

# INDICATORS OF THE NURSING OUTCOME OSTOMY SELF-CARE: INTEGRATIVE REVIEW

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**ABSTRACT:** Literature search to identify indicators of the nursing outcome Ostomy Self-Care. Integrative review conducted in seven databases with a sample of 10 publications, predominantly qualitative descriptive studies published between 2006 and 2010, with evidence level VI. The main indicators obtained for the outcome Ostomy Self-Care were Expresses acceptance of ostomy, changes ostomy bag (pouch) and is assisted by a health professional. The articles examined in this study demonstrated the importance of self-care for ostomized patients and the actions comprised by self-care management. However, studies on the systematization of nursing care to ostomized patients are needed.

**DESCRIPTORS:** Ostomy; Self-care; Nursing processes.

## INDICADORES DO RESULTADO DE ENFERMAGEM AUTOCUIDADO DA OSTOMIA: REVISÃO INTEGRATIVA

**RESUMO:** Identificar na literatura estudos que apresentem os indicadores do resultado de enfermagem Autocuidado da Ostomia. Trata-se de uma revisão integrativa de literatura realizada em sete bases de dados com amostra de 10 publicações, predominando estudos descritivos com abordagem qualitativa, publicados entre os anos de 2006 e 2014, com nível de evidência VI. Os principais indicadores encontrados para o resultado Autocuidado da Ostomia foram: Manifesta aceitação da ostomia, troca bolsa da ostomia e obtém ajuda de um profissional da saúde. A literatura demonstrou a importância do autocuidado para o paciente estomizado e as ações que levam ao desenvolvimento do cuidado de si. Entretanto, constatou-se carência de estudos que abordem a temática quanto à implementação de ações por enfermeiros, ressaltando a importância de outros que viabilizem a execução da sistematização da assistência de enfermagem.

**DESCRIPTORES:** Estomia; Autocuidado; Processos de enfermagem.

## INDICADORES DEL RESULTADO DE ENFERMERÍA AUTOCUIDADO DE LA OSTOMÍA: REVISIÓN INTEGRATIVA

**RESUMEN:** El estudio buscó identificar, en la literatura, investigaciones que presentan los indicadores del resultado de enfermería en Autocuidado de la Ostomía. Es una revisión integrativa de literatura realizada en siete bases de datos con muestra de 10 publicaciones, con predominancia de estudios descriptivos con abordaje cualitativo, publicados entre los años de 2006 y 2014, con nivel de evidencia VI. Los principales indicadores para el resultado Autocuidado de la Ostomía fueron: Manifiesta aceptación de la ostomía, de cambio de bolsa de la ostomía, y obtiene la ayuda de un profesional de la salud. La literatura ha demostrado la importancia del autocuidado para el paciente estomizado y las acciones que llevan al desarrollo del cuidado de sí mismo. Sin embargo, se constató carencia de estudios que aborden la temática cuanto a la implementación de acciones por enfermeros, destacando la importancia de otros que viabilicen la ejecución de la sistematización de la asistencia de enfermería.

**DESCRIPTORES:** Estomía; Autocuidado; Procesos de enfermería.

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## INTRODUCTION

Ostomy is a surgical procedure that creates an opening externalizing a hollow viscera in the body for the discharge of body wastes<sup>(1)</sup>. Colorectal cancer is the most common reason for ostomies<sup>(2)</sup>. Given the growing number of diagnoses of this type of cancer, the number of ostomies have increased significantly. It was estimated that there would be an incidence of around 580 thousand cases of cancer in Brazil in 2014, and colorectal cancer would be the fourth most common cancer in the country affecting approximately 33 thousand Brazilians<sup>(3)</sup>.

Ostomized patients must adapt themselves to this new condition, and self-care is essential for this adjustment, in order to promote the well-being and a good quality of life for these patients<sup>(1)</sup>.

The nursing process can be systematized with the use of some nursing tools such as NANDA-I<sup>(4)</sup>, a Nursing Intervention Classification (NIC)<sup>(5)</sup> and Nursing Outcomes Classification (NOC)<sup>(6-7)</sup>.

Evaluation of the results based using these indicators is essential to observe the progression of the disease. The NOC is composed by indicators that assess whether the result obtained, based on the proposed interventions, has impacted the patient's rehabilitation process, identifying where the team should modify their actions to achieve the desired goal. Thus, the real size and repercussion of interventions delivered by nurses can be determined<sup>(7)</sup>.

Self-care should be developed for each and every patient to ensure their independence and controlover the care delivered to them and their health status<sup>(1)</sup>. However, the propensity for self-care must be learned and depends on factors such as age range, lifestyle, gender, education, social, financial and cultural factors<sup>(8)</sup>. Regarding ostomized patients, we emphasize the importance of developing this skill, since this condition can cause embarrassment to the individual, and self-care of stoma can facilitate independence and mitigate the feeling of disability<sup>(9)</sup>.

Since the development of self-care by ostomized patients will assist in the process of rehabilitation and reconstruction of a new identity<sup>(1)</sup>, in addition to expanding the literature on the referred topic and stressing the importance of conducting studies that promote the improvement of care to these patients, the present study is justified. It aimed to search the literature for studies on indicators of the nursing

outcome "Ostomy Self-Care", included in nursing outcome classifications.

## METHODOLOGY

This is an integrative literature review, which allows generating a current source of knowledge about a given issue, systematizing scientific knowledge based on the synthesis and analysis of current knowledge produced on the investigated subject, according to a given methodological standard<sup>(10)</sup>.

For the construction of this study the following steps were used: Definition of the topic, identification of the research problem or guiding question, definition of the objective, search for the descriptors, Sample search strategy selection (inclusion or exclusion criteria), selection of databases, information of interest is determined, categorisation of the studies using a suitable instrument for data extraction followed by critical analysis of the studies, discussion and interpretation of the results and synthesis of knowledge<sup>(11)</sup>.

The guiding question used in the present review was, as follows: Which are the indicators of the nursing outcome Ostomy Self-Care" (NOC) available in the literature?

The search strategy was performed in September 2014, on Medical Literature Analysis and Retrieval System Online (MEDLINE), *Literatura Latino-Americana e do Caribe em Ciências da Saúde* (LILACS), *Índice Bibliográfico Español de Ciencias de la Salud* (IBECS) databases, accessed by *Biblioteca Virtual em Saúde* (BVS), SCOPUS, PubMed Central, Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Web Of Science.

In order to ensure the reliability regarding the selection of studies, a sample was defined according to the following inclusion criteria: articles available in full text in the abovementioned databases about indicators of the nursing outcome Ostomy Self-Care. Articles in editorial format letters to the editor, literature review and articles that did not address the issue within the scope of this review were excluded.

In the search strategy, in the BVS database, the Descriptors of Health Sciences (Descritores das Ciências da Saúde (DeCS): "Ostomia" and "Autocuidado" were used. These descriptors were crossed using the Boolean operator AND. At the SCOPUS, PubMed Central, CINAHL and Web Of Science databases, the descriptors from the

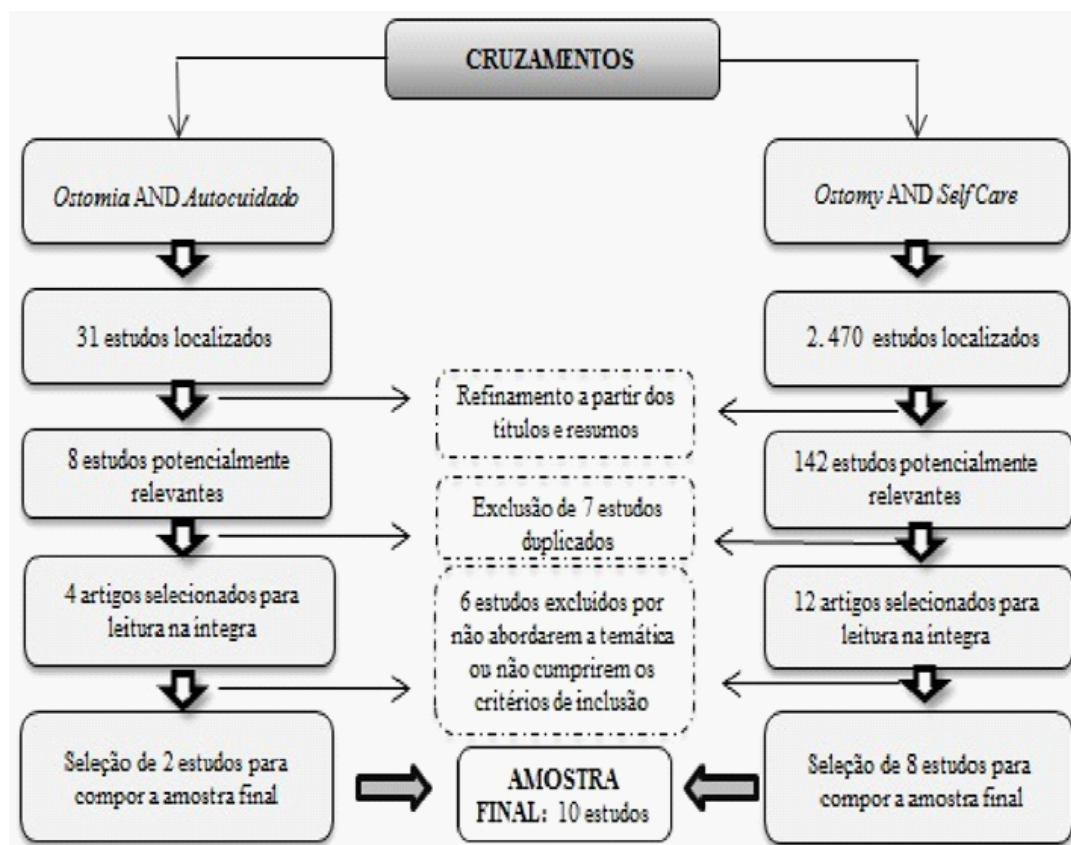


Figure 1 – Flowchart of the methodological steps of the integrative review. Natal, RN, Brazil, 2014

Medical Subject Headings (MeSH), were written in English: “Ostomy” and “Self Care”, also using the Boolean operator AND.

Regarding the search stage, the selection of articles was independently performed by two researchers, based on the protocol of the research. According to the search strategy adopted, 2,501 articles were identified. Of these, 2,358 were excluded based on title, abstract screening and duplication in the databases. Of the 143 studies, 127 were excluded because they were not relevant for his review, and 16 full text articles were selected, of which 6 articles did not contain the indicators, resulting in a final sample of 10 scientific articles, as shown in Table 1.

A validated data collection instrument proposed was used in the analysis of the selected articles<sup>(12)</sup> containing: title, author, database, journal, year of publication, country, type of approach, nature of the study, objective, indicator, level of evidence and target population. After this analysis, the studies were discussed, according to the purpose of this review.

## RESULTS

Most publications selected for this study (10, in total) were qualitative descriptive studies (80%), descriptive studies (50%), published between

2006 and 2014, with a target population of adults and elderly (90%), international studies (60%) with evidence level VI (100%).

The main indicators found in the literature for the nursing outcome Ostomy Self-Care were as follows: Expresses acceptance of ostomy (60%), changes ostomy pouch (40%) and is assisted by a health professional (30%), as described in Table 2.

## DISCUSSION

The increased number of publications on the topic of this study can be explained by the dissemination of the NOC in research and clinical practice institutions, as a way to document and evaluate nursing care, being essential to the assistance of ostomized patients, through the implementation of the systematization of nursing care<sup>(22)</sup>.

Regarding the indicators “expresses acceptance of ostomy” and “is comfortable with the stoma”, the most common feelings reported by patients after ostomy are denial, anger, loss of self-esteem and social isolation<sup>(23-25)</sup>. On the other hand, a positive aspect is also reported, with the stoma not being considered a problem, but rather the solution to a bigger problem, since life is a more valuable asset. Health status is regarded

Table 1 – Number of studies identified (L), Potentially Relevant Studies (R), Studies Excluded because of Duplication (D), Selected for Full Text Reading (S) and Final Sample (A). Natal, RN, Brazil, 2014

| BASE           | CROSSING                    | L            | R          | D        | S         | A         |
|----------------|-----------------------------|--------------|------------|----------|-----------|-----------|
| LILACS         | Ostomia AND Autocuidado     | 11           | 7          | 0        | 3         | 1         |
| MEDLINE        | Ostomia AND Autocuidado     | 19           | 1          | 0        | 1         | 1         |
| IBECS          | Ostomia AND Autocuidado     | 1            | 0          | 0        | 0         | 0         |
| SCOPUS         | Ostomy AND Self Care        | 1.244        | 105        | 1        | 4         | 3         |
| PubMed         | Ostomy AND Self Care        | 404          | 3          | 2        | 3         | 0         |
| CINAHL         | Ostomy AND Self Care        | 779          | 28         | 1        | 3         | 3         |
| Web Of Science | Ostomy AND Self Care        | 43           | 6          | 3        | 2         | 2         |
| <b>TOTAL</b>   | <b>Ostomy AND Self Care</b> | <b>2.501</b> | <b>150</b> | <b>7</b> | <b>16</b> | <b>10</b> |

Table 2. Indicators of the nursing outcome Ostomy Self-Care. Natal, RN, Brazil, 2014

| INDICATORS   | STUDIES |
|--|---------|
| Expresses acceptance of ostomy (1, 13, 14, 19, 20,21)                | 6       |
| Changes ostomy pouch (1, 16, 17, 19)                                 | 4       |
| Empties ostomy pouch (15, 20, 21)                                    | 3       |
| Reports being comfortable with the stoma (1, 15, 18)                 | 3       |
| Is assisted by a health professional (1, 17, 20)                     | 3       |
| Changes daily activities to improve self-care (15, 16, 21)           | 3       |
| Measures the stoma for appropriate adjustment of the device (15, 17) | 2       |
| Gets supplies for the ostomy (15, 19)                                | 2       |
| Uses the appropriate irrigation technique (16, 20)                   | 2       |
| Maintains a healthy skin around the stoma (16)                       | 1       |
| Observes the frequency of changes of ostomy pouch (1)                | 1       |
| Follows the recommended diet (15)                                    | 1       |
| Avoids foods known to cause odor (16)                                | 1       |
| Maintains adequate liquid intake (1)                                 | 1       |

with confidence and optimism, and the patient adapts to the changes and difficulties imposed. Despite the limitations imposed by ostomy, a comfortable life is possible, but it takes time, support and acceptance<sup>(25)</sup>.

Therefore, duration of ostomy and time had a positive impact on the transition process experienced by ostomized patients that involve overcoming negative feelings, acceptance and adaptation to life with the stoma, and, thus, being comfortable with the stoma. The support from health institutions, family members and health professionals assist in social integration and acceptance of ostomy. Religiosity also plays a significant role in this process, in the sense of gratitude for having survived<sup>(24)</sup>.

Ostomy pouches should be changed about every three days depending on the quality of the product and colonic transit, e.g. in the case of diarrhea<sup>(26)</sup>. This procedure is part of the patient's

rehabilitation process, since self-care is performed to protect the stoma and prevent peristomal skin complications, impacting patient's wellbeing<sup>(1)</sup>.

Regarding pouch emptying, ostomized patients do this several times a day, depending on the amount of waste, to drain feces from the reservoir. Most patients open the hole located in the lower part of the pouch, eliminating the secretions in the toilet. Then they instill water into the pouch, clean and dry the reservoir and use a clamp to close it, perfectly mastering the technique<sup>(27)</sup>.

Concerning the assistance of a health professional, this fact is relevant to the adaptive process, once these professionals clarify issues and reduce concerns to facilitate the transition process. The guidance provided to ostomized patients should include information on the surgical procedure, hygiene care, nutrition, possible complications and self-care that favors



independence and accelerates the rehabilitation process<sup>(1)</sup>.

Being aware of the practices adopted by ostomized patients, nurses can assist them with their technical expertise, helping them improve self-care and becoming more independent<sup>(27)</sup>.

Regarding the changes in daily routine, some ostomized patients try to overcome their limitations by focusing on their activities. In social life, the favorite leisure/recreation activities are those that do not require effort, such as going to the movies, watching television, and reading, among others. On the other hand, active leisure activities such as traveling by bus, practicing sports or attending clubs are avoided by concerns of patients with the adherence of the ostomy pouch, embarrassment or the fear of disturbing others<sup>(23)</sup>.

During ambulation, urostomy patients take pots, water and towels to mitigate possible damage caused by urine leakage<sup>(28)</sup>. According to the literature, the demand for care is not the only reason for patients to avoid some places, but also the fact that most social environments do not provide adequate conditions for patients to clean the reservoirs, and these individuals are often excluded from social life<sup>(29)</sup>.

The stoma should be carefully measured for adjustment of the pouch. An appropriately sized pouch helps preventing peristomal complications, such as injuries, and this should never be neglected even when skin protection and hypoallergenic adhesives are used<sup>(30)</sup>.

The technique of self-irrigation is effective, once the ostomized patients report improved well-being, greater adaptation and quality of life, less need for cleaning the pouches and, thus, less pouches<sup>(19)</sup>. The patients who perform this technique are more able to use non-drainable, disposable pouches, since this technique allows some control of colonic transit<sup>(27)</sup>.

In order to ensure appropriate peristomal care, the patients use adjuvants to prevent complications. Some ostomized make inappropriate use of adjuvants and end up discontinuing their use<sup>(27)</sup>. Others, in turn, said they managed to empty their pouches and used adjuvants in the correct way, obtaining the expected result<sup>(31)</sup>.

Regarding the time for changing ostomy pouches, it is variable and depends on each patient. Ideally, changes should not be daily, as

this could lead to peristomal dermatitis<sup>(27)</sup>.

Regarding the appropriate diet for ostomized patients, the most important aspect is to avoid foods and beverages that cause flatulence. Self-care strategies can be grouped in two categories: functional and social. Self-care functional strategies include regulation of the intestinal function with dietary modification. The patient learns to identify which foods are not tolerated by the body and gradually adopt an appropriate diet or a diet with minor restrictions. As for the social self-care strategies, the dietary aspects are more related to social acceptance than to body functioning, since for most patients controlling bowel habits is critical for social interaction<sup>(32)</sup>.

The social strategies of self-care are not effective when ostomized patients face physiological changes that cause embarrassment (e.g. odor of feces, fecal leakage caused by lack of voluntary control, difficulty in managing the pouch and poor quality of the pouch)<sup>(33)</sup>. Therefore, these patients rarely eat in public and can face social exclusion and isolation. Some may even lose the pleasure of eating<sup>(1)</sup>.

Despite the dietary modifications, ostomized patients report a positive aspect in ostomy, which is associated with improvement in nutrition quality after surgery. They become more careful and select healthy food items to ensure a balanced diet<sup>(23,32)</sup>.

Regarding the intake of foods known to cause odor, most patients know which foods cause constipation, alleviate constipation, cause more gas and flatulence, and so they choose foods rich in fibers, avoiding oranges, cabbage, milk, pepper, as well as uncooked food. On the other hand, when the bowel is full, they eat foods that facilitate its emptying, and when there is dry waste in the bowel, they eat apples, lettuce, papaya, among other foods that enhance bowel movements<sup>(23,32)</sup>.

## CONCLUSION

The present study allowed exploring the indicators of the nursing "Ostomy Self-Care", available at the NOC. The most common indicators were "expresses acceptance of ostomy", "changes ostomy bag" and "is assisted by a health professional".

The article examined in this study demonstrated the importance of self-care by ostomized patients. However, there are few studies on nursing care

provided to these patients, and the selected studies had low evidence level. Therefore, further studies are needed to provide more evidence to guide nursing assistance regarding interventions, recommendations or treatments.

This fact highlights the importance of conducting further studies on nursing care to ostomized patients aimed to strengthen nursing practices, facilitate care, provide visibility to the use of a standardized nursing terminology and systematize nursing care, which is considered a key tool for improving quality and safety in patient care.

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