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WOUND, OSTOMY AND CONTINENCE
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INFIRMIÈRES SPÉCIALISÉES EN
PLAIES, STOMIES ET CONTINENCE
CANADA

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Featured Articles

Ostomy Assessment Systematic Integration of Studies
(OASIS): Assessment Tools Scoping Review

Ostomy Assessment Systematic Integration of Studies
(OASIS): Psychosocial Assessment Scoping Review

Articles en Vedettes

Intégration systématique des études sur l'évaluation des stomies
(OASIS) : revue de portée des outils d'évaluation

Intégration systématique des études sur l'évaluation des
stomies (OASIS) : revue de portée de l'évaluation psychosociale

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Overview / Aperçu

Canadian Journal of Wound, Ostomy and Continence, the official publication of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC®), is published three times annually. The journal is diamond open access with no publication fees. We accept professional news, research projects, clinical papers, case studies, reports, review articles, clinical questions, and letters to the editor. Feature Articles and Case Studies are peer-reviewed and should be submitted via www.cjwoc.ca.

Le Journal canadien en plaies, stomies et continence (JCPSC) est la publication officielle des Infirmières spécialisées en plaies, stomies et continence Canada (ISPSCC). Il est publié trois fois par année. Nous acceptons des contributions sous forme de nouvelles professionnelles, de revues de la littérature, projets de recherche, d'articles cliniques, d'études de cas, de rapports, de revues d'articles, de questions pour la section clinique et de lettres à l'éditeur. Les articles de fond et les études de cas sont évalués par des pairs et doivent être soumis sur www.cjwoc.ca.

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Contents

Editorial / Éditorial

Message from the Editor-in-Chief Message de la rédactrice en chef.....	5
<i>Lina Martins, MScN, BScN, RN, NSWOC, WOCC(C), FNSWOC</i>	
<i>Louise Forest-Lalande, inf., M.Ed., NSWOC, FNSWOC</i>	

NSWOCC Messages / Messages de l'ISPSCC

Message from the NSWOCC President Message du président de l'ISPSCC.....	7
<i>Corey Heerschap, PhD, MScCH, RN, NSWOC, WOCC(C), FNSWOC</i>	
Message from the NSWOCC Chief Executive Officer Message de la directrice générale de l'ISPSCC.....	9
<i>Catherine Harley, eMBA, RN, IIWCC</i>	

Leadership / Conseil d'administration

NSWOCC Leadership / Conseil d'administration de l'ISPSCC.....	11
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Features / Articles principaux

Ostomy Assessment Systematic Integration of Studies (OASIS): Assessment Tools Scoping Review.....	13
<i>Corey Heerschap, PhD, MScCH, RN, NSWOC, WOCC(C), FNSWOC, Britney Butt, MCIScWH, BScN, RN, NSWOC, WOCC(C), CWOCN, Daniel Franco, HBSc, Gavin Hughes, BHSc, Ervis Musa, BHSc, Kiana McCauley, BHSc, Angela Luan, BSc, MD, Samantha Wiesenfeld, MSc(A), BScN, RN, Ryan Khosrovaneh, BHSc, Fiona Hughes, Hons BSc (Kin)</i>	
Ostomy Assessment Systematic Integration of Studies (OASIS): Psychosocial Assessment Scoping Review.....	27
<i>Corey Heerschap, PhD, MScCH, RN, NSWOC, WOCC(C), FNSWOC, Britney Butt, MCIScWH, BScN, RN, NSWOC, WOCC(C), CWOCN, Daniel Franco, HBSc, Gavin Hughes, BHSc, Ervis Musa, BHSc, Kiana McCauley, BHSc, Angela Luan, BSc, MD, Ella Bisset-Cavallin, BSc, Matthew Karasmanis, BSc (Student), Samantha Wiesenfeld, MSc(A), BScN, RN, Ryan Khosrovaneh, BHSc, Fiona Hughes, Hons BSc (Kin)</i>	

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References: **1.** 1708881v1 Instruction for Use, Convatec. **2.** Bowler PG, Parsons, D. Combatting wound biofilm and recalcitrance with a novel anti-biofilm Hydrofiber® wound dressing. *Wound Medicine* 14 (2016) 6–11. **3.** Metcalf DG, Parsons D, Bowler PG. Clinical safety and effectiveness evaluation of a new antimicrobial wound dressing designed to manage exudate, infection and biofilm. *Int Wound J.* 2017 Feb;14(1):203-213. doi: 10.1111/iwj.12590. Epub 2016 Mar 22. PMID: 27004423; PMCID: PMC7949869.

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Message from the Editor-in-Chief • Message de la rédactrice en chef



**Lina Martins, MScN, BScN,
RN, NSWOC, WOCC(C),
FNSWOC**

Editor-in-Chief, Canadian
Journal of Wound, Ostomy
and Continence

A spotlight on our ostomy specialty

The *Canadian Journal of Wound, Ostomy and Continence* (CJWOC) has always sought out, and continues to seek out, articles focused on adult and paediatric wound, ostomy and continence matters. This issue is dedicated exclusively to our ostomy specialty, reflecting our continued commitment to advancing knowledge in this area.

Authors Heerschap, Butt, Franco, Hughes, Musa, McCauley, and colleagues contributed 2 of the 5 scoping reviews that form part of the Ostomy Assessment Systematic Integration of Studies (OASIS) study, which is a large review focused on the assessment of persons living with an ostomy. The first article examines available assessment tools, while the second explores psychological and social factors related to living with an ostomy. Readers are encouraged to review both articles, as they outline gaps and priorities, define the scope and nature of the evidence, and clarify concepts important to nursing scholarship and practice.

On a more personal level, we sincerely thank our CEO, Catherine Harley, for over twenty years of exemplary leadership to Nurses Specialized in Wound, Ostomy and Continence Canada. Her unwavering support has been instrumental in advancing our journal from its origins as a newsletter to its current status as an open-access, peer-reviewed publication. Thank you for your incredible dedication and invaluable contributions. Wishing you endless joy, relaxation and exciting new adventures in your next chapter! •



**Louise Forest-Lalande, inf.,
M.Ed., NSWOC, FNSWOC**

Rédactrice du contenu
francophone, Journal canadien
en plaies, stomies et continence

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Pleins feux sur les soins de stomie.

Le *Journal canadien des plaies, stomies et continence* (JCPSC) a toujours recherché et continue de rechercher des articles portant sur les enjeux liés aux plaies, aux stomies et à la continence chez les adultes et les enfants. Ce numéro est entièrement consacré à notre spécialité en soins de stomie, reflétant notre engagement continu à faire progresser les connaissances dans ce domaine.

Les auteurs Heerschap, Butt, Franco, Hughes, Musa, McCauley et leurs collègues ont contribué à deux des cinq revues de portée faisant partie de l'étude Intégration systématique des études sur l'évaluation des stomies (OASIS), une vaste revue portant sur l'évaluation des personnes vivant avec une stomie. Le premier article examine les outils d'évaluation disponibles, tandis que le second explore les facteurs psychologiques et sociaux liés à la vie avec une stomie. Les lecteurs sont invités à consulter ces deux articles, puisqu'ils mettent en lumière les lacunes et les priorités, définissent la portée et la nature des données probantes, et clarifient des concepts importants pour la recherche et la pratique infirmière.

Sur un plan plus personnel, nous souhaitons remercier sincèrement notre directrice générale, Catherine Harley, pour plus de vingt ans de leadership exemplaire au sein de l'Association des infirmières spécialisées en plaies, stomies et continence Canada (ISP-SCC). Son soutien indéfectible a été déterminant dans l'évolution de notre revue, passant d'un bulletin d'information à une publication en libre accès, évaluée par les pairs. Nous la remercions pour son dévouement exceptionnel et ses contributions inestimables. Nous lui souhaitons beaucoup de bonheur, de repos et de nouvelles aventures stimulantes dans ce prochain chapitre de sa vie. •

Canadian Consensus Statement: The management of venous leg ulcers

A panel of 19 Physicians, NSWOCs, Wound Specialists, and Therapists with experience in treating VLUs, using the Muscle Pump Activator device, and advanced wound treatments.

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- A patient is not in optimal compression
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- A wound has not healed 30% in 30 days

- Dr Asem Saleh
- Dr John Hwang
- Rosemary Hill
- Josee Senechal
- Michele Langille

- Bev Smith
- Carly St Michel
- Paulo da Rosa
- Amanda Loney
- Michele Labbie

Leads:



Dr Michael C. Stacey



Dr Robyn Evans



Dr Gary Sibbald

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Harding et al, 2023



Professor Keith Harding

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1. Bull R et al. Int Wound J. 2023; 1-9
2. Jones N et al. Br J Nurs 2018; 27(20): S16-S21.

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Message from the NSWOCC President • Message du président de l'ISPSCC



Corey Heerschap, PhD, MScCH, RN, NSWOC, WOCC(C), FNSWOC

President, Nurses Specialized in
Wound, Ostomy and Continence
Canada (NSWOCC)

Président de l'association des
Infirmières spécialisées en plaies,
stomies et continence Canada (ISPSCC)

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Reflecting on Progress, Embracing the Future

This past year has marked a significant transition for Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC). This year is also a year of significant transition for myself as well, as I conclude my term as President after a decade of leadership and activity within the association. The past 12 months has been characterized by growth of the association, innovation, and organizational transformation, positioning NSWOCC for continued impact in wound, ostomy and continence into the future.

Since I began as NSWOCC Treasurer a decade ago, NSWOCC has achieved multiple milestones, the largest being the rebranding from the Canadian Association for Enterostomal Therapy (CAET) to NSWOCC, led by CEO Catherine Harley. This name reflects the expanded tri-specialty role and national leadership of the organization. The Wound, Ostomy and Continence Institute has also continued to experience significant growth under Dr. Kimberly LeBlanc, delivering innovative education programs, including the recent *Pharmacist, Wound, Ostomy and Continence* and *Nurse Continence Advisor* programs. The association's academic publication under Editor-in-Chief Lina Martins also transitioned from *The NSWOC Advance* to the *Canadian Journal of Wound, Ostomy and Continence*, enhancing its scholarly focus and academic impact. NSWOCC continues to advance clinical excellence through the development of best practice recommendations and a planned update to our NSWOC Standards of Practice.

Membership growth continues to be significant, with the association now exceeding 1,600 members and 600 Nurses Specialized in Wound, Ostomy and Continence. In recognition of leadership and excellence within the specialty, NSWOCC launched the Fellowship in Nursing Specialized in Wound, Ostomy and Continence (FNSWOC) at the 2025 conference, with the first cohort anticipated at the upcoming 2026 conference. This initiative highlights the association's commitment to professional recognition and leadership development.

In collaboration with the World Council of Enterostomal Therapists (WCET), the WCET®-NSWOCC® 2026 Joint Congress in Vancouver represents another major milestone for our association. This event provides opportunities for knowledge exchange, global networking, and showcasing Canadian innovation in wound, ostomy, and continence care. The congress reflects NSWOCC's growing international presence and leadership within the specialty.

This past year, NSWOCC has welcomed new leadership roles, including a Chief Operating Officer, Chief Research Officer, Program Coordinator for the Institute, and Finance Director. Additionally, long-serving CEO Catherine Harley will retire in May 2026 following more than two decades of leadership, with Axelle Pellerin transitioning to the role of Chief Executive Officer upon Cathy's retirement.

As I transition to the role of Past President, leadership will pass to incoming President Bev Smith. I look forward to continuing to see the success of the association from a different perspective in the years to come, while continuing to support the association in new ways. With a strengthened leadership team, expanding membership, and enhanced global engagement, NSWOCC is well positioned for sustained growth and impact. Thank you to all those who have supported me throughout my NSWOCC journey and thank you to our members for all you do to support those living with wound, ostomy and continence needs. I wish you all the very best. •

Message from the NSWOCC President • Message du président de l'ISPSCC

Réflexion sur les progrès, cap vers l'avenir

La dernière année a marqué une transition importante pour l'Association des infirmières spécialisées en plaies, stomies et continence Canada (ISPSCC). Cette année représente également une période de transition importante pour moi, alors que je termine mon mandat à titre de président après une décennie de leadership et d'engagement au sein de l'association. Les 12 derniers mois ont été marqués par la croissance de l'association, l'innovation et la transformation organisationnelle, positionnant l'ISPSCC pour un impact soutenu dans le domaine des plaies, stomies et continence à l'avenir.

Depuis que j'ai commencé en tant que trésorier de l'ISPSCC il y a dix ans, l'association a franchi plusieurs étapes importantes, la plus marquante étant le changement de nom de l'Association canadienne de stomothérapie (CAET) à l'ISPSCC, sous la direction de la directrice générale Catherine Harley. Ce nom reflète le rôle élargi des trois spécialités ainsi que le leadership national de l'organisation. L'Institut des plaies, stomies et continence a également connu une croissance significative sous la direction de la Dre Kimberly LeBlanc, en offrant des programmes de formation novateurs, notamment les récents programmes à l'intention des pharmaciens, le programme en plaies, stomies et continence ainsi que le programme d'infirmière conseillère en continence.

La publication académique de l'association, sous la direction de la rédactrice en chef Lina Martins, est également passée de L'Avancée de l'ISPSC au *Journal canadien en plaies, stomies et continence*, renforçant ainsi son orientation scientifique et son impact académique. L'ISPSCC continue de promouvoir l'excellence clinique par l'élaboration de recommandations de pratiques exemplaires et une mise à jour prévue de nos normes de pratique des ISPSC.

La croissance du nombre de membres demeure significative, l'association comptant maintenant plus de 1 600 membres et 600 infirmières spécialisées en plaies, stomies et continence. Afin de reconnaître le leadership et l'excellence dans la spécialité, l'ISPSCC a lancé le titre de Fellow en soins infirmiers spécialisés en plaies, stomies et continence (FNSWOC) lors du congrès de 2025, avec une première cohorte prévue au congrès de 2026. Cette initiative souligne l'engagement de l'association envers la reconnaissance professionnelle et le développement du leadership.

En collaboration avec le World Council of Enterostomal Therapists (WCET), le congrès conjoint WCET®-ISPSCC® 2026 à Vancouver représente une autre étape importante pour notre association. Cet événement offre des occasions de partage de connaissances, de réseautage international et de mise en valeur de l'innovation canadienne en matière de soins des plaies, stomies et continence. Le congrès reflète la présence internationale croissante et le leadership de l'ISPSCC dans la spécialité.

Au cours de la dernière année, l'ISPSCC a accueilli de nouveaux rôles de direction, notamment un chef des opérations, un chef de la recherche, un coordonnateur de programme pour l'Institut et un directeur financier. De plus, la directrice générale de longue date, Catherine Harley, prendra sa retraite en mai 2026 après plus de deux décennies de leadership, Axelle Pellerin assumera le rôle de directrice générale à la suite du départ de Cathy.

Alors que je passe au rôle de président sortant, le leadership sera confié à la présidente entrante, Bev Smith. Je me réjouis de continuer à observer le succès de l'association sous un autre angle dans les années à venir, tout en poursuivant mon soutien à l'association de nouvelles façons. Grâce à une équipe de direction renforcée, à un nombre de membres en expansion et à un engagement international accru, l'ISPSCC est bien positionnée pour une croissance et un impact durable. Merci à toutes les personnes qui m'ont soutenu tout au long de mon parcours au sein de l'ISPSCC, et merci à nos membres pour tout ce que vous faites afin de soutenir les personnes vivant avec des besoins liés aux plaies, aux stomies et à la continence. Je vous souhaite à toutes et à tous une bonne continuation. •

Message from the Chief Executive Officer • Message de la directrice générale



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eMBA, RN, IIWCC
Chief Executive Officer,
Nurses Specialized in Wound,
Ostomy and Continence Canada
(NSWOCC)

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stomies et continence Canada
(ISPSCC)

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My Time as the Nurses Specialized in Wound, Ostomy and Continence Canada Chief Executive Officer: Nothing Short of a Privilege

It has been a great honour and privilege to be a part of Nurses Specialized in Wound, Ostomy and Continence Canada (NSWOCC) for the past twenty-two years, a part of the International Skin Tear Advisory Panel (ISTAP) for ten years and a part of the Canadian Pressure Injury Advisory Panel (CPIAP) since its launch in 2021. Together, with many extraordinary volunteers and staff members, we have rebuilt, reinvented, strengthened, and modernized our association, our special interest groups and the way wound, ostomy and continence education is delivered.

Looking back on my time at NSWOCC, we have confronted seemingly insurmountable business challenges, along with many surprise twists and turns. I've seen our teams navigate these hurdles and mountains in ways that have not only made NSWOCC a better association but also made all of us far stronger and closer. We have developed national standards, best practice recommendations, decision aids, achieved CNA certification, participated in research, launched a journal, strengthened opportunities for nurses, worked for better equality of care, built tools that delight our users, focused on improving outcomes for our patients, driven substantial value for our members, and endeavored to make NSWOCC an association where people belong. NSWOCC is a home and a family.

As I look back on these achievements, I want to sincerely thank every single member, board director, core program leader and committee member, the staff, academic advisors, volunteers and Industry partners past and present, for your contributions which came in many ways. I'm tremendously grateful for all of the hard work and the many sacrifices you've made. We always endeavored to do the right thing for our members, our patients and our association. This has required the most impressive displays of teamwork, innovation, and resilience I've ever seen, and working with you has made my time as CEO nothing short of a privilege. I am now passing the baton over to Axelle Pellerin, your new NSWOCC CEO, knowing that NSWOCC is well prepared. •

Mon parcours à titre de directrice générale de l'Association des infirmières spécialisées en plaies, stomies et continence Canada : rien de moins qu'un privilège.

Ce fut un grand honneur et un privilège de faire partie de l'Association des infirmières spécialisées en plaies, stomies et continence Canada (ISPSCC) au cours des vingt-deux dernières années, ainsi que du International Skin Tear Advisory Panel (ISTAP) pendant dix ans et du Canadian Pressure Injury Advisory Panel (CPIAP) depuis son lancement en 2021. Ensemble, avec de nombreux bénévoles et membres du personnel extraordinaires, nous avons reconstruit, réinventé, renforcé et modernisé notre association, nos groupes d'intérêt et la façon dont la formation en plaies, stomies et continence est offerte.

En repensant à mon parcours à l'ISPSCC, je me rappelle que nous avons affronté des défis organisationnels qui semblaient insurmontables, ainsi que de nombreux imprévus. J'ai vu nos équipes surmonter ces obstacles et ces défis d'une manière qui a non seulement amélioré notre association, mais qui nous a aussi rendus tous plus forts et plus unis. Nous avons élaboré des normes nationales, des recommandations de pratiques exemplaires, des outils d'aide à la décision, obtenu la certification de l'Association des infirmières et infirmiers du Canada, participé à la recherche, lancé une revue, élargi les possibilités offertes aux infirmières et infirmiers, œuvré pour une plus grande équité des soins, créé des outils appréciés par nos utilisateurs, mis l'accent sur l'amélioration des résultats pour nos patients, généré une valeur importante pour nos membres et cherché à faire de l'ISPSCC une association où chacun se sent chez soi. L'ISPSCC est une maison et une famille.

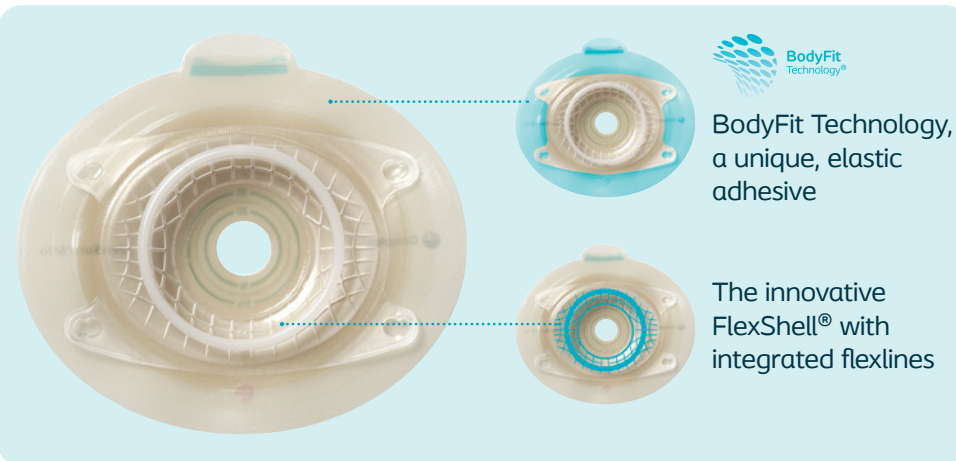
Au regard de ces réalisations, je tiens à remercier sincèrement chaque membre, chaque membre du conseil, d'administration, chaque responsable de programme et membre de comité, ainsi que le personnel, les conseillers universitaires, les bénévoles et les partenaires de l'industrie, passés et présents, pour leurs contributions, quelles qu'elles soient. Je vous suis extrêmement reconnaissante pour tout le travail accompli et les nombreux sacrifices consentis. Nous avons toujours cherché à faire ce qui est juste pour nos membres, nos patients et notre association. Cela a nécessité des démonstrations remarquables de travail d'équipe, d'innovation et de résilience, et travailler avec vous a fait de mon mandat à titre de directrice générale un véritable privilège. Je passe maintenant le flambeau à Axelle Pellerin, votre nouvelle directrice générale de l'ISPSCC, en sachant que vous êtes entre d'excellentes mains. •

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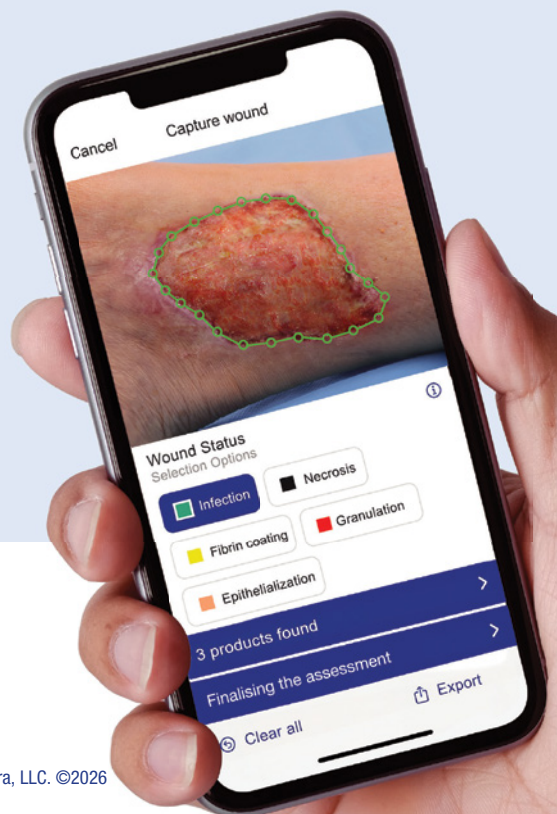
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Ostomy Assessment Systematic Integration of Studies (OASIS): Assessment Tools Scoping Review

ABSTRACT

Background

Individuals living with an ostomy require a comprehensive assessment to address multiple physical and psychosocial challenges and needs. Despite the importance of a comprehensive ostomy assessment in guiding care, the tools available to support such an assessment vary in availability, scope, and validation. This scoping review, part of the overall Ostomy Assessment Systematic Integration of Studies (OASIS) study, a large scoping review focused on the assessment of individuals living with an ostomy, aims to identify and map the current evidence related to ostomy assessment tools.

Methods

Using the Joanna Briggs Institute (JBI) framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR), this scoping review searched the MEDLINE and CINAHL databases in January 2021. Studies were included if they were peer-reviewed, written in English, and addressed the assessment of individuals living with an ostomy.

Results

Of 42,059 records identified through the search, 383 were included within the overall synthesis of the OASIS study, 29 of which were grouped in the “Assessment Tools” theme. Twelve ostomy-specific tools were identified, covering variables, such as peristomal skin assessment (i.e., Skin Assessment and Care Strategies [SACS], Peristomal Skin Assessment Tool [PSAT], Ostomy Skin Tool [OST]/Discolouration, Erosion, Tissue Overgrowth [DET] Tool OST/DET), and the Peristomal Lesion Scale [PLS]), self-efficacy and self-care (i.e., Ostomy Self-Care Index [OSCI] and the Caregiver Companion Care Index [CCOSCI]), dehydration risk (i.e., Dehydration Readmission After Ileostomy Prediction [DRIP]), quality of life (i.e., Chinese City of Hope–Quality of Life Ostomy Questionnaire [C-COH] and Colostomy Impact Score [CIS]), and psychosocial adjustment (i.e., Ostomy Adjustment Inventory [OAI-23] and Ostomy Adjustment Scale [OAS]). Findings demonstrate the benefits and limitations of current tools and the need for holistic assessments of those living with an ostomy.

Conclusions

Validated assessment tools for use in those living with an ostomy may provide valuable resources for enhancing patient care. Despite the development of new tools, gaps remain in the development of multimodal assessment tools and in understanding how to implement them. Continued development and validation of new assessment tools hold great promise for assisting clinicians, especially non-specialized clinicians, in enhancing the care they provide.

Key Words: Ostomy, nursing, nursing assessment, surgical stomas, patient outcome assessment, scoping review

Intégration systématique des études sur l'évaluation des stomies (OASIS) : revue de portée des outils d'évaluation

RÉSUMÉ

Contexte

Les personnes vivant avec une stomie nécessitent une évaluation globale afin de répondre à de multiples défis et besoins physiques et psychosociaux. Malgré l'importance d'une évaluation complète des stomies pour orienter les soins, les outils dis

ponibles pour soutenir cette évaluation varient quant à leur disponibilité, leur portée et leur validation. Cette revue de portée, qui fait partie de l'étude globale Intégration systématique des études sur l'évaluation des stomies (OASIS), une vaste revue de portée portant sur l'évaluation des personnes vivant avec une stomie, vise à recenser et à cartographier les données probantes actuelles relatives aux outils d'évaluation des stomies.

Méthodes

En utilisant le cadre du Joanna Briggs Institute (JBI) et l'extension Preferred Reporting Items for Systematic Reviews and Meta-Analyses pour les revues de portée (PRISMA-ScR), cette revue de portée a effectué une recherche dans les bases de données MEDLINE et CINAHL en janvier 2021. Les études ont été incluses si elles avaient été évaluées par les pairs, rédigées en anglais et portaient sur l'évaluation des personnes vivant avec une stomie.

Résultats

Parmi les 42 059 enregistrements identifiés lors de la recherche, 383 ont été inclus dans la synthèse globale de l'étude OASIS, dont 29 ont été regroupés sous le thème « outils d'évaluation ». Douze outils spécifiques aux stomies ont été identifiés, couvrant des variables telles que l'évaluation de la peau péristomiale (c.-à-d. Skin Assessment and Care Strategies [SACS], Peristomal Skin Assessment Tool [PSAT], Ostomy Skin Tool [OST]/Discolouration, Erosion, Tissue Overgrowth [DET] Tool OST/DET et Peristomal Lesion Scale [PLS]), l'auto-efficacité et l'autosoins (c.-à-d. Ostomy Self-Care Index [OSCI] et Caregiver Companion Care Index [CCOSCI]), le risque de déshydratation (c.-à-d. Dehydration Readmission After Ileostomy Prediction [DRIP]), la qualité de vie (c.-à-d. Chinese City of Hope–Quality of Life Ostomy Questionnaire [C-COH] et Colostomy Impact Score [CIS]) et l'adaptation psychosociale (c.-à-d. Ostomy Adjustment Inventory [OAI-23] et Ostomy Adjustment Scale [OAS]). Les résultats démontrent les avantages et les limites des outils actuels ainsi que la nécessité d'évaluation globale des personnes vivant avec une stomie.

Conclusions

Les outils d'évaluation validés pour les personnes vivant avec une stomie peuvent constituer des ressources précieuses pour améliorer les soins aux patients. Malgré le développement de nouveaux outils, des lacunes persistent dans la conception d'outils d'évaluation multimodaux et dans la compréhension de leur mise en œuvre. Le développement et la validation continus de nouveaux outils d'évaluation offrent des perspectives prometteuses pour soutenir les cliniciens, en particulier les cliniciens non spécialisés, dans l'amélioration des soins qu'ils prodiguent.

Mots-clés : stomie, soins infirmiers, évaluation en soins infirmiers, stomies chirurgicales, évaluation des résultats chez les patients, revue de portée

Conflicts of Interest:

No authors note any competing interests as it relates to this study.

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Availability of Data and Materials:

Data supporting the findings of this study are available within the article. A structured dataset is available from the corresponding author upon reasonable request.

Contribution Statement According to CRediT Roles

CH: Conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, supervision, validation, visualization, writing—original draft, writing—review and editing

BB: Conceptualization, data curation, formal analysis, methodology, validation, visualization, writing—review and editing

DF: Formal analysis, writing—original draft

GH: Data curation

EM: Data curation

KM: Data curation, formal analysis, visualization, writing—original draft

AL: Data curation, formal analysis, visualization

SW: Data curation

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INTRODUCTION

Fecal or bladder urinary diversion, also known as an ostomy, is a vital surgical procedure used to treat various conditions, including but not limited to cancer, trauma, inflammatory bowel disease, and obstruction.¹ Although the procedure offers multiple benefits, it does not come without challenges, significantly impacting the physical and psychosocial aspects of a patient's life.¹ Ostomy surgery is a widespread procedure, with approximately 750,000 individuals living with an ostomy in North America.² In Canada, approximately 13,000 new ostomy surgeries are performed each year, leading to an increasing population of individuals living with an ostomy.²

The Ostomy Assessment Systematic Integration of Studies (OASIS) study is an extensive scoping review of ostomy assessment and its broad topics. The purpose of the OASIS study is to provide the current status of knowledge related to ostomy assessment in the peer-reviewed literature. Due to the scope of the OASIS study, it will be separated into multiple manuscripts. The following manuscript provides an overview of the OASIS study, focusing on assessment tools for those living with an ostomy.

This portion of the OASIS study reviews the current accessible ostomy assessment tools, illustrating their strengths, limitations, and clinical implications to ultimately enhance the overall well-being and quality of life for individuals living with an ostomy.

The creation of an ostomy presents its own set of challenges, demanding meticulous management to prevent complications accompanied by psychosocial struggles. Accurate ostomy assessment is recommended to ensure appropriate care for those living with an ostomy.² Several assessment tools have been developed to address the complexities of ostomy assessment. These tools vary in focus, with some emphasizing physical assessment techniques, a wide array of complications, and important psychosocial aspects, including how the patient is adjusting to life with a stoma, how the patient can manage independently, and the patient's overall quality of life.

Aim

This initial publication of the OASIS scoping review findings aims to explore the evidence base for ostomy assessment tools for individuals living with an ostomy.

Identification of Research Questions

The primary research question for this study was: What is the evidence base related to the assessment of individuals living with an ostomy? This question is written in accordance with the PCC Framework, which stands for population, concept, and context,³ where the population is individuals living with an ostomy, the concept is the assessment of the individual living with an ostomy, and the context is the evidence base related to the assessment of individuals living with an ostomy.

METHODS

This review followed the Joanna Briggs Institute (JBI) framework for scoping reviews and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) for the report.^{3,4} The review was not preregistered.

Identification of Relevant Studies

The search was conducted on the MEDLINE and CINAHL databases. The search strategy was broad, attempting to collect as much data as possible regarding the research topic. No search limitations or filters were applied during the search. Databases were searched using the following terms: "Ostomy Assessment", "Stoma Assessment", "Peristomal Assessment", "Ostomy Management", "Stoma Management", "Peristomal Management", "Ostomy Complications", "Stoma Complications", "Peristomal Complications", "Ostomy AND Assessment", "Ostomy AND Management", and "Ostomy AND Complications". The database search was conducted in January 2021.

Study Selection

Criteria for inclusion in this scoping review included that the study was written in English and peer-reviewed. The study must also contribute to knowledge related to the assessment of the

individual with an ostomy, stoma assessment, peristomal skin assessment, and/or peristomal plane assessment. Criteria for exclusion in this scoping review included secondary literature, position statements, abstracts, editorials, grey literature, and assessment factors related to pre- and post-stoma reversal.

Using Covidence® software for systematic reviews, 7 independent reviewers completed the screening. Each article was double-screened by title and abstract according to the set inclusion and exclusion criteria. Any conflicts were reviewed and a determination made by a Nurse Specialized in Wound, Ostomy and Continence (NSWOC). A full-text dual screening of the remaining articles followed this initial screening. Two NSWOCs screened these full-text articles for inclusion in the study findings. Any selection disagreements were discussed, and a consensus was reached between the 2 NSWOC reviewers.

Charting the Data

To extract the data from the articles included in the study, a chart was made following the principles of data extraction for scoping reviews outlined by Peters et al.³ The chart developed included author and year, country of origin, purpose and aim of the study, research design, sample and setting, data analysis, results, and comments, such as whether ethical review was undertaken. Two co-authors and 3 assistant student nurses extracted the data, which 2 NSWOCs reviewed.

Collating, Summarising, and Reporting Results

After the tabulation of extracted data was complete, Microsoft Excel was used to develop a searchable database of the included articles and their findings. Using a content analysis approach as outlined by Elo and Kyngas,⁵ a coding structure was developed based on the article's findings, followed by the grouping and categorization of themes. Once this was completed, the themes were divided into 5 subjects for publication as separate manuscripts due to the high number of included articles. Manuscript findings have been summarized and presented using the PAGER Framework, as outlined by Bradbury-Jones et al.,⁶ which are presented in Table 1. This framework includes patterns found within the data, advances to current knowledge, gaps noted in the literature, evidence for practice, and recommendations for research.⁶

RESULTS

A total of 42,059 articles were located across the 2 databases. Of these results, 12,024 were removed as duplicates, leaving 30,035 articles for title and abstract screening. A total of 29,294 records were excluded during title and abstract screening because they did not meet the inclusion and exclusion criteria. This left 741 articles for full-text screening by 2 NSWOCs, of which 358 were excluded. Of those excluded, 97 were secondary literature, 80 were not in English, 66 were editorials, 56 could not be located, 50 had incorrect outcomes unrelated to the topic of interest, 8 were abstracts, and 1 was grey literature. This led to 383 studies being included in the evidence synthesis. A PRISMA flow diagram outlining this process is shown in Figure 1.

Table 1: PAGER Framework

PATTERN	ADVANCES	GAPS	EVIDENCE FOR PRACTICE	RESEARCH RECOMMENDATIONS
1. Validated tools are available for stoma and peristomal assessment	Tools, such as the SACS, PSAT, OST/DET, OCSI, and ORFI, have been validated	There are limited validated tools that combine both physical and psychosocial/quality-of-life factors	Assists with developing evidence-based care plans, especially for nonspecialized clinicians	Tools are needed that combine both physical and psychosocial metrics
2. The importance of self-efficacy and self-care have been identified	The OSCI and CCOSCI tools have demonstrated strong internal consistency	There are few tools available that consider variations by ostomy type	Supports education and independence of the individual living with an ostomy	Refine validated tools across ostomy types and consider changes to self-care over time.
3. Dehydration must be considered as a risk in the post-operative period	The DRIP tool and hydration protocols may assist with reducing readmissions related to dehydration	There remain limited tools related to outpatient care and hydration status	Assists with reduction of readmission risk related to dehydration	Continue to develop and validate tools for individuals to monitor their hydration status and dehydration risk
4. Quality of life is multidimensional with various considerations affecting the individual	Both the C-COH and CIS tools consider multiple domains affecting an individual quality of life	There remain few tools that focus on social factors and lived experience when assessing quality of life in those living with an ostomy	Tools, such as the C-COH and CIS, may assist with conducting holistic assessments considering quality of life	Ongoing development and validation across multiple settings is needed to continue forming tools that consider lived experience and quality of life
5. Some adjustment to living with an ostomy may occur over time	The OAS and OAI-23 appear to function well in assessing adjustment over time since surgery	There remain minimal validated tools assessing adjustment to living with an ostomy for longer periods of time	Adjustment tools can assist with monitoring changes over time and may assist with identifying needs for greater resources	Longitudinal studies are needed to determine adjustment to living with an ostomy over a longer period of time
6. New tools are being developed to support those caring for individuals living with an ostomy	Tools are being developed related to parastomal hernia risk and tools related to pouch leakage	Tools remain in the early stages with some requiring further validation	Novel tools have the opportunity to address under-recognized complications or factors affecting patient well-being	Further validation is needed for many novel tools and further utilization and understanding of integration into clinical practice is needed

Content analysis was then undertaken of the 383 studies included in the evidence synthesis, identifying 5 major themes of findings. These themes included: (1) assessment tools (n=29); (2) maternal, child, and youth assessment (n=26); (3) physical assessment (n=74); (4) psychosocial assessment (n=114); and (5) complication assessment (n=140). Several articles had findings across multiple themes, such as both psychosocial and physical. To ensure thematic coherence and a manageable distribution of articles across manuscripts, only findings for the assigned manuscript were extracted. Articles were assigned according to both the relevance of the findings and pragmatic considerations, such as the distribution of articles across thematic manuscripts. Findings that did not align with the manuscript assigned were excluded from the analysis. While this may have led to the exclusion of some secondary findings, it will assist with clarity and reduce redundancy across the multiple OASIS articles. The following results will focus on the 29 articles included in the assessment tools theme.

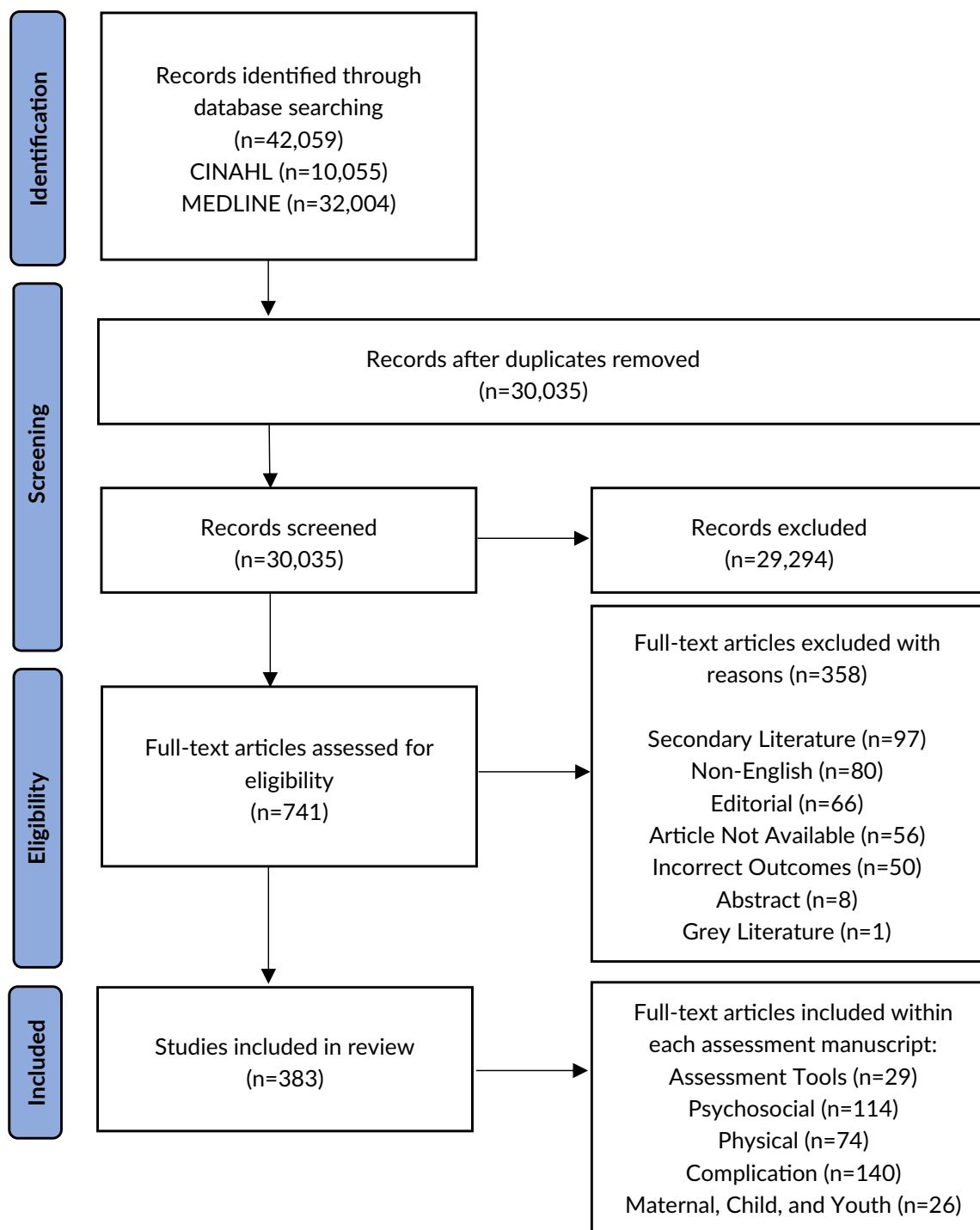
Characteristics of Sources of Evidence

The author, year, and country of the study, along with the study's aim, methodology, participants, data analysis technique, results, and ethical considerations were extracted. Of the 29 articles included in this publication, 3 studies were qualitative in nature,⁷⁻⁹ 6 studies used mixed methods,¹⁰⁻¹⁵ and the remainder used a quantitative design. Most studies were conducted in the United States (n=9),^{7,10,16-22} Italy (n=5),^{11,15,23-25} and the United Kingdom (n=5).^{12-14,26-27} Studies sought to develop a pathway or protocol for readmission reduction, risk assessment, or treatment of complications,^{9,14,17,24,28} and to determine the impact of a tool.^{7-8,29} The remaining studies focused on the validation and/or reliability of an ostomy assessment tool.

Results of Individual Sources of Evidence

Following our inductive content analysis approach, the findings from this portion of the OASIS review were grouped into 5 categories: (1) ostomy assessment tools; (2) self-efficacy and

Figure 1: PRISMA Flow Diagram



self-care; (3) dehydration/high output; (4) quality of life; and (5) adjustment.

Ostomy Assessment Tools

A dozen assessment tools related to ostomy were identified in the literature. These tools included the Skin Assessment and Care Strategies (SACS) tool, discussed by Bosio et al.²⁵ as a validated classification system for lesion interpretation that improves assessment accuracy. Kapsandoy describes the SACS tool as easy to use, with over 80% of respondents supporting this claim.²⁰ The SACS tools reached a Content Validity Index (CVI) of 1 in a study by Invernizzi Silveira and Lanza, indicating that experts believe the SACS tool to be highly valid and relevant.³⁰

The Peristomal Skin Assessment Tool (PSAT) examines 6 parameters: colour, tissue type, type of exudate, bleeding, wound edges, and hydration. In a study by Sodhi and Sharma, this tool achieved a CVI of 0.8, indicating a significant agreement among experts that it is relevant.³¹ Obtaining a significant CVI helps ensure that this tool is useful and accurately captures a patient's risk for developing complications associated with having a stoma.

The Ostomy Skin Tool (OST) and the Discolouration, Erosion, Tissue Overgrowth (DET) tool are interconnected as the OST uses the DET's framework to assess peristomal skin conditions in a standardized way. A study by Inch highlighted this by examining how the OST can guide nurse evaluations and decisions using DET scores.⁷ Several studies indicated that the DET tool obtained validation, as there was a strong intra-nurse agreement on the scoring system.³²⁻³³ Kelleher et al. indicated that although the OST is a validated tool, it has limitations regarding mechanical/allergic factors, as it does not include factors related to chemical dermatitis.⁸

The Peristomal Lesion Scale (PLS) is used to measure and describe types of skin lesions. This tool was compared with existing scales and found to describe and measure skin alterations more accurately.¹⁵ The same study found that the tool was valid for monitoring the peristomal skin area.

Other tools examined by several studies included the Ostomy Complication Severity Index (OCSI) and the Ostomy Risk Factor Index (ORFI). Pittman used the OCSI tool to measure ostomy complications in the postoperative period.²² The tool was found to have a CVI of 0.9, supporting the tool's content validity. Another study by Pittman examined the OCSI and the ORFI.¹⁹ These studies detailed the reliability and validity of both tools and showed high inter-rater agreement and internal consistency. Some risk factors predictive of ostomy complications included stoma/abdominal characteristics ($p=0.007$) and BMI ($p=0.002$).

Another tool reported in the literature is the Canadian Ostomy Assessment Guide (COAG). This assessment tool is intended to assist health care professionals in managing peristomal skin conditions. In a study by St-Cyr, the COAG tool was rated extremely useful by 67% of the nurses who used it.²⁹

This study also found that COAG implementation improved patient well-being and reduced costs.

Several included studies worked to develop new ostomy assessment tools. A study by Nafees et al. developed a leakage assessment tool.¹³ This study highlighted how people living with an ostomy define leakage as well as the impacts that leakage has on their daily lives. This information was used to develop the tool and to aid clinicians' and researchers' understanding of this complication.

Kalashnikova et al. developed a systematic visual inspection process to diagnose ostomy complications, including contact dermatitis.²⁸ The process highlights changes in colour and skin damage severity as indicators of complications. This study stressed the importance of visual inspection of the stoma for diagnosing stomal complications. Visible changes in the skin characterize peristomal skin disorders, making observation essential for diagnosis.

Osborne et al. focused on parastomal hernia as a potential complication.¹⁴ Risk factors for this complication include age, obesity, diabetes, and chronic coughing. The scoring tool classifies people living with an ostomy into low-, medium-, or high-risk categories. This study developed a parastomal hernia risk assessment tool that determined the level of intervention that a patient required (e.g., education, support garments, etc.) based on their score. This tool was reported to be user-friendly and beneficial for guiding nurses' patient care.

Two studies by Beitz et al. were included in this scoping review. Beitz et al. noted an expert consensus on the importance of evaluating a stoma profile and peristomal skin complications when developing plans of care.¹⁰ This study aimed to develop a new standardized algorithm for ostomy care, as non-specialized clinicians provide most care. The newly developed tool included assessment areas, such as ostomy type, output type and volume, stoma type, and stoma profile. Researchers also included the SACS tool, which is already validated, to guide their tool development. The new tool obtained a CVI of 0.95, indicating high content validity, and participants noted its ease of use. It is important to note that the participants in this study were experts in ostomy care.

A follow-up study by Beitz aimed to test whether the previously developed ostomy algorithm accurately helps non-specialized nurses select appropriate products and management strategies.²¹ This was accomplished by using real-life scenarios, and participants were nurses without specialized ostomy management training. The mean correct response rate across participants was 84.23%, and construct validity was supported. These results indicate that the algorithm effectively helped nurses select safe, evidence-based interventions, underscoring the need for such a tool.

Self-Efficacy and Self-Care

Throughout the literature analysis, a positive correlation be-

tween self-efficacy (confidence and perceived ability) and consistent and effective self-care behaviours (maintenance, monitoring, management) was found. A study by Villa et al. found that higher self-efficacy was associated with better self-care outcomes and quality of life.²³ Both the Ostomy Self-Care Index (OSCI) and the Caregiver Companion Care Index (CCOSCI) were used to quantify this relationship. Both tools showed a strong internal consistency (OSCI $\alpha=0.975$, CCOSCI $\alpha=0.972$).

DellaFiore et al. developed the Self-Efficacy Ostomy Care Nursing Management (SE-OCNM) tool for ostomy care nursing management, which was found to be highly reliable.¹¹ The SE-OCNM, used to assess self-efficacy in ostomy care, showed significant reliability with an overall $\alpha=0.978$. These results validated the assessment of self-efficacy as a measurable and consistent construct, essential for designing interventions to improve self-care competence.

It is noteworthy that variations in self-care behaviours were observed between those with ileostomies and colostomies. People living with ileostomies were found to empty their pouching systems more frequently, while those with colostomies changed their entire pouching system more frequently.¹⁶ This suggests that although there is a similar perceived function of ileostomy compared to colostomy, individual self-care routines vary. These variations in self-care practices underscore the need to strengthen self-efficacy for personalized care.

Dehydration/High Output

Dehydration was identified as a significant postoperative readmission factor, affecting 15.5% of people living with an ostomy.¹⁷ A protocol developed by Gonella et al. showed that readmission rates due to dehydration dropped significantly from 9% to 2.9% following implementation of their protocol.²⁴ In this protocol, people living with an ostomy met with staff with specific training on stoma management. People living with an ostomy were assessed for ileostomy output, weight loss, and signs of dehydration and based on these factors, provided with education on the benefits of a balanced diet along with printed information, recommendations for medications and reassessment, or urgent medical management. They were also given instructions on identifying signs and symptoms of dehydration and were periodically followed up postoperatively.

Additionally, a study by Chen et al. validated the Dehydration Readmission After Ileostomy Prediction (DRIP).¹⁸ This tool is designed to identify people living with an ostomy at risk for dehydration following ileostomy formation. Researchers identified good predictive ability with an area under the curve (AUC) of 0.71 (95% CI: 0.68–0.74), indicating moderate accuracy. The reduction in readmissions due to dehydration after implementing these tools underscores the need to assess people living with an ostomy for dehydration after stoma formation.

A study by McDonald focused on dehydration as a complication of having a stoma.⁹ In this study, a high-output stoma management flowchart was created to identify signs of de-

hydration. The flowchart suggests that people living with an ostomy with a high output should have their ins/outs, sodium, magnesium, creatinine, and potassium monitored to prevent further complications.

Quality of Life

Across the literature, it was identified that quality of life is multidimensional and is not a single construct. More specifically, Nafees et al. stressed the need for further research to better understand the impact of social relationships on a patient's quality of life.¹² The Chinese City of Hope– Quality of Life Ostomy Questionnaire (C-COH) was used to identify 4 distinct dimensions of a patient's quality of life and returned a Cronbach $\alpha=0.931$. These dimensions include physical, psychosocial, social, and spiritual well-being.³⁴ The lived experiences of people with an ostomy are also something to which assessment tools should be sensitive. A study by Thyo et al. developed the Colostomy Impact Score (CIS), in which a score of ≥ 10 indicated a major colostomy impact (major-CI).²⁶ This tool examined the lived experiences of those living with an ostomy and found that individuals in the major-CI group reported a significant impairment in their quality of life. Given the multidimensional nature of a person's quality of life, it is necessary to develop tools that account for multiple dimensions to enable a holistic assessment.

Adjustment

Stoma acceptance is a key psychological factor as higher levels of acceptance positively correlate with improved adjustment outcomes. Simmons et al. suggested that the Ostomy Adjustment Inventory (OAI-23) aligns with Felton's Acceptance of Illness Scale, which supports the importance of psychological acceptance.²⁷ Improvements in ostomy adjustment were consistent with increasing time since surgery.²⁷ Additionally, Zhang et al. used the Ostomy Adjustment Scale (OAS) to measure a patient's adjustment to life with an ostomy.³⁵ Researchers found that stoma acceptance was significantly associated with adjustment ($p=0.000$). The interrelatedness of stoma acceptance and overall adjustment suggests that assessing this variable is beneficial.

DISCUSSION

Summary of Evidence

In the section of the OASIS scoping review focusing on assessment tools, we identified 29 relevant studies. Further synthesized, 3 studies focused on tools related to quality of life, 2 on tools related to adjustment to living with an ostomy, 3 on dehydration and risk of dehydration related to an ostomy, and 3 on self-efficacy and self-care. Finally, 18 studies focused on physical assessment and complications associated with the ostomy.

Throughout the literature review, 12 ostomy assessment tools were commonly used to measure the health of a patient's stoma and peristomal regions. Many of these assessment tools focused on peristomal skin health. These tools included the SACS, PSAT, OST/DET tools and the PLS. These tools examine variables, such as skin colour, exudate type,

wound edges, erosion, and skin lesion classification. The SACS, PSAT, OST, and DET tools have all obtained validation in their respective studies.

Ostomy assessment tools can improve care plan development and enable monitoring of changes over time. Harputlu and Özsoy conducted a study designed to develop care plans for individuals living with an ostomy with peristomal allergic contact dermatitis (PACD).³⁶ Researchers used the DET and OST tools in their study. The OST tool yielded effective plans of care, and the patient's DET score accurately reflected the severity of this skin disorder. This further emphasizes the relevance and validation of these tools and the use of assessment tools in improving the care plans for those living with an ostomy.

Novel assessment tools were found in this scoping review. Nafees et al., for example, developed a validated and reliable leakage assessment tool.¹³ This study highlighted the impacts of ostomy leakage on an individual's daily life. Kalashnikova et al. is another example of the development of a novel assessment tool to diagnose ostomy complications, such as contact dermatitis.²⁸ This tool stresses the importance of visual inspection of the stoma site. Another novel tool identified in this study was a parastomal hernia assessment tool. Osborne et al. developed a risk assessment tool to determine the level of intervention a patient requires based on their risk score for developing a parastomal hernia¹⁴ while noting that the new tool requires further validation. These examples of novel tools demonstrate the wide variation in assessment factors relevant to those living with an ostomy and the opportunities to continue to develop resources for assessment of those living with an ostomy.

Providing education and information on improved autonomy in stoma management during hospitalization have been shown to correlate with better self-care maintenance and monitoring among those living with an ostomy.³⁷ This finding is in line with the outcomes discussed by Dellafiore et al. in their utilization of the OSCI and the CCOSCI.¹¹ This relationship emphasizes the benefit of predicting an individual's self-care ability. This is further supported by findings that self-care behaviours differ between those with ileostomies and those with colostomies, demonstrating the need to consider the individual and their self-care abilities.¹¹ These findings demonstrate the benefit that assessment tools can bring to assessing self-care ability for those living with an ostomy.

Dehydration is a common risk among those living with an ostomy. Hyde et al. conducted a study to identify the reasons for hospital readmission.³⁸ They found dehydration to be one of the most common causes of preventable readmission among individuals living with an ostomy in their study. Gonella et al.²⁴ developed a protocol to assess risk factors for hospital readmission, while Chen et al.¹⁸ developed a DRIP tool. Both underscore the need to assess dehydration risk and current hydration status using available tools to prevent hospital readmission.

A common theme across relevant studies was that quality of life is multidimensional, not a single construct, and requires a holistic view of the individual living with an ostomy. Studies

stressed the need to include the patient's lived experience as well as their physical, psychosocial, social, and spiritual well-being. This is also demonstrated in recent literature, including Goodman et al.³⁹ who found that several factors influence a patient's quality of life and acknowledged that prior research assumed that people with a stoma are a homogeneous group.³⁹ Their findings suggest that domains, such as age, number of abdominal surgeries, and time since stoma formation, all significantly affect quality of life. This research further stresses the need for a comprehensive assessment of a patient's quality of life, positioning the quality-of-life assessment tools discussed in this study to assist in assessing quality of life among individuals living with an ostomy.

Adjustment to life with a stoma was a common theme among the included articles. It was found that stoma acceptance is a significant indicator of adjustment to life with a stoma.^{27,35} The authors found that the longer it had been since an individual underwent stoma surgery, the more likely they were to adjust to having a stoma. The relationship between time since surgery and ostomy adjustment was also explored by Stott et al.⁴⁰ who found that, among the 4 domains of the Ostomy Assessment Inventory (OAI-23), those with an ostomy experienced significantly less anger over 9 months after surgery.⁴⁰

Furthermore, a recent study by Lisboa et al. examined how self-care is defined and applied among individuals living with an ostomy.⁴¹ This study found that there is still a need for more comprehensive assessment tools that acknowledge the multifaceted nature of self-care. Heerschap and Butt, in a recent integrative review of algorithmic approaches to ostomy management, also found a lack of published, validated tools to care for those living with an ostomy.⁴² This indicates that there is still an opportunity to develop comprehensive and validated assessment tools.

Strengths and Limitations

In this scoping review, the authors sought to comprehensively map the landscape of ostomy assessment tools. Using the Joanna Briggs Institute framework and the PRISMA-ScR reporting guidelines, we attempted to strengthen the rigour, reproducibility, and transparency of the scoping review process.

Despite the comprehensive nature of this study, we acknowledge its limitations. Due to the structure of the OASIS study manuscripts, findings spanning multiple themes were included in only one thematic paper for clarity and manageability, given the study's scope. This may have led to some secondary results being under-represented; for example, a tool discussed in this manuscript but related to utilization in a pediatric population would not have been included in the maternal, child, and youth manuscript. Additionally, while improving the quality of results, the decision to exclude grey literature, abstracts, and non-peer-reviewed literature may have led to the omission of new or innovative tools and resources that are not yet formally published.

We must also acknowledge that the search for this study was conducted in January 2021, and studies published after this search were not included in the review. Given the scope of the search, an update to this review was beyond the project's scope. The authors, however, believe that the findings

of this study constitute the first major mapping of the ostomy assessment literature to the date the data were collected. The results of this study provide a foundation for future reviews, allowing for a narrower focus and incorporation of evidence published after the 2021 search.

CONCLUSION

This scoping review, as part of the OASIS study, provides an overview of the literature related to ostomy assessment tools. Findings identified multiple tools used to assess the individual living with an ostomy that have been validated and address the many domains of ostomy assessment, including stoma and peristomal assessment, self-efficacy, dehydration, quality of life, and psychosocial adjustment. These tools emphasize the importance of holistic patient assessment to guide support for individuals living with an ostomy and to develop care plans.

While validated tools, such as the SACS, PSAT, OST/DET, ORFI, and OSCI, continue to be developed, gaps in the assessment needs of those living with an ostomy remain. Tools that focus on integrating the many indicators of quality of life and the many considerations in both physical and psychosocial assessment are needed. The use of validated tools within clinical practice should also be further explored, along with

their benefits for those living with an ostomy. Because non-specialized clinicians often provide care for those living with an ostomy, the continued development and dissemination of accessible, easily used tools are important for improving care.

Implications for Future Research

Future research should focus on the ongoing development and validation of tools to assist in assessing the many needs of individuals living with an ostomy. There remains limited research and ample opportunity for further research on tools for assessing quality of life, long-term adjustment, pediatric assessment, and caregiver assessment. Future longitudinal studies should also focus on patient outcomes related to the use and impact of ostomy assessment tools for individuals living with an ostomy.

Implications for Practice

The integration of evidence-based assessment tools provides clinicians with the resources to improve clinician decision-making and monitor patient progress. Tools that screen for complications and risk factors, such as dehydration, may assist with early intervention, reduce hospital readmission rates, and improve patient quality of life and well-being. Using evidence-based ostomy assessment tools may help non-specialized clinicians enhance care for those living with an ostomy across care settings. ●



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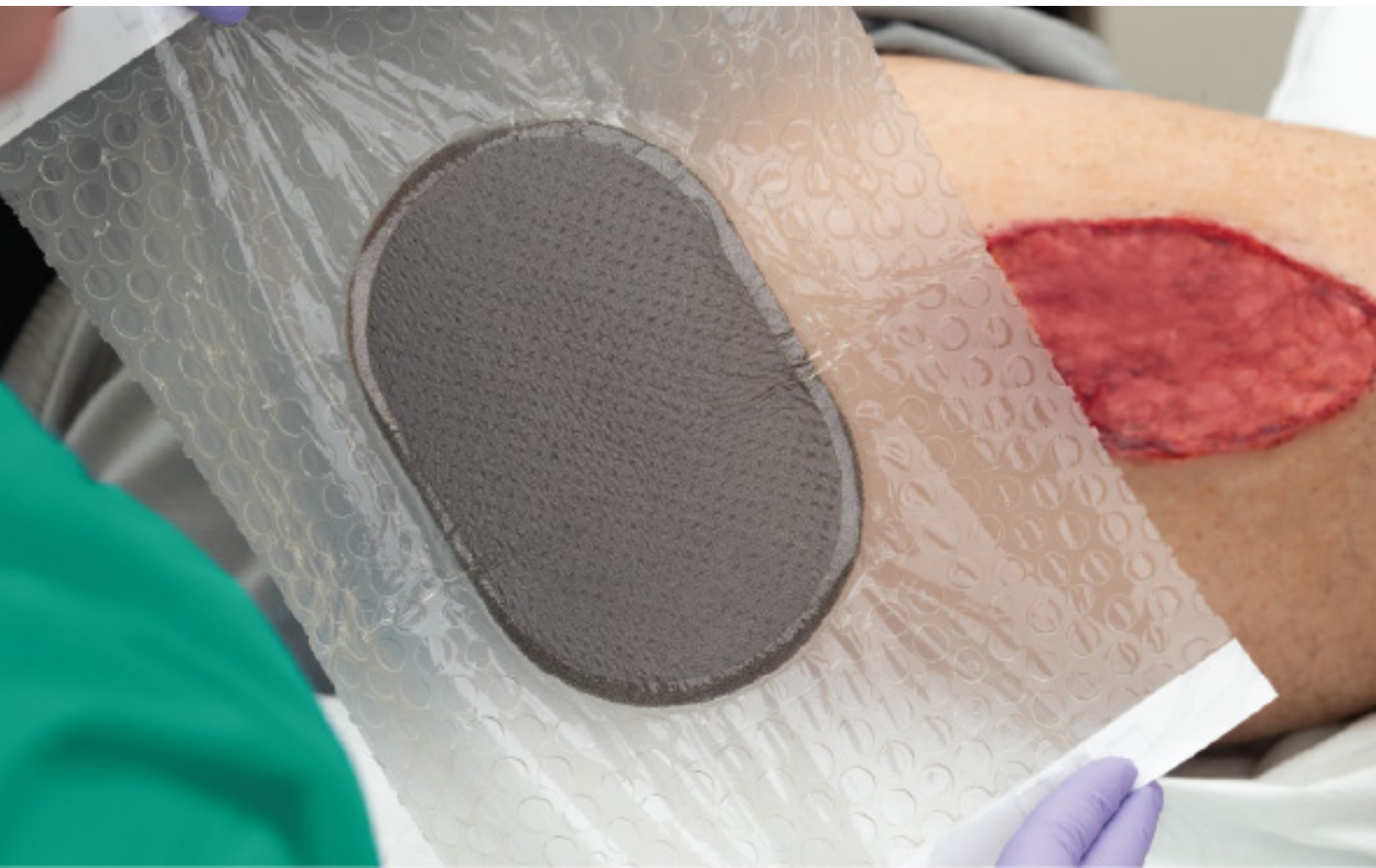
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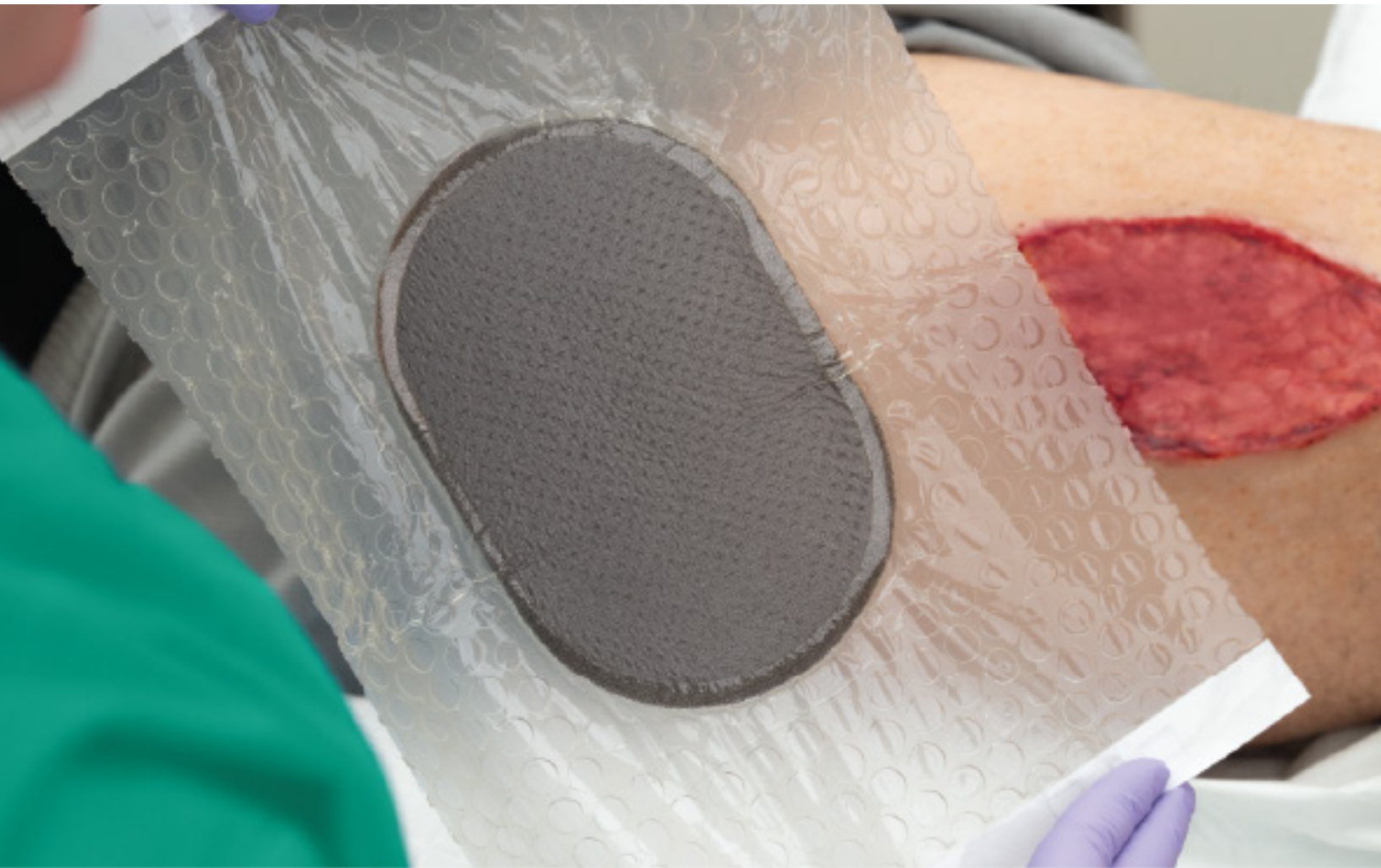
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Ostomy Assessment Systematic Integration of Studies (OASIS): Psychosocial Assessment Scoping Review

ABSTRACT

Background

Living with an ostomy can have a significant impact on psychosocial well-being and quality of life (QoL). These factors should be considered when assessing individuals living with an ostomy to guide support and resources to improve individual well-being.

Methods

The Joanna Briggs Institute (JBI) framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) were used in the development of this scoping review. This manuscript reports on the psychosocial subset of findings from the OASIS study, a large scoping review focused on assessing individuals living with an ostomy. Of 42,059 articles screened across the MEDLINE and CINAHL databases, this scoping review reports on the 114 articles included in the 383-article findings of the OASIS study that discuss psychosocial assessment in individuals living with an ostomy.

Results

This scoping review discusses the many factors that impact the psychosocial well-being of individuals living with an ostomy. Findings are discussed within 6 themes: psychosocial and emotional well-being; sexuality and intimacy; support person and caregiver roles; perioperative ostomy education; self-efficacy and independence, and clinical concerns.

Conclusions

The results of this study outline the multiple factors that affect the psychosocial well-being of individuals living with an ostomy. Consideration should be given to these factors in order to identify opportunities for support and resource allocation to improve the lives of those living with an ostomy.

Key Words: Ostomy, psychosocial functioning, nursing assessment, surgical stomas, scoping review

Intégration systématique des études sur l'évaluation des stomies (OASIS) : revue de portée de l'évaluation psychosociale

RÉSUMÉ

Contexte

Vivre avec une stomie peut avoir un impact important sur le bien-être psychosocial et la qualité de vie (QDV). Ces facteurs doivent être pris en compte lors de l'évaluation des personnes vivant avec une stomie afin d'orienter le soutien et les ressources visant à améliorer leur bien-être.

Méthodes

Le cadre du Joanna Briggs Institute (JBI) et l'extension Preferred Reporting Items for Systematic Reviews and Meta-Analyses pour les revues de portée (PRISMA-ScR)

ont été utilisés pour l'élaboration de cette revue de portée. Ce manuscrit présente le sous-ensemble des résultats psychosociaux de l'étude OASIS, une vaste revue de portée portant sur l'évaluation des personnes vivant avec une stomie. Parmi les 42 059 articles examinés dans les bases de données MEDLINE et CINAHL, cette revue de portée rend compte des 114 articles inclus dans les 383 articles retenus dans les résultats de l'étude OASIS qui abordent l'évaluation psychosociale des personnes vivant avec une stomie.

Résultats

Cette revue de portée examine les nombreux facteurs qui influencent le bien-être psychosocial des personnes vivant avec une stomie. Les résultats sont présentés selon six thèmes : bien-être psychosocial et émotionnel; sexualité et intimité; rôle des proches aidants et des personnes de soutien; éducation périopératoire en stomie; auto-efficacité et autonomie; et préoccupations cliniques.

Conclusions

Les résultats de cette étude mettent en évidence les multiples facteurs qui influencent le bien-être psychosocial des personnes vivant avec une stomie. Il convient de tenir compte de ces facteurs afin de cerner les possibilités de soutien et d'allocation des ressources pour améliorer la vie des personnes vivant avec une stomie.

Mots-clés : stomie, fonctionnement psychosocial, évaluation en soins infirmiers, stomies chirurgicales, revue de portée

Conflict of Interest

No authors note any competing interests as it relates to this study.

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Availability of Data and Materials

Data supporting the findings of this study are available within the article. A structured dataset is available from the corresponding author upon reasonable request.

Contribution Statement According to CRediT Roles

CH - Conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, supervision, validation, visualization, writing - original draft, writing - review and editing

BB - Conceptualization, data curation, formal analysis, methodology, validation, visualization, writing - review and editing

DF - Formal analysis, writing - original draft

GH - Data curation

EM - Data curation

KM - Data curation, formal analysis, visualization, writing - original draft

AL - Data curation, formal analysis, visualization

EC - Writing - original draft

MK - Writing - original draft

SW - Data curation

RK - Data curation

FH - Data curation

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INTRODUCTION

Conditions, such as cancer, inflammatory bowel disease, and trauma, often require ostomies, which involve surgically creating a stoma to divert waste from the body. Living with an ostomy significantly impacts patients' psychosocial well-being. Quality of life (QoL) is a central theme in ostomy assessment in the literature, with studies indicating that ostomies can significantly affect an individual's overall well-being. Understanding QoL is essential for ensuring effective treatment and management of individuals living with an ostomy to ensure care focus and resource provision. The concept of QoL encompasses a complex interplay of intra- and interpersonal factors, all of which undergo significant changes due to an ostomy.

Studies consistently reveal that ostomies substantially impact various facets of QoL, including physical, mental, and social health. A QoL study conducted in the United States found that a significant proportion of individuals living with an ostomy report reduced work capacity, with 56.4% reporting decreased work hours or productivity.¹ Additionally, a notable portion (60.7%) perceive themselves to be 'less healthy' compared to the general population, emphasizing the multifaceted challenges individuals living with an ostomy face.¹

Beyond occupational and perceived health impacts, ostomy-related complications, such as pouching system leakage and skin irritation, further reduce patients' QoL.²⁻³ These physical manifestations cause discomfort and pain and pose ongoing challenges to daily life, independence, and self-care routines, thereby influencing emotional well-being and social interactions.⁴

Support systems, including family, partners, friends, health care providers, and peer support groups, are crucial in helping individuals cope with their stoma.⁵ Patients often contend with anxiety and fear related to managing their condition and potential stigmatization, which can significantly impact their overall happiness and satisfaction with life.⁶ Similarly, changes in body image and perceived social acceptance due to the

visible nature of ostomies can lead to profound emotional distress and social withdrawal. Depression is also prevalent, frequently resulting from changes in body image, social isolation, and the chronic nature of their underlying conditions.⁶ In a review, Ayaz-Alkaya examined the most common psychosocial problems following ostomy surgery, including poor body image, depression, and lower psychosocial adaptation, demonstrating the profound impact of ostomy surgery on patients' mental and emotional well-being.⁷ These challenges reflect the intricate interplay between physical changes and psychological adjustments that individuals with ostomies must navigate.

Understanding and addressing these multifaceted impacts on QoL is crucial for health care providers as they assess and support individuals living with an ostomy. Clinicians can tailor comprehensive assessments and interventions by recognizing the diverse range of factors that influence QoL, including physical health, psychological well-being, social support systems, and personal perceptions. This approach aims to enhance overall patient satisfaction and resilience in adapting to and managing the challenges of living with an ostomy.

Aim

The present work is a derivative of a broader study, Ostomy Assessment Systematic Integration of Studies (OASIS), conducted in 2021, which aimed to determine the evidence base for assessing individuals living with an ostomy. The OASIS scoping review findings have been presented across 5 papers, including: (1) assessment tools, (2) psychosocial assessment, (3) maternal, child, and youth assessment, (4) physical assessment, and (5) complication assessment. This article explores the psychosocial dimensions of living with an ostomy, focusing on how ostomies impact mental health, emotional well-being, social interactions, and overall QoL. This review systematically integrates studies addressing these psychosocial aspects, aiming to provide insights into effective assessment strategies and to support interventions for individuals living with an ostomy.

Identification of Research Questions

The primary research question for this study was: What is the evidence base related to assessment of individuals living with an ostomy? This question is written in accordance with the PCC Framework, which stands for population, concept, and context,⁸ where the population is individuals living with an ostomy, the concept is the assessment of the individual living with an ostomy, and the context is the evidence base related to the assessment of individuals living with an ostomy.

Methods

A detailed description of the methods is provided in the article, "Ostomy Assessment Systematic Integration of Studies (OASIS): Assessment Tools Scoping Review", in this issue of the *Canadian Journal of Wound, Ostomy and Continence*. (See pages 15-16) The OASIS Study follows the Joanna Briggs In-

stitute (JBI) framework and the Preferred Reporting Items for Systematic Review and Meta-Analyses extension for Scoping Review (PRISMA-ScR) and was not preregistered.^{8,9}

A wide-ranging search for the methods used to assess individuals living with an ostomy was conducted in January 2021 across the MEDLINE and CINAHL databases. To gather all relevant data, no limitations or filters were applied during the search. The search process is summarized as a PRISMA flow diagram shown in Figure 1.

Covidence[®] software for systematic reviews was used, allowing 7 independent reviewers to double-screen and select articles based on their titles and abstracts, as well as the inclusion and exclusion criteria. A Nurse Specialized in Wound, Ostomy and Continence (NSWOC) reviewed any conflicts. Following this screening, 2 NSWOCs conducted a dual screening of the full texts and reached consensus through deliberations on any disagreements regarding article selection.

A table that includes the author, year, country of origin, purpose and aim, research design, sample and setting, data analysis method, results, and any other comments was created for each article. The reviewers then used the table to create a searchable database of the articles based on their findings, following the content analysis approach by Elo and Kyngas.¹⁰ The findings were then summarized and presented following the PAGER Framework developed by Bradbury-Jones et al., including the patterns in the data, the advances to scientific knowledge, gaps in the literature, evidence for practice, and recommendations for future research.¹¹ Table 1 shows this PAGER Framework summary.

Results

The OASIS review located 42,059 articles throughout 2 databases. Of these articles, 30,035 were double-screened for relevance. The full text of 741 articles was screened, leading to the inclusion of 383 studies in the overall OASIS study. Given the breadth of results, these studies were reported across 5 thematic manuscripts: assessment tools; maternal, child, and youth assessment; physical assessment; psychosocial assessment; and complication assessment. In instances where an article addressed multiple themes, only those findings relevant to the assigned manuscript were extracted. This decision of theme allocation was based on thematic alignment or practical distribution across manuscripts. An overview of the complete study methodology by Heerschap et al.¹² is included in this issue of the *Canadian Journal of Wounds, Ostomy and Continence*. (See pages 15-16) The following search results focus on the psychosocial assessment findings of this literature review.

Characteristics of Sources of Evidence

A total of 114 articles were included in the summary of findings for the psychosocial assessment of an individual living with an ostomy. The author, year, and country of the study,

Figure 1: PRISMA Flow Diagram

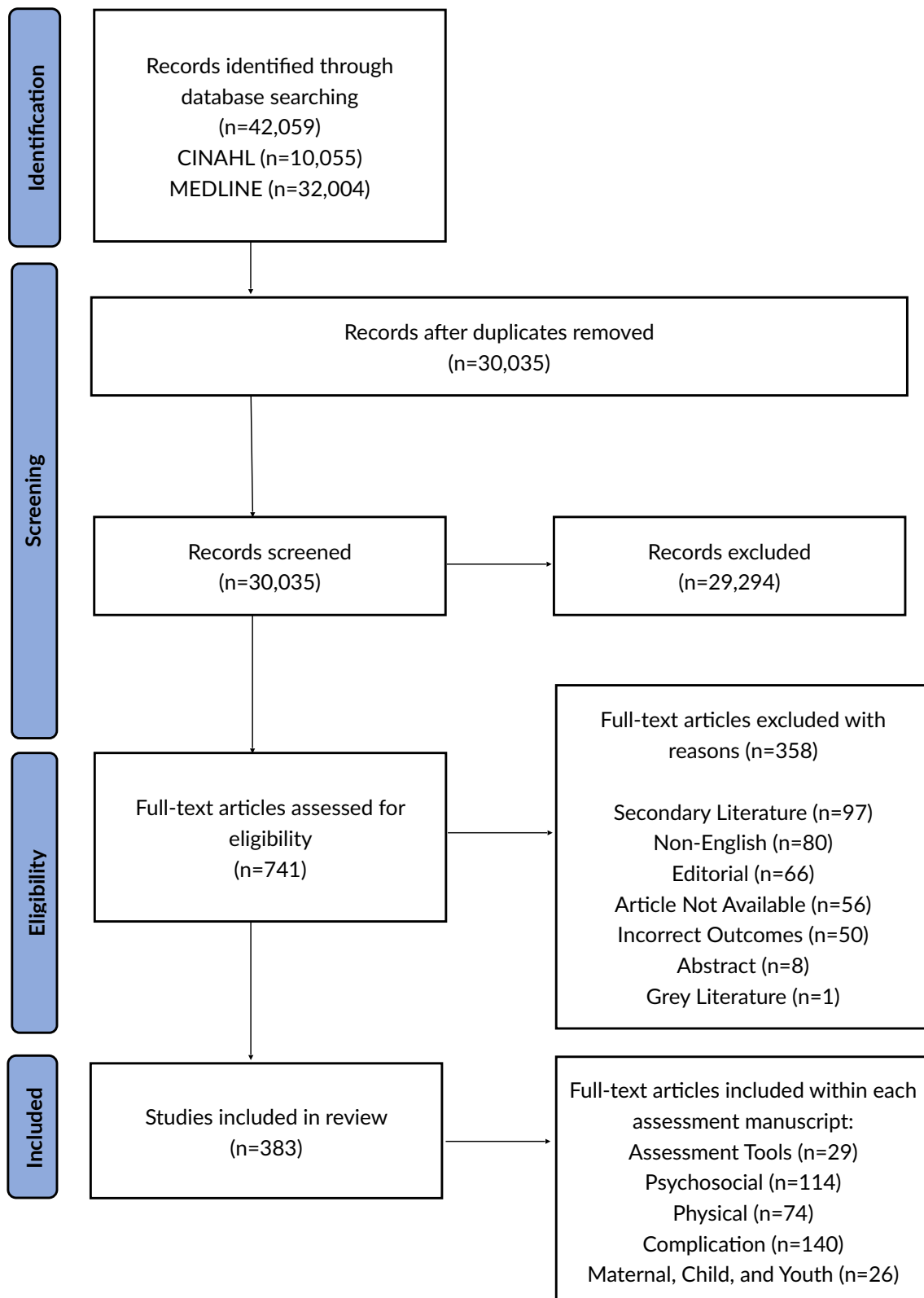


Table 1: PAGER Framework

PATTERN	ADVANCES	GAPS	EVIDENCE FOR PRACTICE	RESEARCH RECOMMENDATIONS
Psychosocial and Emotional Well-Being	Studies discuss the emotional distress, anxiety, depression, and changes to body image that should be assessed when caring for those living with an ostomy. Some discussion was found in the literature related to positive adaptation over time and with education.	There was wide variation in items that should be assessed regarding psychosocial well-being for those living with an ostomy. There remain limited perspectives considering changes over time.	Findings can assist with developing structured assessments related to psychosocial domains such as those related to emotions, body image, and changes over time.	Definitions should be developed for psychosocial domains that should be included in standardized psychosocial assessment for those living with an ostomy.
Lifestyle and Social Impact	Anxiety and fear related to stigmatization can affect those living with an ostomy. Changes to employment status and financial concerns related to the ostomy are also a recommended consideration when assessing an individual living with an ostomy.	While becoming more of a recognized issue in the literature, integration into routine assessments related to the lifestyle and economic impacts of living with an ostomy is needed.	Adaptations to living with an ostomy, including social participation and financial strain, may be beneficial to assess when caring for an individual with an ostomy.	Developing a greater understanding of the psychosocial impacts leading to changes in the daily lives of those living with an ostomy would be beneficial to assist with formation of new and updated psychosocial assessment frameworks.
Sexuality and Intimacy	Changes to sexuality and intimacy, both physical and psychosocial, when living with an ostomy have been noted in the literature and should be considered when assessing an individual living with an ostomy.	Sexual health is shown to have a significant impact on those living with an ostomy and further research into the outcomes of assessing for changes to sexual health when living with an ostomy is lacking.	Where appropriate, consider assessing sexual health and relationships to support knowledge and provide resources to those living with an ostomy.	Further research is needed on integrating sexual health assessments into care and understanding how support can be provided to those experiencing sexual dysfunction and relationship strain.
Self-Efficacy and Support Systems	The impact of social relationships among family, peers, and health care providers and the impact they have on the psychosocial well-being of the individual living with an ostomy is discussed in the literature.	While the literature noted that the assessment of psychological stress and self-confidence was important, understanding how this should be integrated into provision of care and the impact it may have need to be addressed.	Assessment of adequate social support may assist with understanding how those living with an ostomy can be best supported with regards to their psychosocial well-being.	Further research should seek to understand how assessment of self-efficacy and support systems can impact education and how this may impact the individual living with an ostomy's overall well-being.
Perioperative Ostomy Education	Evidence demonstrates that pre- and postoperative education can impact adaptation, self-efficacy, and confidence in ostomy management. Ongoing education may enhance long-term adjustment to living with an ostomy.	The impact of psychosocial education alongside clinical teaching remains an important topic to address in the setting of living with an ostomy.	Routine assessment of knowledge should be considered when determining ongoing educational needs to promote adaptation and confidence.	Future research should focus on standardized educational offerings and their impact on psychosocial well-being pre- and postoperatively.
Clinical Concerns	Outcomes discussed the correlation between common complications when living with an ostomy, such as leakage and peristomal complications and psychosocial implications.	A need for improved understanding on the long-term psychosocial impact of persistent ostomy complications remains.	Assessment of physical complications and their psychosocial impact may assist with addressing holistic needs for those living with an ostomy.	Further research is needed to explore the long-term impact of clinical complications on psychosocial well-being.

along with its aims were summarized to provide context for the findings. The publication years of the 114 studies were relatively evenly distributed, with the majority occurring between 2015 and 2019 (n=32) and the remainder occurring before 2000 (n=23), from 2000 to 2009 (n=24), from 2010 to 2014 (n=25), or from 2020 to 2021 (n=10). Most studies were conducted in the United States (n=22). The rest were administered in the United Kingdom (n=16), Turkey (n=9), Sweden (n=7), China (n=7), Brazil (n=5), Germany (n=5), Denmark (n=4), and the Netherlands (n=4). Australia, Iran, Italy, and Spain contributed 3 articles each. Japan, Finland, South Korea, Singapore, and Taiwan contributed 2 articles each, while Belgium, Canada, the Czech Republic, Egypt, India, Ireland, Israel, Mexico, New Zealand, Norway, Saudi Arabia, Slovenia, and Poland accounted for 1 article each. Most articles reported obtaining ethics approval (n=61); the remainder did not (n=53).

Most articles explored factors affecting patients' QoL, including physical and medical factors, psychological and emotional well-being, social and support systems, demographic factors, nurse type, and financial and practical concerns (n=57). Many articles examined the lifestyle changes experienced by patients, including physical, sexual, and social changes (n=21). The remaining articles sought to identify factors impacting mental and psychosocial health, such as independence, stoma education, and coping abilities/styles (n=18); cases specific to patients with spinal cord injuries (n=7); and treatment plans and health care professional involvement (n=6).

Results of Individual Sources of Evidence

Following our inductive content analysis approach, the findings from this portion of the OASIS review were grouped into 6 themes: (1) psychosocial and emotional well-being; (2) sexuality and intimacy; (3) support person and caregiver roles; (4) perioperative ostomy education; (5) self-efficacy and independence, and (6) clinical concerns.

Psychosocial and Emotional Well-Being

Participants living with a stoma reported varied psychosocial and emotional stressors caused by stoma creation. These stressors can be grouped into psychological and lifestyle impacts.

Psychological Impact

Findings outlined multiple psychological impacts on those living with an ostomy, stressing the need to conduct assessments on the patient's psychological well-being. Emotional distress, namely anxiety, related to stoma creation was a prevalent theme throughout the literature; however, it was noted that anxiety scores tended to decrease over time, especially when targeted interventions were provided to the patient.¹³⁻²¹ Tseng et al. noted that stressors, such as urination, exhaustion, and fear of disease recurrence negatively affected the emotional health of the patient.²² Knowledge of stoma care positively correlated with improved emotional well-being and social adjustment.²³ Some studies found little difference in

QoL when comparing individuals living with an ostomy with the general population.²⁴⁻²⁶ Other studies, such as that by de la Quintana Jiménez et al., found that after ostomy formation, a patient's QoL improved after 3 months ($p < 0.001$).²⁷ Liu et al. found that among colorectal cancer survivors with an ostomy, fistulas were associated with a reduced health-related QoL.²⁸

Further research also discussed similar outcomes for those with spinal cord injury. Despite over half being unsatisfied with their bowel care program, it was found that their QoL was equal to that of the general ostomy population.²⁹ Interestingly, a significant number of participants explained that their colostomy was beneficial, and some wished that they had undergone the procedure sooner.³⁰⁻⁴⁰

Several studies highlighted changes in self-esteem, body image, and social interactions following stoma creation.⁴¹⁻⁴⁴ Patients who independently managed their stoma care demonstrated significantly higher adjustment scores than those who did not.²³

Depression was a common theme that impacted those living with an ostomy.⁴⁵⁻⁴⁷ Davidson noted that 25% felt somewhat depressed, 15% reported being very depressed, and 4% reported suicidal thoughts due to their stoma.⁴⁸ Depression was observed to be more prevalent in those obtaining permanent stomas when compared to those obtaining temporary stomas.¹⁶ However, depression and anxiety scores were significantly lower in those who were more independent in their ostomy care.²³

Lifestyle Impact

Individuals living with an ostomy reported multiple issues affecting their lifestyle and social lives, including self-consciousness, social withdrawal, and employment and economic variables. A survey by Notter & Chalmers found that 188 of 470 respondents reported restrictions on their activities of daily living.⁴⁹ Participants noted that their stoma interfered with the way they dressed. Respondents indicated that they often wore baggy or loose-fitting clothing to conceal their collection device, thereby losing individuality.^{42,48}

Social withdrawal was prevalent among those living with an ostomy.⁵⁰⁻⁵⁹ Kirkpatrick et al. found that one-third of patients reported a negative impact on their social life since obtaining their stomas.⁶⁰ Some individuals resumed consuming alcohol, though most did not exceed alcohol intake recommendations.⁶¹

One such impact was a change in employment status as noted by Nordström & Nyman.⁶² After controlling for age, income, race/ethnicity, and physical health, the additional variance attributed to financial struggles was statistically significant.^{63,64} This stresses the importance of assessing the financial burden on those living with an ostomy, along with other lifestyle factors, including impacts on patient self-consciousness and social well-being.

Sexuality and Intimacy

Sexual dysfunction and altered perceptions of intimacy were common themes across the included studies, stressing the importance of sexual health assessment in individuals living with an ostomy.^{41,42,59,65-75} Sexual dysfunction led to altered perceptions of sexuality, leading to feelings of shame, disinterest, and avoidance of relationships.^{42,76} Those not already in relationships reported greater markers of shame and disinterest in sexuality, which highlighted the importance of a supportive social relationship.⁴² Davidson et al. found that more than half of the men in their study indicated that they had problems getting/maintaining an erection.⁴⁸ A study comparing individuals living with a colostomy with and without a cancer diagnosis found that those with a cancer diagnosis were less sexually satisfied than individuals living with a colostomy without a cancer diagnosis.⁷⁷ Charua-Guindic et al. found that overall, participants stated that their QoL was acceptable, except for sexual function.⁷⁴ Given these significant findings of the effect of living with an ostomy on sexual well-being, care providers should consider this factor when assessing an individual living with an ostomy.

Support Systems

Many studies emphasized the importance of a social support system^{48,78-82} that often includes friends, family, and peer support groups.^{42,83} Caregivers and partners play an important role in ostomy adjustment, stress management, and overall patient satisfaction.⁸⁴⁻⁸⁷ Leyk et al. found that the longer an individual lives with an ostomy, the greater the need for social support.⁸⁸ Access to medical staff was also found to be a significant predictor of an individual's psychosocial adjustment.⁸⁴ Careful monitoring of psychological distress by the health care team is important to enable timely intervention.⁸⁹⁻⁹² Scarpa et al. found that elderly patients required more support from medical staff than younger individuals in terms of adjustment and ostomy care.⁹³ Given the significant impact that support systems have on an individual living with an ostomy and their psychosocial adjustment, it is reasonable to include an assessment of support systems when assessing an individual living with an ostomy.

Perioperative Ostomy Education

A prevalent theme across studies was the need for adequate stoma education, both pre- and postoperatively. Studies found that education in stoma care and function improved patient adaptation and confidence.^{23,65,94-105} Persson et al. found that preoperative stoma marking led to an improved QoL, as patients had a clearer idea of what to expect after surgery regarding stoma location.¹⁰⁶ Education on proper management tools (e.g., accessories and adhesives) and professional support reduced leakage and skin complications and improved self-efficacy.^{107,108} However, it was noted that individuals spending more on ostomy care out-of-pocket to obtain the correct supplies reported a lower QoL.¹⁰⁹ Finally, Celik et al. stressed the importance of ongoing training in stoma management to enhance patient adjustment and satisfaction.¹¹⁰ Based on the data from the studies above, assessment of the pa-

tient's knowledge and understanding of their ostomy, including formal ostomy education in care, will enhance the ability for those living with an ostomy to adapt and boost confidence.

Self-Efficacy and Independence

Stoma care and self-efficacy have been identified as predictors of psychosocial adjustment, with one study attributing 57.5% variance in adjustment to these factors.¹¹¹ Research has shown that patients who independently manage their stoma care tend to experience better psychosocial outcomes compared to those who rely on others.^{96,112} However, Nam et al. found that self-efficacy alone was not a statistically significant predictor of psychosocial adjustment, emphasizing that strong support systems played an influential role.⁸⁴ Despite this, self-efficacy has been positively correlated with QoL in several studies.^{113,114}

Clinical Concerns

Physical and clinical challenges are common among individuals with a stoma, impacting individual psychosocial well-being and leading to fear and self-consciousness with frequent issues, including skin irritation, leakage, and difficulty adjusting to life with an ostomy.^{55,58,94,115-117} Factors, such as the type of ostomy (ileostomy vs. colostomy), the quality of preoperative care (including stoma site marking and patient education), and demographic variables (such as age and income), influence these complications.^{94,118-119}

Effective management of peristomal skin conditions and leakage is essential for enhancing physical and psychological comfort and improving overall QoL. Additionally, Ito et al. demonstrated improvements in bodily pain scores following surgical intervention, indicating some physical relief postoperatively.¹²⁰ Surgical preparation plays a critical role, as preoperative measures, such as stoma site marking and patient education, are linked to better outcomes and fewer complications, including improved adjustment to the new ostomy.⁹⁴ Nonetheless, concerns related to fecal leakage, odour, and altered body image remain significant. These fears contribute to self-consciousness and often result in concealment through clothing, reduced participation in daily activities, and social withdrawal.^{50,58,121-126} Based on the data, assessing variables that impact physical and clinical management for those living with an ostomy would benefit patients.

DISCUSSION

Summary of Evidence

Within this section of the OASIS scoping review, we identified 114 studies with 6 themes related to psychosocial assessment. Some 52 studies focused on psychosocial and emotional well-being, while 13 focused on sexuality and intimacy. Additionally, 16 studies addressed support persons and caregiver roles. Stoma education and care were also identified as relevant to the psychosocial assessment of those living with an ostomy in 17 studies. Self-efficacy and independence were common themes discussed in 4 of the included studies. A total

of 12 studies identified physical and clinical concerns often faced by individuals living with an ostomy, which may affect psychosocial well-being.

Emotional distress was a prevalent theme across studies. Feelings of anxiety, depression, and diminished self-esteem negatively impacted the everyday lives of those living with an ostomy. Some notable stressors that contributed to these feelings included fear of disease recurrence, exhaustion, and anxiety with urination. However, some individuals living with an ostomy found their colostomy beneficial and improved their QoL. The thematic analysis findings of this study align with those of Heerschap & Duff, who found that in the immediate postoperative period, individuals can experience a negative association between self-esteem and obtaining an ostomy. In contrast, others felt it would not affect their self-esteem.¹²⁷ These results further underscore the importance of assessing psychosocial determinants in individuals living with an ostomy to provide the best resources and a tailored approach to supporting their emotional well-being.

The creation of a stoma affects the lifestyle of individuals living with an ostomy. Some impacts include social withdrawal, changes in clothing selection, and changes in employment/economic variables. The literature has found financial hardship associated with ostomy costs to be statistically significant.^{63,64} Based on these findings, it may be beneficial to assess the patient's lifestyle perioperatively to ensure adequate support is provided. This is supported by LeBlanc et al., who explored the financial implications of ostomies in a Canadian context.¹²⁸ They found that living with an ostomy can impose a financial burden on the individual.¹²⁸

Sexual dysfunction was a common trend across articles included in this study. Feelings of shame, disinterest in sex, and the avoidance of sexual relationships were found to be common among those living with an ostomy. Men often reported difficulties getting/maintaining an erection, and participants often indicated that their QoL was acceptable in all aspects except for sexuality. Research conducted by Vural et al. supports these findings, demonstrating a relationship between individuals living with an ostomy and sexual dysfunction in their research.¹²⁹ These results suggest that assessment for changes in sexuality and intimacy after ostomy surgery may be warranted.

The need for social support systems was a prevalent theme across the included studies. Support systems included friends, family, peer support groups, and medical professionals. These relationships were essential for ostomy adjustment, stress management, and patient satisfaction. The literature search demonstrated that the length of time an individual lives with an ostomy increases their need for social support, with elderly patients requiring more support from medical staff for adjustment and ostomy management.^{88,93} This has also been demonstrated in recent research by Tan et al., who found that those living with an ostomy identified a need for social support.¹³⁰

This social support included peers, friends, and professionals. The evidence highlights the importance of screening for support systems in the perioperative phase for those living with an ostomy.

Perioperative education proved beneficial for patient adaptation and confidence. It was found that education on stoma management tools supported reduced leakage and skin complications and improved self-efficacy. Moreover, preoperative stoma marking was shown to impact QoL and improve patient outcomes.⁹⁴ Recent literature supports these results. In a study by Lin et al., patients who received ostomy education showed improvements in readiness for hospital discharge, stoma self-management, and social adaptation.¹³¹ Findings suggest that assessing the individual living with an ostomy and providing stoma education would be beneficial.

The literature found self-efficacy and independence to be strong predictors of a patient's psychosocial adjustment. Patients who independently managed their stoma care reported better psychosocial adjustment than those who relied on others for assistance. However, self-efficacy alone was not a significant predictor of adjustment, emphasizing the need for strong support systems. A recent study by Özden & Kiliç, which found that self-efficacy is an important factor in a patient's adaptation to life with a stoma, supported these outcomes.¹³² The authors recommended stoma education to improve patient self-efficacy. These findings indicate that assessing a patient's ability to manage their own stoma care may improve outcomes and provide an opportunity to support psychosocial adjustment to an ostomy.

Individuals living with an ostomy often face challenges with skin irritation, leakage, and difficulty adjusting to life with an ostomy. Adequate management of these variables is crucial for improving physical comfort and QoL. Fears related to fecal leakage, odour, and body image remain significant, with patients often concealing their collection device with baggy clothing and isolating from others. Osborne et al. reported similar findings, noting that peristomal skin complications correlated with reduced QoL among individuals living with an ostomy.¹³³ These results underscore the need to assess patients holistically, considering both physical challenges to care and their impact on patients' psychosocial well-being.

Strengths and Limitations

This article provides an extensive literature review, maximizing the likelihood of capturing relevant literature up to January 2021. Over 42,000 records were identified across MEDLINE and CINAHL with no filters applied, and 384 studies were included overall, 114 of which addressed the psychosocial dimension of assessment for those living with an ostomy. Screening of these articles included dual screening and conflict review by a NSWOC, and 2 NSWOCs reviewed all full-text articles. This multi-reviewer process reduced the risk of selection bias. The review followed the JBI Framework and PRISMA-SCR, ensuring transparency in the search strategy,

study selection, data extraction, and presentation of findings. Furthermore, the use of the content-analysis framework discussed by Elo and Kyngäs¹⁰ and the Bradbury-Jones et al.¹¹ PAGER framework provided a systematic approach to organizing results and clearly presenting study findings.

This article reports on a subset of the OASIS scoping review's findings. As Heerschap et al.¹² discussed, findings from articles addressing multiple themes were allocated to a single theme-based manuscript. This approach may have led to the exclusion of some secondary findings in the literature.

Because the search for this study was conducted in January 2021, studies published after this time were not included. An update to the review was beyond the scope of the project prior to publication; however, the findings of this study are the first major mapping of ostomy assessment up to 2021 and provide a baseline for future reviews to focus more narrowly, particularly on incorporating post-2021 evidence.

Grey literature, editorials, abstracts, and secondary literature were excluded to ensure only peer-reviewed primary studies informed the results, enhancing methodological rigor. This decision may have omitted emerging or non-index insight that could guide future research. The decision was also made to omit publications in languages other than English. While this omission may have skewed geographic representation, multiple published works have noted that restricting outcomes to English-language publications did not change the conclusions of systematic reviews.^{134,135} Finally, it should be noted that the psychosocial research results are based on data from 32 countries, providing a broad international context for our findings.

CONCLUSION

This scoping review highlights the importance of conducting a comprehensive assessment, including the many associated psychosocial impacts of living with an ostomy. This review included 114 articles, uncovering 6 themes: psychosocial and emotional well-being, sexuality and intimacy, support person and caregiver roles, perioperative ostomy education, self-efficacy and independence, and clinical concerns. Studies from a diverse geographic context discussed the many compounding variables affecting a patient's psychosocial well-being, including anxiety and depression, changes to self-esteem and body image, social withdrawal, sexual dysfunction, and physical concerns. Assessing these changes, along with the individual's understanding and confidence of living with an ostomy, may allow for targeted education, greater independence, and improved QoL.

Implications for Future Research

The broad scope of the psychosocial variables identified in this review underscores the importance of developing and validating a standardized assessment tool. This tool should comprehensively capture the psychosocial well-being of in-

dividuals living with an ostomy, including body-image concerns, sexual health, social supports, self-efficacy, and clinical challenges. Longitudinal research would also be beneficial to examine how psychosocial outcomes change over time after surgical intervention. There is also a noted gap in post-2021 data, suggesting that an updated scoping review for the period after 2021 could provide additional data focusing on emerging challenges and potential initiatives impacting psychosocial well-being among individuals living with an ostomy. Furthermore, there would be benefits to interventional trials that evaluate interventions, such as the impact of educational programs and coping strategies, and quantify the financial burden on individuals living with an ostomy and its impact on their psychosocial well-being.

Implications for Practice

Recognizing that this scoping review does not include formal quality appraisal results should inform practice rather than dictate. Clinicians should consider incorporating multicomponent psychosocial screening into their practice. Incorporating preoperative education and stoma site marking by an ostomy nurse and assessing knowledge can improve confidence in managing the ostomy and adjusting to living with an ostomy postsurgery.⁹⁴ During the postoperative stage, assessments of anxiety, depression, and self-esteem may help identify the need for increased psychosocial support, especially for those individuals living with a permanent ostomy who have been shown to have higher rates of depressive symptoms.¹⁶ Given the challenges faced by individuals living with an ostomy related to sexual health discussed by de Sousa et al.⁴² and Anaraki et al.,⁷⁷ assessing for challenges related to sexual health, possibly through the use of screening questions or by offering written resources, may assist in identifying those experiencing challenges. Finally, assessing the individual's financial concerns can help identify needs for additional resources and guide discussion about these resources where they exist. The results of this study emphasize the importance of assessing the individual living with an ostomy and the many variables that affect their psychosocial well-being, enabling targeted care to address negative psychological and social changes. ●

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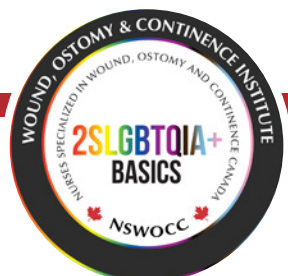
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