Spiritual wellbeing and quality of life in stoma patients

Abstract

Aim: Although, there has been considerable recent research from around the world on the effect of spiritual wellbeing in a variety of chronic conditions, little research has been conducted on the spiritual wellbeing specifically in patients with a stoma. Therefore, this study aimed to quantify spiritual wellbeing in ostomates and determine whether this had any impact on their quality of life (QoL). Method: This study was conducted in Iran in 2016, and 70 ostomates were enrolled through convenience sampling method. The data collection instrument was based on Palutzian and Ellison’s Spiritual Wellbeing Scale and the City of Hope Quality of Life-Ostomy Questionnaire. Results: Among the 70 participants, 38 women (51%). The mean of the total QoL scores was 4.4 (SD=0.7). When separated into physical, psychological, social and spiritual dimensions, the mean QoL scores were 5.7 (SD=0.8), 4.2 (SD=0.7), 3.4 (SD=0.7) and 4.7 (SD=1.1), respectively. The mean score for spiritual wellbeing was 75.1 (SD=7.7). Physical, psychological, social and spiritual dimensions of QoL and total QoL had a direct and significant correlations. Conclusion: These results demonstrated that there is a relationship between QoL and spiritual wellbeing levels in ostomates, and this can be used by health-care planners and caregivers to improve the QoL of their patients.

Quality of life (QoL) has become globally recognised as one of the most important considerations in any health-care system. The formation of a stoma and the subsequent requirement to care for it can cause significant changes for ostomates, which affect their QoL (Rafii et al, 2011). This has been the subject of much recent research around the world, including in Iran. Naseh et al (2012) explored QoL in 84 ostomates based in teaching hospitals in Tehran, finding that having a stoma had affected many aspects of their QoL. Meanwhile, Dabiran et al (2010) studied ostomates’ experience of life, looking at nine important factors influencing QoL; these were associated illnesses, psychological health, travel, nutrition, physical activity, sexual activity, religion, economic status and family and community.

Spiritual wellbeing has been defined by Abbasi et al (2016) as a feeling of acceptance, positivity, ethical appreciation and reciprocity between self and other, proposing that this is achieved through a personal outcome process that is dynamic, harmonic, emotional and active. Spiritual wellbeing makes it easier for those with chronic diseases to adjust and relax (Janabaei et al, 2014). Studies on the relationship between spiritual wellbeing and QoL in patients with different diseases have demonstrated this relationship. Allahbakhshian et al (2010) found that higher levels of spiritual wellbeing in patients with multiple sclerosis (MS) prevented a decrease in QoL. In a study of cancer patients, Wang and Lin (2016) showed that promoting spiritual wellbeing was an important and effective factor in improving QoL.

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