



Effectiveness of Intervention Program on Nurses' Practices about Care of Children with Stoma

Jabbar I Omar, Haider H Sadiq*

Higher Health Institute, Kirkuk Health directory, Iraqi Ministry of Health, Iraq
Department of Pediatrics, Al-Kindy Faculty of Medicine, University of Baghdad, Iraq

ABSTRACT

Objective: To assess the viability of a mediation program in nursing practice connected with the consideration of youngsters with ostomy. **Techniques:** A semi exploratory review was directed to evaluate the viability of a mediation program in the act of really focusing on kids with ostomy.

The review test chose by a non-probabilistic 'follow-up' example, comprised of (50) medical caretakers working in the working rooms of a gynecological and pediatric emergency clinic. The poll intended for this study comprised of two sections (segment information and nursing practice agenda) as an examination instrument. The substance legitimacy of the not set in stone by a board of specialists and the comparing unwavering quality of the still up in the air (dependability coefficient 0.84). The information assortment process occurred from July 14, 2022 to October 22, 2022, including (pre-testing, execution of the intercession plan and post-testing). Information was gathered in three-fold utilizing the perception technique. Information was examined by illustrative and inferential measurable information investigation utilizing the SPSS bundle.

Results: The consequences of the review showed that 62% of the medical caretakers were (20-29) years of age, 62% were female, 52% had nursing school instruction, and 76% were (1-5) years of age of attendants have (1-5) long periods of involvement chipping away at careful wards, 84% of medical caretakers are hitched, and 76% of attendants have no preparation. Medical caretakers' training was poor in the pre-test stage (mean 1.65) and great in the post-test stage (mean 2.49). At p -esteem (0.000), there was an exceptionally massive contrast among pretest and posttest for all colostomy-related medical caretakers. **Conclusions:** The study concluded that the intervention program had a significant impact on nurses' ostomy practice. When implemented, intervention programs can improve nursing practice, from bad to good. **Recommendations:** The study recommends training session for the nurses about care of child with surgery procedure to prevent of infection complications at the site of surgery. Also, follow up and evaluation of nurses' knowledge and practice at surgery units.

Keywords: Effectiveness, Intervention, Program, nurses, practices, Children, Stoma

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Corresponding author: Haider H Sadiq

e-mail ✉: hayderalmomen@kmc.uobaghdad.edu.iq

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INTRODUCTION

A stoma, which is Greek for mouth or opening, can likewise be known as a stoma, which is a carefully made opening that permits the digestion tracts to go through the stomach wall and permit excrement/pee to enter the body. It is a typical strategy and a significant piece

of the treatment plan for both harmless and threatening sicknesses. These circumstances incorporate colon malignant growth, diverticular sickness, Crohn's illness, ulcerative colitis, injury, or waste incontinence [1].

Colon stomata are named after the piece of the colon where the stomata are found. B. BB sigmoid colon, sliding colon and cross over colon. A stoma from the small digestive tract is known as a jejunostomy or ileostomy. A stoma used to deplete pee is known as an urethromy, and a stoma used to take care of the patient through the stomach is known as a gastrostomy [2].

As medical services have changed throughout the last ten years, the home has turned into an essential piece of long haul care. Giving long haul care can put huge close to

home, monetary, and actual weight on families. In spite of the great many administrations accessible to home guardians, scattering of such data may not be adequate. Thus, numerous families don't approach accessible break assets, support gatherings, and monetary help. At the point when a relative or guardian becomes mindful of a likely stressor [3].

As medical services have changed over the course of the last ten years, the home has turned into a basic piece of long haul care. Giving long haul care can put a lot of close to home, monetary, and actual weight on families. Regardless of the great many administrations accessible to home parental figures, scattering of such information may not be sufficient. As a result, many families do not have access to available respite resources, support groups, and financial assistance. When family members or caregivers know of a possible source of stress [4], his or her quality of life improves. There are several situations where a stoma is created or a tube is placed in the bowel. Small enter ostomy may be used in patients with bowel perforation or ischemia when an anastomosis is not considered safe. A proximal ileostomy is often used to protect a more distal anastomotic stoma or after recovery proctocolectomy for familial polyposis or ulcerative colitis [5].

Likewise, a colostomy can be used before and after a pass-through procedure for anal atresia or Hirschsprung's disease, although many surgeons now perform primary non-colon pass-through procedures for both conditions. Malone tube colostomy or appendectomy colostomy has been used for ante grade bowel irrigation in children

with refractory constipation and various medical conditions [6].

METHODOLOGY

A semi exploratory review was led to survey the viability of a mediation program in the act of really focusing on kids with ostomy. The review test chose through a non-probabilistic "following" example, comprised of (50) medical caretakers working in the working rooms of a gynaecological and pediatric emergency clinic. The survey intended for this study comprised of two sections (segment information and nursing practice agenda) as an examination instrument. The substance legitimacy of the not entirely set in stone by a specialist bunch, and the dependability of the survey was equivalent (unwavering quality coefficient 0.84). The information assortment process endured from July 14, 2022, to October 22, 2022 (pre-test, intervention program implementation, and post-test). Data were collected in triplicate using the observation method. Data were analysed by descriptive and inferential statistical data analysis using the SPSS package.

RESULTS

The results in this table show that 62% of nurses (ages 20-29), 62% are female, 52% have a college degree in nursing, 76% are (1-5) year olds nursing, and 96% of nurses have (1-5) years of experience in surgical wards, 84% of nurses were married, and 76% of nurses were untrained.

Table 1: Sample Distribution by Sociodemographic Characteristics.

No.	Characteristics	Frequency	Percentage
1	Age group	20-29	62
		30-39	30
		40-49	8
		Total	100
2	Gender	Male	38
		Female	62
		Total	100
3	Level of education	Nursing school	22
		Nursing institute	52
		Nursing college	26
		Total	100
4	Years of service in nursing	01-May	76
		06-Oct	14
		Nov-15	8
		16 and more	2
		Total	100
5	Years of experience in surgery unit	01-May	96
		06-Oct	4
		Total	100
6	Marital status	Married	84
		Single	16
		Total	100
7	Have you participated in training courses	Yes	24
		No	76
		Total	100

F: Frequency, %: Percentage

Table 2: Assessment Nurses Practice About Perform Safety Steps.

List	Items	Pre-test (n=50)			Post-test (n=50)			T test	P value	Sig.
		M	SD	Assess	M	SD	Assess			
1	Introduce him /herself, role, the purpose of visit, and an estimate of the time it will take	1.68	0.51	F	2.26	0.44	F	5.8	0	HS
2	Check the room for transmission-based precaution	1.38	0.49	P	2.36	0.48	G	10	0	HS
3	Confirm patient ID with two patient IDs such as name and date of birth.	1.5	0.71	P	2.48	0.5	G	10	0	HS
4	Explain the process to the patient	1.46	0.57	P	2.44	0.5	G	13.4	0	HS
5	Listen and attend to patient parents cues	1.42	0.49	P	2.36	0.48	G	8.9	0	HS
6	Ensure the patient’s privacy and dignity	1.14	0.35	P	2.38	0.49	G	14.8	0	HS
Total		1.43	0.23	P	2.38	0.18	G	24.8	0	HS

M=mean, SD=standard deviation, assess= appraisal (P=poor=1-1.66, F=fair=1.67-2.33, G=good=2.34-3) HS=highly critical, S=significant, NS= no huge

Table 3: Difference between nurses’ practice at the pre-test and demographic characteristics by (ANOVA) test.

ANOVA		Sum of Squares	df	Mean Square	F	Sig.
Age	Between Groups	0.002	2	0.001	0.039	0.962
	Within Groups	1.206	47	0.026		
	Total	1.208	49			
Years of service	Between Groups	0.24	3	0.08	3.801	0.016
	Within Groups	0.968	46	0.021		
	Total	1.208	49			
Education	Between Groups	0.001	2	0.001	0.09	0.914
	Within Groups	0.33	47	0.007		
	Total	0.331	49			

Table 4: Difference between nurses’ practice at the pre-test and demographic characteristics by T test.

Variables		N	Mean	SD	T test	P value
Gender	Male	19	1.63	0.134	0.82	0.413
	Female	31	1.67	0.169		
Years of experience in surgery units	01-May	48	1.64	0.153	1.99	0.052
	06-Oct	2	1.86	0.051		
Marital status	Married	42	1.65	0.15	0.44	0.66
	Single	8	1.67	0.197		
Training courses	Yes	12	1.73	0.146	2.13	0.038
	No	38	1.63	0.153		

The outcomes in this table show that there are exceptionally tremendous contrasts between the pre-test and post-test in nurture practice while playing out the security step for all things with p-values (0.000).

In the pre-trial of p-esteem (0.016), there is a tremendous distinction between long stretches of administration in nursing field and nursing practice.

There is significant difference between training course and nurse’s practice in pre-test at p value (0.038).

DISCUSSION

The research results in Table 4-1 show that 62% of the nurses are aged (20-29). In a quasi-experimental study design (Effectiveness of a nurse education Preoperative care program for children going through ileus medical procedure at the Pediatric Showing Clinic in Baghdad) showed that 44% of medical attendants were somewhere in the range of 20 and 29 years old.

Regarding to nurses gender, 62% of nurses are females. This result supported by the following studies results. Hussein and Rada, (2016, pp. 486-490) found that 72% of nurses were females [7]. With regard to the education

level of nursing staff, the findings were shows that 52% of nurses had nursing institute graduated. Hussein and Rada, (2016, pp. 486-490) found that 40% of nurses had nursing institute graduated. Maohamed et al., (2016, pp. 26-42) found that (77.5%) of nurses had diploma degree in nursing [8].

Measured by the years of service and experience of nurses, 76% of nurses have (1-5) years of nursing experience, and 96% of nurses have (1-5) years of surgical experience. Hussein and Rada (2016, pp. 486-490) found that most nurses had (1-5) years of experience.

In spite of the fact that Maohamed et al, found (67.5%) of the attendants had over 20 years of involvement. Saied et al, found that the greater part of the medical attendants had over 5 years of work insight [9].

The marital status of nurses revealed that 84% of nurses were married, Maohamed et al., found that all nurses were married. Hussein and Rada, found that 64% of nurses were married. Hussein and Rada found that more than half of nurses had not participated in training session.

This indicates a very significant difference between the pre-test and post-test of nurses' overall colostomy practice at p-value (0.000). This result was attributed to nurses participating in training programs and improving their ostomy practice.

Hussein and Rada found that Educational program improves nurses' knowledge of new-born care with intestinal obstruction. The review (Information on Pediatric Medical caretakers Against Colostomy in Pediatric Attendants at Pediatric Clinic in Baghdad City) viewed that as "the outcomes showed that medical attendants had great information concerning colostomy care. Nurses should be modified and reinforced their knowledge by continuous educational program, and training sessions of colostomy condition care is very importance for the nurses working in surgical wards." This finding supported the present study result [10].

Looking at the three time frames (pre-post1-post2 trial) of the preoperative nursing information on puerile intestinal obstruction surgery nurses in this research sample, the results show that the three periods (pre-post1-post2 tests) give -Post1-Post2 test) in the research sample Surgical nurses' knowledge of ileus showed no significant differences in all items except these items [11,12].

CONCLUSION

The study concluded that there was generally insufficient information about colostomy among Mother of a child with a colostomy. Research finds that cultural norms, values and religious beliefs influenced mothers, reflecting their low confidence in colostomy procedures.

RECOMMENDATION

The study recommends that various media outlets focus on preparing medical awareness programs for mothers dealing with relationship issues and ostomy management program for moms of kids with a colostomy to expand their insight into ostomy care and practice., and develop educational A program for mothers of children with a colostomy to increase their knowledge of ostomy care and practice.

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