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## Original Article

# Health locus of control, spirituality and hope for healing in individuals with intestinal stoma

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### ABSTRACT

**Objective:** To assess the health locus of control, spirituality and hope of cure in patients with intestinal stoma.

**Methods:** This study was conducted at the Polo of Ostomized People in the city of Pouso Alegre, Minas Gerais. Participants were 52 patients with intestinal stoma. Three questionnaires were applied for data collection: a questionnaire on demographic and stoma-related data; the Scale for Health Locus of Control; the Herth Hope Scale, and the Self-rating Scale for Spirituality.

**Results:** Most ostomized subjects were women aged over 61 years, married and retired. As to the stoma, in the majority of cases these operations were definitive and were carried out due to a diagnosis of neoplasia. Most ostomized subjects had a 20- to 40-mm diameter colostomy, 27 showed dermatitis as a complication, and 39 (75%) used a two-part device. The mean total score for the Scale for Health Locus of Control, the Herth Hope Scale, and the Self-rating Scale for Spirituality were 62.42, 38.27, and 23.67, respectively. Regarding the dimensions of the Scale for Health Locus of Control, the dimension "completeness of health" = 22.48, dimension "externality-powerful others" = 22.48, and dimension "health externality" = 19.48. **Conclusion:** Ostomized patients participating in the study believe they can control their health and that caregivers and individuals involved in their rehabilitation can contribute to their improvement. The cure or improvement has a divine influence through religious practices or beliefs.

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## Locus de controle em saúde, Espiritualidade e Esperança de cura nos indivíduos com estoma intestinal

### R E S U M E N

#### Palavras-chave:

Estoma intestinal  
Controle interno-externo  
Espiritualidade  
Religiosidade  
Esperança

**Objetivo:** Verificar o locus de controle da saúde, espiritualidade e esperança de cura em indivíduos ostomizados.

**Métodos:** Este estudo foi realizado no Polo dos ostomizados da cidade de Pouso Alegre, Minas Gerais. Fizeram parte do estudo 52 pacientes com estoma intestinal. Foram utilizados para coleta de dados três questionários: questionário sobre os dados demográficos e relacionados ao estoma; Escala para Locus de controle da saúde; Escala de Esperança de Herth e Escala de auto-classificação para Espiritualidade.

**Resultados:** A maioria dos ostomizados era do gênero feminino com idade acima de 61 anos, casados e aposentados. Com relação ao estoma, a maioria desses dispositivos era definitiva e as causas para a sua confecção do dispositivo foram, em sua maioria, um diagnóstico de neoplasia. A maioria dos ostomizados tinha uma colostomia com diâmetro de 20 a 40 mm e apresentavam dermatite como complicação; e 39 (75%) utilizavam dispositivos de duas peças. A média do score total da escala para Locus de controle da saúde, Escala de Esperança de Herth, e Escala de Auto-classificação para Espiritualidade foi de, respectivamente, 62,42, 38,27 e 23,67. Com relação às dimensões da Escala para Locus de Controle da Saúde, foram obtidos os seguintes valores: dimensão integralidade “saúde” = 22,48, dimensão externalidade “outros poderosos” = 20,48 e dimensão externalidade “saúde” = 19,48.

**Conclusão:** Os pacientes ostomizados que participaram do estudo acreditam que podem controlar sua saúde, e que as pessoas envolvidas no cuidado e em sua reabilitação podem contribuir para sua melhora. A cura ou melhora tem influência divina por meio das práticas ou crenças religiosas.

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## Introduction

An ostomy is an artificial communication between organs or viscera and the external environment for obtaining food and for drainage and disposal. The making of an intestinal ostomy is a medical-surgical procedure in which a change in bowel habits occurs, changing anatomically the patient, with externalization of a hollow viscus (in this case, the intestine) through his/her body, and which is inserted into the external abdominal wall. Taking into account the origin of the disease, the ostomy may be temporary or definitive.<sup>1,2</sup>

The individual, after being submitted to a stoma, not only lose a segment of his/her body but also undergoes a change in physical appearance and goes on living with the loss of control of elimination of feces and gases, which now occur through the abdomen, and this type of control is a paramount condition for life in society.<sup>3,4</sup> Patients are faced with a challenge, which is the self-care, which includes the exchange of the collector device and skin and peristomal hygiene.

Self-care is a process that is part of the acceptance process, by the stoma user, of his/her new physical and physiological condition. This condition must be seen as a necessary therapeutic treatment that aims to improve the pathological picture, in order to cure the patient, where the purpose is not to diminish the quality of life of those ostomized, but to prioritize their health in all areas.<sup>4-9</sup>

Thus, some changes in the daily lives of these individuals occur, ranging from physiological, anatomical and gastrointestinal alterations to the achievement of self-care. In addition to these physical changes, psychological, emotional and social changes also occur; these individuals may feel incompetent, useless to develop day-to-day activities, and especially self-care. Often the patient ends up suffering changes in his/her religiousness, losing faith and the hope of recovery or improvement, for fear that he/she will not be able to perform self-care (which consists of cleaning the peristomal skin and of exchanging and cleaning the bag). Consequently, this fact promotes changes in quality of life, self-esteem, spirituality, self-image, sexuality, family and social life and leisure activities of the individual.

Spirituality can be defined as a belief system that includes intangible elements that convey vitality and meaning to life events. Such a belief can mobilize extremely positive energies and initiatives, with unlimited potential to improve the person's quality of life. Religious people are physically healthier, have more healthful lifestyles and require less health care. There is an association between spirituality and health that is probably valid and possibly causal. It is fully recognized that the health of individuals is determined by the interaction of physical, mental, social and spiritual factors.<sup>10,11</sup>

Hope is a state associated with a positive outlook for the future, a way to cope with the situation that one is experiencing,<sup>12,13</sup> in which the individual has faith and the hope of his/her recovery or improvement. Hope induces the

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