

Self-image and self-esteem of ostomized patients



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ABSTRACT

People who live with stomas suffer impacts in the adaptation process, especially in their reintegration into society. In addition to bodily changes, ostomies can also cause emotional, social, and spiritual imbalances. This is a literature review that aimed to analyze the repercussions identified in the literature related to the perception of ostomy patients on their self-esteem and self-image. Self-esteem involves the perception of body image and senses, the figurations, and mental representations that a person has of others and of himself. The need for an ostomy causes a series of changes in the patients' self-image, also causing changes in the feeling of self-esteem. In addition, it triggers feelings such as fear, anguish, insecurity, suffering, shame, apprehension, isolation, loss of autonomy, among others. The evaluation of the self-esteem of ostomized individuals is necessary because the patients go through a sudden change in their standard of living, making it essential for the health team involved in the rehabilitation and coping with this new reality, providing a more natural transition possible.

Keywords: Self-image, Ostomy, Quality of Life, Nursing Care.

1 INTRODUCTION

It is estimated that there are about 400 thousand people with ostomy in Brazil and that 10 thousand new cases arise per year (VENTURA, 2020).

The words ostomy, ostoma, stoma or ostomy are of Greek origin and mean mouth or opening (ANHAIA, VIEIRA, VIEIRA, 2016).

An ostomy is defined as a surgical procedure that consists of externalizing the system (digestive, respiratory, and urinary), creating an external orifice called a stoma, which can be permanent or temporary (BRASIL, 2009). Depending on the externalized segment, stomas are given different names: tracheostomy, which is the opening of the trachea; gastric ostomy, called gastrostomy; urinary ostomies, urostomies, nephrostomies, ureterostomy and vesicostomy; and intestinal ostomies,



which are jejunostomies, ileostomies and colostomies (COELHO, SANTOS, DAL POGGETTO, 2013).

People who live with stomas are impacted by the adaptation process, especially by reintegrating into society. In addition to bodily changes, ostomies can also cause emotional, social, and spiritual imbalances. All of this can cause changes in your body image and self-esteem, leading to feelings of fear, anguish or even depression (TERIAKY, 2012).

Body image is the individual's conception of their own body, as well as the feelings associated with their characteristics and experiences throughout life (PEREIRA, FORTES, 2015).

Rosenberg (1965) states that self-esteem is a positive or negative attitude toward a particular object called the self.

Self-esteem involves the perception of body image and senses, the figurations and mental representations that a person has of others and of himself. It is the ability that a person has to trust themselves, to feel capable of being able to face the challenges of life. The development of self-esteem can be considered a multidimensional phenomenon, as it involves physiological, psychological and social aspects, which affects emotions, thoughts and the way people relate to others, intensely influencing quality of life (SANTOS, VIEIRA, 2011).

Paying attention to the relationship between social characteristics, pathologies and patients' self-esteem can help nurses, as well as other health professionals, to plan more consistently for the care of these individuals, perceiving those who are more vulnerable during the rehabilitation process (VARGAS, DANTAS, GOIS, 2005).

In view of this, the following guiding question is addressed in the present study: What do scientific productions address about the perception of self-image and self-esteem of ostomy patients?

Considering that ostomies alter life in several aspects and negatively interfere in the elaboration of body image, the hypothesis of this study was that knowing the physiological, psychological and social impacts becomes essential to guide care planning and assist in the process of adaptation, acceptance and reformulation of self-image, providing the restructuring of self-esteem.

Thus, the objective of this study was: To analyze the repercussions identified in the literature related toperceptionfrompatients about their self-esteem and Self-image.

The proposed study seeks to contribute to a multidisciplinary reflection on the factors that can alter the self-esteem of patients stomy, in order to improve the theoretical support of the nursing team in the care of this type of clientele, associating it with a set of actions that guarantee good care, covering their bio-psycho-social well-being. Thus, we can help in adapting to a new reality, in the reformulation of self-image and consequently in the restructuring of self-esteem

This is a literature review. For the construction of the research problem, as well as for the organization of the articles found, the PICO search strategy (Patient, Intervention, Comparison and



Outcomes) was used. The databases consulted were: Nursing Database (BDENF) and Latin American and Caribbean Health Sciences Literature (LILACS). The descriptors used in the search, according to DeCs (Bireme Health Descriptors) were: Self-image; Ostomy; Quality of Life; Nursing Care. The inclusion criteria were articles that addressed the topic in the title and/or abstract, available in Portuguese, English or Spanish, with online access to the full text, published in the period from 2016 to 2021 (SANTOS, PIMENTA, NOBRE, 2007).

2 DEVELOPMENT

Five articles were selected from the databases consulted, four were published in Portuguese and one in English.

The year 2017 was the year with the highest number of publications on the subject, with 3 articles being selected, followed by 2 in 2018. There were no publications in 2019, 2020 and 2021 until this study was conducted.

The studies were distributed in Table 1 according to authorship, database (DB) consulted, journal published and year of publication, and were organized in ascending order by year of publication.

Table 1 – Selected articles

Authors	COMICS	Newspaper	Year
FERREIRA, E.C. et al.	LILACS	Rev Bras Enferm	2017
	AND		
	BDENF		
FREIRE, D.A. et al.	LILACS	REME – Rev Min Inferm	2017
	AND		
	BDENF		
Salomé, G.M. et al.	LILACS	J. Coloproctol	2017
MELO, M.D.M et al.	LILACS	REME – Rev Min Inferm	2018
	AND		
	BDENF		
RICARDO, E.V.; SANTOS,	LILACS	Online Perspectives: Biologics & Health	2018
C.M.; PALERMO, T.A.C			

Author: LIMA, 2021.

2.1 LIVING WITH THE STOMA – ADAPTATION

Illness is a difficult process that requires patients and their families to understand the meaning of the disease, the treatment options, perceive the gains and losses of their decisions, and learn to live with the necessary changes (VARGAS, DANTAS, GOIS, 2005).

Surgical intervention with the making of a stoma brings new feelings to individuals. At this moment, despair arises in response to the confrontation of a new reality of life, the impact of the rediscovery of the body, of the new functions and the limitations imposed by the result of the surgical procedure. They acquire feelings of hopelessness, fear, anguish, anxiety, depression, loss of self-esteem



and suffering in the face of their own body that has escaped their control (ANHAIA, VIEIRA, VIEIRA, 2016).

Melo *et al* (2018) state that adapting to the stoma is an individual process and that patients can face it positively or negatively, in their own way and in their own time. Salomé et al (2017) corroborate that the process develops over time and involves a series of aspects, from the help offered to the way the ostomized person engages in self-care.

Ferreira, on the other hand, *et al* (2017) exposes that the making of a stoma implies changes in body image, loss of control of eliminations and the need to use collection equipment, developing physical, psychological and social changes that influence their quality of life.

Ricardo, Santos, and Palermo (2018) also considered that the stoma is a major physical change in the individual, as it alters the normal physiology of eliminations, causes odors, and forces the use of collection devices.

Freire *et al* (2017) comment that body alteration tends to be perceived as mutilation, which leads to emotional changes, embarrassment and low self-esteem and, consequently, social isolation. In addition, ostomy patients experience feelings such as anxiety and worries about stoma manipulation.

Salomé *et al* (2017) consider that in addition to the physical mutilation inherent to the process of an ostomy, people also feel the emotional and psychological mutilation determined by this procedure. Such feelings can lead to changes in quality of life, self-esteem, body image, and spirituality, with loss of hope for improvement or healing.

Other feelings such as powerlessness and failure are evidenced in the life of the person with an ostomy, related to changes in self-image in the face of the new physical constitution and difficulties in returning to social life, which has a direct impact on the adaptive process and quality of life (MELO *et al*, 2019).

Family support becomes essential in this moment of adaptation to the new life. The way family members deal with the subject directly interferes in the process of acceptance and in the perception of the body image of the ostomy patients. In this way, family members, caregivers and professionals become essential elements in the elaboration of a therapeutic, rehabilitation and social reintegration plan (SALOMÉ *et al*, 2017).

A successful transition for ostomy patients occurs when there is an effective acceptance of new life circumstances, requiring a reorganization of daily habits so that bad feelings give way to feelings of well-being, thus improving the quality of life of these individuals (FREIRE *et al*, 2017).

2.2 CHANGES IN SELF-IMAGE AND SELF-ESTEEM

Ostomy patients usually see the stoma as something invasive and deforming, which directly influences their body image and self-esteem. They are concerned about the characteristics of the



secretions and the fact that they cannot control, for example, odors, noises and leaks. In addition, many try to hide their ostomy status as a way to avoid the stigma of being "different", they tend to choose clothes that allow them to hide their stoma, they avoid performing routine activities, such as working or going to the beach, and for fear of prejudice, they tend to isolate themselves (FREIRE *et al*, 2017).

Other studies corroborate these data, and show that social isolation is a common mechanism among ostomized patients to protect themselves, due to the feeling of fear and shame of exposing themselves and going through embarrassing situations. Self-image and self-esteem depend not only on the individual, but on their interaction with others and with society. (ANHAIA, VIEIRA, VIEIRA, 2016; FARIAS, GOMES, ZAPPAS, 2006; FERREIRA *et al*, 2017; MELO *et al*, 2019; SALOMÉ *et al*, 2017).

Ferreira et al (2017) reinforce that self-esteem is an important indicator of mental health, as it interferes with the affective, social, and psychological conditions of individuals. It states that the making of a stoma can result in a distorted body image, having repercussions on the perception of oneself, where the person sees himself as unattractive, causing a decrease in self-esteem. In addition, in his study, he showed that the worse the self-esteem of stoma patients, the greater the damage to health-related quality of life.

Salomé et al (2017) observed in their study that ostomized participants had changes in the perception of self-image and low self-esteem, that is, these individuals had negative feelings about their own body. It also considered that the alteration of body image leads to loss of self-esteem and impairment of sexuality. When experienced by the ostomized person, sexuality manifests itself through negative feelings, such as worry, anguish, fear, shame, isolation, inferiority, and control of their desires.

Sexuality is more affected by low self-esteem than by a physical limitation. This alteration is associated with body image, anxiety and fears and sexuality (FARIAS, GOMES, ZAPPAS, 2006). Freire *et al* (2017) comment that the visibility of the stoma, not only by the ostomy patient himself, but also by the partner, can cause disturbances that make it difficult to maintain or start an affective relationship.

Ricardo, Santos, and Palermo (2018) showed that most ostomates had low satisfaction with their body image, but had high levels of self-esteem. They considered that other factors can contribute to the construction of self-esteem, although they agreed with the idea that the greater the satisfaction with body image, the higher the self-esteem.

Sena (2015) found a similar result and identified that there was an improvement in the selfesteem of individuals that redirected their concerns to other areas of their lives in which they brought some well-being, bringing compensation for the physical changes imposed by the ostomy.

Melo *et al* (2018) indicated that, among the participants in their study, they had a satisfactory average level of self-esteem and associated it with the fact that they were cared for in a Rehabilitation



Center, having access to health support with trained professionals, participation in support groups and monitoring in the rehabilitation process, which promotes improvement in quality of life and, consequently, in their self-esteem.

Thus, it can be seen that the follow-up of the person with ostomy by a multidisciplinary team is fundamental in the process of adaptation and formulation of coping strategies. Thus, the nurse can be a facilitating agent in the adaptation process of the ostomized individual, having different strategies to facilitate the understanding of their health conditions and changes associated with the preparation of the ostomy, helping in the perception of the new body image so that satisfactory self-esteem can be achieved.

3 CONCLUSION

From the diagnosis of a disease to the treatment, many feelings and sensations arise, characterizing a phase of changes, uncertainties, and insecurities, which need to be welcomed, so that each person feels safe in expressing them and reaching a stage of acceptance, gathering strength to face the entire process of illness and restructure physically and emotionally.

It is concluded that the need for an ostomy causes a series of changes in the patients' self-image, also causing changes in the feeling of self-esteem. In addition, it triggers feelings such as fear, anguish, insecurity, suffering, shame, apprehension, isolation, loss of autonomy, among others.

The evaluation of the self-esteem of ostomy individuals is necessary, because when undergoing this procedure, patients undergo a sudden change in their standard of living. Thus, the performance of the health team involved in the rehabilitation and coping with this new reality is essential, providing the most natural transition possible. Listening and looking attentively becomes an important tool for the multidisciplinary team to understand patients in their uniqueness.

The limitation of this study was the small number of articles on the subject. Therefore, there is a need for further studies to provide a better basis for nursing interventions related to body image and self-esteem in ostomy patients.

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