditions and competences to perform their specialization. To provide for high quality care for ostomates, it would be appropriate to improve the conditions for performance of specialization for stoma nurses and to define clearly their competences.

Key words: *stoma – ostomate – stoma nurse – care for ostomies – stoma care – nursing*

INTRODUCTION

The Czech Republic is at the top of incidence of colorectal carcinoma in Europe. The number of clients with ostomies grows in our country because of that trend (ÚZIS 2008). There are

about 8 thousand stoma clients in the Czech Republic at present. An ostomate is a person who has handicap in form of incontinency of stool because the surgeon had to bring out his or her intestine outside the abdominal wall because of a disease or injury (Otradovcová and

Kubátová 2006). The ostomate catches the stool into a specialized set of bags. Such situation is very burdensome for the person. In the process of accepting or coping with such situation, the client needs all the help available, both from professionals and from all his or her family and social environment. The care for an ostomate and the extent of the care is so specialized already that it requires a qualified professional whom we call: Stoma nurse. That highly specialized professional is perfectly acquainted with the issue of the stomates and is able to provide ostomates with adequate care and professional advice. According to the Regulation of the Ministry of Health of the Czech Republic No. 424/2004, such specialist is not only able to care for the ostomate, but particularly provides the client with professional advice and helps him to reintegrate into life (ANNON 2004). High demands are imposed on the stoma nurse. She must be an educated health care professional who has very specific competences. The physical treatment of the stoma, the exchange of the retaining system, the use of suitable aids constitute only one part of work of that professional. The exchange of the retaining system cannot be considered complex holistic care for an ostomate because modern nursing perceives the human as a bio-psycho-social and spiritual whole; therefore it is necessary that the stoma nurse focuses also on psychic support of the client and engages also the ostomate's family in the care for the patient (Michálková and Tóthová 2009). The stoma nurse must be able to support the client, to help him coping with the situation, to be the client's advisor and listener. Education activity is the basic job contents of that specialist. Modern pedagogy uses the term of "couching" when the specialist-educator does not treat the client but teaches the client to treat himself or herself. Self-reliance or independence from the environment is the basic priority for the clients. The stoma nurse plays an important role in the care for the ostomate; she accompanies the ostomate through the whole hospitalization and is in contact with him or her also after the client's allowing home. Although, as Marková (2006) states, it is not necessary to discuss the importance of the stoma nurse function, the job contents of stoma nurse is still heterogenous. The position of stoma nurses has not been mapped

yet, unified standard for their work is missing, those specialists have different conditions for the performance of their specialization and they have different competences as well. Even the education of stoma nurses is not unified. Some hospital institutions of the Czech Republic have actually not established the function of stoma nurse.

Aims and hypotheses

The aim of the research was to map the position of stoma nurses in the Czech Republic, to clarify the given situation, to ascertain the competences and conditions those specialists have for their work. To identify the particularities of work of stoma nurses and to map the competences and education of those professionals.

Hypotheses

- Stoma nurses execute their specialization as main job contents.
- Stoma nurses have conditions to perform their function.
- Stoma nurses have unified competences for performance of specialization.

MATERIAL AND METHODS

A questionnaire was made up to give a true picture of the given issue. The questionnaire was intended for stoma nurses and to nurses caring for ostomates. The questionnaire investigation was performed in 88 hospital institutions of all regions of the Czech Republic. 89 respondents participated in the research. The questionnaire contained 45 questions, 10 of them close-ended, 32 semi-close-ended and 3 open-ended. Piloting had been performed for the questionnaire in order to verify whether the questionnaire was understandable for the respondents and whether they understood the contents of all questions. Stoma nurses from practice had reviewed the questionnaire. After the evaluation of the pilot study, the questionnaire was modified and subsequently distributed to the stoma nurses. 192 hospital institutions were registered in the Czech Republic by 2007 (ÚZIS 2008). The hospital institutions were chosen according to the orientation on surgical interventions. From the total number

of 192 institutions, 132 hospitals performing resections that can lead to creation of stoma were selected. The management of those institutions was addressed with the request for cooperation. From the total number of 132 institutions, 118 agreed to the implementation of the research investigation. Subsequently, 118 questionnaires intended for stoma nurses were distributed by post. 90 questionnaires were filled out, one of that number was eliminate because of its incompleteness. 89 questionnaires were evaluated, which constitutes 75.4% return rate. The questionnaire investigation took place from September to October 2008. The results of the questionnaires were processed by descriptive statistics with the help of tables and figures.

Characteristics respondents

The research set consisted of stoma nurses (ostomic nurses, ostomic therapist, nurses dealing with the issue of ostomies). The research set consisted of 89 respondents from 88 hospital facilities. The respondents were divided by the highest education achieved: 29% respondents had graduated from Se-

condary nursing school, 66% respondents had graduated from Secondary nursing school with additional specialization education, 3% respondents had graduated from Higher nursing school and 2% respondents had university education with bachelor degree. None of the respondents had university education with master degree.

RESULTS

The research set consisted of 89 respondents from 88 hospital facilities. The average duration of professional practice of the respondents was 23.8 years; the longest professional practice was 42 years and the shortest 3 years. The average duration of performance of the specialization of stoma nurse was 9.4 years; the longest practice as stoma nurse was 38 years and the shortest 1 year. 70% respondents work at surgical ward department, 19% respondents work at surgical outpatients' departments, 3% respondents work at oncological departments and 8% respondents work at other departments (Table 1).

Table 1. Duration of professional practice of respondents in years

	N	Minimum (years)	Maximum (years)	Mean (years)
Total duration of professional practice of respondents	89	3	42	23.8
Duration of practice of respondents as stoma nurses	89	1	38	9.4
Valid N	89			

Table 2. Stoma nurse works as

	Frequency	Percent
Independently in stoma advisory centre – full-time stoma nurse	7	8
I work as general nurse and I am part-time stoma nurse	42	48
Valid I work as head nurse and I am part-time stoma nurse	28	31
I work as nurse and I perform the work of stoma nurse within other competences	12	13
Total	89	100

Only 8% respondents out of 89 work as full-time stoma nurses. 48% respondents work as general nurses and perform the stoma nurse specialization as part-time work under 0.5. 31% respondents work at manager positions (head nurses), performing the stoma nurse specialization within their

working hours. 13% respondents stated to perform the stoma nurse specialization within their other competences and not to have any specific time or workload from their job for the performance of their specialization (Table 2).

Table 3. Competences of stoma nurse

		YES Frequency	YES Percent	NO Frequency	NO Percent	Total Percent
Valid	Education – before operation	54	61	35	39	100
	Education – after operation	85	95	4	5	100
	Treatment of stoma	85	95	4	5	100
	Selection of aids	84	94	5	6	100
	Communication with family	84	95	5	5	100
	Outpatients advisory centre	49	55	40	45	100

Table 3 shows that 55% out of the total number of 89 respondents believe that their competence covers leading of outpatients' advisory centre. 94% respondents stated that their competence covered selection of suitable stoma aid. 95% respondents considered their competence to be treatment of stoma. 4 respondents stated that their competence

did not cover treatment of stoma. Most respondents (95%) believe that their job contents covers the client's education after operation. On the contrary, 39% respondents believe that the client's education before the operation intervention is not covered by their job contents.

Table 4. Is the function of stoma nurse indispensable in hospital institution

		Frequency	Percent
Valid	No, each nurse must be able to treat stoma	3	3
	Yes, she dedicates herself fully to the ostomate – personal contact	18	20
	Yes, she knows the news in care – she has rich knowledge	19	21
	Yes, she leads and organizes care around the ostomate	8	9
	Yes, she helps the ostomate with his or her bad deal – psychological support	11	12
	Yes, she instructs and educates the client on taking care for himself or herself	6	7
	Yes, specialized care – the number of ostomates grows	10	11
	Yes, she improves the quality of treatment for the ostomate – complex care	14	16
	Total	89	100

Only 3% out of the total number of 89 respondents believe that the function of stoma nurse is not indispensable. The respondents argued with the fact that each qualified nurse must be able to treat stoma. On the contrary, most respondents (97%) believe that the function of stoma nurse is indispensable in a health care institution. Table 4 shows that the significance of the function of stoma nurse is indispensable because the nurse can devote herself fully to the ostomate (20%), the stoma

nurse has rich experience and knows the news in the branch (21%); she coordinates and manages care for ostomate (9%); she gives psychical support to the ostomate (12%); the stoma nurse is unsubstitutable expert in education process of stoma client (7%); she provides highly specialized care as professional (11%); she improves the quality of care for ostomates by providing complex care (16%).

Table 5. Do stoma nurses have conditions to perform their specialization

		Frequency	Percent
Valid	Yes	46	52
	No	43	48
	Total	89	100

Table 5 shows that 52% respondents believe to have sufficient conditions to perform their specialization and 48% respondents stated not to have sufficient conditions for the work of stoma nurse.

DISCUSSION

The hypothesis: “Stoma nurses execute their specialization as main job contents” was not confirmed

The research set consisted of stoma nurses and nurses dealing with the issue of ostomies). The set consisted of 89 respondents. Only 8% respondents out of the total number work as full-time stoma nurses (Table 2). 48% respondents work as general nurse and perform the stoma nurse specialization as part-time work under 0.5. 31% respondents work at manager positions (head nurses), performing the stoma nurse specialization within their working hours. 13% respondents stated to perform the stoma nurse specialization within their other competences and not to have any specific time or workload from their job for the performance of their specialization. That part is followed up by the question of “how many hours a week the nurse devotes to the stoma nurse specialization”. Only 8% respondents devote their whole working

time to this specialization; a quarter of respondents are stoma nurses only 1–5 hours a week and 42% perform this specialization only as needed. 70% respondents lead stoma advisory centres (39% once a week, 12% twice a week); 30% respondents do not work in stoma advisory centres. The analysis shows that 30% nurses deal with ostomates only during hospitalization, not treating the ostomates after termination of hospitalization any more. This fact is confirmed also by the finding that only 36% respondents have self-standing outpatients’ department to perform their specialization. 48% respondents work in a surgery, in a department or in another professional outpatients’ department. 16% respondents stated not to have any room to deal with the ostomates. Marková (2006) states that the function of stoma nurse is unsubstitutable and needed in complex care for ostomates. Yet it is still not quite self-evident in the Czech Republic to have that function established in each surgical department. The profession of stoma nurse has long-year tradition abroad because the performance of her specialization improves the quality of care for ostomates. In order to be able to provide for high-quality complex care for ostomates, it is desirable that the stoma nurse devotes fully to her clients (Jedličková and Zachová 2004, Breckman 2005).

The hypothesis: “Stoma nurses have conditions to perform their function” was not confirmed

The research investigation ascertained whether the stoma nurses had conditions to perform their function. 55% respondents believe to have sufficient conditions to perform their specialization (Table 5). On the contrary 48% respondents believe not to have sufficient conditions to perform the stoma nurse specialization. The most frequent causes stated by the nurses for not having sufficient conditions to perform their specialization include: 26% lack of time, they have other duties and cannot devote fully to this function; 27% do not have rooms to perform their specialization; 8% respondents stated bad cooperation with the physicians as cause; 6% do not have exact competences to perform their profession; 3% do not have sufficient aids. Only 8% respondents out of the whole research set work as full-time stoma nurses. Most respondents work as general nurses, performing the stoma specialization only as part-time workload or as collateral activity to their main workload. The research shows that 42% respondents work as stoma nurses only as needed and 25% respondents devote only one to five hours a week to the above stated specialization. 30% respondents do not lead stoma advisory centre and 48% do not have rooms where to perform their specialization. Only 58% have clear job contents. The respondents perform training of self-sufficiency in stoma treatment in the patients' bathrooms in 60%, and only 22% respondents have a special bathroom created for the ostomates. The respondents gave most frequently the following answers to the question what an stoma nurse needs to perform her specialization: sufficient education; time; management support; funds; exact competences to perform her specialization; self-standing outpatients' department; full-time job; enthusiasm and interest in work. The respondents often complained of insufficient cooperation with general practitioners in free answers. Bad cooperation with general practitioners who do not want to prescribe suitable aids because they do not ascertain news in the branch, refuse to prescribe aids to the clients, and the ostomate stays without support, not knowing to whom to refer. It is also necessary

that the stoma to have competence to decide independently which aids will be chosen according to the client's individual needs, and not that companies determine with which aids the nurse should work (Nováková and Kenezová 2002). Most respondents would welcome to be able to work as full-time stoma nurses, to have stoma advisory centre and exact competences for independent work. Management support is significant as well, so that the patient is always the most important element (Kubíková 2000, Nováková 2002).

The hypothesis “Stoma nurses have unified competences for performance of specialization” was not confirmed

According to Marková (2006), the job contents of stoma nurses is: education of patient and the patient's family, immediate post-operation treatment of stoma, training in use of stoma aids, selection of suitable aids, consulting in everyday life activities, consulting in the area of social support, timely detection of stoma complications, information on ostomate clubs and long-term emotional support. 55% respondents out of total number of 89 believe that their competence covers leading of outpatients' advisory centre. 94% respondents stated that their competence covered selection of suitable stoma aid. 95% respondents consider their competence to be care for stoma (Table 3). It is astonishing that 4 respondents stated that their competences did not cover care for stoma, although care for stoma is the main job contents of each stoma nurse. Most respondents (95%) believe that their job contents covers client's education after operation. On the contrary, 39% respondents believe that the client's education before the operation intervention is not covered by their job contents. This information is supported also by the research results that show that 25% respondents never visit the client before the operation intervention. 34% respondents always visit the clients before operation, informing them in complex manner about stoma, aids and life with stoma. They support this education with information leaflets from companies and with demonstration of aids. The main part of education before operation consists in drawing the location for suitable position of stoma; this activity is performed only by 34% respondents (Table 3).

Porrett and McGrath (2005) states that before the stoma nurse was team member, the physician had selected the location for creation of stoma just on the operating table. The stoma created in that manner was frequently unsuitably located and its localization aggravated its treatment, lowering the ostomate's quality of life. The significance of drawing the stoma before creating it is obvious; there is only not sufficient proof of whether it must be drawn only by the stoma nurse. Wade (1989) found in an extensive research that only a third of ostomates had the stoma drawn from an stoma nurse. In analyzing the available data, she mapped only the differences of ostomates who had the stoma drawn before operation and the clients who did not have the stoma drawn before the intervention. The significance of drawing the stoma before operation can be confirmed on the base of that study. Tellerová and Musilová (2001) suggests the drawing to be performed by a specialized stoma nurse who has the relevant knowledge and skills for such activity; if she is absent, another trained worker or experienced surgeon can draw the stoma.

The importance of the education activity before the operation intervention is supported by the fact that 79% respondents are convinced that sufficient client's education before the operation will reduce the client's fear from stoma and prepare him partially for the post-operation stage. On the contrary 8% respondents believe that the client's education before operation does not lead to reduce his or her fears. The nurses used most frequently the following arguments: the client's rejection of information; insufficient education by the surgeon when the nurse cannot establish contact because the client does not suspect that stoma will be created to him or her; frequent indication to GIT resection interventions is colorectal carcinoma; that diagnosis is so stressing for the clients that the respondents think that further information on creation of stoma would stress them unnecessarily. Pontieri-Lewis (2006) states that pre-operation education will help to mitigate the client's anxiety and fear and that adequate preparation will influence positively the patient's acceptance of stoma and thus his or her recovery. If the respondents do not educate their clients before operation, it

is logical for 45% of them to think that the client does not have sufficient information on the stoma before operation intervention. Otradovcová and Kubátová (2006) states that sufficient information before operation leads to better post-operation cooperation of the patient and the family with health care workers and that psychical support of the patient and sufficient information lead to better post-operation cooperation of the patient and the health care worker. According to Marková and Novotný (2007), the function of stoma nurse has an important aspect in form of comprehensiveness when the nurse devotes herself to the client during the whole period of hospitalization, pre-operation and operation period and after the client is allowed into home care (Kenezová and Nováková 2004). During the whole time she is coordinator of nursing care for the ostomate, thus being key partner to the client in care for stoma. 43% respondents visit the client immediately after the operation intervention, unlike 48% respondents who devote themselves only after the client is transferred to standard department. 40% respondents devote themselves fully to the client during the whole period of the client's hospitalization, and during their absence, the nursing staff proceeds according to their instructions. 59% respondents do not care for the stoma client during the whole time of the client's hospitalization but engage in the client's education and provides consulting activity in case of complications. 45% respondents perform consulting activity for ostomates and in other departments very often, and 46% respondents visit ostomates in other departments only very seldom. Health care workers respect the selected nursing procedures and the choice of aids suggested by the stoma nurse in 75% cases. The opinion of the stoma nurse is not respected at 24% workplaces. 58% respondents out of the total number have exactly defined competences for performance of their activity and 42% respondents state not to have exactly defined competences. Although the Regulation of the Ministry of Health of the Czech Republic No. 424/2004 Coll. specifies that stoma nurse has, by law, the competence to familiarize the patients with the assortment of stoma aids, to suggest adequate aids, to perform instruction on their handling and to lead the patients

to self-sufficiency without professional supervision and without indication to perform consulting activity (ANNON 2004, Pochylá 2005).

CONCLUSION

The Project "Position of stoma nurse in the Czech Republic" was focused on the issue of performance of stoma nurse specialization. The work of stoma nurses in the Czech Republic has not been mapped yet. Stoma nurses do not have unified conditions for their work. Those specialists have different competences and different professional education achieved. This project is original and primary. There is no statewide study that would map the relevant situation. Some hospital institutions of the Czech Republic have actually not established the function of stoma nurse.

The research had set the aim to clarify the given situation, to identify the particularities of work of stoma nurses and to ascertain the competences of those professionals.

A questionnaire was made up in order to give a true picture of the given issue. The questionnaire was intended for stoma nurses and to nurses caring for ostomates. The questionnaire investigation was performed in 88 hospital institutions of all regions of the Czech Republic. 89 respondents participated in the research. The questionnaire contained 45 questions, 10 of them close-ended, 32 semi-close-ended and 3 open-ended. Piloting had been performed for the questionnaire and it was reviewed by practical experts. The questionnaires were distributed by post. 118 questionnaires were sent out in total. 89 questionnaires were evaluated, which constitutes 75.4% return rate. The questionnaire investigation took place from September to October 2008. The results of the questionnaires were processed by descriptive statistics with the help of tables and figures.

The analysis of the result shows that stoma nurses do not execute their specialization as main job contents. Most respondents deal with the stoma issues during the performance of their primary job contents, and therefore they do not have so much time to work with ostomates as the stoma clients would deserve.

The hypothesis that stoma nurses execute their specialization as main job contents was not confirmed. The second hypothesis, stating that stoma nurses have conditions to perform their function, was not confirmed either. The respondents do not have spaces to perform their specialization, they do not exactly given competences and deal with ostomates only as needed and only if their primary job contents allows them do that. The stoma nurse should be a specialist who devotes comprehensively to the ostomate, accompanying him through all hospitalization. If the nurse performs the specialization only as additional activity to her usual work, she cannot cover the whole care for the ostomate. The ostomate nurses in the Czech Republic have not unified competences either. The basic activity of treating the stoma is naturally identical, but the competences of individual workers differ in most other operations specific for stoma nurse; therefore the hypothesis that stoma nurses had unified competences to perform their specialization was not confirmed.

The stoma nurse is an unsubstitutable professional in caring for ostomates. Yet it is still not quite self-evident in the Czech Republic to have that function established in each surgical department. An important part of function of the stoma nurse is the comprehensiveness when the nurse devotes herself to the client during the whole period of hospitalization, pre-operation and operation period and after being allowed into home care. During the whole time she is coordinator of nursing care for the ostomate, thus being key partner to the client in caring for the stoma. Although it is not necessary to discuss the importance of the stoma nurse function, the job contents of stoma nurse is still heterogenous and those specialists have different conditions and competences to perform their specialization. To provide for high quality care for ostomates, it would be appropriate to improve the conditions for performance of specialization for stoma nurses and to define clearly their competences (Michálková et al. 2009).

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Contact:

Helena Michálková, University of South Bohemia, Faculty of Health and Social Studies, Nursing Department, České Budějovice, Czech Republic
E-mail: michalkova.hela@seznam.cz