



Original Article

Association of sociodemographic and clinical factors with spirituality and hope for cure of ostomized people



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ABSTRACT

Objective: To evaluate the sociodemographic and clinical factors related to patients with intestinal stoma and correlate them to the health locus of control, spirituality and hope for a cure.

Method: This study was conducted at the Polo of Ostomized Patients of the city of Pouso Alegre, Minas Gerais. Participants were 52 patients with intestinal stoma. The scale for Health Locus of Control, the Herth Hope Scale, and the Self-rating Scale for Spirituality were used for data collection.

Results: The patients were aged up to 50 years, with the following means: Herth Hope Scale: 17.53; Self-rating Scale for Spirituality: 19.33. With regard to marital status, single people had a mean of 21.00 for the Herth Hope Scale. Retired ostomized patients had a mean of 20.53 for the Herth Hope Scale, of 10.38 for the Self-rating Scale for Spirituality, and of Scale for Health Locus of Control, of 18.79. The patients whose cause of making the stoma was neoplasia attained a mean of 19.43 for the Self-rating Scale for Spirituality. Regarding the character of the stoma, the mean for the Herth Hope Scale was 18.40. In the ostomized individuals who lived with the stoma for less than four years the means for the Herth Hope Scale, Self-rating Scale for Spirituality, and Scale for Health Locus of Control were 17.39, 20.35, and 23.09, respectively. Patients who did not participate of an association or support had means for the Herth Hope Scale, Self-rating Scale for Spirituality, and Scale for Health Locus of Control of 19.08, 17.25, and 20.63 respectively.

Conclusion: Ostomized patients believe they can control their health and that those involved in their care and rehabilitation can contribute to their improvement.

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Associação dos fatores sociodemográficos e clínicos com a espiritualidade e esperança de cura dos ostomizados

R E S U M O

Palavras-chave:

Estoma intestinal
Controle interno-externo
Espiritualidade
Religiosidade
Esperança

Objetivo: Avaliar os fatores sociodemográficos e clínicos relativos aos pacientes com estoma intestinal e correlacioná-los ao locus de controle da saúde, espiritualidade e esperança de cura.

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 a Escala para Locus de Controle da Saúde; Escala de Esperança de Herth, e Self-rating Scale for Spirituality.

Resultados: Os pacientes na faixa etária até 50 anos tiveram as seguintes médias: Herth Hope Scale: 17,53; Self-rating Scale for Spirituality: 19,33. No que concerne ao estado civil, as pessoas solteiras tiveram a média de 21,00 para a Escala de Esperança de Herth. Os ostomizados aposentados atingiram as seguintes médias para as escalas: Escala de Esperança de Herth: 20,53; Self-rating Scale for Spirituality: 10,38 e Escala para Locus de Controle da Saúde: 18,79. Os pacientes cuja causa da confecção do estoma foi neoplasia tiveram a média de 19,43 para a Self-rating Scale for Spirituality. Com relação ao caráter do estoma, a média da Escala de Esperança de Herth foi 18,40. Nos ostomizados que conviviam com o estoma havia menos de 4 anos as médias das Escalas de Esperança de Herth, Self-rating Scale for Spirituality, e Escala para Locus de Controle da Saúde foram de 17,39, 20,35, e 23,09, respectivamente.

Conclusão: os pacientes ostomizados acreditam que podem controlar sua saúde e que as pessoas envolvidas no cuidado e na sua reabilitação podem contribuir para sua melhora.

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Introduction

When the patient is subjected to an ostomy and goes through a surgical procedure, the physician performs the externalization of a hollow organ such as the bowel or bladder, through a hole in the abdomen, called stoma.¹⁻³ This procedure is carried out in order to maintain the elimination function, provoking various changes, among which we can highlight the removal of gases, odors and feces through the stoma that is located on the abdomen. Thus, there is a change in body image, sexuality and in the way of dressing, affecting interpersonal relationships and impacting negatively on the physical, psychological, social and sexual health of the individual who must live with this life condition.²⁻⁵

These changes that occur in the daily life of ostomized people, and even the psychosocial, emotional and biological changes, may lead these individuals to a loss of control of elimination and to the need to use of collector equipment for feces and/or urine, which causes a change in the individual's body image. Thus, a constant fear arises, of not being able to resume the activities of daily living prior to the stoma, with consequent social isolation, a negative financial commitment, and psychological distress. Given this situation, the patient often loses his/her faith and hope to get a better health, becoming doubtful as to whether he/she will be able to perform self-care, especially in terms of stoma cleaning and bag exchanging.^{1,6-11}

Often the patient ends up having a change in his/her religiousness, losing faith and any hope of cure or improvement, for fear of not being able to do self-care, including cleaning the

peristomal skin and exchanging and cleaning the bag. This fact has, as a consequence, changes in quality of life, self-esteem, spirituality, self-image, sexuality, family and social life and leisure activities.

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 an 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, which 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.^{12,13}

Hope is a state associated with a positive outlook for the future, a way to cope with the situation that one is experiencing,^{14,15} in which the individual has faith and the hope of his/her cure or improvement. Hope induces the individual to act and gives strength to solve problems and confrontations, such as loss, tragedy, loneliness and suffering.¹⁶

Health locus of control is a set of beliefs that individuals lay at the source of control of usual behaviors or events that occur to themselves or to the environment in which they are inserted, indicating the existence of a control of internal-external reinforcement, with regard to the degree to which the individual believes that the reinforcements are contingent on his/her conduct.^{17,18}

The construct "health locus of control" is designed as a multidimensional variable. External beliefs can be divided into random expectations (the reinforcement would be determined by luck, by fate) and expectations that the

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