



Original Article

Quality of life in stomized oncological patients: an approach of integrality from Brazilian Unified Health System



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ABSTRACT

Introduction: Integrality is considered an essential constitutional doctrinal principle of SUS, being considered as a major challenge in health in Brazil. This involves practicing focusing on the quality of life of oncological stomized people.

Objective: To analyze quality of life of oncological stomized people from the Health Department, the Federal District, Brazil, from the perspective of integrality of the Unified Health System in Brazil.

Methods: Cross-sectional, exploratory and descriptive study with a quantitative and qualitative approach in the light of a content analysis. This was a convenience sample, including 120 patients registered in the Stomized People Program of the Health Department, the Federal District, Brazil. In this study, sociodemographic, clinical, and WHOQOL-bref questionnaires and an individual interview were used. Data were analyzed by Microsoft® Office Excel 2010 program and SPSS 20.0 software. Statistical significance was accepted at 5%.

Results: Physical, Social Affairs, and Environment domains are correlated with the mean score, with statistically significant results ($p < 0.0001$), the content analysis resulted in three categories: complications with the stoma, self-care, and Comprehensive health care.

Conclusion: Our results highlight the need to realize the integrality as a principle at various levels of discussion and of the practice of health care for stomized oncological people.

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Qualidade de vida de estomizados oncológicos: uma abordagem da integralidade do SUS do Brasil

RESUMO

Introdução: A integralidade é considerada um princípio doutrinário constitucional e essencial do SUS, e é apreciada como um grande desafio no âmbito da saúde no Brasil. Isto implica práticas voltadas para a qualidade de vida das pessoas oncológicas estomizadas.

Palavras-chave:

Qualidade de vida

Ostomia

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Neoplasias colorretais
Integralidade de saúde
Sistema Único de Saúde

Objetivo: Analisar a qualidade de vida de pessoas oncológicas estomizadas da Secretaria de Saúde do Distrito Federal, Brasil, sob a perspectiva da integralidade do Sistema Único de Saúde do Brasil.

Métodos: Estudo transversal, exploratório-descritivo com abordagem quantitativa e qualitativa à luz da análise de conteúdo. A amostra foi constituída por conveniência, com inclusão de 120 pacientes cadastrados no Programa de Estomizados da Secretaria de Saúde do Distrito Federal, Brasil. O estudo utilizou os questionários sócio-demográfico, clínico, e o WHOQOL-bref e uma entrevista individual. Os dados foram analisados pelos programas Microsoft® Office Excel 2010 e SPSS 20.0. A significância estatística aceita foi de 5%.

Resultados: Os Domínios Físico, Relações Sociais e Meio Ambiente estão correlacionados com o escore médio, com significância estatística ($p < 0,0001$), e a análise de conteúdo resultou em três categorias: Complicações com a estomia, Autocuidado e Assistência integral à saúde.

Conclusão: Fica evidenciada a necessidade de se perceber a integralidade como princípio em vários níveis de discussões e de prática do cuidado em saúde para pessoas oncológicas estomizadas.

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Introduction

The concept of integrality allows for the identification of the subject in its entirety, even if not reachable in its fullness, considering the whole universe of possible dimensions amenable to intervention, through the access allowed by themselves.¹

Thus, integrality suggests the addition and enhancement of care in the health professions, not being defined only as a basic guideline of the Unified Health System (SUS). That is, integrality can be understood as a conjugate of relevant notions to an expanded assistance, with coordination of the actions of the professionals involved in a comprehensive perspective of the human being endowed with feelings, desires, anxieties and rationalities.²

Integrality is considered an essential constitutional and a doctrinal principle of SUS; therefore, it is appreciated as a major challenge in health in Brazil, in the construction, deployment and implementation process of a care model that has its foundation and its guidelines based on the promotion, prevention, cure and rehabilitation. This implies practices focused on people's quality of life.²

In this sense, we are faced with a major challenge for a comprehensive health care of stoma oncology people, since the stomized patients' quality of life implies the maximum achievement of well-being and autonomy.^{3,4}

Colorectal cancer is one of the leading causes for the making of a stoma. Among the risk factors for this type of cancer, there is a direct link to the dietary pattern, represented by vices and bad eating habits that promote bacterial growth and the consequent degradation of bile acids, resulting in production of carcinogens.³⁻⁵ Colorectal cancer is the second most prevalent cancer in the world, ranking third in terms of incidence for men and in second place for women, which makes this neoplasm in serious worldwide public health problem. It is considered one of the most important cancers in the adult population, with increasing incidence and mortality in most countries.⁴⁻⁸

Furthermore, stomized oncological people, although resisting against cancer, find themselves with decreased body

image and self-esteem, and with desires of rejection. The significance of the change in their physical body and the suffering in the face of the new living condition affect their physical and psychological aspects, as well as those of their social and environmental relations, and the result is an impairment of their quality of life.^{4,5}

It is essential, however, to implement health education actions in the perspective of integrality, establishing comprehensive care to the stomized oncological person, so that, in general, health professionals involved with this universe of patients have a broader vision with respect to the emergent feelings in the face of disease, the making of a bowel ostomy, its sequels, and of rehabilitation, in order to ensure a comprehensive health care that will contribute to improving the quality of life of stomized oncological people.

Based on this notion, the aim of this study was to assess the quality of life of stomized oncological people from the Health Department, the Federal District, Brazil, from the perspective of integrality of the Unified Health System in Brazil.

Material and methods

Study methodology

This is a cross-sectional, exploratory and descriptive study with quantitative and qualitative approach, in light of the content analysis. Participants included in it belonged to a group of intestinal stomized people due to colorectal cancer. The observation and measurement of the variables of interest were made simultaneously, and worked as a statistical snapshot of what occurs at any given time.

The interview data collection was analyzed in light of Bardin Content Analysis, which is founded upon the phase of description or preparation of material, inference or deduction, and interpretation.⁹

The study protocol was approved by the Research Ethics Committee of the Teaching and Research in Health Sciences Foundation, Health Department, the Federal District, Brazil, under Protocol 418/200. People who agreed to participate in

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