



Original article

Quality of life and self-esteem of patients with
intestinal stoma

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ABSTRACT

The aim of this study was to investigate the quality of life and self-esteem in patients with intestinal stoma. This is a clinical, primary, descriptive, analytical study, conducted at the Ostomized People's Pole of Pouso Alegre, after approval by the Ethics Committee of the Faculdade de Ciências da Saúde Dr. Jose Antonio Garcia Coutinho under opinion No. 23,227. Three instruments – a questionnaire on demographics and stoma, Rosenberg Self-Esteem Scale/UNIFESP-EPM and Flanagan Quality of Life Scale – were used in the data collection. The following tests were used for statistical analysis: chi-squared and Kruskal-Wallis tests and Spearman correlation. For all statistical tests, the level of significance of 5% ($p < 0.05$) was considered. Most participants were older than 60 years, of male gender and attended support groups. Twenty-one (30%) of respondents were illiterate. Neoplasia was the most frequent of the causes that led patients to receive an ostomy; permanent colostomy was the type of ostomy used. Individuals were not submitted to stoma demarcation and did not make irrigation. Regarding the type of complication, 34 (48.60%) had dermatitis; 14 (20%) showed retraction.

The mean of Rosenberg Self-Esteem Scale/UNIFESP-EPM was 10.81 and the mean of Flanagan Quality of Life Scale was 26.16. It was concluded that individuals with intestinal stoma participating in the survey showed impaired self-esteem/quality of life.

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Qualidade de vida e autoestima em pacientes com estoma intestinal

RESUMO

O objetivo deste estudo foi investigar a qualidade de vida e a autoestima em pacientes com estoma intestinal. Trata-se de um estudo clínico, primário, descritivo e analítico. Este estudo foi realizado no Pólo dos ostomizados de Pouso Alegre, após aprovação pelo Comitê de Ética em Pesquisa da Faculdade de Ciências da Saúde "Dr. José Antônio Garcia Coutinho", sob o parecer no 23.277. Foram utilizados três instrumentos para a coleta de dados da pesquisa: questionário sobre os dados demográficos e estoma, Escala de Autoestima de

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Rosenberg/UNIFESP-EPM e Escala de Qualidade de Vida de Flanagan. Foram utilizados para a análise estatística os seguintes testes: Qui-quadrado e Kruskal-Wallis e correlação de Spearman. Para todos os testes estatísticos, foi considerado o nível de significância de 5% ($p < 0,05$). A maioria dos participantes tinha mais de 60 anos, eram do gênero masculino e participavam de grupo de apoio. Vinte e um (30%) dos participantes da pesquisa eram analfabetos. Neoplasia foi a causa mais frequente para a aquisição da ostomia; o tipo de ostomia foi colostomia permanente. Os indivíduos não foram submetidos à demarcação do estoma e nem realizaram irrigação. Com relação ao tipo de complicação, 34 (48,60%) apresentavam dermatite; 14 (20%) retração. A média da Escala de Autoestima de Rosenberg/UNIFESP-EPM foi 10,81 e a média da Escala de Qualidade de Vida de Flanagan (EQVF) foi 26,16. Concluiu-se que os indivíduos com estoma intestinal que participaram da pesquisa apresentavam autoestima e qualidade de vida prejudicadas.

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Introduction

A stoma is an artificial communication between organs or viscera and the external environment, for feeding, drainage and elimination. The making of an ostomy is a medical-surgical procedure. With respect to the origin of the disease, the ostomy may be temporary or permanent.¹

When receiving a stoma, the individual begins to evacuate through the artificial communication installed in his/her abdomen. At first, many patients would rather die than live with the stoma. Over the days, they start to realize that having an ostomy means gaining the opportunity for a new life. In this sense, it is noticed that, after an ostomy, individuals thus treated experience moments of emotional or psychological change that, by affecting the quality of life, self-esteem, body image and even their sexuality, can generate anxiety and even depression.

We observe the loss of social status due to the isolation imposed by the ostomized individual him(her)self and by the society, which can reject those who are considered outside the so-called normal patterns, that is, those who do not have a body that fits the current beauty and biomedical functioning parameters.²

Living with a stoma often causes feelings of fear, anguish and insecurity; these people believe that they are not able to return to their activities of life after hospitalization. It must be emphasized that the process of rehabilitation of ostomized people begins preoperatively and continues with their return home, when a new phase starts, marked by profound biological, psychosocial and economic changes, and with a new battle which ought to be fought by the ostomized person to cope with, and survive to, the new conditions.³

Quality of life (QOL) is the individual's perception of his/her health status in relation to social, physical, psychological, economic and spiritual aspects.^{4,5}

The World Health Organization (WHO) defines QOL covering five dimensions: physical health, psychological health, level of independence, social relationships and environment.⁶

Thus, the quality of life and well-being encompass the observations needed to the research on ostomized patients,

referring to the person's physical health, level of independence, social relationships, psychological state, personal beliefs and relationship with key aspects of the environment, which may cause changes in self-esteem and self-image, triggering anxiety and depression.⁷⁻⁹

The assessment of self-esteem in ostomized people is becoming increasingly important and necessary, because when subjected to this surgery, these people start living a different experience, where their standard of living and rhythm of life begin to change. Their desires and values are often not fulfilled nor respected; they feel rejected, seeking seclusion because of the odor and elimination of feces through the abdomen.

Notwithstanding the recognition of the importance of self-esteem to social and individual well-being in the scientific literature, in Brazil there are few studies on the subject, especially population-based ones. Thus, this study aimed to investigate the quality of life and self-esteem in patients with intestinal stoma.

Methods

This is a clinical, primary, descriptive, analytical, prospective study.

This study was conducted at the Ostomized People's Pole at Pouso Alegre. Data were collected in the period between December 2012 and May 2013, after approval by the Research Ethics Committee from the *Universidade do Vale do Sapucaí* under Opinion No. 23,277. The sample was selected in a non-probabilistic way and by convenience. Data collection was conducted by the researchers themselves; all patients signed a free and informed consent form. Inclusion criteria were: age ≥ 18 years and be user of an intestinal stoma. Exclusion criteria were: patients with syndromes of dementia and/or other conditions that prevented them from understanding and answering to the questionnaires.

Three instruments to data collection for the survey were used. First, a questionnaire on demographic data and the stoma; a second instrument was Rosenberg Self-Esteem

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