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## An Integrative Review: Best Practices for Educating and Engaging Care Partners of Patients with New Ostomies

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**Best Practices for Educating and Engaging Care Partners of Patients with New  
Ostomies**

**An Integrative Review**

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Master of Science in Nursing- Nursing Administration and Transformational Leadership

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## **ABSTRACT**

**PURPOSE:** The purpose of this integrative review was to identify and synthesize the best practices of engagement and education for care partners of patients with new ostomies to support adaptation.

**METHODS:** Five-stage integrative review process: (1) problem identification, (2) systematic literature search, (3) data evaluation, (4) data analysis, and (5) presentation.

**RESULTS:** Four themes with sub-themes emerged to understand effective engagement and education of care partners: (1) care partner influences on patient outcomes; (2) care partner needs; (3) barriers to care partner adaptation; and (4) diverse engagement strategies. Each theme and sub-themes related to care partners could not be separated from the ostomy patients' needs and experiences.

**CONCLUSION:** The interconnected relationship between ostomy patients and their care partners greatly influences physical, psychosocial, and medical outcomes. Best practices of education and engagement of care partners should be considered for the development of new ostomy care delivery models to improve patient outcomes and support adaptation.

**KEY WORDS:** Care partners, caregiver, ostomy, education, engagement

## **Introduction**

Approximately 750,000 to 1 million Americans are living with an ostomy, a surgically created connection from the urinary or intestinal tracts to an opening on the abdominal surface (United Ostomy Associations of America [UOAA], Inc., 2022). According to the UOAA, the patient population continues to grow with 100,000 new ostomy surgeries performed each year in the U.S. (2022).

High rates of post-operative complications have been reported in this patient population, causing barriers that affect adaptation. Persons with ostomies have identified that supportive and knowledgeable care partners contribute to improved outcomes. Evidenced-based clinical practice guidelines for ostomy management recommend care partners actively participate in the ostomy patients' care across the recovery continuum from dependence to adaption (Wound, Ostomy and Continence Nurses Society Guideline Development Task Force, 2018). Stavropoulou et al., (2021) found guidelines addressing the care partners' experience and knowledge is a current gap in literature. The purpose of this integrative review is to identify and synthesize the best practices of engagement and education for care partners of patients with new ostomies.

## **Background**

Care partners' education is typically focused on supporting ostomy patients transitioning from acute management to long term self-management, towards the goal of adaptation. Engagement practices for care partners include the intervention method and the timing of implementation throughout the phases of the care continuum. The ostomy patient is defined as a patient with a fecal or urinary diversion, temporary or

permanent. The care partner is the individual identified by the patient or legal guardian to participate, assist, and/or manage care for the patient. The patient's adaptation is defined by positive interactions and outcomes to environmental stimulus (Nursing Theory, 2020). As related to the ostomy population, adaptation phase includes acceptance of changes due to the ostomy procedure and self-management of associated care for the patient and care partner.

Post-operative complications commonly range from 53%-70% of ostomy cases, attributing to the vulnerability of the patient population (Persson et al., 2010). Targeted nurse-driven interventions have been found to be an effective strategy to mitigate ostomy complications and improve quality of life (Byfield, 2020). According to the Wound Ostomy Continence Nursing (WOCN) Society, addressing self-care knowledge and skills; medications; and care coordination prior to leaving the hospital are interventions linked to better patient outcomes (WOCN Society, 2018).

Over the past decade, many hospitals have established enhanced recovery programs (ERP) following ostomy surgeries with the goal to reduce the average hospital length of stay to 3-4 days (Miller et al., 2017). While there are many favorable outcomes of ERP, one adverse result has been the limited interactions with trained healthcare professionals (HCPs) or ostomy specialists (ex. certified ostomy nurses) in the post-operative phase. Thus, placing a greater demand on care partners and families to support ostomy education and adaptation after hospital discharge (Keng et al., 2021).

Common patient-family care models of healthcare delivery often include care partners but have historically focused solely on patients' needs and adaptation goals.

Researchers have found that targeted ostomy education for care partners can improve their unique physical, psychosocial, sexual, and financial experiences, leading to higher quality of life and earlier adaptation (Altschuler et al., 2017; Rafiei et al., 2020; Saracco et al., 2019). Implementing effective engagement strategies for learning ostomy support using novel, innovative care delivery models and technology can also affect care partners' well-being (Wan et al., 2022; Zhang et al., 2021).

The importance of the care partner's role in the recovery and adaptation of an ostomy patient is well established. A gap exists in the literature on best practices specifically for supporting and educating the care partners of the ostomy population. Identifying best practices of care partners' education and engagement could improve the ostomy patients' adaptation and quality of life. The aim of this integrative review is to gain better understanding of the best practices for engagement and education of care partners supporting patients with new ostomies.

## **Methods**

Whittemore and Knaf's (2005) framework was utilized as the primary methodology to conduct this integrative review with supplemental guidance from Toronto and Remington (2020). Whittemore and Knaf's five stages outline the methodology used including problem identification, systematic literature search, data evaluation, data analysis, and presentation (2005). RefWorks was used as the primary citation management resource tool.

### ***Problem Identification***

The aim of the integrative review (IR) was to review current literature that addressed best practices of engagement and education for care partners of patients

with new ostomies. The goal of ostomy education is to assist the patient towards adaptation. Components of achieved adaptation include competent self-management skills, adequate quality of life, and maintaining a sense of independence and control (Millard et al., 2020). Best practices to engage and educate care partners include standards and recommendations to successfully support ostomy patients' goal towards adaptation. The ostomy patient is defined as a patient with a fecal or urinary diversion, temporary or permanent. The care partner is the individual identified by the patient or primary care partner to participate, assist and/or manage care for the patient.

### ***Literature Search***

Databases that contain nursing research were searched to find published, peer reviewed literature including: CINHALL Plus; ProQuest: Health & Medical Collection; Gale OneFile: Health and Medicine; Health Source: Nursing/Academic Edition; Medline with full text; Ovid Nursing Collection; and PubMed Central. Quantitative, qualitative, mixed-methods, and meta-analysis study types were screened to find relevant records pertaining to the stated aim. Key search terms were ostomy, family, education, engagement, care partners, caregivers, adaptation, surgery. Records were included and excluded based on predetermined criteria (Table 1).

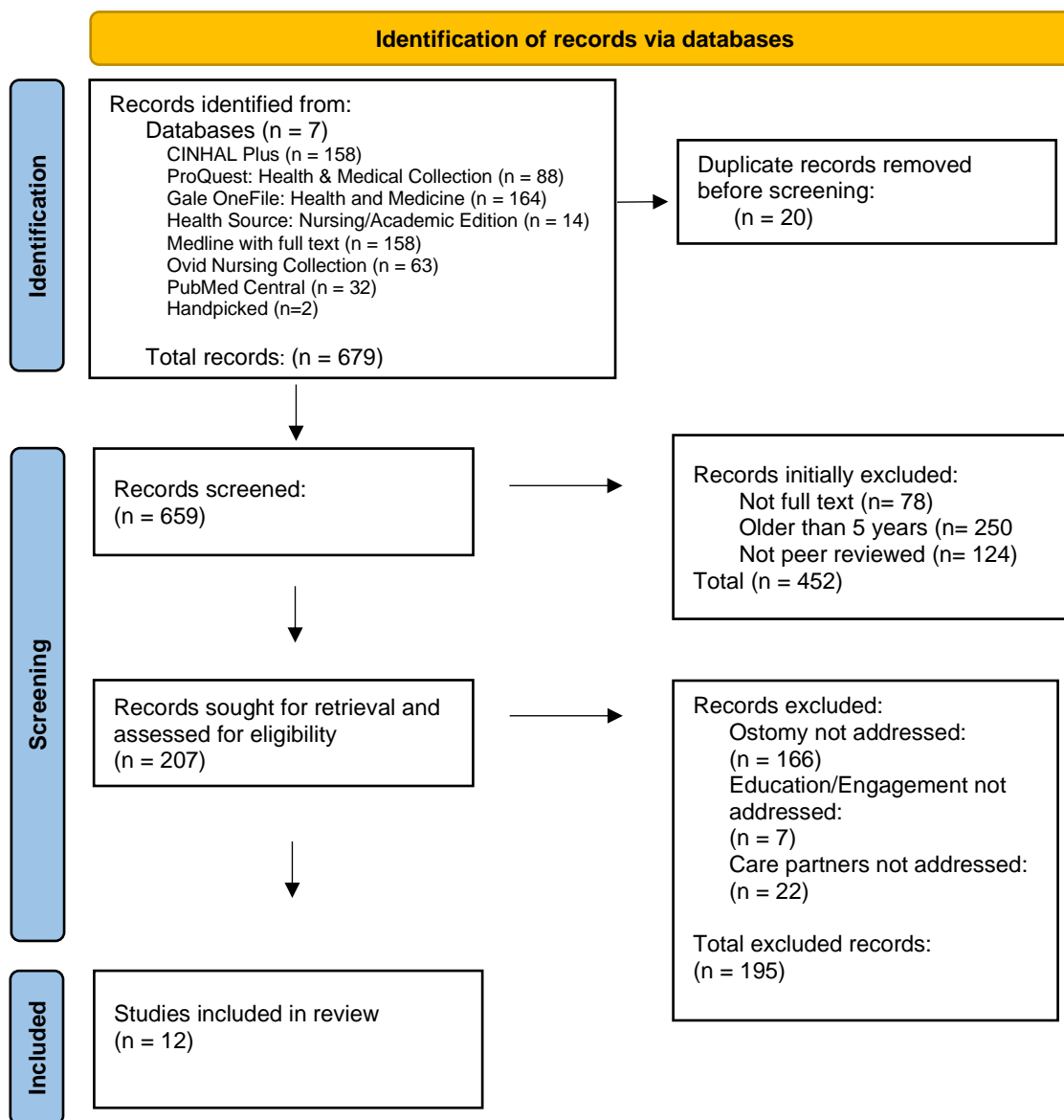
Inclusion Criteria	Exclusion Criteria
Full text records	Older than 5 years
Published in English	Not peer-reviewed
Characteristics of care partners' education, knowledge, and skills needed for ostomy self-management adaptation	Related only to the pediatric ostomy population
Quality of life reporting	Did not pertain to persons/patients with ostomies
Successful engagement practices in the pre-operative, peri-operative, post-operative, post-acute care	Did not include the care partners' experiences with education or engagement.

**Table 1.** Inclusion and exclusion criteria table. The table details the inclusion and exclusion criteria used in the literature search.

### ***Data Screening and Evaluation***

After duplicates were removed and records were screened for inclusion and exclusion criteria, the initial search produced 12 records. Figure 1 details the records search audit process using a PRISMA flow diagram (Page et al., 2021).





**Figure 1.** Records search diagram. The flowchart details the literature search and screening process.

Following methods from Whittmore and Knafel (2005) for an integrative review, the quality of literature was appraised. The Johns Hopkins Nursing Evidence-Based Practice (JHNEBP) appraisal rating model was used to rate the study designs, evidence level, and quality of records (Dang et al., 2022). The records' study designs included five qualitative, two quantitative, two quality improvement, one clinical practice guideline, one literature review, and one non-experimental. The evidence

levels of included records were two level I records, six level III records, one level IV record, and three level V records. All included records were rated A- high quality or B- good quality. Table 2 displays data appraisal and evaluation of records included in the IR.

### ***Data Analysis***

A review matrix document was created to visually display data as recommended by Whittmore and Knafl (2005). During data abstraction the primary records were categorized into sub-matrices to address the study aim (Toronto & Remington, 2020). Sub-matrices included (a) database; (b) method/design; (c) evidence level; (d) quality rating; (e) sample/population; (f) setting; (g) purpose/research question; (h) education focus; (i) engagement method; (j) outcome/clinical influence; and (k) other comments. A deductive analysis was conducted to display and abstract data in the records that addressed the aim of the IR. The records in the sub-matrices were read and reread to thoroughly extract all applicable data into the matrix and sub-matrices.

To complete the thematic analysis, the data were further analyzed by sorting, categorizing, and summarizing for synthesis (Whittemore & Knafl, 2005). Conceptual conclusions were developed by comparing patterns, themes, and relationships of the data set (Toronto & Remington, 2020). Data in sub-matrices were color coded to identify and group common characteristics. Themes and sub-themes emerged as each of the sub-matrices were further divided and counted into categories based on the common color coding. Summarization and synthesis of the data analysis is displayed in Table 2.

APA Citation	Study Design	Evidence Level/ Quality Rating	Setting	Engagement Method	Education/Survey Focus	Results & Implications
<b>Altschuler et al. (2017)</b>	qualitative	Level III B Good	Post-Op Post-AC	Questionnaire and interviews	Demographics, impairment levels, care needs, care partner relationship	The greater level of mutuality and lesser caregiving demands positively affect quality of care and interrelationships.  Mutuality assessments and tailored interventions can improve adaptation for patients and care partners.
<b>Burgess-Stocks et al. (2022)</b>	clinical practice guidelines (CPG)	Level IV A High	Peri-Op Post-Op Post-AC	Professional journal publication of CPG	Comprehensive ostomy education and advocacy for HCPs, patients, and care partners across the care continuum	Standards of care in CPG should be provided for better quality of physical and psychosocial care and to reduce costs.
<b>Kato and Siegmund (2022)</b>	quality improvement	Level V B Good	Pre-Op Post-AC	Hospital-based, voluntary, in-person class and digital resources	Interdisciplinary approach to emotional support and evidenced-based discharge education for patients and care partners. Included peer advocate support.	Program intervention can decrease length of hospital stay and readmission rates. Positive feedback from HCPs and class participants.
<b>Rafiei et al. (2020)</b>	quantitative: cross-sectional observational	Level III B Good	Post-Op Post-AC	Post-op questionnaire	The Caregiver Quality of Life Index-Cancer scale measured QoL of care partners' mental and emotional burden; lifestyle disruption; positive adaptation; and financial concerns.	Higher QoL mean scores over the past decade. Care partners' physical and psychosocial health, employment, and finances were negatively impacted if high caregiving demands and socially isolated.
<b>Saracco et al. (2019)</b>	quantitative: cross-sectional	Level III A High	Post-Op Post-AC	Post-op questionnaire	Patients and HCPs assessment of physical care, self-care, sexuality expectations, QoL, care partners relationship	Sexuality and sexual function impacts QoL of patients and care partners regardless of age and gender; not adequately addressed by HCP.  HCPs recognize the need for sexual care. Minimally addressed due to feeling incompetent and not in scope of practice.
<b>Villa et al. (2019a)</b>	literature review	Level V B Good	Varied	Questionnaire	Physical and psychosocial self-care management	Lack of ostomy self-care tools available.  Use self-care tools to assess and tailor ostomy education and caregiving needs of patients and care partners.
<b>Villa, et al. (2019b)</b>	validation study non-experimental	Level III A High	Post-Op Post-AC	Questionnaire	Physical and psychosocial self-care management	Involve caregivers in the education process, identify problems, and tailor interventions.

APA Citation	Study Design	Evidence Level/ Quality Rating	Setting	Engagement Method	Education/Survey Focus	Results & Implications
Wan et al. (2021)	qualitative	Level III B Good	Post-Op Post-AC	Hospital-based questionnaire	Psychosocial health of patients and care partners	Psychosocial assessment and support impacts patients and care partners' adaptation.  Key areas of care partners' support: external relief caregiving; mental health; resources for complications; patient self-care knowledge; employment/financial security.
Wan et al. (2022)	quality improvement	Level V B Good	Peri-Op	Assessment using Mobile App Rating Scale; Digital education using smartphone application	Patients: physical and psychosocial self-care management; social/peer support; QoL Care partners: psychosocial support and QoL.	Effective tool to add to standard care delivery for improved outcomes for adaptation. Reduced staffing resources and costs. Barriers to high ratings were low health literacy, low digital literacy, lack of tailored education, and required training and follow-up.
Wulff-Burchfield et al. (2021)	qualitative descriptive study	Level III A High	Pre-Op	In-person and virtual class led by HCPs and peer advocates	Patients and care partners: surgical procedure; physical and psychosocial care; peer post-operative experience; and support resources	Dedicated ostomy education program prepares patients and care partners for post-op phase. Intervention should include care partners, be interactive, and use peer advocate.
Xia (2020)	qualitative; random control trial	Level I B Good	Pre-Op Peri-Op Post-Op	Standard care vs. Continuous Care: - Pre-op: self-care manual and video - Peri-op: in-person education - Post-op: digital communication and home visits	Patients and care partners: surgical procedure; physical and psychosocial care; complications; support resources	Continuous care model improves physical and psychosocial outcomes for ostomy patients and care partners.
Zhang et al. (2021)	qualitative; random control trial; double blind	Level I A High	Peri-Op Post-Op	Standard care vs. "Timing It Right" hospital-family holistic care program	Patients and care partners: physical and psychosocial care; complications; support resources; QoL	Hospital-family holistic care program improves care partners' physical care support, QoL, and psychosocial health, and adaptation.

**Legend:** Peri-Op= Peri-operative; Pre-Op= pre-operative; Post-Op= post-operative; Post-AC= post- acute care; CPG= care practice guidelines; HCP= healthcare professional; QoL= quality of life

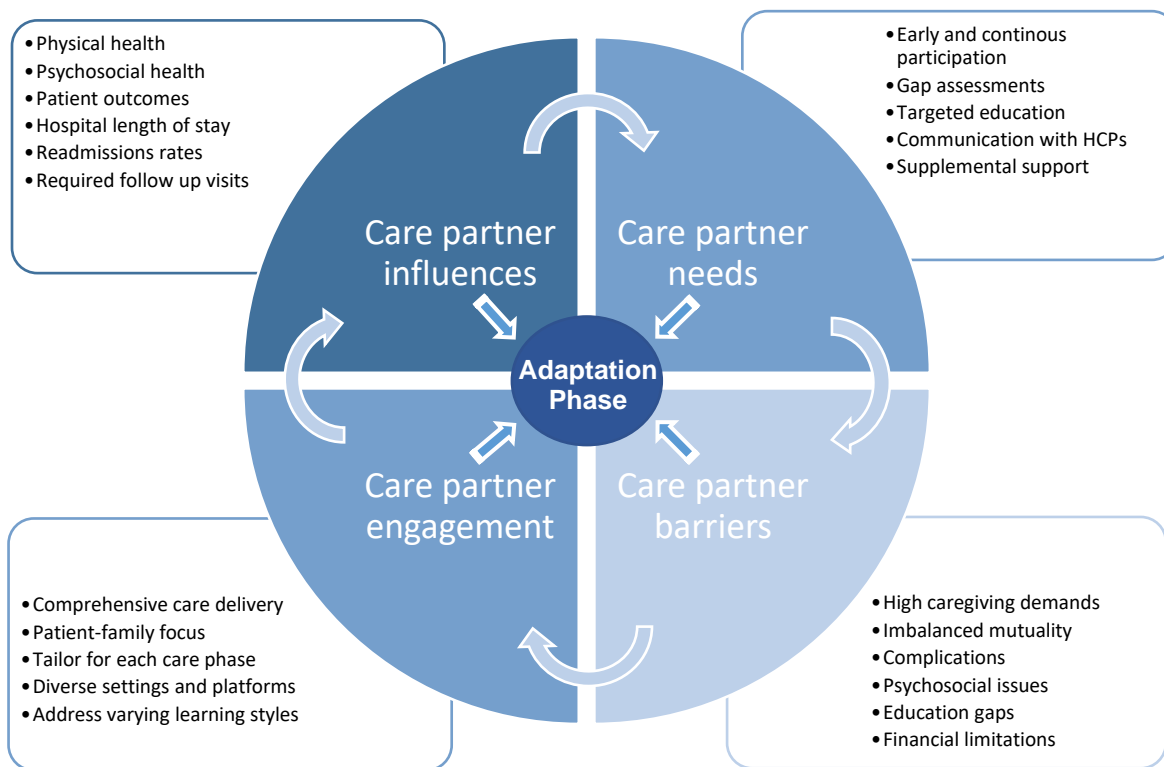
**Table 2.** Data summative table. The table details the records appraisal, evaluation, findings, and implications.

### ***Data Synthesis***

Initial record synthesis included columns for the common characteristics found in the data including (a) study design; (b) evidence level and quality rating; (c) timing; (d) setting; (e) participants; (f) education topics; (g) engagement approaches; (h) study findings; (i) practice implications; (j) future research recommendations; and (k) study limitations. Results were recorded within the columns and analyzed, categorized, and totaled. After thorough immersion in the data and repeated reviews of the records, the final synthesis consisted of six consolidated columns: (1) study design; (2) evidence level and quality rating; (3) setting; (4) engagement method; (5) education or survey focus; (6) results and implications (Table 2).

### **Results**

Analysis of the data revealed four themes for best practices of engagement and education for care partners of patients with new ostomies in the literature: (1) care partner influences on patient outcomes; (2) care partner needs; (3) barriers to care partner adaptation; and (4) diverse engagement strategies. All themes focus on the care partners' education and engagement needs to achieve adaptation and acceptance after ostomy surgery. Due to the nature and complexity of the care partner relationship, the components of each theme are continuously interconnected with ostomy patients' experiences and outcomes (Figure 2).



**Figure 2.** Care Partner Adaptation Model. The figure displays the themes and sub-themes attributed to care partner adaptation after ostomy surgery.

### ***Care partner influences on patient outcomes***

The care partners' quality of life (QoL) and their ability to reach adaptation phase was found to have significant influences on ostomy patients' outcomes in all the records. When care partners' needs were met, patients experienced greater physical and psychosocial health; decreased length of stay; reduced readmissions; and fewer needs for follow-up with a specialist (Kato & Siegmund, 2022; Xia, 2020; Zhang et al., 2021). Measuring care partners' QoL using validated instruments can direct interventions to address barriers to adaptation (Altschuler et al., 2017; Rafiei et al., 2020; Saracco et al., 2019; Villa, et al., 2019b; Wan et al., 2022). Evidence-based clinical practice guidelines from the WOCN Society recommends HCPs use

standardized education and engagement methods of ostomy care for both patients and care partners for best outcomes (Burgess-Stocks et al., 2022).

### ***Care partner needs***

The burden of caregiving for ostomy patients can be overwhelming and test resiliency if the needs of the care partners are not met. Direct involvement of the care partner in all aspects of ostomy education across the care continuum is essential for successful learning of required skills (Wulff-Burchfield et al., 2021; Villa et al., 2019a; Xia, 2020; Zhang et al., 2021). Educational assessments should be utilized to tailor interventions for ostomy complications and cover specific content for care partners (Altschuler et al., 2017; Burgess-Stocks et al., 2022; Saracco et al., 2019; Wan et al.; 2022). Providing easily accessible and effective means to communicate unanticipated and new needs with the appropriate HCP is needed to reduce the care partners' stress (Xia, 2020; Zhang et al., 2021). In the literature, care partners frequently needed supplemental support to HCP services including external caregiving, psychological support, peer support, and ostomy advocacy groups (Kato & Siegmund, 2022; Rafiei et al., 2020; Wan et al., 2021; Wulff-Burchfield et al., 2021)

### ***Barriers to care partner adaptation***

Care partners report both similar and differing physical and psychosocial barriers to adaptation as noted by ostomy patients. When the caregiving demands on care partners is high and mutuality (reciprocal positive and meaningful aspects within the interrelationship) is low, adaptation is less likely to occur for both groups (Altschuler et al., 2017). Caregiving demands can increase when patients and care partners experience medical complications; minimal external caregiving; insufficient education or

engagement; and inadequate financial resources (Burgess-Stocks et al., 2022; Rafiei et al., 2020; Wan et al., 2021, 2022).

While not frequently recognized by HCPs, findings from the literature showed care partners can have unique psychosocial barriers. In a care partner role, accepting and coping with many aspects of change, loss, and grief to their personal circumstances can be challenging (Rafiei et al., 2020; Saracco et al., 2019; Wan et al., 2021). Lack of social and peer support that relate to care partners' barriers can create feelings of isolation and have psychological impacts (Altschuler et al., 2017; Rafiei et al., 2020). Mitigation strategies to improve care partners' psychosocial health included utilizing external care support, joining peer advocacy groups, and seeking professional mental health care (Altschuler et al., 2017; Rafiei et al., 2020; Wan et al., 2021).

### ***Diverse engagement methods***

The literature supports multiple modalities and approaches to engage care partners with varying learning styles and environmental situations. Comprehensive care delivery methods that use frameworks from holistic, family-patient, and continuous care models are recommended (Xia, 2020; Zhang et al., 2021).

The setting of the targeted ostomy education, such as virtual, hospital, at-home, or clinic, can influence the care partners ability to engage. Utilizing virtual platforms can increase access to ostomy specialists and allows for care partners to maintain social distancing, reinforce learnings, or troubleshoot new issues more efficiently (Kato & Siegmund, 2022; Wan et al., 2022; Wulff-Burchfield et al., 2021). Whether in the hospital, clinic, or at-home, in-person education was more interactive and therefore



better for care partners that are less comfortable or have limited access to technology (Wulff-Burchfield et al., 2021, Xia, 2020).

The timing of the education and engagement of interventions varied among the records. Along the care continuum for ostomy patients, there were four main phases identified in this IR- pre-operative, peri-operative, post-operative, and post-acute care. In the pre-operative phase, in-person classes, digital resources, virtual classes, peer support services, and physical resource manual were given to participants (Kato & Siegmund, 2022; Wulff-Burchfield et al., 2021, Xia, 2020). In the peri-operative phase, digital assessments, digital resources, in-person classes, and a family-patient holistic program were utilized (Wan et al., 2021; Xia, 2020; Zhang et al., 2021). Post-operatively, the interventions included questionnaires, assessments, digital communication, home visits, and a family-patient holistic program (Altschuler et al., 2017; Rafiei et al., 2020; Saracco et al., 2019; Villa et al., 2019b; Wan et al., 2021; Xia, 2020; Zhang et al., 2021). In the post-acute care phase methods of engagement were questionnaires, assessments, in-person classes, and digital resources (Altschuler et al., 2017; Kato & Siegmund, 2022; Rafiei et al., 2020; Saracco et al., 2019; Villa et al., 2019b; Wan et al., 2021). Only two records implemented interventions during a single engagement phase. The remaining ten records found implementing interventions during multiple phases was best practice.

All the records recommend simultaneously engaging the care partner and the ostomy patient as active participants in the education. The literature indicates this method can reinforce physical skills and knowledge and provide mutual psychosocial support. HCPs and ostomy specialists can also benefit continuing ostomy education

along with patients and care givers (Saracco et al., 2019; Wulff-Burchfield et al., 2021).

Other recommended facilitators to increase engagement were peer advocates and interdisciplinary experts (ex. dietitian, pharmacists, social workers, chaplain) to co-present along with surgical and ostomy specialists (Kato & Siegmund, 2022; Wan et al., 2022; Wulff-Burchfield et al., 2021).

## **Discussion**

### ***Care partner influences on patient outcomes***

The care partner and ostomy patient dyad is a complicated, interconnected relationship with reciprocal effects. There are varying physical, psychological, and environmental factors that can influence the care partners' needs to care for an ostomy patient. The care partner's influence on the patient's outcome is well supported in the literature. If the care partner's educational needs are adequately addressed and engagement methods are appropriately implemented, the patient outcomes, including adaptation, have been shown to improve.

### ***Care partner needs***

Comprehensive ostomy education for the care partner should be provided by a qualified ostomy HCP and begin pre-operatively. Then, continue throughout all phases of care until adaptation is reached. Prinz (2015) found restricting access to WOC nurses or ostomy specialists can cause barriers to essential care such as care expectations, adequate supplies, referral to home health services, and outpatient follow-up appointments.

After hospital discharge in the post-acute and post-operative phases, experienced external caregiving support can help alleviate the physical and

psychosocial caregiving demands of care partners (Wan et al., 2021). The most common education topics needed by care partners related to the physical care of ostomy patients were ADLs, stoma and pouching care, complications, medical supplies, diet/nutrition, sleep, and exercise. The most needed psychosocial care topics for care partners were self-care management; mental health; guilt; isolation; grief/loss support; relationship changes; sexuality; loss of employment; and financial stress. Post-operatively, conducting assessments on care partners and the ostomy patients using validated tools can identify knowledge gaps and barriers to adaptation and later used to develop targeted interventions.

Access to peer support was a valuable complement to the education and engagement of the care partner. Interventions that shared information and experiences from peers- either ostomy patients or care partners advocates- significantly affected the care partners' understanding of caregiving (Kato & Siegmund, 2022; Wulff-Burchfield et al., 2021). Ongoing peer and advocacy support is also valuable to care partners as the greatest caregiving needs shift from physical care to psychosocial support during long-term management. Addressing the care partners' needs and responding with appropriate interventions can reduce caregiving fatigue and contribute to adaptation.

### ***Barriers to care partner adaptation***

In the current United States (U.S.) healthcare system, many contributing factors increase demands on care partners' participation in the ostomy patient's recovery including shortened length of stay (LOS); restricted access to care and support services; and increasing financial burdens. The literature shows limited resources; low mutuality between care partners and ostomy patients; high caregiving demands; low

health literacy; and generic “one size fits all” or insufficient education can affect the ability to achieve adaptation. To actively engage the care partners, mitigation strategies for coping with change, hardships, stress, grief, loss, and physical demands around caregiving should be incorporated into standardized education.

### ***Diverse engagement methods***

Implementation of varying intervention models and engagement methods were supported in the literature to provide positive, holistic experiences for care partners. Conducting educational sessions in a convenient and comfortable setting can foster a better learning environment. For instance, pre-operative education in the hospital and post-operative education in the home can increase care partner participation and allow for assessment of the greatest current needs.

Recent novel telehealth programs during the COVID-19 pandemic improved access to care, reduced outpatient visits, reduced hospital readmissions, and reduced emergency department visits (Sims & Wilson, 2020). Novel engagement approaches with digital education have shown to be effective for individuals with access to devices with internet connection and high digital literacy. As telehealth capabilities advance, ostomy HCPs should begin to incorporate technology into more traditional educational models along with technical support to increase healthcare access to care partners.

Care partners and patients are often in intimate relationships. Due to the complex medical care and diagnoses related to ostomy procedures, sexual complications can be common (Burgess-Stocks et al., 2022). Saracco et al.’s study found ostomy HCPs do not feel comfortable providing sexuality information despite being aware of sexual dysfunction in the ostomy population and the potential negative effects on their partners

(2019). Sexuality and sexual health related ostomy surgery were rarely found in the literature, even though these topics are included in ostomy clinical practice guidelines.

### ***Study limitations***

All but one record provided study limitations in the IR. The most common limitation found in six records was the study's location was outside in the U.S. Customers in the U.S. healthcare system are navigating situations and challenges (ex. insurance coverage, access, health disparities, cultural differences) that may differ from Asian and European countries in which the records were conducted. Many of the records indicated their findings were not generalizable due to small, ethnically/racially homogenous, and/or limited ostomy procedure type sample populations. Limitations with new technology and low digital literacy were also cited. Study designs that were not random or double-blind provided limitations in the findings.

### ***Implications***

The literature supports the significant role caregivers play in the ostomy patients' experience and should be involved in the care plan whenever possible. Ostomy HCPs, such as certified ostomy nurses, can use the best practices found in the IR to ensure ostomy patients and their care givers are provided the most vital education topics at opportune times to support adaptation. The most relevant physical and psychosocial topics that emerged from the literature can be applied to developing standardized evidence-based practices for ostomy procedures. Assessment of the caregivers' knowledge and skills should be given using validated tools and then used to develop an individualized education plan. Ostomy HCPs should recognize and address any biases regarding educational content such as sexuality. When considering timing of

interventions, caregivers should be engaged during the pre-operative phase and continue throughout the care continuum until adaptation is reached. Utilizing various engagement methods (ex. digital, in-person class, surveys) can accommodate different learning styles of caregivers. Future research that builds understanding of the long-term implications of caregiving to ostomy patients and the support needed to sustain adaptation is recommended.

### **Conclusion**

Following an ostomy surgery, caregivers can be an imperative support system to reach the goal of adaptation phase of recovery. Due to the complexity and frequency of medical, physical, and psychosocial complications, barriers to adaptation often occur for both ostomy patients and their caregivers. Ostomy healthcare professionals attempt to remove barriers to adaptation by engaging patients and caregivers with relevant education at appropriate times. The best practices for education and engagement begin with recognizing and assessing care partners followed by addressing relevant needs and barriers. Ostomy healthcare professionals can use the IR's findings, along with patient clinical practice guidelines, to develop and implement standardized education care plans for care partners. A healthy, thriving community of people living with ostomies and their care partners can be achieved if the care partner is adequately supported by best practices.

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