

# NURSING PROTOCOL FOR PSYCHOSOCIAL AND SPIRITUAL ALTERATIONS OF THE PERSON WITH COLOSTOMY\*

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**ABSTRACT:** Exploratory and descriptive study, carried out in 2013, in order to elaborate a nursing care protocol containing the diagnoses/outcomes and nursing interventions related to the psychosocial and psychospiritual needs of colostomy patients. Forty-seven diagnoses/outcomes and 57 nursing interventions were developed, using the International Classification for Nursing Practice, organized according to the theoretical reference of Wanda de Aguiar Horta. It was concluded that persons with colostomy seem fragile and require specific and individualized nursing care, due to distress, fears and changes in their lifestyle. This nursing classification is easy to use and its association with the basic human needs has permitted a holistic perception of people with colostomy, beyond technical and nursing procedures.

**DESCRIPTORS:** Colostomy; Nursing processes; Classification; Terminology; Nursing theory.

## PROTOCOLO DE ENFERMAGEM PARA AS ALTERAÇÕES PSICOSSOCIAIS E ESPIRITUAIS DA PESSOA COM COLOSTOMIA

**RESUMO:** Pesquisa exploratório-descritiva, realizada em 2013, com objetivo de elaborar um protocolo de assistência de enfermagem contendo os diagnósticos/resultados e intervenções de enfermagem, relacionados às necessidades psicossociais e psicoespirituais da pessoa com colostomia. Elaborou-se 47 diagnósticos/resultados e 57 intervenções de enfermagem utilizando a Classificação Internacional para a Prática de Enfermagem, organizados segundo o referencial teórico de Wanda de Aguiar Horta. Concluiu-se que a pessoa com colostomia se apresenta fragilizada e demanda cuidados de enfermagem específicos, individualizados, devido a aflições, medos e mudanças em seu estilo de vida. Esta classificação de enfermagem é de fácil utilização e a sua associação com as necessidades humanas básicas permitiu perceber a pessoa com colostomia de maneira integral, para além das técnicas e procedimentos de enfermagem.

**DESCRIPTORIOS:** Colostomia; Processos de enfermagem; Classificação; Terminologia; Teoria de enfermagem.

## PROTOCOLO DE ENFERMERÍA PARA LAS ALTERACIONES PSICOSOCIALES Y ESPIRITUALES DE LA PERSONA CON COLOSTOMÍA

**RESUMEN:** Investigación exploratoria y descriptiva, realizada en 2013, cuyo objetivo fue elaborar un protocolo de asistencia de enfermería con los diagnósticos/resultados e intervenciones de enfermería, relacionados a las necesidades psicossociales y psicoespirituales de la persona con colostomía. Fueron elaborados 47 diagnósticos/resultados y 57 intervenciones de enfermería utilizando la Clasificación Internacional para la Práctica de Enfermería, organizados de acuerdo al referencial teórico de Wanda de Aguiar Horta. Se concluyó que la persona con colostomía se presenta fragilizada y demanda cuidados de enfermería específicos, individualizados, en razón de aflicciones, miedos y cambios en su estilo de vida. Esta clasificación de enfermería es de fácil utilización y su asociación con las necesidades humanas básicas permitió percibir la persona con colostomía de modo integral, para allá de las técnicas y procedimientos de enfermería.

**DESCRIPTORIOS:** Colostomía; Procesos de enfermería; Clasificación; Terminología; Teoría de enfermería.

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## INTRODUCTION

Colostomies are part of the therapeutic approaches of abdominal trauma with intestinal injury, resulting from accidents due to external causes as well as intestinal or anal diseases, such as colorectal cancer<sup>(1)</sup>. They are performed through surgical procedure, in which the colon exteriorization occurs in the abdominal wall (stoma), thus providing a new path for elimination of intestinal content<sup>(2)</sup>.

After surgery resulting in colostomy, the patient into recovery faces physiological, psychosocial and psychospiritual changes and adaptation requirements for living with the problem. The patient needs to start a new stage of life, incorporating self-care, the maintainance of his social and interpersonal activities and post-operative care into his daily routine, as well as the understanding of the disease itself, changes in body image, feelings of grief, loss, with reactions and behaviors different from those presented before the stoma<sup>(3)</sup>.

Feelings like depression; loneliness; suicidal thoughts; stigma; loss of self-esteem and altered self-concept; insecurity and fear of the unknown are present in the lives of people with colostomy<sup>(4-5)</sup>.

Frequently, the patients develop a sense of self-rejection, which increases their insecurity. This period becomes more difficult and painful due to the social rejection within their own family, from which they should receive support and care so that the acceptance of their condition was less traumatic<sup>(6)</sup>. Changes in the psychosocial and psychospiritual needs require specific care in order to meet their demands and collaborate in overcoming this new life condition.

The social relationship becomes very difficult, they do not feel like going out, limiting social activities out of fear of "accidents with the colostomy bag", such as odor and elimination of gases or disruption of the bag<sup>(7)</sup>. Colostomized people point out the impact that this condition creates in their own lifestyle and in the lifestyle of their family, impairing the leisure time. The leisure provides physical and mental well-being, it is a source of pleasure and is important for the formation and maintenance of social relations, whereas the lack of leisure alters the quality of life<sup>(6)</sup>.

It is worth mentioning the importance of the Nursing Process, since it adds quality to the care

provided. Through the process, care is focused on the customer response, how the client reacts to health problems, treatment and changes in daily life, ensuring that interventions are developed for the customer, not only for the disease<sup>(8-9)</sup>.

To carry out some of the Nursing Process stages, such as diagnosis, outcomes and intervention, the use of rating systems is necessary. In this study, we chose the International Classification for Nursing Practice (ICNP<sup>®</sup>), because it is considered a unified language system in nursing and because it has been recognized, since 2008, as a member of the family of classifications of the World Health Organization<sup>(9-10)</sup>.

In view of these issues and with the intention of helping the colostomized patient to face the difficulties in this adaptation period, in order to achieve physical and psychological well-being, this study aimed to develop a nursing care protocol containing diagnoses/ outcomes and nursing interventions related to the psychosocial and psychospiritual needs of the person with colostomy.

## METHOD

This is an exploratory-descriptive study, which consisted of three phases, with the first stage representing a review of the literature on nursing care and colostomy through nursing textbooks, surgical care and scientific articles extracted from the following databases: Latin American and Caribbean Health Sciences (LILACS) and Medical Literature Analysis and Retrieval System Online (MEDLINE), using the descriptors "nursing care", "nursing diagnosis", "classification", "colostomy" in Portuguese, English and Spanish, published from 2000 to 2013. Conference papers were excluded from this review. To guide the research, the following guiding question was used: What are the phenomena and nursing actions related to the person with colostomy? These are understood as phenomena and actions, health aspects that are relevant for nursing and the care provided by the nurses related to human needs, in order to achieve certain results.

In total, 182 articles were found from LILACS and 252 from MEDLINE. Of these 434 articles, 47 were selected and used for consultation, since some were repeated and some did not respond to the guiding question of this study.

The second step consisted of mapping the terms identified in the literature review, using the terms of the Seven Axis Model of ICNP<sup>®(11)</sup>. The

third stage was the development of the nursing protocol containing the diagnoses/outcomes and nursing interventions related to care to the person with colostomy, organized based on the changed basic human needs<sup>(12)</sup>. For the development of the nursing diagnoses/outcomes, it is important to include, necessarily, a term of the Focus axis and a term of the Judgment axis and additional terms of other axes, as needed. To elaborate the nursing interventions, it is recommended to add a term of the Action axis and a term of the Target axis, and these terms may belong to any of the axes, except the Judgment axis<sup>(10)</sup>.

This study received approval from the Committee of Ethics in Research of the Health Sciences Center of the Federal University of Espírito Santo, under protocol number 09167813.1.0000.5060, on February 22nd 2013.

## RESULTS

Considering the changed psychosocial and spiritual basic human needs, specific to the patient with colostomy, 47 nursing diagnoses/outcomes and 57 nursing interventions were developed, using the ICNP®, which are shown in Chart 1. In this regard, 14 terms of the “Focus” axis was used, 09 terms of the “Judgment” axis and 01 term of the “Location” axis. The terms of the “Focus” axis were listed: socialisation, self diverting, anxiety, insecurity, fear, acceptance of health status, negative self image, low self-esteem, shame, knowledge, stoma care regime, self-care, therapeutic material resources and spiritual distress. The terms of the “Judgment” axis were: risk, decreased, adequate, impaired, improved, lack/deficit/insufficient, positive, negative, readiness. The term of the “Location” axis used was: colostomy.

Chart 1 - Nursing care protocol for the psychosocial and psychospiritual needs of the person with colostomy. Vitória, ES, Brazil, 2014

<b>INTRODUCTION</b>
Ostomized patients present insecurity and shame due to colostomy odors and gases; the care for the collection bag interferes with social networking; patients refer rejection regarding body image and lack of guidance about the surgery and the care to be performed daily with the colostomy(7,13-14).
<b>OBJECTIVE</b>
To standardize clinical nursing practices for the psychosocial and spiritual changes of the person with colostomy.
<b>BASIC ACTIVITIES</b>
To perform the Nursing Process and register it using the ICNP® classification by means of diagnoses, outcomes and nursing interventions for the psychosocial and psychospiritual needs.
<b>DIAGNOSES/OUTCOMES/INTERVENTIONS</b>
Gregarious need
Need for recreation and leisure
Need for love and acceptance
Need for emotional security
Need for education for health and learning
Need for self-esteem, self-confidence and self-respect
Need for self-realization
Need for assurance of technology access
Need for religiousness and spirituality

## DISCUSSION

The occurrence of colostomy involves a complex system of changes in the person’s daily life. It is a critical stage that requires analysis and reflections in view of the experiences constructed by the person throughout his life<sup>(8)</sup>.

A patient with colostomy experiences different feelings such as fear, suffering, emotional pain,

anxiety. Therefore, the patient needs a sensitive care that empowers him and makes him able to face challenges and limitations<sup>(15)</sup>. To overcome feelings of loss, denial, anger and hopelessness that affect him, it is essential the support and encouragement from significant others and the assistance of nurses, whose role is important in the whole process until social reintegration<sup>(13,16)</sup>.

In addition of learning the care with the

Chart 2 - Diagnoses, outcomes and nursing interventions for the gregarious needs; need for recreation and leisure; need for love and acceptance of the person with colostomy. Vitória, ES, Brazil, 2014

DIAGNOSES/OUTCOMES	INTERVENTIONS
<b>Gregarious need</b>	
Decreased socialisation; Risk for decreased socialisation; Adequate socialisation.	Encouraging the participation in social activities; Encouraging the participation in support groups, such as the Brazilian Ostomy Association; Teaching about the importance of social interaction; Encouraging the realization of intestinal auto-irrigation; Encouraging the return to routine activities; Encouraging the return to social life.
<b>Need for recreation and leisure</b>	
Decreased self diverting; Risk for decreased self diverting; Able to self diverting.	Teaching about the importance of leisure; Teaching about the importance of social interaction; Identifying the recreation preferences of the patient; Stimulating recreation and leisure; Encouraging recreation in accordance with the limitations of ostomy; Stimulating recreation with family; Stimulating recreation with groups of ostomatized patients.
<b>Need for love and acceptance</b>	
Acceptance of health status; Risk for decreased acceptance of health status; Decreased acceptance of health status; Improved acceptance of health status.	Encouraging participation in social activities; Encouraging participation in support groups, such as the Brazilian Ostomy Association; Evaluating the acceptance of the patient regarding the colostomy; Evaluating family acceptance regarding the colostomy.

Chart 3 - Diagnoses, outcomes and nursing interventions for the needs for emotional security; education for health and learning of the person with colostomy. Vitória, ES, Brazil, 2014

DIAGNOSES/OUTCOMES	INTERVENTIONS
<b>Need for emotional security</b>	
Anxiety; Risk for anxiety; Improved anxiety; Insecurity; Risk for insecurity; Improved insecurity; Fear; Risk for fear; Improved fear.	Identifying situations causing anxiety; Identifying situations causing fear; Identifying situations causing insecurity; Encouraging the patient to control anxiety; Encouraging the patient to talk about his fear; Stimulating confrontation; Offering psychological support; Responding the doubts; Evaluating attitudes regarding colostomy; Evaluating coping in relation to colostomy; Encouraging participation in support groups, such as the Brazilian Ostomy Association.
<b>Need for education for health and learning</b>	
Insufficient knowledge of colostomy; Risk for insufficient knowledge of colostomy; Lack of knowledge of colostomy; Risk for lack of knowledge of colostomy; Adequate knowledge of colostomy; Impaired stoma care regime; Risk for impaired stoma care regime; Adequate stoma care regime.	Encouraging participation in support groups, such as the Brazilian Ostomy Association; Responding the questions related to stoma care; Teaching about self-care of colostomy; Monitoring self-care of colostomy; Referring to the Ostomy Program; Teaching about the care of the skin around the colostomy; Teaching about the self-irrigation of colostomy; Monitoring the self-irrigation of colostomy.

Chart 4 - Diagnoses, outcomes and nursing interventions for the needs for self-esteem, self-confidence and self-respect; self-fulfillment; and assurance of technology access for the person with colostomy. Vitória, ES, Brazil, 2014

DIAGNOSES/OUTCOMES INTERVENTIONS	
<b>Need for self-esteem, self-confidence and self-respect</b>	
Negative self image; Risk for negative self image; Positive self image; Low self esteem; Risk for low self esteem; Positive self-esteem; Shame of colostomy; Risk for shame of colostomy; Improved shame of colostomy; No shame of colostomy.	Stimulating the patient to identify positive personal attributes; Encouraging positive thoughts; Encouraging the patient to dress up; Stimulating recreation with family; Stimulating recreation with groups of ostomatized patients; Teaching about the importance of social interaction.
<b>Need for self-fulfillment</b>	
Self care deficit with colostomy; Risk for self care deficit with colostomy; Adequate self-care with colostomy; Readiness for self-care with colostomy.	Stimulating self-care with a colostomy; Identifying adaptations necessary for self-care; Encouraging participation in support groups, such as the Brazilian Ostomy Association; Responding the questions related to stoma care; Teaching about self-care of the colostomy; Monitoring the self-care of the colostomy; Referring to the Ostomy Program; Teaching about the care of the skin around the colostomy.
<b>Need for assurance of technology access</b>	
Inadequate therapeutic material resources (colostomy bag, leather protectors, etc.); Adequate therapeutic material resources (colostomy bag, leather protectors, etc.).	Reinforcing the importance of participation in the Ostomy Association; Teaching about the right to gain a colostomy bag; Teaching about the types of colostomy bags.

Chart 5 - Diagnoses, outcomes and nursing interventions for the psycho-spiritual needs of the person with colostomy. Vitória, ES, Brazil, 2014

DIAGNOSES/OUTCOMES	INTERVENTIONS
<b>Need for religiousness and spirituality</b>	
Spiritual distress;	Supporting spiritual practices of the person and the family;
Risk for spiritual distress;	Referring to the spiritual leader to assist the person and the family;
Decrease spiritual distress;	Reinforcing environment that promotes the expression of religiosity and spirituality;
Improved spiritual distress.	Promoting well-being of the patient.

colostomy, the colostomized patient also needs guidelines on provisioning of the devices or collecting systems, which are composed of plates and bags; clothing adjustments in order to not to squeeze the bag, preventing it from moving; dietary adaptations to minimize intestinal flatulence and odors during social interactions<sup>(14)</sup>.

The loss of control of elimination of feces and gases can lead the patient to psychosocial isolation, low self-esteem, feelings of failure in managing the new condition in which he is inserted. The need for special conditions for exchange of the

devices ultimately restricts the social life and even travel. Therefore, a support network composed by family, friends, social groups, self-help groups are important to improve the acceptance and adaptation of the colostomized patient<sup>(16)</sup>.

The effective hygiene and proper care of the bag minimize odors and the risk of accidents, improving self-confidence, reduce anxiety and fears of the colostomized patient thus facilitating his socialization<sup>(17)</sup>. The performance of the self-irrigation of the colostomy has a positive effect on the quality of life of the colostomized patients

because of the control that most people can get in removing the feces and gases through the stoma, which provides safety and comfort in their social relations<sup>(18)</sup>.

Participation in programs for stomized patients and self-help groups collaborate positively, reducing the feeling of loneliness, since it provides exchange of experiences and the perception of feeling similar to others with the same problems. This strengthens their self-confidence and have great therapeutic value<sup>(19)</sup>.

It is also important to emphasize the contribution of the leisure as a source not only of pleasure but also of maintenance of social relationships, for the physical and psychological well-being of the patient with colostomy, since everything that harms the leisure also alters the quality of life of the human beings<sup>(6)</sup>.

Family and friends form a network of complicity and indispensable support so that the colostomized patients overcome the problems and find appropriate solutions for this new stage of their life<sup>(20)</sup>. The positive effects caused by religiosity/spirituality are translated into more strength to overcome this stage of life, causing well-being and satisfaction<sup>(16,19)</sup>.

All these changes in the life of the patients with colostomy require time so that they can accept their new body image and learn to self-care. Consequently, health education is crucial and indispensable<sup>(4)</sup>.

The nurse has an important social role and influence in the way that person with colostomy will face the changes necessary to his adaptation. Therefore, it is reinforced the need for using the Nursing Process, since it expands the role of this professional, stimulating their critical thinking and autonomy to provide care and guidance in order to meet the individuality of the human being<sup>(21)</sup>.

The Nursing Process systematizes the professional nursing practice, guiding their way of thinking and their decision-making, promoting and organizing the care provided, in order to achieve the results required to meet the changed needs<sup>(8-9)</sup>. The nurses consider very important the systematization of the assistance, reporting that it improves the quality of care, promotes autonomy and allows the unification of language, even though the majority of nurses (70%) do not use the diagnosis in their professional practice<sup>(22)</sup>.

Studies have shown that ICNP<sup>®</sup>, a standardized

language, facilitates communication among nurses and health professionals, improves the care provided and standardizes the documentation and care planning provided through nursing interventions<sup>(9-10,23)</sup>.

## CONCLUSION

The patient with colostomy seems debilitated and may present changes in the psychological, emotional and social scope. Therefore, this patient needs acceptance and support to overcome this adaptation phase. Social reintegration is a challenge for the nurse who needs to encourage the colostomized patient and his family to accept and live with the stoma.

It was developed 47 diagnostics and 57 nursing interventions for people with colostomy regarding to their psychosocial and spiritual needs. It is highlighted, among the developed interventions, the importance of encouraging patient participation in self-help groups and in the Brazilian Ostomy Association. It is important to emphasize the self-care, encouraging participation and effective involvement of the colostomized patient in order to contribute to his rehabilitation and to overcome the difficulties encountered.

Studies like this can contribute to the proper planning of care that should be provided to this patient, since the nurse plays an important role in guiding and assisting him and his family. It is also reinforced the importance of using a standardized language in the preparation of diagnoses and interventions, which can be achieved using ICNP<sup>®</sup>.

During this study, it was observed that ICNP<sup>®</sup> is easy to use because its terms are related to the clinical practice. The identification of changed basic human needs and the development of a clinical reasoning to organize nursing diagnoses enabled a broader customer perception. The association of basic human needs to diagnoses/outcomes and nursing interventions of ICNP<sup>®</sup> allowed to realize holistically the person with colostomy beyond technical and nursing procedures.

This research has enabled the development of a nursing care protocol for the person with colostomy, contributing to the production of new technologies in nursing, since the ICNP<sup>®</sup> is a technological instrument that aims to standardize the nursing language for its use in information systems in health and electronic documentation.

It is expected to encourage the nurses to perform the Nursing Process at all its stages and to use ICNP® to systematize the assistance, helping to improve the quality of care provided by these professionals.

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