Improving Self-Efficacy and Self-Care in Adult Patients With a Urinary Diversion: A Pilot Study

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Purpose/Objectives: To evaluate the feasibility and acceptability of a multimodality educational intervention for improving self-efficacy (SE) and self-care in patients with a new urinary diversion (UD).

Design: Two-arm randomized, controlled trial.

Setting: Academic medical center in New York.

Sample: 8 adults diagnosed with bladder cancer requiring UD.

Methods: A multimodality educational intervention consisting of video, Microsoft PowerPoint® slides, and medical illustrations was developed. SE was assessed pre- and postintervention related to care of the UD. Education scale scores provided evidence for intervention acceptability and assessment of UD self-care skills.

Main Research Variables: Feasibility, acceptability, results of SE, and self-care scales.

Findings: Enrollment and retention was 100%. All participants took part in every aspect of the study. No issues were apparent with administration of the study; however, a lack of self-care independence was noted between the study arms. The control group was younger in age than the intervention group.

Conclusions: A supplemental multimethod educational intervention is acceptable in this population and feasible to integrate into hospital care or into an appropriately powered study.

Implications for Nursing: A need exists for ongoing postdischarge support and education in this population. Additional studies are needed to determine the best approach for this.

Bladder cancer continues to be a significant health problem, with an estimated 79,030 Americans being diagnosed in 2017 (Siegel, Miller, & Jemal, 2017). A majority of bladder cancer originates in the transitional cell epithelium lining the bladder wall; 30% of these cases are estimated to invade the muscle wall of the bladder (Chou et al., 2016; National Cancer Institute, 2017). The gold standard for treatment of muscle invasive bladder cancer consists of radical cystectomy with a urinary diversion (UD), constructed with segments of small and large intestines (Mohamed et al., 2012). Three types of UDs are used: incontinent conduit (IC), continent cutaneous diversion (CCD), and orthotopic neobladder (ONB) (Lee et al., 2014). The IC is an incontinent diversion that empties urine through a stoma on the abdominal wall into an ostomy bag; the most common type is referred to as ileal conduit. The CCD is a UD that requires intermittent catheterization of a stoma located on the abdominal wall when healed. The ONB is a form of continent UD that is anastomosed to the native urethra and allows normal micturition when healed (Lee et al., 2014) (see Figures 1–3).

New self-care skills are required to manage a UD after surgery; the patient and his or her family will ultimately be responsible for care of the UD once discharged.