



Journal of Frontiers in Multidisciplinary Research

Assessment Self-Care Knowledge in Patients with Colostomy at Tay Nguyen Regional General Hospital, Vietnam

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Article Info

E-ISSN: 3050-9726

P-ISSN: 3050-9718

Impact Factor (RSIF): 7.34

Volume: 07

Issue: 01

Received: 26-03-2026

Accepted: 25-04-2026

Published: 24-05-2026

Page No: 483-488

Abstract

Background: Colostomy care is a crucial technique that significantly contributes to the success of treatment. Patients often require long-term or lifelong adaptation to a colostomy. Nurses play a vital role in providing knowledge and accurate practical guidance on colostomy care, especially in the early stages. Adapting to changes in their bodies and learning how to care for a colostomy pose great challenges for patients.

Objectives: This study aimed (1) to assess colostomy self-care knowledge among patients at the General Surgery Department of Tay Nguyen Regional General Hospital, and (2) to examine the relationship between demographic characteristics and patients' knowledge of colostomy self-care.

Research subjects and methods: A cross-sectional descriptive study was conducted on 90 patients who underwent colostomy surgery and met the inclusion criteria. Data were collected using a structured questionnaire and a colostomy care observation checklist, both adapted from validated instruments. Reliability testing was conducted before use.

Results: The proportion of colostomy patients who had correct knowledge was 21.9%. Education level and ethnicity were significantly related to patients' knowledge ($p < 0.05$). Other factors including age, gender, and occupation reported no significant difference between groups.

Conclusion: Patients demonstrated insufficient self-care knowledge regarding colostomy. There is a need for strengthened and tailored educational interventions are needed to improve self-management, prevent complications, and enhance quality of life.

DOI: <https://doi.org/10.54660/JFMR.2026.7.1.483-488>

Keywords: Self-care, Colostomy, Knowledge, Patients

1. Introduction

Colostomy is a surgical procedure performed on the gastrointestinal tract that creating an intentional abdominal opening that diverts stool and gas, acting as a substitute for the natural anus ^[9, 20]. Proper colostomy care plays a vital role in the treatment process. However, patients with colostomies often lack access to essential colostomy-related information and support from healthcare professionals ^[2, 4, 15]. Moreover, living with a colostomy significantly affects patients' psychological well-being and quality of life ^[7, 17]. Many patients feel ashamed or self-conscious, fearing that others may notice an odor from their colostomy, which negatively affects both their daily life and professional functioning. Learning to adapt and practice self-care for a colostomy is a major challenge for patients ^[13, 14].

Knowledge of colostomy self-care is essential for maintaining health post-surgery. For instance, complications such as skin ulceration and separation of the stoma from surrounding tissue can be well-managed with appropriate care ^[11]. However, a report by Hanem, Seham & Sabah (2019) revealed that 57% of surveyed individuals experienced difficulties in self-care ^[5]. In addition, El-Rahman, Mekkawy, Sayed, & Ayoub (2022) stated that 86.7% of patients lacked sufficient knowledge of colostomy self-care ^[4]. Similarly, a study in Pakistan found that 100% of participants were inadequately informed ^[3].

In Vietnam, studies on colostomy self-care ability have been conducted in various regions, showing inconsistent results. Research by Le Thi Hoan found that 51.9% of patients had correct knowledge and 53.7% had correct practice ^[8]. In contrast, Vo Thi Thanh Tuyen (2020) reported only 26.3% with correct knowledge and 16.1% with adequate practice ^[19]. A study by

Nguyen Thi Thanh Truc and colleagues showed that only 45.9% of patients practiced correctly ^[11], while Ngo *et al.* (2023) found a correct practice rate of 54.1% ^[10]. Assessing patients' ability to perform self-care is a crucial factor in guiding healthcare professionals' counseling and support. Effective self-care significantly not only reduces the risk of complications but also enhances quality of life, promotes patient confidence and independence in daily activities, and alleviates the pressure on the healthcare system.

In Dak Lak province, the number of patients seeking diagnosis and treatment for gastrointestinal diseases has been increasing in recent years. The spectrum of conditions has also become more diverse and complex, including colorectal tumors, bowel obstruction, bowel perforation, peritonitis, and megacolon - leading to a higher rate of colostomy procedures. However, there is a lack of research on colostomy self-care knowledge among patients in the Central Highlands of Vietnam. Therefore, this study aimed to assess the self-care knowledge of patients with colostomies at the General Surgery Department of Tay Nguyen Regional General Hospital. The findings are intended to serve as a scientific foundation for the development of tailored educational interventions, enhancing patient self-care competence, and ultimately improving treatment outcomes and quality of life for colostomy patients.

2. Research Methodology

2.1. Research Objectives

- To assess colostomy self-care knowledge among patients at the General Surgery Department of Tay Nguyen Regional General Hospital.
- To examine the relationship between patients' demographic characteristics and their colostomy self-care knowledge.

2.2. Research Design and Setting

A cross-sectional descriptive research design was employed for this study. Data collection was collected at General Surgical Ward, Tay Nguyen Regional General Hospital, Vietnam.

2.3. Sample and research instruments

A total of 90 colostomy patients were recruited from the surgical ward between January and September, 2024. Participants were selected using a non-probability convenience sampling technique.

Inclusion criteria were: (1) 18 years of age or older; (2) willing to participate in the study; (3) able to communicate and answer questions in Vietnamese.

Exclusion criteria were: (1) experiencing early complications after colostomy surgery, including: peristomal skin infection, stoma mucosal bleeding, stoma prolapse, or mucosal necrosis (2) history of previous colostomy surgery

A structured interviewing questionnaire was utilized for data collection. It included two parts:

Part 1: Patients' demographic information;

Part 2: An assessment of patients' knowledge regarding colostomy care, consisting of twenty items.

The total knowledge score ranges from 0 to 20 points. A cut off point is 70% of the total score was used to categorize participants into two groups: Correct knowledge: 14 - 20 points; incorrect knowledge: 0 - 13 points ^[8].

2.4. Data analysis

Data were coded and analyzed using the Statistical Package for Social Sciences (SPSS) version 27.0. Descriptive statistics were used to describe the general characteristics and the categorical variables. The mean score and standard deviation were calculated for quantitative variables. The Chi-square test was applied to examine the relationship between demographic characteristics and patients' colostomy self-care knowledge. The level of significance was set at the alpha of 0.05.

2.5. Ethical considerations

Prior to data collection, the study protocol was approved by the institutional ethics committee, and permission to collect data was obtained from the Director of Tay Nguyen Regional General Hospital. All participants were thoroughly informed about the purpose of the study, its potential benefits, the data collection process, and their rights as participants. All collected data were securely stored and used exclusively for the purposes of this research.

3. Results and Findings

3.1. General characteristics of the study participants

The average age of the participants in this study was 60.02 ± 16.71 years, with the youngest being 18 and the oldest 90 years old. The majority were of Kinh ethnicity (63.3%). The proportion of male participants (55.6%) was higher than that of females (44.4%). Participants' education levels ranged from primary school to higher education, with the majority having completed high school (58.9%). Most participants were farmers (54.4%), followed by officers (13.3%) and business people (11.1%).

Table 1: Sociodemographic of study participants (n = 90).

Characteristics		Freq.	Percent (%)
Age	Mean ± SD = 60.02 ± 16.71 (Min: 18; Max: 90)		
	≤ 60 years	39	43.3
	> 60 years	51	56.7
Ethnicity	Kinh people	57	63.3
	Ethnic minority	33	36.7
Gender	Male	40	44.4
	Female	50	55.6
Occupation	Officers	12	13.3
	Business	10	11.1
	Farmer	49	54.4
	Worker	5	5.6
	Retirement/ Housewife	9	10
	Other	5	5.6
Education level	Primary & secondary school	23	25.6
	High school	53	58.9
	Higher education	14	15.5

3.2. Patients' knowledge regarding self care of colostomy (n = 90).

Patients' knowledge regarding self care of colostomy was evaluated using 20 structured questions, divided into four domains for assessment: (1) general knowledge about colostomy, (2) knowledge of colostomy self-care, (3) knowledge of monitoring and managing colostomy complications, (4) knowledge of postoperative dietary care.

3.2.1. General knowledge about colostomy

Most patients (92.2%) correctly understood the definition of colostomy. This result is consistent with the study by Le Thi

Hoan *et al.* (2013), in which 80% of patients had a correct understanding of the colostomy concept. Awareness of the duration of colostomy was also relatively good, with 63.3% of patients accurately identifying that there are two types of colostomy: temporary and permanent. However, only 21.1% of patients understood the influence of stoma location on self-care practices. On the other hand, a higher proportion of patients reported correct knowledge about postoperative self-monitoring and observation (68.9%) and early mobilization (61.1%).

Table 2: Patients' general knowledge about colostomy (n = 90)

Contents	Frequency (Percentage)	
	Correct	Incorrect
Definition of colostomy	83 (92.2%)	7 (7.8%)
Duration of colostomy use	57 (63.3%)	33 (36.7%)
Impact of colostomy site on self-care	19 (21.1%)	71 (78.9%)
Self-monitoring and observation after surgery	62 (68.9%)	28 (31.1%)
Early mobilization after surgery	55 (61.1%)	35 (38.9%)

These results suggest that patients in the General Surgery Department were provided with clear preoperative counseling by surgeons, particularly concerning the indications for temporary or permanent stomas. Consent was obtained from both patients and family members, and surgical teams ensured that all relevant questions were addressed. Consequently, patients had a clear understanding that a colostomy is a surgically created abdominal opening for the evacuation of stool or fluids, functioning as a substitute for the natural anus. This reflects strict adherence to the preoperative care and treatment procedures implemented by the medical staff at the facility. Similar findings were reported by Pham Thi Hue *et al.* (2020) in a study conducted at the 108 Military Central Hospital, highlighting the role of structured preoperative education in enhancing patients' general knowledge of colostomy.

3.2.2. Patients' knowledge about colostomy self-care

Most patients (63.3%) knew how to properly and fully prepare the necessary items for changing the colostomy bag. However, only 35.6% of patients demonstrated accurate knowledge about using skin care solutions for the area around the stoma. About 65.6% of the study participants understood the appropriate posture when performing colostomy self-care. A majority of patients (62.2%) reported knowing how to rinse the stoma mucosa before changing the bag, while 57.8% know that they should clean the surrounding skin area extending 3–5 cm from the stoma site.

Table 3: Patients' knowledge about colostomy self-care (n = 90)

Contents	Frequency (Percentage)	
	Correct	Incorrect
Preparation of ostomy care supplies	57 (63.3%)	33 (36.7%)
Solutions for peristomal skin care	32 (35.6%)	58 (64.4%)
Proper positioning during self-care	59 (65.6%)	31 (34.4%)
Clean the colostomy mucosa first	56 (62.2%)	34 (37.8%)
Clean surrounding skin area extending 3–5 cm from the stoma	52 (57.8%)	38 (42.2%)

The study by Le Thi Hoan *et al.* (2013) similarly found that 60% of patients did not know they needed to rinse the stoma mucosa before cleaning the surrounding skin, and failed to dry the skin or use proper antiseptic techniques. In contrast, Pham Thi Hue *et al.* (2020) reported that 61.0% of patients had adequate knowledge about colostomy self-care. They noted that each patient with a colostomy, within 24 hours after surgery, was provided with detailed instructions from medical staff on how to perform self-care, including the necessary tools, cleansing solutions, and colostomy bags. During the study conducted in the General Surgery Department, the research team observed that post-operative patients were given detailed instructions by nurses regarding the necessary supplies and step-by-step cleaning procedures. Family members also supported patients by purchasing the needed items and assisting with care during the initial post-operative days. However, since these skills were entirely new to the patients and some items were unfamiliar, combined with post-operative fatigue, many patients were unable to fully remember the process. As a result, the highest percentage of incorrect responses (64.4%) was related to identifying the proper skin care solution used around the stoma.

3.2.3. Patients' knowledge of monitoring and managing colostomy complications

Table 4: Patients' knowledge of monitoring and managing colostomy complications (n = 90)

Contents	Frequency (Percentage)	
	Correct	Incorrect
Covering the stoma with sterile gauze when output is present	41 (45.6%)	49 (54.4%)
Avoid using strong antiseptics on inflamed or ulcerated skin	27 (30.0%)	63 (70.0%)
Using protective products for ulcerated peristomal skin	25 (27.8%)	65 (72.2%)
Prolonged constipation may lead to stoma prolapse	30 (33.3%)	60 (66.7%)
Complications can be prevented and detected early	25 (27.8%)	65 (72.2%)

Survey results showed that only 45.6% of patients correctly identified the appropriate response to continuous stool leakage, which was to temporarily cover the stoma with a clean gauze pad. In contrast, more than half of the patients (54.4%) lacked adequate knowledge for handling such a situation. Only 30% of patients knew that strong antiseptic solutions should not be used on inflamed or ulcerated skin around the stoma. Notably, up to 72.2% of patients were unaware that specialized protective supplies are required to protect and care for damaged skin around the stoma.

Additionally, only 33.3% of patients were aware of the association between prolonged constipation and the risk of stoma prolapse. Only 27.8% of patients recognized that colostomy-related complications could be prevented or detected early. These findings indicate that patients' awareness of abnormal signs and complications related to colostomies remains limited and must be improved through structured post-operative education and health guidance programs.

The results obtained in this study are relatively consistent with the research of Le Thi Hoan *et al.* (2013), in which only 29.3% of patients recognized that using strong antiseptic

solutions such as iodine alcohol or arbitrarily using antibiotics when the skin around the stoma is red and inflamed is inappropriate. Additionally, 67.9% of patients reported knowing how to manage the situation by temporarily placing a small piece of gauze at the stoma opening in the case of continuous liquid stool leakage during care. In contrast, the study by Pham Thi Hue *et al.* (2020) recorded that the proportion of patients with correct knowledge on handling complications related to the stoma reached 73.2%. This difference can largely be explained by the differing research contexts. Specifically, the subjects in Pham Thi Hue's study were patients treated at the Anorectal Surgery Department, Central Military Hospital 108 — a unit with a relatively well-established stoma care guidance system. According to the author, patients at this facility were directly instructed by nurses on how to care for the stoma and were also provided with supporting materials such as instructional videos and illustrated leaflets detailing care steps, monitoring, and management of common complications. Therefore, the higher rate of patients with correct knowledge is consistent with the clinical realities of this specialized department (Pham Thi Hue *et al.*, 2020). The findings emphasize the urgent need for structured and culturally tailored patient education programs to improve patients' ability to recognize and manage colostomy complications.

3.2.4. Patients' knowledge about nutritional diet in post-surgery

Table 5: Patients' knowledge about nutritional diet in post-surgery (n = 90)

Contents	Frequency (Percentage)	
	Correct	Incorrect
Progress diet from clear liquids to solid foods gradually	57 (63.3%)	33 (36.7%)
Avoid self-medication with laxatives	28 (31.1%)	62 (68.9%)
Limit high-fiber foods	54 (60.0%)	36 (40.0%)
Limit odor-causing foods and carbonated beverages	70 (77.8%)	20 (22.2%)
Eat slowly, chew thoroughly, and maintain a relaxed mental state	75 (83.3%)	15 (16.7%)

The results showed that 63.3% of patients answered correctly regarding the nutritional principle that a diet should begin with liquids and gradually progress to solid foods after surgery. Sixty percent of participants knew to limit the consumption of certain foods high in insoluble fiber and difficult to digest, such as bamboo shoots, water spinach, and celery. Notably, 77.8% of patients acknowledged the need to avoid carbonated beverages and odor-causing foods, which may contribute to bloating and digestive discomfort in patients with a stoma. A high proportion (83.3%) knew that eating slowly, chewing thoroughly, and maintaining a relaxed mental state during meals supports effective digestion. However, only 31.1% of patients were aware that they should not self-administer laxatives when constipated, as this practice can negatively affect stoma function and overall health.

It can be concluded that nutrition is the area of greatest patient

concern about during self-care of the stoma, as evidenced by the highest proportion of correct responses across all domains. This study's results are also consistent with some domestic studies. Specifically, the study by Pham Thi Hue *et al.* (2020) recorded that 74% of patients had correct knowledge about the nutritional regimen while living with a stoma. Similarly, the research by Le Thi Hoan *et al.* (2013) found a comparable rate of 74.5%.

3.3. Summary of patients' colostomy care knowledge after surgery

The findings indicated that only 21.1% of patients had adequate knowledge regarding colostomy and its care, while the majority (78.9%) demonstrated inadequate knowledge. The mean self-care knowledge score was 10.71 ± 2.93 .

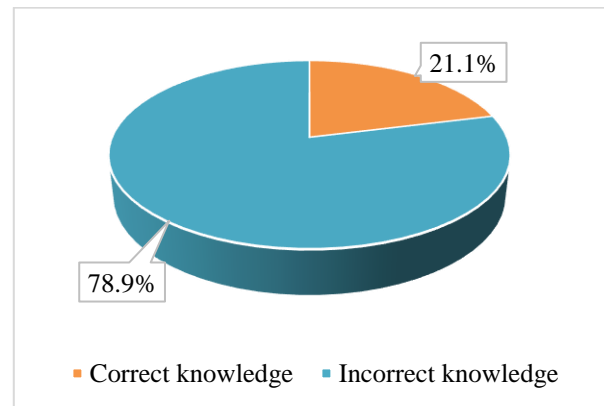


Fig 1: Summary of self-care knowledge among patients with colostomy (n = 90).

This finding is relatively consistent with previous studies, which have similarly reported low levels of adequate knowledge. These studies suggest that the proportion of patients with sufficient knowledge typically ranges from 13% to 27%. For instance, Võ Thị Thanh Tuyền (2019) found a rate of 26.3%, Vũ Thị Mai Hoa *et al.* (2021) reported 27.6%, El-Rahman *et al.* (2020) documented 13.3%, Shanmugam and AnanDhi (2016) observed 23%, and Herawati *et al.* (2019) reported 15.9%.

In clinical practice, patients are typically provided with detailed explanations by surgeons before surgery regarding their condition, the rationale for creating a temporary or permanent colostomy, and possible complications. Following surgery, patients are transferred to the inpatient ward, where nurses continue to monitor, provide care, and offer additional education to both patients and their caregivers. Nevertheless, despite these educational efforts, the proportion of patients with adequate knowledge remains low in this study. This may be explained by the characteristics of the study population. Most participants were older adults, with 57% over the age of 60, and age-related cognitive decline or illness may have limited their ability to retain health information. Furthermore, 64.4% of participants were farmers, retirees, or homemakers, which may have restricted their access to updated health information. Additionally, 43.3% of participants belonged to ethnic minority groups (Table 1), where cultural and language barriers could have hindered effective communication, especially regarding the highly specific and unfamiliar subject of colostomy care.

Table 6: Factors related to overall patients' knowledge of colostomy care (n = 90)

Characteristics		Total Knowledge		p-value
		Incorrect	Correct	
Age group	≤ 60 years	7 (36.8%)	26 (36.6%)	0.98
	> 60 years	12 (63.2%)	45 (63.4%)	
Gender	Male	13 (68.4%)	37 (52.1%)	0.2
	Female	6 (31.6%)	34 (47.9%)	
Ethnicity	Ethnic minority	2 (10.5%)	31 (43.7%)	0.03
	Kinh people	17 (89.5%)	40 (56.3%)	
Education level	Primary & Secondary level	2 (10.5%)	21 (29.6%)	0.01
	High school	13 (64.8%)	40 (56.3%)	
	Higher education	4 (20.1%)	10 (14.1%)	
Occupation	Officers	4 (21.1%)	8 (11.3%)	0.56
	Business	2 (10.5%)	8 (11.3%)	
	Farmer	8 (42.1%)	41 (57.7%)	
	Others	5 (26.3%)	14 (19.7%)	

As shown in Table 6, patients of Kinh ethnicity were significantly more likely to demonstrate correct knowledge of colostomy care compared with those from ethnic minority groups ($p = 0.03$). Similarly, education level was significantly associated with patients' knowledge of colostomy self-care ($p < 0.05$). Conversely, no statistically significant associations were found between age, gender, or occupation and colostomy self-care knowledge ($p > 0.05$).

These findings highlight that, despite ongoing provision of information, considerable gaps in understanding persist among this patient group. Given the complexity of colostomy-related knowledge, the persistently low level of adequate knowledge is not unexpected. This underscores the urgent need for strengthened counseling, health education, and hands-on training. Educational programs should be specialized, continuous, and tailored to the characteristics of patients at each treatment facility in order to improve colostomy self-care, reduce complications, and enhance postoperative quality of life.

5. Conclusions

This study found that self-care knowledge among colostomy patients at Tay Nguyen Regional General Hospital was generally low, with only 21.1% demonstrating adequate knowledge and a mean score of 10.71 ± 2.93 . Patients were most knowledgeable about nutrition but lacked understanding in managing complications and skin care. Ethnicity and education level are significant factors related to overall patients' knowledge of colostomy care ($p < 0.05$). There were no significant associations found between age, gender, or occupation and patients' knowledge ($p > 0.05$).

6. Recommendations

Based on the study findings, it is recommended to strengthen targeted and continuous educational interventions on

colostomy care. Special attention should be given to older adults, those with lower levels of education, and individuals from ethnic minority groups, as these populations demonstrated significantly lower knowledge levels. Nurses should reinforce patient learning through repeated instructions, hands-on training, and active family involvement in the care process. At the institutional level, hospitals should incorporate structured and standardized educational programs into postoperative care to improve self-care practices, reduce complications, and ultimately enhance the quality of life for patients with colostomies.

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How to Cite This Article

Chu CTG, Le TT. Assessment self-care knowledge in patients with colostomy at Tay Nguyen Regional General Hospital, Vietnam. *J Front Multidiscip Res.* 2026;7(1):483-488. doi:10.54660/JFMR.2026.7.1.483-488.

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