

DOI: <https://doi.org/10.36489/saudecoletiva.2020v10i57p3573-3596>

Emotional repercussions and adaptive processes lived by stomized people

Repercusiones emocionales y procesos adaptativos vividos por personas estomizadas

Repercussões emocionais e processos adaptativos vividos por pessoas estomizadas

ABSTRACT

Objective: To map the scientific production on the emotional repercussions and adaptive processes experienced by people with stomas. **Method:** Integrative review with data collection from July to August, in the databases of the Virtual Health Library, Latin American and Caribbean Literature in Health Sciences websites, in the International Literature in Health Science and in the Database of Nursing, with the writers "emotions", "feelings", "stomas", "people" and "Nursing care". Articles published between the years 2013 to 2017 were used. **Results:** With thematic analysis, three categories emerged: "emotional repercussions and difficulties in the adaptation process of the person with a stoma", "coping measures in the process of rehabilitation of the person with a stoma" and "nursing care: professional support related to self-care". **Conclusion:** The person with an ostomy experienced moment of depression, sadness, social isolation, and withdrawal from work activity. The nurse in conjunction with the multidisciplinary team needs to develop, in addition to care plans and guidelines, psychological support and emotional support so that the person with a stoma has a better adaptation.

DESCRIPTORS: Emotions; Feelings; Ostomies; People; Nursing Care.

RESUMEN

Objetivo: Mapear la producción científica sobre las repercusiones emocionales y los procesos adaptativos que experimentan las personas con estomas. **Método:** Revisión integrativa con recolección de datos de julio a agosto, en las bases de datos de la Biblioteca Virtual en Salud, sitios web de Literatura Latinoamericana y del Caribe en Ciencias de la Salud, en la Literatura Internacional en Ciencias de la Salud y en la Base de Datos de Enfermería, con los escritores "emociones", "sentimientos", "estomas", "personas" y "Atención de enfermería". Se utilizaron artículos publicados entre los años 2013 a 2017. **Resultados:** Con el análisis temático surgieron tres categorías: "repercusiones emocionales y dificultades en el proceso de adaptación de la persona con estoma", "medidas de afrontamiento en el proceso de rehabilitación de la persona con estoma" y "cuidados de enfermería: apoyo profesional relacionado con el autocuidado". **Conclusión:** La persona con ostomía experimentó momentos de depresión, tristeza, aislamiento social y retraimiento de la actividad laboral. El enfermero junto con el equipo multidisciplinar necesita desarrollar, además de planes y pautas de atención, apoyo psicológico y apoyo emocional para que la persona con estoma tenga una mejor adaptación.

DESCRIPTORES: Emociones Sentimientos; Ostomías; Personas; Cuidado de Enfermería.

RESUMO

Objetivo: Mapear a produção científica sobre as repercussões emocionais e os processos adaptativos vividos por pessoas com estomias. **Método:** Revisão integrativa com coleta de dados nos meses de julho a agosto, nas bases de dados dos sítios da Biblioteca Virtual em Saúde, Literatura Latino Americana e do Caribe em Ciências da Saúde, na Literatura Internacional em ciência da Saúde e na Base de Dados de Enfermagem, com os escritores "emoções", "sentimentos", "estomias", "pessoas" e "cuidados de Enfermagem". Utilizaram-se artigos publicados entre os anos 2013 a 2017. **Resultados:** Com análise temática emergiram três categorias: "repercussões emocionais e as dificuldades no processo de adaptação da pessoa com estomia", "medidas de enfrentamento no processo de reabilitação da pessoa com estomia" e "o cuidado de enfermagem: apoio profissional relacionado ao autocuidado". **Conclusão:** A pessoa com estomia vivenciou momentos de depressão, tristeza, isolamento social e afastamento da atividade laboral. O enfermeiro em conjunto com a equipe multidisciplinar precisa desenvolver além de planos de cuidados e orientações, acompanhamento psicológico e apoio emocional para que a pessoa com estomia tenha uma melhor adaptação.

DESCRIPTORES: Emoções; Sentimentos; Estomias; Pessoas; Cuidados de Enfermagem.

RECEIVED ON: 02/14/2020 APPROVED ON: 02/15/2020

Hosana Pereira Cirino

Stomatherapist Nurse UERJ. Master's in Nursing from the Postgraduate Program in Nursing at the State University of Rio de Janeiro - UERJ.

ORCID:

Priscila Cristina da Silva Thiengo de Andrade

Nurse. Assistant Professor of the Medical-Surgical Department at the Faculty of Nursing UERJ and Doctoral Student in Nursing by the Graduate Program in Nursing at the State University of Rio de Janeiro - UERJ.

ORCID:

Celia Caldeira Fonseca Kestenberg

Nurse and Clinical Psychologist, Associate Professor at UERJ in Psychiatric Nursing and Mental Health, PhD in Social Psychology.

ORCID:

Célia Pereira Caldas

Full Professor, Department of Public Health Nursing, Faculty of Nursing UERJ, PhD in Nursing.

ORCID:

Cleia do Nascimento Santos

Nurse in Gerontology at UERJ. Master's in Nursing from the Postgraduate Program in Nursing at the State University of Rio de Janeiro - UERJ.

ORCID:

Wanderson Alves Ribeiro

Stomatherapist Nurse UERJ. Professor of the Nursing Undergraduation Course at UNIG / UCB. Master's in Health Care Sciences by Universidade Federal Fluminense-UFF.

ORCID:

INTRODUCTION

The ostomy is an aggressive surgical procedure that can provoke several changes in the corporal physiology, in the lifestyle, in the physical and psychosocial aspect of the person. May cause changes in life, self-esteem and self-image⁽¹⁾.

Stoma is the opening or creation of a mouth, in a hollow organ, through a surgical procedure, in order to divert gastric or intestinal transit, for feeding or elimination⁽²⁾.

Among the various causes that may lead to the need for an intestinal ostomy, the intestinal diverticular and inflammatory diseases stand out, such as: Crohn's disease and ulcerative colitis, in addition to colorectal cancer, abdominal trauma and colorectal anomalies⁽³⁾.

It is noteworthy that, after the ostomy, the person experiences feelings of fear, anger and depression due to the

alteration of their body image or grief, needing support to facilitate their acceptance and adaptation to the new reality, since ostomy interferes directly on self-image and self-esteem⁽⁴⁾.

In this sense, study⁽¹⁾ it also points out that beauty and vigor are overrated in our society, and ostomy surgery is considered to be a deviation from normal standards and can generate a significant sense of rejection, where the person experiences the deconstruction of their image, position and social function, being able to present conflicting feelings that, in turn, can inhibit the process of adaptation and acceptance of their new life condition.

In this sense, investigating emotional issues will make us see ostomy patients as a whole and, at the same time, as an individual being, facilitating the process of adapting and accepting their new condition.

Currently, we live in a society that

worships the body and good looks, where beauty gains space for acceptance or rejection, in which not being beautiful is equivalent to being rejected. A standard body for everyday life is imposed by society. To live, in this sense, it is necessary to expose physical appearance, assuming functions and powers that give access to the world, demanding the corporal presence of each other⁽⁵⁾.

In this scenario, the objective of this study was to map the scientific production on the emotional repercussions and feelings experienced by people with ostomy. The knowledge of emotions and feelings generated by ostomy helps in the development of actions aimed specifically at the needs of this clientele, reinforcing the role of the nursing team in guiding self-care, reinserting this patient into social life, returning to work life, improving self-esteem and self-image.

It is noteworthy that this theme is extremely relevant due to the need to

know the emotional repercussions and feelings suffered by ostomized patients, in order to improve care for this clientele, facilitating their adaptation to the new reality and contributing to self-care. Disseminating information for a more complete and humanized service to this clientele is particularly important, since the efforts are mostly directed to the correct use of the collection bag, skin maintenance and stoma.

METHODOLOGY

To support this study and understand the knowledge gap, an integrative literature review was carried out. This type of study was chosen because it corresponds to a technique in which research developed and concluded by a specialist is gathered and organized, the findings of studies being analyzed, focusing on rigor and systematics, examining the methods and strategies employed, appreciating the sources and synthesizing the results⁽⁶⁾.

The integrative literature review allows the researcher to approach the problem that he / she wants to investigate, defining a panorama about his / her scientific production, so that the evolution of the theme is known over time and, with that, to conceive possible research opportunities⁽⁷⁾.

The establishment of the review problem

It should start with the definition of a problem and the formulation of a research question. For this, the PICO strategy was used as a tool, defined as a way to maximize the retrieval of evidence in the databases, keeping the focus on the purpose of the research and avoiding unnecessary searches⁽⁸⁾.

The following subject descriptors were chosen in the database search fields: “feelings, adaptation, ostomy, people and nursing care”, correlating them to refine the study population. This research took place in June 2018.

Given the above, this study was directed by the following question:

“What scientific evidence is available in the literature, published in online

journals, in the field of nursing, related to the feelings and adaptive processes experienced by ostomized people?”.

Sample selection

This moment of the research is linked to the previous one, since, after the choice of the theme by the reviewer and the formulation of the research question, searches are started in the databases for the survey and identification of the studies that will be included in the review. The Internet is extremely important, since the databases have electronic access⁽⁹⁾.

For the identification of studies published on the emotions experienced by ostomized people, an online search was carried out on the databases of the Virtual Health Library (VHL), Latin American and Caribbean Literature in Health Sciences (LILACS) websites, in the International Literature in Health Science (MEDLINE) and in the Nursing Database (BDENF), which were selected because they are the most accessed in Latin America and bring together nursing research developed in all countries that encompass it. Complete published studies were selected and indexed in the databases referred to above, during the years 2013 to 2017. These were organized in forms prepared by the master's student.

The following subject descriptors were chosen in the database search fields: “feelings, adaptation, ostomy, people and nursing care”, correlating them to refine the study population. This research took place in June 2018.

Therefore, the following inclusion criteria were used: studies published in scientific articles; freely available; in Portuguese, English and Spanish; from the years 2013 to 2017; published in nursing journals, as well as those listed in health journals as a whole; presented in full and accompanied by their summary, involving literature reviews. Theses, dissertations, letters, and repeated articles were excluded.

Chart 1. Description of the PICO strategy. Rio de Janeiro, RJ, Brazil, 2011-2013

P (Paciente ou Problema)	Pessoas portadoras de estomias de eliminação.
I (Intervenção)	A confecção cirúrgica de uma estomia.
C (Controle ou Comparação)	Não se aplica, por não se tratar de um estudo comparativo.
O (Desfechos ou “Outcomes”)	Sentimentos vividos por pessoas estomizadas.

For consultation in the VHL databases, the following groups of descriptors were used: “Ostomy / ostomy and People”, “Ostomy / Ostomy and Feelings”,

“Ostomy / Ostomy and People”, “Ostomy / Ostomy and Care” of nursing”.

Given the above, it is worth mentioning that parts of the selected articles

were repeated between searches with the descriptors in the combinations and in the databases exposed above.

After reflective reading of the findings, the studies were categorized.

The categorization of studies

This is the third phase, in which data are collected after the selection of articles. In this phase, it is necessary to use a previously developed data collection instrument that is capable of extracting the relevant data, reducing the risk of errors⁽¹⁰⁾.

A study can be characterized by the direct utility of the findings. Basic research is applied to accumulate information, expanding the knowledge base to improve understanding, or to obtain information relevant to the study⁽¹¹⁾.

To organize the obtaining of the information contained in the analyzed studies, a data collection instrument produced by the master’s student was used, which allowed the collection of information in a systematic way. This instrument was formatted in four divisions to optimize the synthesis of the articles and facilitate the reading.

The first partition of the data collection instrument consists of data referring to the publication, such as the author, the title of the article, the name of the journal and the year of publication. The second partition contains information regarding the type of study or technique used (data from the methodology used). The third refers to the research findings (what the study showed of results). The fourth part

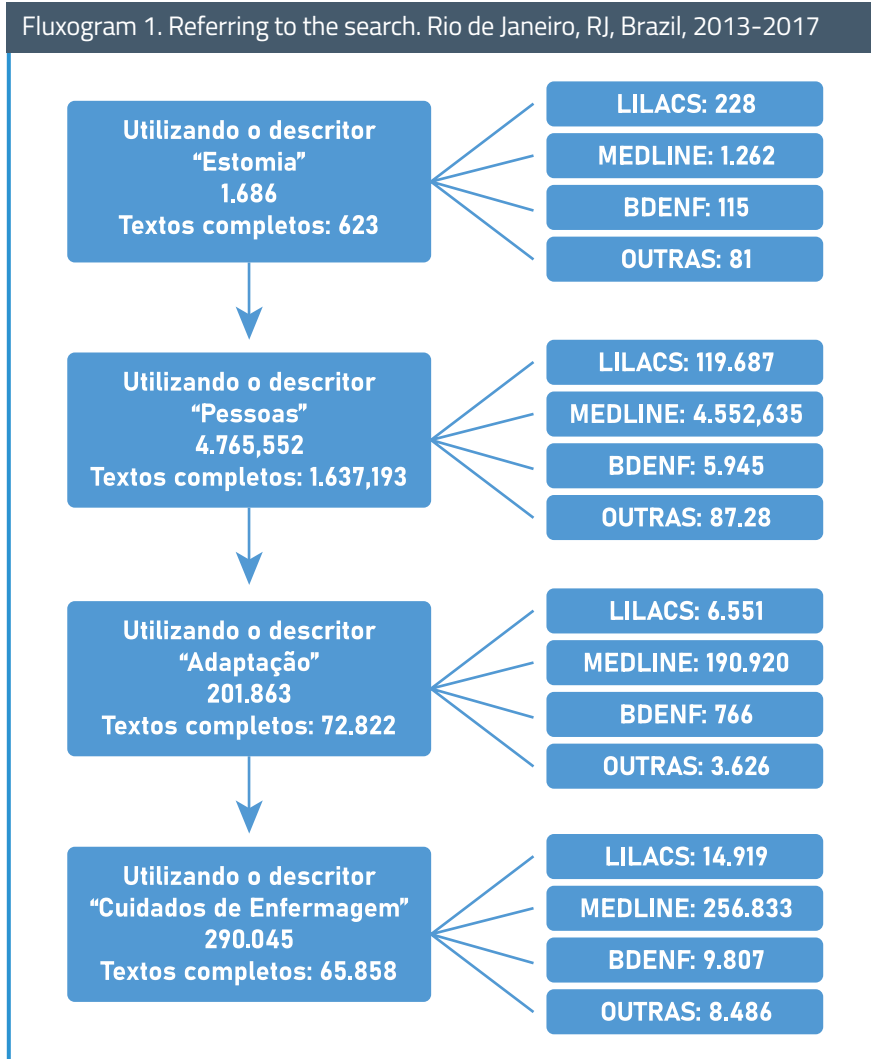


Chart 2. Associated descriptors for searching and refining the search. Rio de Janeiro, RJ, Brazil, 2013-2017

PALAVRAS-CHAVE	ENCONTRADOS	APLICAÇÃO DE CRITÉRIOS DE INCLUSÃO	APLICAÇÃO DE CRITÉRIOS DE EXCLUSÃO	ARTIGOS SELECIONADOS
Estomia/ostomia and Pessoas	516	41	475	15
Estomia/Ostomia and Sentimentos	28	16	12	03
Estomia/Ostomia and Adaptação	124	95	27	02
Estomia/Ostomia and Cuidados de Enfermagem	872	17	855	03
Total				23

presents the database in which the study was located.

After organizing the findings and reading, the studies were categorized according to the themes presented.

After analyzing the data, three themes

or categories emerged, namely: Emotional repercussions and difficulties in the adaptation process of the person with an ostomy; Coping measures in the rehabilitation process of the person with an ostomy; and Nursing care: professional

support related to self-care.

RESULTS

The chart below shows the articles selected for the research.

Chart 3. Summary of articles resulting from the integrative review. Rio de Janeiro, RJ, Brazil, 2013-2017

AUTOR, TÍTULO, PERIÓDICO E ANO	PROCEDIMENTO METODOLÓGICO	ACHADOS DA PESQUISA	BASE DE DADOS
Aguiar et al., Aspectos sociodemográficos e clínicos de estomizados intestinais provisórios. REME, 2017.	Transversal quantitativo	Alteração da imagem que o indivíduo tem de si, sentimentos negativos, inferioridade, alterando a sexualidade, autoimagem, autoestima e emoções.	BDEF
Freire et al., Autoimagem e autoconceito na vivência de pacientes estomizados: Olhar da Enfermagem. REME, 2017.	Exploratório Descritivo qualitativo	O uso da colostomia está ligado a sentimentos de vergonha, medo, insegurança, invasão e sofrimento, refletindo na vida social, amorosa e laboral.	BDEF
Barba et al., Demanda de cuidados de pacientes oncológicos estomizados na atenção primária à saúde. Rev Enf UFPE, 2017.	Descritivo qualitativo	Mudanças com a presença do estoma e sentimentos como medo, incertezas e preocupações, necessidades dos profissionais de enfermagem em desenvolver ações de educação em saúde para o paciente adquirir autonomia.	BDEF
Costa et al., Distúrbio na imagem corporal: Diagnóstico de enfermagem e características definidoras em pessoas ostomizadas. AQUICHAN, 2017.	Revisão integrativa descritiva qualitativa	O estudo revelou o diagnóstico de enfermagem "Distúrbio da imagem corporal", comportamento de monitorar o próprio corpo, impacto na qualidade de vida, na sexualidade, no estilo de vida e no envolvimento social.	LILACS
Vera et al., Sexualidade de pacientes com estomias intestinais de eliminação. Ver Pesq. Cuid. Fundam. 2017.	Exploratório descritivo quantitativo	A estomia influencia em diversos fatores que contribuem para prejudicar o bem-estar das pessoas. A mudança na imagem corporal altera as funções psíquicas, influenciando a imagem sexual.	LILACS
Silva et al., Qualidade de vida de pessoas com estomias intestinais de eliminação. Acta Paul. Enferm. 2017.	Descritivo transversal	Estomias intestinais de eliminação interferem na qualidade de vida, principalmente nos âmbitos físicos e social.	LILACS
Mohr et al., Adolescent perspective following Ostomy Surgery: A Grounded Theory Study 2016. J Wound Ostomy Continence Nurs. 2016.	Qualitativo	A experiência da estomia inclui conceitos do "eu físico" e "eu social" com o objetivo de normalização. As análises incluem o eu físico, mudança de realidade, aprender, adaptar-se ao dia-a-dia e a vida social.	MEDLINE
Melo et al., Revisão integrativa das características definidoras do diagnóstico de enfermagem: Disposição para resiliência melhorada em ostomizados. REME, 2015.	Revisão Integrativa	Verificou-se que o diagnóstico de Enfermagem "disposição para resiliência melhorada" pode ser identificado em pessoas estomizadas, visto que das 17 características definidoras desse diagnóstico, 10 foram encontradas na literatura para tal população.	LILACS
Simon et al., "Sempre ajudando em uma coisa ou outra": Rede Social da família da pessoa com estomia. Ver. Eletr. Enferm. 2014.	Exploratório descritivo qualitativo	A formação da rede social dessas famílias se organiza por várias teias composta pela própria família que possibilita a troca de apoio e fortalecimento das relações, ajudando a família no cuidado. Essas redes contribuem para o reconhecimento da autoimagem, bem-estar, cuidado, enfrentamento e adaptação.	LILACS
Torres et al., Qualidade de vida de pessoas estomizadas: Revisão Integrativa. Rev. Enferm. UFPI. 2015.	Revisão Integrativa	O estudo destaca a importância da implantação e permanência de uma equipe multidisciplinar e reflexiva, sendo embasada na visão holística, visando a reinserção social e o fornecimento de estratégias de enfrentamento e adaptação.	BDEF

artigo

Citino, H.P.; Andrade, P.C.S.T.; Kestenberg, C.C.F.; Caldas, C.P.; Santos, C.N.; Ribeiro, W.A.; Emotional repercussions and adaptive processes lived by stomized people

Sena et. al., Perfil dos urostomizados cadastrados em uma associação de ostomizados. <i>Cogitare Enfermagem</i> . 2014.	Descritivo Retrospectivo Consulta documental	O estudo do perfil de pacientes urostomizados auxiliou a prática clínica, com a identificação das especificidades da população de ostomizados, colaborando com a promoção da saúde.	LILACS
Maurício et. al., Determinantes biopsicossociais do processo de inclusão laboral da pessoa estomizada. <i>REBEN</i> . 2014.	Exploratório descritivo qualitativo	Conhecer mais profundamente as facilidades e dificuldades dos estomizados em relação à inclusão laboral. Os fatores dificultadores perpassam no âmbito físico/biológico e psicossocial.	MEDLINE
Simon et. al., Configuração da rede de assistência às pessoas com estomia: Interface do cuidado contínuo. <i>J Nurs. Healt</i> . 2014.	Revisão Integrativa	Poucas publicações sobre a temática e as existentes revelam uma assistência fragmentada, em que o sujeito com estomia e sua família necessitam interconectar os múltiplos pontos da rede de saúde para conseguir assistência continuada.	BDEF
Barros et. al., Ações ecossistêmicas e gerontotecnológicas no cuidado de enfermagem complexo ao idoso estomizado. <i>Ver. Bras. Enf</i> . 2014.	Descritivo qualitativo	Identificou-se ações ecossistêmicas e gerontotecnológicas como possibilidades de um novo olhar a cerca de si e do outro, em que o idoso estomizado percebe as contradições entre capacidade/incapacidade, ordem/desordem, motivação/frustração e assim estabelece medidas de enfrentamento.	MEDLINE
Ardigo et. al., Conhecimento do profissional acerca do cuidado de enfermagem à pessoa com estomia intestinal e família. <i>Texto & Contexto Enf</i> . 2013.	Exploratório descritivo qualitativo	Os resultados mostram que as pessoas com estomia, assim como a família apresentam sentimentos de rejeição e medo. Esses sentimentos negativos dificultam o aprendizado do autocuidado e da adaptação à sua nova condição. Pacientes orientados no pré-operatório adaptam-se melhor.	LILACS
Vilar et. al., O cuidar da criança estomizada no domicílio: estudo de caso: <i>Online B. J. Nurs</i> . 2013.	Descritivo qualitativo	A participação não somente do enfermeiro, mas da equipe multidisciplinar é fundamental na orientação para a alta hospitalar ao cuidado da criança estomizada.	BDEF
Coelho et. al., A estomia mudando a vida: Enfrentar para viver. <i>REME</i> 2013.	Exploratório descritivo qualitativo	Os estomizados apresentam mudanças no seu modo de vida após a confecção do estoma, sendo essas mudanças provenientes de alterações físicas e sociais.	LILACS
Souza et. al., O preparo do familiar para o cuidado à pessoa com estomia. <i>Ver. Enf. UFPE</i> . 2013.	Descritivo qualitativo	O familiar cuidador da pessoa com estomia é despreparada para o cuidado e sem conhecimento acerca do processo de estomização, mas assume o cuidado, apesar de seu próprio despreparo.	BDEF
Teles et. al., Mudanças físicas, psicossociais e os sentimentos gerados pela estomia intestinal para o paciente. <i>Ver. Enf. UFPE</i> . 2017	Revisão integrativa	Evidenciaram-se artigos focalizando os sentimentos relatados pelos pacientes, sendo esses de surpresa, ansiedade, incerteza, medo do diagnóstico e da morte, raiva, desespero, angústia, rejeição e impotência.	BDEF
Goulart et. al., A sexualidade do paciente estomizado no discurso do Enfermeiro. <i>REME</i> . 2017.	Qualitativa Análise de conteúdo	Destacados aspectos como a compreensão da sexualidade na visão da equipe de enfermagem, a formação acadêmica, os sentimentos ao discutir os temas, a assistência ao estomizado não atinge a sua plenitude, apenas direcionada ao estoma.	BDEF
Wild et. al., Educação em saúde com estomizados e seus familiares: Possibilidade para melhor qualidade de vida. <i>Rev. Enf. UFSM</i> . 2016	Relato de experiência	No grupo, foram abordados assuntos relativos à alimentação, sexualidade, autocuidado e autoimagem, a proposta contribuiu para a melhoria da qualidade de vida desses pacientes.	BDEF
Maurício et. al., O enfermeiro e sua participação no processo de reabilitação da pessoa com estomia. <i>Esc. Anna Nery Ver. Enf</i> . 2013	Exploratório descritivo qualitativo	Poucos estomizados receberam orientações pelos profissionais de enfermagem a respeito do retorno às atividades trabalhistas, há lacunas no processo.	LILACS

Menezes et. al., A subjetividade no cuidado familiar à criança ostomizada a partir da construção de sua autonomia.	Exploratório descritivo qualitativo	A vivência da família diante de uma nova realidade imposta pelo tratamento desencadeia reflexos de sensações consideradas subjetividade, envolvendo nuances culturais inerentes a cada ser, tornando importante a aliança de saberes entre profissional e cliente.	LILACS
Nichols et. al., Quality of life in Us residents with ostomies assed.	Análise em banco de dados	Pacientes estomizados demonstraram níveis de dificuldades, adoecimentos e limitações em atividades físicas.	LILACS
Seardillo et. al., Eploring the relationship between resilience and ostomy adjustment in adults with a permanente ostomy. J Wound Ostomy Contience Nurs. 2016	Descritivo Pesquisa de campo	Os participantes com níveis altos de ajustes da estomia apresentaram níveis mais elevados de resiliência e os mais resilientes, relataram níveis mais altos de adaptação.	MEDLINE
Queiroz et. al., Autoestima em mujeres com ostomias intestinales. Index Enfermeria. 2017	Estudo Quantitativo Transversal analítico	A autoestima das mulheres estomizadas pode melhorar de acordo com suas características sociodemográficas, clínicas e de autocuidado, portanto esses fatores devem ser considerados para desenvolvimento de ações multiprofissionais no seu enfrentamento.	MEDLINE

DISCUSSION

To carry out the analysis of the research data, an organized approach is necessary to weigh the rigor and characteristics of each study. In this phase, the researcher's experience contributes to the verification of the validity of the methods and the analysis of the results⁽¹⁰⁾.

The criteria for the integrative review involve detailed parameters of analysis, using methods that guarantee the achievement of the objectives: applying rigorous analysis, examining the theory, establishing relationships with the results, methods, subjects and attributes of the research, with the intention of presenting it to the reader information about the studies reviewed, without highlighting only the results, improving possible information.

After reflective reading of the findings, the studies were categorized.

Emotional repercussions and difficulties in the adaptation process of the person with an ostomy

In this category, articles were highlighted that highlight changes in lifestyle, emotions and feelings experienced by ostomized patients, caused after the making of the ostomy. The repercussions brought about by these changes can cause feelings to emerge that will

influence their adaptation, especially when related to changes that directly interfere in activities of daily living, such as relationships, work, leisure, among others.

After the initial reaction of making the stoma, moments of depression and sadness are seen in the subject, usually caused by the loss of pleasure in performing normally valued activities. Changes in the lifestyle of the ostomized person due to changes in anatomy and physiological function reduce the capacity of these patients, imposing limits on them⁽¹²⁾.

According to a study⁽⁴⁾, ostomy patients also present feelings such as anguish, fear, difficulty in accepting the situation and difficulty in adapting to this new health condition. They can also feel rejection as a defense to this non-acceptance, which they may suffer from the people around them, with feelings of incapacity and discredit.

Psychosocial issues were addressed by authors⁽¹³⁾, who affirm that ostomy affects the patient's feelings, implying quality of life. The presence of stoma and collection bag conflicts with the ideal body image imposed by society.

In this context, a study⁽¹⁴⁾ argues that establishing care for the bag on a daily basis is something that is part of the doctrine of being, as it has a very impor-

tant meaning for patients. The concerns come from the small acts that can be during the exchange of bag or cleaning the skin. Likewise, studies^(15,16) refer that the use of collecting equipment and the inability to control gases and feces altered the individual's image of himself, starting to experience negative feelings about his body and his inferiority, altering his self-esteem and causing emotional changes.

Still regarding the use of the equipment, authors⁽¹⁷⁾ report that cleaning of the collection bag is performed several times a day by patients, usually after each evacuation. Thus, the exchange is also an important care, mainly for fixing the collection bag on the skin, and this care makes patients feel more secure and can perform their daily activities.

Fear and insecurity, as well as feelings related to shame and suffering, were identified in a study^(18,19). These feelings could be identified as determinants in the new emotional condition, directly reflecting on these individuals' social, loving and working life.

Following the reasoning, authors⁽³⁾ report that patients, when informed of the need to make an ostomy, have feelings, such as: anxiety, uncertainty, fear of diagnosis, anger, despair, anguish, rejection and impotence. After the stoma was made, problems with decreased

self-esteem due to altered body image were identified, in which patients need to adapt to a new body and a new way of eliminating feces. Other feelings, such as depression, anguish, insecurity, revolt, disgust, hatred, anger, disgust, aggression, non-acceptance, author rejection, grief, loss of self-control and identity were also observed.

Regarding to adaptation, the need for adequate food⁽¹⁷⁾ and the adjustment in relation to the loss of control over their eliminations and flatus⁽¹⁹⁾ could be identified as the main difficulties faced. Still, there are changes related to clothing, loss of confidence, independence, and dignity, in addition to difficulties in traveling due to changing habits and changes in privacy.

Sexuality also underwent adaptation due to the making of the ostomy^(16,18,19). Patients reported changes due to decreased self-esteem, impaired self-image and shame or fear of non-acceptance by the partner due to the presence of the stoma as part of the body. Faced with this, the sexuality of ostomized people is affected by the loss of libido and impotence, by the fear that the bag leaks and releases feces and odor during sexual intercourse. These issues with sexuality can be caused by psychological or physiological problems, with changes in marital relationships⁽³⁾.

It is noteworthy that most ostomized patients denied sexual activity. Miles' surgical technique is the most common, leading patients to erectile dysfunction several times, at the time of surgery, the resection of blood vessels and nerve endings responsible for this function in men. In women, removal of the colon and rectum tumor leads to a shortening of the vaginal canal, as it is awfully close to the rectum, causing loss of libido and dyspareunia. These factors can, therefore, rule out the possibilities of sexual life, leading patients to feelings of isolation, shame and sexual disinterest, requiring guidance by a health professional⁽²⁰⁾.

It is worth remembering that authors⁽²¹⁾ claim that, due to discomfort

According to the worker's health policy, the person with a stoma has the right to return to his work activities in adequate condition to meet his physical limitations.

with appearance, the ostomized patient feels ashamed in front of the other. Thus, it presents low self-esteem, which leads to isolation, which is a way to hide the stoma, that is, not relating to the partner.

In the same sense, authors⁽¹²⁾ they refer to the lack of psychological support on sexual issues for ostomized clients as a limitation for resuming sexual life. Thus, the sexuality of the ostomized patient is affected by self-esteem, with the body image shaken and showing fear and anxiety.

Regarding work activities, studies^(3,20) highlighted that patients who had an employment relationship preferred to permanently leave work activities, even after their recovery, preferring to receive the social security benefit. Authors⁽²⁰⁾ report on the difficulty of inserting this

individual in the job market, when they are unemployed.

According to the worker's health policy, the person with a stoma has the right to return to his work activities in adequate condition to meet his physical limitations. Therefore, this person is legally supported by the National Policy for the Integration of Persons with Disabilities, and may use the reserve of job vacancies⁽¹⁵⁾.

The effect of the ostomy on working life and the reduced ability to work are part of the limits and consequences resulting from physiological and anatomical changes. The care with collection bags makes the ostomized patient realize his limitations, changing his daily activities, related to fear and embarrassment in the work environment.

These feelings and adjustments to lifestyle, many times, could be associated with the social isolation of people with stomas^(2,3,17).

Regarding to social isolation, authors⁽¹³⁾ point out that patients went through long periods of deprivation of moments of leisure activities with family and friends, in which ostomized patients remained at home, mainly for fear of the collection bag loosening and spilling out deleted content.

Authors⁽²⁾ refer that the social isolation, also known as "social death", comes from the fear of being stigmatized and excluded from society, due to the change in their body image and the lack of control of feces and flatus. The authors also reveal that many feel difficulties to return to work activities due to insecurity, unconfigured self-image, problems with adaptation and care with the collection bag.

Studies demonstrate the transformation process that ostomization causes in patients' lives and psychological aspects. The negative feelings experienced have a direct influence and can be identified in several areas of life, both in the field of interpersonal relationships and in their work activities.

Authors⁽¹⁵⁾ emphasize that ostomy presents, in those who live it, positive,

negative and acceptance feelings, represented by the possibility of continuing life, the difficulties caused by the loss of sphincter control and the adaptation to their health condition.

Coping measures in the rehabilitation process of the person with an ostomy

In this category, difficulties in coping with feelings of contempt, disgust and shame at the exposure of feces to other people were reported, especially when emptying or cleaning the collection bag and the unpleasant odor. Still, there is much concern that the collection bag will drop and leak fecal content.

After making the colostomy, individuals experience the experience of seeing themselves as a different being, which imposes an adjustment of their image and self-concept. In addition, it is observed that the impacts of changes related to the ostomy last for at least five years after surgery, with emphasis on physical, social and financial impairment in the first six months. It is also noteworthy that the variable time of ostomy is directly related to quality of life^(18,22).

These and other adjustments, as well as coping with various complications, are themes that need to be addressed by the nursing professional so that the patient can overcome his own stigmas and perform self-care. Thus, the nursing professional is a figure supporting the transition to new experiences lived by patients⁽¹⁸⁾.

Faced with this, authors⁽¹⁴⁾ argue that the patient has his individuality, performing the coping in a unique way. This means that, each one goes through his / her moment and his / her way of coping and adapting to his / her new condition, living with suffering, pain, uncertainty, myths and fears, being the nursing team indispensable in accompanying the ostomy patient.

Research has shown that nursing professionals realized that the person with intestinal ostomy, as well as the family, initially has feelings of rejection, fear,

self-image disorder, low self-esteem, and that these negative feelings make it difficult to learn self-care and adapt to new condition⁽⁴⁾.

Study⁽⁴⁾ reveals that preoperative-oriented patients evolved better in the face of the situation. The nursing consultation to perform the demarcation on the stoma's abdomen reduces problems with fixing the collecting device and reveals to the patient how the stoma will be made and what the bowel will be exteriorized. Other information, such as the length of stay, the type of effluent that will be disposed of in the bag, flatus, possible complications on the skin, impacts on body image, clothing, food and sexuality are already preparing the patient for rehabilitation and self-care.

Relating positive points, the acceptance of the ostomy is a product of an effective coping strategy for the treatment of the underlying disease. Although several factors hinder the adaptive process of the ostomy patient, the treatment of comorbidities is seen in a positive and hopeful way, and the understanding of quality of life is a subjective and individual factor⁽²³⁾.

It should be noted that, according to authors⁽¹⁹⁾, progress towards complete rehabilitation happens when the person with a stoma is able to accept changes related to the use of collection equipment and the loss of fecal continence. Thus, the implementation of occlusive and irrigation technologies for people with colostomies, for example, can offer a wide choice of self-care management, improving body image, restoring continence for up to 12 hours and reducing the stress triggered by this situation.

The purpose of irrigation is to empty the intestine of gases, mucus and feces, helping the ostomy patient to regulate intestinal transit, giving him the possibility to remain without the collection bag for a few hours, contributing to the improvement of his well-being and his quality of life⁽²³⁾.

Another coping measure was religion. In study⁽¹⁶⁾ it was observed that

religion, faith and belief are considered important tools for the process of survival and coping, because, through religion, stomized patients find strength and social support to face pain and their anxieties in daily life, producing relief from suffering related both to his new condition of ostomy, and to the treatment of the disease that led him to become stomized.

Still on faith and religiosity, authors⁽¹⁾ they argue that spiritual well-being can be damaged after stoma. This speech became evident when faith and religiosity were reported as factors related to the person. For the patient who has faith, the transition process is facilitated, allowing their strengths to focus on health and autonomy, improving reflection on living and facilitating the redefinition of life.

Support networks are used for coping by stomized patients. Knowledge about these social support networks in care can help improve the quality of life, allowing stomized patients to better face their new situation. For this reason, it is important that nurses know and value these networks to observe the person with an ostomy and their social context.

During the entire rehabilitation process, the ostomy patient seeks a support network - friends, family, health professionals and other ostomy patients - that can help to face the challenges related to the presence of the stoma. Nursing professionals are essential in learning self-care, resulting in safety and coexistence in harmony with the new condition⁽²⁴⁾.

According to a study⁽²⁵⁾, stomized patients believe that the support of family members is essential, especially after ostomy surgery, as it is in this period that they are experiencing moments of intense emotional disorder, requiring new learning to take care of themselves.

Corroborating the context, authors⁽²⁶⁾ point out the support of associations and groups of people with ostomy as a place of exchange and lear-

ning, where there is a transfer of experiences between professionals and the ostomy themselves. It is believed that this space of coexistence can favor the person's acceptance of their new condition of ostomy.

The ostomized person, in addition to having his balance affected by a basic disease, suffers the emotional repercussions of being submitted to ostomy surgery, from which he will have to deal with the new. These patients need strong support networks for adaptation and biopsychosocial recovery, in which both health professionals, family members, friends and even other patients are part of the coping and adaptation process.

Still on coping and rehabilitation, authors⁽²⁷⁾ point out that it is a long process to be achieved, being contemplated in several dimensions. This is not limited to recovering lost or altered functions, but covers physical, psychological, social, spiritual, economic, and political aspects, with rehabilitation and adaptation being the focus of patients after their new life condition.

Nursing care: professional support related to self-care

In this category, actions in support of self-care and rehabilitation developed by nurses were sought in the literature. Although the nursing team is causally linked to health education actions, counseling, guidance and care, few studies relate the negative feelings experienced by ostomized patients to the difficulties of adaptation.

In this context, I study⁽¹⁷⁾ states that nursing professionals have an important role in the rehabilitation process, working with the ostomized person and the family in an integral, individualized and systematized way, with the purpose of improving the quality of life. Therefore, it is necessary for nurses to help, meeting biological and psychosocial needs and favoring the individual to return to routine activities as soon as possible.

Authors⁽¹³⁾ emphasize that nursing

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care for people with ostomy should start in the preoperative period, through interviews, physical examination, diagnosis and planning of nursing actions. It is necessary for the team to prepare the patient physically and emotionally, assessing their emotional and physical capacity to perform self-care.

Nursing is the professional category in the health area that allocates more time to care for ostomized patients. This care is reinforced from the orientation of the use of the collecting device, skin management, hygiene, intestinal irrigation, support to adaptation issues for the return to social, work, and sexual activity. The nurse is the protagonist in the rehabilitation processes of post-ostomy patients. Authors⁽¹²⁾ point out that, after the surgical procedure, the patient will have to assume the task of specific care with his new condition of ostomy, care that, before, was not necessary.

The nursing team stands out in assisting people with ostomy from the preoperative period until the arrival of patients to specialized services and home care. For this, it is necessary that nurses formulate their assistance based on the recognition of subjectivities and the interpretation that the health-disease process is a psychosocial and cultural result that changes according to social interactions⁽²⁾.

Relating nursing care to the sex life of the ostomy patient, authors⁽²¹⁾ argue that this directly influences the quality of life and, for this reason, it is necessary for nurses to talk about it with the ostomized patient, in order to offer comprehensive and personalized assistance. For this, it is necessary that the nurse develops active listening and individualized care, considering the feelings related to the process experienced by each one.

Articles address the need for action by the nursing team to improve self-care for ostomized patients, highlighting health education and practices that can

facilitate the rehabilitation of patients, such as collection bag care, skin management, dietary restrictions to avoid increased gauze and change in the consistency of fecal content⁽²⁴⁾.

According to a study⁽³⁾, the nurse, in conjunction with the multidisciplinary team, must plan from the patient's discharge from hospital to his follow-up at the health care center of the stomized person. Educational interventions on self-care, collecting equipment and adjuvants, peristomal skin care, specialized multiprofessional assistance for coping and rehabilitation should be offered. The authors also state that nursing can contribute to specialized assistance to the ostomy patient and his family in managing situations or changes, providing professional support to the individual needs of each patient.

The analyzed articles do not include, in a specific way in their care plans and guidelines, psychological support and emotional support for the better adaptation of life to this clientele. Self-care is only related to effective practice in exchange for devices, assessment of stoma and peristomal skin. In these studies, rehabilitation is only related to good management of the stoma and the return to daily activities, leaving aside the difficulties of acceptance and adaptation resulting from the feelings

experienced by these patients during this process.

For authors⁽²⁸⁾, the nursing consultation is essential for the rehabilitation of ostomized patients, because, in addition to offering necessary support for the treatment, it offers a sense, guiding the patient towards the acceptance of the ostomy, for the understanding of the changes occurred in his body, stressing that the ostomy patients who attended nursing consultations are exactly those who had the best adaptation to their new condition. Thus, nurses are fundamental in therapeutic recovery.

Authors⁽¹⁵⁾ describe that the nurse has an important role in the process of guiding the ostomy patient, as he has competence and assistance tools, such as the Systematization of Nursing Care, to identify the difficulties of adapting these clients to their condition of ostomy, besides proposing, together with the patient and the team, actions that aim to overcome difficulties.

The implementation of the stages of the nursing process expands the knowledge and care directed to ostomy patients, identifying the nursing diagnoses for these individuals. From there, it is possible to formulate care planning and implementation that can allow these patients to develop resilience and adapt to their new life context⁽²⁸⁾.

Still with regard to professional support, authors⁽²⁾ they argue that nursing establishes relationships that offer strong support, evidencing a work developed for the welfare of these patients. Nursing can weave webs of interpersonal relationships with ostomy patients and family members, favoring the exchange of experience to improve care.

CONCLUSION

The feelings experienced after the construction of the ostomy influenced the adaptation of these patients. The changes in body dynamics and activities of daily living imposed by the construction of the stoma led to moments of depression, fear, sadness, social isolation, and withdrawal from work activities in the subject.

The person with an ostomy, in addition to having his balance affected by a basic disease, suffers the repercussions of being submitted to surgery for making a stoma, requiring support actions for rehabilitation, with nursing having a relevant role in this process. The nurse, together with the multidisciplinary team, needs to develop, in addition to care plans and guidelines, psychological support and emotional support so that the person with a stoma has a better adaptation, rehabilitation and return to activities of daily living. ■

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