



Original Article

Association of sociodemographic and clinical factors with the self-image and self-esteem of individuals with intestinal stoma



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ARTICLE INFO

Article history:

Received 25 February 2014

Accepted 15 May 2014

Available online 17 June 2014

Keywords:

Ostomy

Quality of life

Body image

Self-image

Self-esteem

ABSTRACT

Objective: To evaluate the clinical and sociodemographic factors and correlate them to the self-image and self-esteem.

Methods: A study conducted at Ostomy Pole of Pouso Alegre. The data were collected between December 2012 and May 2013. This was a non-probabilistic, by convenience, sample. For data collection, the Rosenberg Self-Esteem Scale/UNIFESP-EPM and Body Investment Scale were used. For statistical analysis, chi-squared test, Kruskal–Wallis test and Spearman correlation were used. Levels of significance of 5% ($p \leq 0.05$) were considered.

Results: Participants had a mean score of 10.81 in the Rosenberg Self-Esteem Scale/UNIFESP. Regarding Body Investment Scale results, the mean total score was 38.79; the mean in the domain of body image was 7.74, and for personal touch, 21.31. When comparing data related to the stoma and sociodemographic profiles with the Rosenberg Self-Esteem Scale/UNIFESP and Body Investment Scale, we realize that all patients demonstrated a decrease in self-esteem and self-image. Individuals were over 60 years old, male, retired, married and were not participants in support group/association. With regard to the characteristics of the stoma, those permanent colostomized had as causes of stoma implementation inflammatory disease and neoplasia; stomata measured between 20 and 40 mm; these people used two-piece devices. People who have not been notified that would be subjected to the stoma and in whom no demarcation was done showed worsening in self-esteem and self-image in relation to other features related to injury and sociodemographic data.

Conclusion: Patients who participated in this study had low self-image and self-esteem in all characteristics of the stoma and in sociodemographic data, meaning that these individuals had negative feelings about their own bodies.

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<http://dx.doi.org/10.1016/j.jcol.2014.05.005>

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Associação dos fatores sociodemográficos e clínicos à autoimagem e autoestima dos indivíduos com estoma intestinal

R E S U M O

Palavras-chave:

Estomia
Qualidade de vida
Imagem corporal
Autoimagem
Autoestima

Objetivo: Avaliar os fatores sociodemográficos e clínicos e correlacioná-los à autoimagem e autoestima.

Métodos: Estudo realizado no Polo dos Estomizados de Pouso Alegre. Os dados foram coletados entre dezembro de 2012 e maio de 2013. A amostra foi por não probabilística, por conveniência. Para coleta de dados, foram utilizadas a Escala de Autoestima Rosenberg/UNIFESP-EPM e a escala BodyInvestmentScale. Para análise estatística, foram utilizados os testes do Qui-quadrado e de Kruskal-Wallis e a correlação de Spearman. Foram considerados os níveis de significância 5% ($p \leq 0,05$).

Resultados: Os participantes apresentaram a média de 10,81 na Escala de Autoestima Rosenberg/UNIFESP-EPM. Com relação à escala BodyInvestmentScale, a média do escore total foi 38,79; a médiana do domínio imagem corporal foi de 7,74 e no toque pessoal, 21,31. Ao compararmos os dados relacionados ao estoma e sociodemográficos com a Escala de Autoestima Rosenberg/UNIFESP-EPM e com a escala BodyInvestmentScale, percebemos que todos os pacientes apresentaram queda na autoestima e na autoimagem. Os indivíduos estavam na faixa etária acima de 60 anos, sexo masculino, eram aposentados e casados e não participavam de grupo de apoio/associação. Com relação às características do estoma, os indivíduos com colostomia permanente tinham como causas da realização do estoma doença inflamatória e neoplasia; os estomas mensuravam entre 20 a 40 mm; eles utilizavam dispositivo com duas peças. Pessoas que não foram comunicadas de que iriam ser submetidas ao estoma, e em que não foi realizada a demarcação apresentaram piora na autoestima e na autoimagem com relação às outras características relacionadas à lesão e às sociodemográficas.

Conclusão: Pacientes que participaram deste estudo apresentaram baixa na autoimagem e autoestima em todas as características do estoma e nos dados sociodemográficos, significando que esses indivíduos tinham sentimentos negativos em relação ao próprio corpo.

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Introduction

Undoubtedly the technological and scientific advances in health, as well as the process of demographic and epidemiological transition, enabled an increase in life expectancy of the population in recent years. In this twenty-first century, there are still huge and relevant problems that continue to affect the health of people worldwide and also in Brazil. These implications of scientific and technological development in people's living conditions have been worrying to researchers,¹ primarily those related to the ostomy theme. These concerns are about the effectiveness of therapeutic interventions, complications, devices used, self-care, but also with the improvements made in quality of life, self-esteem, self-image and sexuality of these individuals, especially those who have degenerative and not degenerative diseases.^{1,2}

Stoma and ostomy are Greek terms meaning mouth or opening. It is a change in bowel habits, anatomically modified, in which there is an externalization of hollow viscera through the body; in the case of the intestine, the device is inserted into the outer abdominal wall,³ and may be temporary or permanent. Temporary stomas aim to protect an intestinal anastomosis and can be reversed. The permanent stomas usually are indicated in cases of intestinal cancer

without the possibility of reestablishment of normal intestinal transit.⁴

Usually, these individuals who underwent intestinal stoma, breaking with this usual elimination pattern, are faced with emotional and psychological difficulties and feel a sense of disgust in relation to themselves.⁵

Besides the emotional and psychological changes, the ostomy generates a series of physical changes that impair social life of stoma users, especially those related to the lack of the anus and the presence of a hole in the abdomen through which the feces are eliminated. As a result, not infrequently the person feels very different from the others, and even excluded. This is because every human being constructs, throughout his life, an image of his own body, which fits to the customs and the environment where he lives – in short that meet his needs to feel nestled in his own world.⁶

In our modern society, the body image can be related to youth, beauty, strength, integrity and health; and those that do not correspond to the concept of body beauty can experience significant sense of rejection.^{7,8} Body image is the mental picture that the individual makes of his own body, wrapped by the sensations and experiences throughout his life. It is a kind of “mental picture” constructed by the person for his physical appearance and the attitudes and feelings towards the image.⁶⁻⁹

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