

## البحث السابع

# **Effect of Educational Intervention and Telephone Follow-Up Program on Knowledge, Practice and Quality Of Life among Patients with Urinary Diversion: A Quasi Experimental Study**

**Salwa A. Mohamed<sup>1</sup> & Imad H. Fashafsheh<sup>2</sup>**

<sup>1</sup> Medical Surgical Nursing Department, Faculty of Nursing, Fayoum University, Egypt

<sup>2</sup> Nursing Department, University of Bisha, Bisha, Saudi Arabia 2 Nursing College, Arab American University, Jenin, Palestine

### **Introduction:**

Bladder cancer (BC) is a common cancer worldwide. Bladder cancer is more common among men than women and is placed at seventh and eighth position in cancer-related mortality, respectively in the USA. Older age, Schistosoma Haematobium (SH), especially in Africa, exposure to cancerous substance and cigarette smoking have been reported as risk factors. Surgical options may be used to treat urinary bladder cancer which requires diversion of normal urinary flow.

Urinary diversion (UD) is a surgical method to re-route urine flow from its normal pathway, this can be accomplished by creating opening in the abdomen to diverting the flow of urine to exit the body. Urinary diversion as a therapeutic approach can be temporary or permanent, and have a significant impact on the quality of life of patients and health status. Telephone self-management is an effective medium to facilitate the care of chronic patients as well as increase person's self-care ability of the patient through offering support and information.

### **Aim of the study:**

The aim of the present study is to determine the effect of educational intervention and telephone follow-up program on knowledge, self-care performance and quality of life among patients undergoing urinary diversion

### **Research design**

A quasi experimental research design was used in the current study (pre-test/post-test design).

### **Setting:**

The study was carried out at the urological surgical departments and outpatient clinic at National Cancer Institute (NCI)

### **Study subjects:**

A sample of 40 patients having urinary diversion randomly allocated to study group (n = 40) and control group (n = 40) using randomization technique, patients with urinary diversion surgery, 18 years of age or older.

### **Tools of data collection:**

#### **I. Demographic and medical history data**

The tool developed by the researchers and consists of two parts; part one was used to assess patient's personal characteristics and part two was for health data

#### **II. Knowledge of Urinary Diversion Questionnaire**

Developed by the researchers after reviewing literature about urinary diversion. This knowledge consist of 25 questions. A correct patient response was scored 1 and the incorrect zero. Total scores were converted into a percent score: satisfactory was 50% or more while unsatisfactory if less than 50%.

#### **III: Patient's Urostomy Self-Care Practice Checklist**

Checklist was developed by the researchers based on the related literature to assess self-care practices.

#### **IV: Quality of life (Qol) Questionnaires**

Patients with urostomy were assessed by COH-QOL for their quality of life. It was developed by Gemmill et al. <sup>35]</sup> and translated into Arabic by researchers.

### **The main results obtained were as follows:**

- The majority of the patients in the study and control groups had permanent stoma in the study and control group, no significant difference between them ( $p>0.05$ ).
- This results showed that highly statistically significant differences between mean scores of the pre, posttest and follow up of knowledge for the study groups ( $p< 0.001$ ).

- There were statistically significant improvement of self-care practices about stoma care among study groups post and 3 months after implementation of program at p value ( $<0.001$ ).
- The results of study revealed that the improvement of quality of life over time from post implementation of program to 3 months after program. Regarding social relations, psychological, physical well-being and environment when compared with control group.
- There was positive correlation between knowledge and self-care practice regarding urostomy post implementing of the program.
- Also, there were positive correlation between self-care practice, knowledge and quality of life (COH-QOL) after implementation of the program.

#### **Conclusion and recommendation:**

Educational intervention and telephone follow-up program improved the mean scores of knowledge, self-care performance and quality of life (QOL) in patients with urinary diversion.

Based on these findings, **it is recommended to** plan education and continues support for stoma patients as a routine care in clinical areas.

توقيع مقدم البحث

مقدم البحث

د. سلوة عطية محمد