



Journal of Coloproctology

www.jcol.org.br



Original Article

Health locus of control, body image and self-esteem in individuals with intestinal stoma

Geraldo Magela Salomé^{a,*}, Joelma Alves de Lima^b, Karina de Cássia Muniz^b, Elaine Cristina Faria^a, Lydia Masako Ferreira^c

^a Universidade do Vale do Sapucaí (UNIVAS), Pouso Alegre, MG, Brazil

^b Universidade do Vale do Sapucaí (UNIVAS), Programa Institucional de Bolsas de Iniciação Científica (PIBIC), Pouso Alegre, MG, Brazil

^c Universidade Federal de São Paulo (UNIFESP), São Paulo, SP, Brazil

ARTICLE INFO

Article history:

Received 5 December 2016

Accepted 10 April 2017

Available online xxx

Keywords:

Intestinal stoma

Quality of life

Self-esteem

Body image

Locus of control

ABSTRACT

Objective: To evaluate the health locus of control, self-esteem, and body image in patients with an intestinal stoma.

Method: A descriptive, cross-sectional, analytical study conducted at the pole of the ostomates of the city of Pouso Alegre. The study was approved by Research Ethics Committee of Universidade do Vale do Sapucaí. Opinion: 620,459. Patients: 44 patients with an intestinal stoma. Four instruments were used: a questionnaire with demographic and stomatologic data, the Health Locus of Control Scale, the Rosenberg Self-Esteem Scale/UNIFESP-EPM, and the Body Investment Scale. Statistics: Chi-square, Pearson, Mann-Whitney and Kruskal-Wallis tests. $p < 0.05$ was determined.

Results: The majority of patients were over 70 years, 16 (36.4%) were female, 30 (68.2%) were married, 31 (70.5%) were retirees, 31 (70.5%) had an income of 1–3 minimum wages, 32 (72.7%) did not practice physical activity, 18 (40.9%) had an incomplete elementary education, and 35 (79.5%) participated in a support or association group. 33 (75%) participants received the stoma because of a neoplasia; and 33 (75%) had a definitive stoma. In 36 (81.8%) participants, the type of stoma used was a colostomy, and 22 (50%) measured 20–40 mm in diameter; 32 (72.7%) participants used a two-piece device. With regard to complications, there were 29 (65.9%) cases of dermatitis. The mean total score for the Health Locus of Control Scale was 62.84; for the Rosenberg Self-Esteem Scale, 27.66; and for the Body Investment Scale, 39.48. The mean scores for the dimensions internal, powerful others, and chance of the Health Locus of Control Scale were 22.68, 20.68, and 19.50, respectively. With respect to the Body Investment Scale, for the dimensions body image, body care, and body touch, the mean scores were 11.64, 11.00, and 13.09, respectively.

* Corresponding author.

E-mail: geraldoreiki@hotmail.com (G.M. Salomé).

<http://dx.doi.org/10.1016/j.jcol.2017.04.003>

2237-9363/© 2017 Sociedade Brasileira de Coloproctologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Conclusion: In this study, the participants showed changes in self-esteem and body image and also showed negative feelings about their body. Ostomized individuals believe that they themselves control their state of health and do not believe that other persons or entities (physician, nurse, friends, family, god, etc.) can assist them in their improvement or cure and, in addition, believe that their health is controlled by chance, without personal or other people's interference.

© 2017 Sociedade Brasileira de Coloproctologia. Published by Elsevier Editora Ltda. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Lócus de controle em saúde, imagem corporal e autoestima nos indivíduos com estoma intestinal

R E S U M O

Palavras-chave:

Estoma intestinal
Qualidade de vida
Autoestima
Imagem corporal
Lócus de controle

Objetivo: Avaliar o lócus de controle da saúde, autoestima e imagem corporal em portadores de estoma intestinal.

Método: Estudo descritivo, transversal, analítico; realizado no Polo de ostomizados da cidade de Pouso Alegre, aprovado pelo CEP da Universidade do Vale do Sapucaí. Parecer: 620.459. Casuística: 44 pacientes com estoma intestinal. Foram utilizados quatro instrumentos: questionário com dados demográficos e relacionados ao estoma, Escala de Lócus de Controle da Saúde, Escala de Autoestima de Rosenberg/UNIFESP-EPM e *Body Investment Scale*. Estatística: Testes do Qui-quadrado, Pearson, Mann-Whitney e de Kruskal-Wallis. Determinou-se $p < 0,05$.

Resultados: A maioria tinha idade acima de 70 anos, 16 (36,4%) eram do gênero feminino, 30 (68,2%) eram casados, 31 (70,5%) aposentados, 31 (70,5%) tinham renda de 1 a 3 salários mínimos, 32 (72,7%) não praticavam atividade física, 18 (40,9%) não completaram o ensino fundamental e 35 (79,5%) participavam de grupo de apoio ou associação. 33 (75%) das causas da confecção do estoma foram por neoplasia e em 33 (75%) o estoma era definitivo. Em 36 (81,8%) o estoma era do tipo colostomia, 22 (50%) mediam de 20 a 40 mm de diâmetro e 32 (72,7%) eram dispositivos duas peças. Com relação às complicações, 29 (65,9%) foram dermatite. A média do escore total da Escala para Locus de Controle da Saúde foi de 62,84; Escala de Autoestima de Rosenberg, 27,66; e *Body Investment Scale*, 39,48. Com relação à média do escore total das dimensões da Escala para Locus de Controle da Saúde, constatamos: Internalidade para saúde, 22,68; Externalidade "outros poderosos", 20,68; e Externalidade para saúde, 19,50. Com relação às dimensões da *Body Investment Scale*, constatamos: para Imagem corporal, média de 11,64; Cuidado corporal, média de 11,00; e Toque corporal, média de 13,09.

Conclusão: Os participantes do estudo apresentaram autoestima e imagem corporal alteradas e sentimentos negativos em relação ao corpo. Os ostomizados acreditam que eles próprios controlam o seu estado de saúde e não acreditam que outras pessoas ou entidades (médico, enfermeiro, amigos, familiares, Deus, etc.) possam ajuda-los em sua melhora ou cura e que sua saúde é controlada ao acaso, sem interferência própria ou de outras pessoas.

© 2017 Sociedade Brasileira de Coloproctologia. Publicado por Elsevier Editora Ltda. Este é um artigo Open Access sob uma licença CC BY-NC-ND (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

Introduction

Ostomy comes from the Greek word stoma, meaning opening or building a new mouth of surgical origin, which is made when there is a need to make a temporary or a permanent diversion from the normal transit of food or elimination. Considering the types of ostomy, the intestinal type is the most frequent. This type is characterized by the exteriorization of the colon through the abdominal wall, with the goal of fecal elimination; on the other hand, the artificial opening

between the ileum, in the small intestine, and the abdominal wall is called ileostomy.¹ Thus, the intestinal ostomies refer to an opening made in the abdominal wall, with the making of a new path, aiming the deviation of the fecal content to the external environment.² People subjected to the physical mutilation inherent to the process of an intestinal ostomy also begin to feel the emotional and psychological mutilation determined by this procedure. It is also emphasized that an ostomization can generate emotional, psychological and socio-cultural impact, for example, loss of self-esteem and of sexuality commitment, as a result of an altered body image,

Download English Version:

<https://daneshyari.com/en/article/8834478>

Download Persian Version:

<https://daneshyari.com/article/8834478>

[Daneshyari.com](https://daneshyari.com)