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Original Article

Association of sociodemographic and clinical factors with self-image, self-esteem and locus of health control in people with an intestinal stoma

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ABSTRACT

Objective: To evaluate the sociodemographic and clinical factors related to patients with an intestinal stoma and to correlate them with locus of health control, self-esteem and self-image.

Method: 44 patients with an intestinal stoma participated in the study. The following instruments were used: Scale for Locus of Health Control, Rosenberg Self-Esteem Scale/UNIFESP-EPM and Body Investment Scale.

Results: With regard to Locus Health Control variables, sociodemographic variables with alterations were: unemployed (28.13); retirees (27.79); age up to 50 years (28.44); and singles (27.89). Regarding Body Investment Scale, the sociodemographic variables with alterations were: age up to 50 years (21.79); single (19.15) or married (17.53); retired (18.79) or unemployed (19.83); and can read and write (20.13). Regarding Rosenberg-EPM Self-esteem Scale, all sociodemographic variables were altered.

Conclusions: Ostomized patients presented alterations in the following variables: unemployed, retired, aged up to 50 years and unmarried. There were also alterations in individuals whose cause of the stoma was neoplasia, a temporary stoma, stoma time <4 years, and ostomized non-participants of an association or support group, and who also did not practice physical activities. We conclude from these findings that ostomized individuals who participated in the study and who were included in these variables showed negative feelings about their body and believed that only they could control their health and that the people involved in their care and rehabilitation did not could contribute to their improvement.

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Associação dos fatores sociodemográficos e clínicos com a autoimagem, autoestima e Locus de controle em saúde nos indivíduos com estoma intestinal

R E S U M O

Palavras-chave:

Ostomia
Estomas cirúrgicos
Autoimagem
Autoestima

Objetivo: Avaliar os fatores sociodemográficos e clínicos relativos aos pacientes com estoma intestinal e correlacioná-los a locus de controle da saúde, autoestima e autoimagem.

Método: 44 pacientes com estoma intestinal participaram do estudo. Foram utilizados os seguintes instrumentos: Escala para Locus de Controle da Saúde, Escala de Autoestima de Rosenberg/UNIFESP-EPM e Escala de Investimento no Corpo.

Resultados: Com relação às variáveis da Escala Locus de Controle da Saúde, as variáveis sociodemográficas com alteração foram: (28,13) desempregados; (27,79) aposentados; (28,44) idade até 50 anos; e (27,89) solteiros. Com relação à Escala de Investimento no Corpo, as variáveis sociodemográficas com alteração foram: (21,79) idade até 50 anos; (19,15) solteiros ou (17,53) casados; (18,79) aposentados ou (19,83) desempregados; e (20,13) sabem ler e escrever. Com relação à Escala de Autoestima de Rosenberg-EPM, todas as variáveis sociodemográficas estavam alteradas.

Conclusões: Os ostomizados apresentaram alterações nas variáveis desempregados, aposentados, idade até 50 anos e solteiros. Também apresentaram alterações indivíduos cuja causa do estoma era neoplasia, caráter temporário do estoma, tempo de estoma <4 anos e ostomizados não participantes de associação ou grupo de apoio e que também não praticavam atividades físicas. Concluímos, por esses achados, que os indivíduos ostomizados que participaram do estudo e que faziam parte dessas variáveis demonstravam sentimentos negativos com relação a seu corpo e acreditavam que só eles podiam controlar sua saúde, e que as pessoas envolvidas em seus cuidados e reabilitação não podiam contribuir para sua melhora.

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Introduction

A stoma is a word from Greek and means “an opening” or “mouth”. The word is used to denote the exteriorization of any hollow viscera through the body, and this opening can be created for various causes. Depending on the part of the body from which it originates, the opening is given different names, and tracheostomies, gastrostomies, esophagostomies, colostomies, jejunostomies, ileostomies, and vesicostomies are considered as stomas.¹

When subjected to the creation of an intestinal stoma (colostomy or ileostomy), the patient undergoes a surgical procedure, in which the physician externalizes the intestine through an orifice in the abdomen.²⁻⁴ This procedure is done so that the function of elimination is maintained and provokes several changes, for instance, the elimination of gasses, odor, and feces through the stoma which is located in the abdomen.

In addition to the loss of control of eliminations and the need to use a fecal collecting device, there is a constant fear of not being able to resume those activities of daily living practiced prior to the stoma. This health problem can lead the individual to changes in his/her quality of life, body image, self-esteem, and sexuality, with interference in interpersonal relations and with negative repercussions on physical health. For these reasons, in many cases, the patient ends up feeling frustrated, afraid and feeling useless. Such feelings have the

consequence of social and family isolation, the abandonment of leisure and of emotional and psychological suffering.⁵⁻¹¹

The concept of self-esteem has been studied and considered as an important indicator of mental health. In general, the criticism emphasizes the necessity of applying precise instruments that allow an evaluation of the degree of self-esteem of each individual. It is important to keep in mind that self-image is a condition of the person's own organization, consisting of a more real besides a more subjective part, and leading to a determinant way and an understanding of the environment in which one lives.^{11,12}

In addition to facing changes in self-image, changes in sexual activity, and social and family isolation, the ostomized person has other concerns about events that may occur, such as complications of the stoma, especially problems in the loss of peristomal skin integrity, changes in patterns of elimination, and evacuation through the abdomen, leakage of secretions around the pouch, presence of odor and gas elimination, changes in eating habits, peristomal skin-related hygiene, and self-care.^{5,6} In such circumstances, by experiencing these complications these patients they end up feeling stolen and scared and thus stop their self-care, and on many occasions lose their hope of healing or improvement. Some patients even fail to believe that professionals and family members involved in their care and guidance are not able to help them in their rehabilitation, improvement or healing.

It is often essential the understanding and support from family and friends, and especially from the professional who

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