

ASSOCIATION OF SOCIODEMOGRAPHIC AND CLINICAL CHARACTERISTICS WITH THE SELF-ESTEEM OF STOMIZED PERSONS

ASSOCIAÇÃO DAS CARACTERÍSTICAS SOCIODEMOGRÁFICAS E CLÍNICAS COM A AUTOESTIMA DAS PESSOAS ESTOMIZADAS

ASOCIACIÓN DE LAS CARACTERÍSTICAS SOCIODEMOGRÁFICAS Y CLÍNICAS CON LA AUTOESTIMA DE LAS PERSONAS OSTOMIZADAS

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ABSTRACT

This study aimed to verify the association of sociodemographic and clinical characteristics with the self-esteem of stomized persons. This is a cross-sectional study, with an exploratory and analytical approach and sampling for convenience developed at the Centro de Reabilitação e Habilitação do Rio Grande do Norte, in the city of Natal. Two instruments were used to collect data: the first one was adapted based on the one developed by Silva (2013) with questions regarding sociodemographic and clinical aspects of the patients; and the second was the Rosenberg's/UNIFESP-EPM Self-Esteem Scale (RSES), with content regarding the feelings of respect and acceptance of oneself. Concerning the sociodemographic characteristics, there was a predominance of males (62.2%), with education until the elementary school (71.1%); and regarding the clinical aspects, there was a predominance of people without comorbidities (54.4%) and colostomized patients (80.0%). In relation to the association of self-esteem with sociodemographic and clinical characteristics, the statistical significance was only obtained with schooling ($p = 0.007$), although other aspects presented close results, such as income ($p = 0.091$) and comorbidities ($p = 0.197$). Therefore, it was found that there was a statistically significant association of self-esteem with schooling, although the other variables are also related to self-esteem. Health care professionals should consider these aspects in the planning of stomatal care, with an emphasis on the schooling level, which influences the understanding of the health condition itself, as well as the access to the available services, providing the necessary care and guidance for the attainment of a satisfactory self-esteem.

Keywords: Ostomy; Nursing Care; Self Concept; Body Image.

RESUMO

Buscou-se neste estudo verificar a associação das características sociodemográficas e clínicas com a autoestima das pessoas estomizadas. Trata-se de estudo transversal, com abordagem exploratória e analítica e amostragem por conveniência, desenvolvido no Centro de Reabilitação e Habilitação do Rio Grande do Norte, no município de Natal. Para a coleta de dados foram utilizados dois instrumentos: o primeiro foi adaptado com base no desenvolvido por Silva (2013) com questões referentes a aspectos sociodemográficos e clínicos dos pacientes; e o segundo foi a Escala de Autoestima de Rosenberg/UNIFESP-EPM (RSES), com conteúdo relativo aos sentimentos de respeito e aceitação de si próprio. Referente às características sociodemográficas, houve predominância do sexo masculino (62,2%), com escolaridade até o ensino fundamental (71,1%); e nos aspectos clínicos, houve o predomínio de pessoas sem comorbidades (54,4%) e colostomizados (80,0%). Em relação à associação da autoestima com as características sociodemográficas e clínicas, obteve-se significância estatística apenas com a escolaridade ($p=0,007$), embora outros aspectos tenham apresentado resultados próximos, como a renda ($p=0,091$) e comorbidades ($p=0,197$). Portanto, constatou-se que houve associação estatística significativa da autoestima apenas com a escolaridade, embora as outras variáveis também estejam relacionadas à autoestima. Os profissionais de saúde devem considerar esses aspectos para o planejamento da assistência ao estomizado, com ênfase no grau de instrução, o qual influencia no entendimento sobre a própria condição de saúde, bem como o acesso aos serviços disponíveis, proporcionando os cuidados e orientações necessárias para o alcance de uma autoestima satisfatória.

Palavras-chave: Estomia; Cuidados de Enfermagem; Autoimagem; Imagem Corporal.

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RESUMEN

En el presente estudio se busca verificar la asociación de las características sociodemográficas y clínicas con la autoestima de las personas ostomizadas. Se trata de un estudio transversal, exploratorio y analítico con muestreo por conveniencia desarrollado en el Centro de Rehabilitación y Habilitación de Rio Grande do Norte, en el municipio de Natal. Para la recogida de datos se utilizaron dos instrumentos: uno adaptado en base al desarrollado por Silva (2013) con cuestiones referentes a aspectos sociodemográficos y clínicos; y la Escala de Autoestima de Rosenberg / UNIFESP-EPM (RSES), con contenido relativo a los sentimientos de respeto y aceptación de sí mismo. Con relación a las características sociodemográficas, predominaron el sexo masculino (62,2%), con enseñanza primaria (71,1%); y, entre los aspectos clínicos, personas sin comorbilidades (54,4%) y pacientes con colostomía (80,0%). En cuanto a la asociación de la autoestima con características sociodemográficas y clínicas, sólo se obtuvo significancia estadística con escolaridad ($p = 0,007$), aunque otros aspectos presentaron resultados cercanos, tales como ingreso ($p = 0,091$) y presencia de comorbilidades ($p = 0,197$). Por lo tanto, se constató que sólo hubo asociación estadística significativa de autoestima con escolaridad, aunque las otras variables también están relacionadas a la autoestima. Los profesionales de la salud deben considerar estos aspectos para la atención al ostomizado, con énfasis en la escolaridad, porque influye en el entendimiento sobre la condición de la salud, y el acceso a los servicios disponibles, proporcionando cuidados y orientaciones para conseguir una autoestima satisfactoria.

Palabras clave: Estomía; Atención de Enfermería; Autoimagen; Imagen Corporal.

INTRODUCTION

The words ostomy, ostoma or stoma are of Greek origin, meaning opening of surgical origin, when there is a need to temporarily or permanently divert the normal transit of food and/or eliminations.¹ According to the etiology of the disease, a temporary or permanent ostomy is indicated.² As a result of the habitual pattern of life being altered by the confection of the stoma, low levels of self-esteem can be identified, making an investigation regarding this object necessary.

The adaptation to the stoma surgery varies from one individual to the other. The way they will adapt is an individual process of change, and it is up to patients to address them positively or negatively. Each patient will adapt physically and psychologically in their own way and in their own time. In order to assist in the adaptation process, it is of fundamental importance that the multiprofessional team involved in the care of these patients have the necessary support in the main questions involved, such as: self-care, self-esteem, body image, sexuality, resilience, etc.³

Self-esteem is defined as the degree to which a person values the self-perception of his/her own image. In the process of adaptation of the person with a stoma, the psychological development of a healthy body image, as well as reports of self-esteem regarding the new situation, is paramount, since the high self-esteem acts as a protection factor, which softens the complications related to people with ostomy.^{4,5}

Changes in the levels of self-esteem can generate problems in the adaptation and/or recovery of individuals who are not in their ideal physical and mental health, because self-esteem is the pillar of the individual, which is related to the capacity to react actively and positively to life situations. That is, people with low self-esteem would present difficulties in promoting and maintaining their recovery.⁶

In this context, it is possible to perceive that the low self-esteem is capable of negatively influence the adaptation of people with changes in their habitual pattern of life and health,

as is the case of ostomy patients, and it is therefore important to stress the importance of maintaining and recovering good self-esteem levels of these individuals.

Thus, the importance of the nursing care for this population should be highlighted, with the objective of promoting the adaptation and development of self-esteem, since the consultation of this professional covers aspects that are relevant to the reconstruction of self-esteem, which include guiding the patient to a better understanding of their bodily changes, such as loss of sphincter control; providing guidance on self-care and major complications related to the stoma; taking care of the emotional and social state of the patient in order to guarantee personal acceptance. Several studies corroborate this statement, recognizing the nursing professional as fundamental in the therapeutic recovery of the patient with the stoma.^{7,8}

Therefore, the complexity of caring for stoma patients is broad and the development of studies that may help in the care of this population is necessary, especially in the aspect related to self-esteem, since stomized people have a decline in their self-esteem and self-image, demonstrating negative feelings about their own bodies.⁹

Therefore, in view of the above, we sought to verify the association of sociodemographic and clinical characteristics with the self-esteem of stomized people.

METHODOLOGY

This is a cross-sectional study, with an exploratory and analytical approach and sampling for convenience. It was developed in the Rehabilitation and Qualification Center of Rio Grande do Norte (CERHRN – Centro de Reabilitação e Habilitação do Rio Grande do Norte), in the city of Natal, reference in the state in the follow-up and treatment of the stomized people.

The sampling process was determined for convenience, included in the sample were people with definite and temporary stomas, with at least three months of stoma confection,

of both genders, over 18 years old, attended during the period of data collection, as they appeared at the CERHRN. This was done between January and March 2015, obtaining a target sample of 90 people. The selected users were clarified about the objectives of the study and the signing of the free informed consent term (FICT) was requested.

For the data collection two instruments have been used. The first one was adapted based on the one developed by Gomes e Silva¹⁰ with questions about sociodemographic aspects (gender, age, ethnicity, marital status, occupation, monthly income, schooling, religion/doctrine) and clinical aspects of the patients (has some disease/injury that requires multiprofessional follow-up, undergoes/undergone chemotherapy, undergoes/undergone radiotherapy, type of ostomy, cause, permanence criterion, stoma location, equipment in use, basis, presence of adjuvants).

The second instrument was the Rosenberg's Self-Esteem Scale/ UNIFESP-EPM (RSES), which is composed of 10 items with contents related to the feelings of respect and acceptance of oneself. This instrument has already been translated, validated and adapted in Brazil, being the version chosen the one of Hutz and Zanon.⁵

For the self-esteem assessment, it will be added all the items that totalized a unique value for the scale. According to the sum, the self-esteem can be assessed as satisfactory or high (score greater than 31 points), average (score between 21 and 30 points) and unsatisfactory or low (scores lower than 20 points). Thus, the greater the sum, the greater the self-esteem.¹⁰

The collected data were organized in spreadsheets in the electronic database of *Microsoft Excel*. Then, they were exported and analyzed in a statistical program, coded, tabulated and presented in the form of tables, charts and graphs with their respective percentage distributions.

The variables on sociodemographic and clinical aspects were categorized as nominal and those related to self-esteem received quantitative and scalar treatment. Descriptive analyzes were performed with absolute and relative frequencies, average, standard deviation, minimum and maximum. Inferential analyzes at the crosses of the variables with a level of p-value ≤ 0.05 were also performed. After checking the normality of the quantitative variables using the Kolmogorov-Smirnov's test, the Mann-Whitney's test and Spearman's rank correlation test were applied to assess associations and correlations.

The present study obtained a favorable opinion from the Ethics and Research Committee of the Federal University of Rio Grande do Norte through the Process n° 421.342 CEP-HM.

RESULTS

In the sociodemographic characterization, there was a predominance of males (62.2%), with age ranging from 50 years old (58.9%), brown-skinned (50.0%), with a partner (58.9%), re-

tired (46.7%), educated until the elementary school (71.1%), catholic (65.6%) and with income above a minimum wage (66.7%) (Table 1).

Table 1 - Sociodemographic characteristics of individuals with intestinal stoma, Natal/RN, 2016

| Sociodemographic characterization | | Total | |
|-----------------------------------|--------------------------|-------|------|
| | | n | % |
| Gender | Male | 56 | 62.2 |
| | Female | 34 | 37.8 |
| Age Group | From 50 | 53 | 58.9 |
| | Up to 49 years old | 37 | 41.1 |
| Ethnicity | Brown-skinned | 45 | 50.0 |
| | White/Caucasian | 30 | 33.3 |
| | Black | 10 | 11.1 |
| | Asian | 4 | 4.4 |
| Marital status | Indigenous | 1 | 1.1 |
| | With a partner | 53 | 58.9 |
| | Without a partner | 37 | 41.1 |
| Occupation | Retired | 42 | 46.7 |
| | Unemployed | 22 | 24.4 |
| | In activity | 14 | 15.6 |
| | Other | 7 | 7.8 |
| | Beneficiary | 5 | 5.6 |
| Schooling | Until elementary school | 64 | 71.1 |
| | High school and higher | 26 | 28.9 |
| Religion/doctrine | Catholic | 59 | 65.6 |
| | Evangelical | 20 | 22.2 |
| | Does not have one | 4 | 4.4 |
| | Atheist | 3 | 3.3 |
| | Spiritist | 2 | 2.2 |
| | Others | 2 | 2.2 |
| Family income | More than 1 minimum wage | 60 | 66.7 |
| | Up to 1 minimum wage | 30 | 33.3 |

Regarding the clinical and stomatal aspects, there were predominance of people with stomies without comorbidities (54.4%), colostomized (80.0%), with permanent permanence (63.3%) and the neoplasia as the main cause for the ostomy (60.0%). Other important clinical aspects were the predominance of people with ostomy who had already undergone chemotherapy (50%) and those with ostomy for 25 months or more (53.3%) (Table 2).

Regarding the sociodemographic variables, the statistical significance was observed for self-esteem with schooling (p=0.007). The other characteristics showed no association with self-esteem (Table 3).

Table 2 - Characteristics of the intestinal stoma. Natal/RN. 2016

| Clinical and stoma aspects | | Total | |
|----------------------------|----------------------|-------|------|
| | | n | % |
| Has comorbidity | Absent | 49 | 54.4 |
| | Present | 41 | 45.6 |
| Causes | Neoplasm | 54 | 60 |
| | Trauma | 19 | 21.1 |
| | Inflammatory disease | 11 | 12.2 |
| | Others | 6 | 6.7 |
| Chemotherapy treatment | Undergone/Undergoes | 55 | 61.1 |
| | No | 35 | 38.9 |
| Stoma type | Colostomy | 72 | 80 |
| | Ileostomy | 14 | 15.6 |
| | Urostomy | 4 | 4.4 |
| Stoma time | From 25 months | 48 | 53.3 |
| | Up to 24.9 months | 42 | 46.7 |
| Permanence | Definitive | 57 | 63.3 |
| | Temporary | 33 | 36.7 |

Table 3 - Distribution of the Rosenberg's Self-esteem Scale according to sociodemographic characteristics. Natal/RN, 2016*

| Sociodemographic characterization | | Self-esteem | | | |
|-----------------------------------|--|-------------|------|---------|---------|
| | | n | % | Average | p-value |
| Gender | Male | 56 | 62.2 | 32.05 | 0.494 |
| | Female | 34 | 37.8 | 32.91 | |
| Age group | From 50 | 53 | 58.9 | 33.00 | 0.179 |
| | Up to 49 years old | 37 | 41.1 | 31.49 | |
| Marital status | With a partner | 53 | 58.9 | 32.04 | 0.423 |
| | Without a partner | 37 | 41.1 | 32.86 | |
| Schooling | Until elementary school | 64 | 71.1 | 31.56 | 0.007 |
| | High school and higher | 26 | 28.9 | 34.38 | |
| Occupation | Unemployed, beneficiary, retired or not informed | 76 | 84.4 | 32.54 | 0.432 |
| | In activity | 14 | 15.6 | 31.50 | |
| Family Income | Greater than 1 minimum wage | 60 | 66.7 | 33.00 | 0.091 |
| | Up to 1 minimum wage | 30 | 33.3 | 31.13 | |
| Religion | With a religion | 83 | 92.2 | 32.61 | 0.135 |
| | Without a religion | 7 | 7.8 | 29.57 | |

In the variables referring to the clinical aspects of people with stoma, there was no statistically significant association. Ostomized people who did not have comorbidities, with stomatal time up to 24.9 months and temporary permanence, had better self-esteem averages (Table 4).

Table 4 - Results obtained in the average score of the Rosenberg's-EPM Self-Esteem Scale, according to clinical aspects. Natal/RN, 2016*

| Clinical aspects | | Self-esteem | | | |
|----------------------------------|---------------|-------------|------|---------|---------|
| | | n | % | Average | p-value |
| Has comorbidities | Absent | 49 | 54.4 | 32.94 | 0.197 |
| | Present | 41 | 45.6 | 31.71 | |
| HAS | Absent | 67 | 74.4 | 32.39 | 0.993 |
| | Present | 23 | 25.6 | 32.35 | |
| Diabetes | Absent | 78 | 86.7 | 32.46 | 0.748 |
| | Present | 12 | 13.3 | 31.83 | |
| Cholesterol | Absent | 82 | 91.1 | 32.48 | 0.491 |
| | Present | 8 | 8.9 | 31.38 | |
| Heart problems | Absent | 83 | 92.2 | 32.31 | 0.624 |
| | Present | 7 | 7.8 | 33.14 | |
| Physical disability | Absent | 82 | 91.1 | 32.48 | 0.670 |
| | Present | 8 | 8.9 | 31.5 | |
| Other comorbidities | Absent | 77 | 85.6 | 32.45 | 0.692 |
| | Present | 13 | 14.4 | 31.92 | |
| Undergone/Undergoes chemotherapy | No | 55 | 61.1 | 32.58 | 0.663 |
| | Yes, Does/Did | 35 | 38.9 | 32.06 | |
| Undergoes/undergoes radiotherapy | No | 45 | 50.0 | 32.33 | 0.862 |
| | Yes, Does/Did | 45 | 50.0 | 32.42 | |
| Stoma time | From 25 | 48 | 53.3 | 32.27 | 0.814 |
| | Up to 24.9 | 42 | 46.7 | 32.50 | |
| Permanence | Definitive | 57 | 63.3 | 32.28 | 0.854 |
| | Temporary | 33 | 36.7 | 32.55 | |

*Performed by the Mann-Whitney's test.

DISCUSSION

Considering the sociodemographic characterization, the study identified a prevalence of males with a stoma, corroborating some results found in the literature.^{9,11,12} However, these data are not in agreement with the data published by INCA in 2016, if we make the relation that colon and rectum neoplasm is the main cause of stomatal confection in this study and the estimates of these neoplasms in women are higher (17,620 new cases) than in men (16,660 new cases).¹³

Regarding the age of the stomized people studied, there was a predominance of patients in the age group above 50 years old, in agreement with other studies.^{12,14} This fact can be attributed to the aging population in the world and concomitant decrease of the young people population in the society.¹⁵ In addition, there is a predominance of colon and rectum neoplasm in this age group, since the growth of the elderly population is in agreement with the affection due to chronic diseases and neoplasms, which are related to the life habits, especially

the unbalanced food consumption, overweight, as well as the lack of physical activity, which are risk factors for cancer.^{9,13}

Regarding the marital status of stomized people, the majority live with a partner, corroborating a study already published. This variable is of great importance in the process of adaptation of the stomized person, once having the support of a partner and the stability resulting from a relationship is described as an aspect of positive impact in the recovery and acceptance of the stomized person in relation to their health condition.¹⁶

In relation to the occupation, the majority of stomized people are retired, followed by those who are unemployed, which reinforces another study, which obtained a percentage of (73.5%) of retirees and (5.9%) of unemployed. These data can be justified by the fact that stomized people experience difficulties to go back to their work routine and choose to move away from work because they often do not have the minimum necessary conditions to perform care actions to their ostomy, also causing early retirements.¹⁷

Studies reveal that the main difficulties of reinsertion in the labor activities are related to the lack of control of the sphincter, which demands specific care and the appropriate personal hygiene environment, which many places do not offer, as well as the difficulties for the social integration, as there are still barriers regarding the knowledge about the stomies and the fear of discrimination. Nevertheless, social support networks and the inclusion of adapted toilets are means that favor the return of stomized people to the labor market.¹⁸

As to the schooling variable, the present study found, predominantly, stomized people with up to elementary school education, which is in agreement with the study developed in Iran, in which the majority (46.8) of the stomized people had a high level of schooling. In contrast, other studies are in agreement with our findings, in which they identified elementary education as the predominant schooling level among people with stomies.^{12,14}

Regarding the main cause of stoma confection, the neoplasia predominated in the stomized people studied, corroborating several studies present in the literature.^{9,14} Such clinical characterization is related to the transition in the morbimortality profile, in which the chronic-degenerative diseases become prevalent over the infecto-contagious ones. In 2016, INCA estimated approximately 596 thousand cases of neoplasms in the Brazilian population, which also justifies the data found here.¹³

Regarding the duration of the stomatal period, the sample identified that the majority of stomized people had permanent permanence, corroborating other studies found in the literature and with percentages varying between 54.3 and 74.3%.^{9,12,14}

Thus, individuals with definitive stomies are more vulnerable to developing and feeding negative feelings when compared to people with temporary stomies, although in their findings both people with stomies had high levels of dissatisfaction with their body image and low self-esteem.¹¹

Regarding the self-esteem, the average among stomized people indicates a satisfactory level of self-esteem.¹⁰ This data can be justified because the stomized people of this study are cared for by the CERHRN and have all health support, with properly trained professionals and participation in support groups, which supports them in the process of rehabilitation and promotes improvements in the quality of life and, consequently, in their self-esteem.

The data found in this study contrasts with the findings of other studies in which the stomized people in the sample had low levels of self-esteem.^{9,19,20} One of these studies had a low level of self-esteem, with an average of 10.81 and a decrease in the self-image, showing that individuals showed negative feelings about their own image.⁹ It is worth highlighting that these data may have differed from those found in the present study, since 45.7% of the stomized people did not participate in support groups.

Self-esteem is a concept that must be understood as determinant for some behaviors associated with demotivation, loss of confidence and hope to overcome some obstacle. The follow-up of the stomized person by the nursing team is fundamental in the process of adaptation of the intervention strategies.

The stomized person sometimes feels excluded from society and has low self-esteem, caused by the confection of the stoma and changes in the body image caused by it. However, if these feelings are identified by capable and skilled professionals, they can be worked and reversed, allowing the adaptation and better self-esteem of this population.²¹

In this regard, the nursing consultation is essential in the process of patient adaptation, as it supports and guides them to accept their new living conditions. Thus, stomized individuals who routinely attend nursing appointments are those who also have a better adaptation to the confection of the stoma.^{7,8}

Regarding the sociodemographic variables, the statistical significance of self-esteem with schooling was observed. The other characteristics showed no association with self-esteem.

In this context, the level of schooling should be considered a worrying factor on the part of the health team, since the higher the schooling level of the stomized people, the better the learning about the disease and treatment and, consequently, the improvement in the adherence to self-care actions.²²

The low level of schooling may be a preponderant factor for the non-prevention of colorectal cancer, one of the main basic causes for the confection of the stomies, due to lack of knowledge about the need to perform routine exams for the early detection of cancer, and maintenance of harmful habits, such as alcoholism, smoking, sedentary lifestyle, poor eating habits, factors closely related to the onset of malignant neoplasms.²³

In addition, schooling is one of the main factors that influence the learning about correct care with the stoma, which are

of fundamental importance for the development of better adaptation and prevention of complications.²⁴

Thus, health education is a primordial process within nursing care for stomized people, because it requires the strategy of an individualized and multidisciplinary care plan, with the objective of caring for the behavioral and psychological changes resulting from the ostomy. Therefore, it is necessary that the nurse establishes communication and understands the degree of understanding of the stomized people regarding the guidelines made.²⁴

Self-esteem has significant relevance in people's lives. When it is high, it relates to job satisfaction, positive emotions, and physical health. On the other hand, when it is low, negative feelings, physical and mental health problems are observed.²⁵

In this sense, it is of fundamental importance that the nursing care considers the main factors related to self-esteem, such as occupation, income, comorbidities, affective relationships, with emphasis on the schooling level, which obtained a statistically significant association with self-esteem in this study. Thus, it is necessary that the nurse has different means so that the stomized person can acquire an understanding about their health condition and the changes resulting from the confection of the ostomy, in order to achieve a satisfactory self-esteem.

CONCLUSION

Therefore, it was found that, among sociodemographic and clinical data, there was a statistically significant association of self-esteem with schooling, although the other variables also had an influence. Factors such as income and comorbidities had the closest values of a significant association, demonstrating that health professionals should consider these aspects for the planning of the care to the stomized patient, with emphasis on the schooling level, considering that the low schooling level directly influences the understanding of the health condition itself, as well as the access to available services.

Low schooling can make it difficult to clarify the ostomy and the development of self-care, harming the adaptation process and causing low self-esteem. Thus, the decrease of self-esteem produces negative feelings in the stomized person, and can also cause other health problems.

However, the average self-esteem registered in this study was considered satisfactory, in contrast to other studies, possibly due to the follow-up of stomized people by several specialized professionals and participation in support groups. Thus, more extensive investigations should be carried out to allow the comparison with the present study, considering the self-esteem of stomized people.

As a difficulty found in the development of this research, it is possible to mention the low number of stomized people

who attend the CERHRN due to the existing geographical barrier, since the only reference center is in the state capital, making it difficult for people living in the countryside of Rio Grande do Norte.

Thus, nursing plays an essential role in caring for stomized patients, and should act as a facilitator in the adaptation process, providing the necessary care and guidance to reach a satisfactory self-esteem. In addition, it is necessary to consider the instruction degree and the understanding of the stomized person, for the planning of an effective nursing care.

REFERENCES

1. Gama AH, Araújo SEA. Estomas intestinais: aspectos conceituais e técnicos. In: Santos VLCC, Cesaretti IUR. Assistência em estomaterapia: cuidando do ostomizado. São Paulo: Atheneu; 2000. p. 39-40.
2. Oliveira G, Maritan CVC, Mantovanelli C, Ramalheiro GR, Gavilhinha TCA, Paula AAD. Impacto da ostomia: sentimentos e habilidades desenvolvidos frente à nova condição de vida. *RevEstima*. 2010[cited 2016 July 12];8(1):18-24. Available from: <https://www.revistaestima.com.br/index.php/estima/article/view/55>
3. United Ostomy Associations of America. Colostomy new patient guide. Phoenix: UOAA; 2013[cited 2015 Oct 24]. Available from: <http://www.ostomy.org>.
4. Rosenberg M. Society and the adolescent self-image. Nova Jérsei: Princeton University Press; 1965.
5. Hutz CS, Zanon C. Revisão da adaptação, validação e normatização da escala de autoestima de Rosenberg. *Aval Psicol*. 2011[cited 2016 July 12];10(1):41-9. Available from: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S1677-04712011000100005
6. Vargas TVP, Dantas RAS, Gois CFL. A auto-estima de indivíduos que foram submetidos à cirurgia de revascularização do miocárdio. *Rev Esc Enferm USP*. 2005[cited 2016 July 12];39(1):20-7. Available from: <http://www.scielo.br/pdf/reeusp/v39n1/a03v39n1.pdf>
7. McCorkle R, Hornbrook MC, Wendel CS, Krouse R. Development of a chronic care ostomy self-management program. *J Canc Educ*. 2013[cited 2016 July 12];28(1):70-8. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3578127/>
8. Poletto D, Silva DMGV. Viver com estoma intestinal: a construção da autonomia para o cuidado. *Rev Latino-Am Enferm*. 2013[cited 2016 July 12];21(2):1-8. Available from: http://www.scielo.br/pdf/rlae/v21n2/pt_0104-1169-rlae-21-02-0531.pdf
9. Salomé GM, Almeida SA. Association of sociodemographic and clinical factors with the self-image and self-esteem of individuals with intestinal stoma. *J Coloproctol*. 2014[cited 2016 July 12];34(3):159-66. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-93632014000300159
10. Gomes NS, Silva SR. Avaliação da autoestima de mulheres submetidas à cirurgia oncológica mamária. *Texto Contexto Enferm*. 2013[cited 2016 July 12];22(2):509-16. Available from: <http://www.scielo.br/pdf/tce/v22n2/v22n2a29.pdf>
11. Hong KS, Oh BY, Kim EJ, Chung SS, Kim KH, Lee RA. Psychological attitude to self-appraisal of stoma patients: prospective observation of stoma duration effect to self-appraisal. *Ann Surg Treat Res*. 2014[cited 2016 July 12];86(3):152-60. Available from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3994620/>
12. Fortes RC, Monteiro TMRC, Kimura CA. Quality of life from oncological patients with definitive and temporary colostomy. *J Coloproctol*. 2012[cited 2016 July 12];32(3):253-9. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-93632012000300008

13. Ministério da saúde (BR). Instituto Nacional de Câncer José Alencar Gomes da Silva, Coordenação de Prevenção e Vigilância. Estimativa 2016: incidência de câncer no Brasil. Rio de Janeiro: INCA; 2016.
14. Melotti LF, Bueno IM, Silveira GV, Silva MEN, Fedosse E. Characterization of patients with ostomy treated at a public municipal and regional reference center. *J Coloproctol*. 2013[cited 2016 July 12];2(33):70-4. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S2237-93632013000200070
15. Instituto Brasileiro de Geografia e Estatística. Indicadores de desenvolvimento sustentável. Brasil; 2010. [cited 2016 July 12] Available from: <http://www.ibge.gov.br/home/presidencia/noticias/noticiaimpressao>
16. Kement M, Gezen C, Aydin H, Haksal M, Can U, Aksakal N, *et al*. A descriptive survey study to evaluate the relationship between socio-demographic factors and quality of life in patients with a permanent colostomy. *Ostomy Wound Manage*. 2014[cited 2016 July 12];60(10):18-63. Available from: <http://www.o-wm.com/article/descriptive-survey-study-evaluate-relationship-between-socio-demographic-factors-and-quality>
17. Karabulut HK, Dinic L, Karadag L. Effects of planned group interactions on the social adaptation of individuals with an intestinal stoma: a quantitative study. *J ClinicalNurs*. 2014[cited 2016 July 12];23(19-20):2800-13. Available from: <https://www.ncbi.nlm.nih.gov/pubmed/24479766>
18. Mauricio VC, Souza NDVO, Lisboa MTL. Determinantes biopsicossociais do processo de inclusão laboral da pessoa estomizada. *Rev Bras Enferm*. 2014[cited 2016 July 12];67(3):415-21. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672014000300415
19. Salomé GM, Lima JA, Muniz KC, Faria EC, Ferreira LM. Health locus of control, body image and self-esteem in individuals with intestinal stoma. *J Coloproctol*. 2017[cited 2016 July 12];37(3):216-24. Available from: http://www.scielo.br/scielo.php?pid=S2237-93632017000300216&script=sci_arttext
20. Lima JA, Muniz KC, Salomé GM, Ferreira LM. Association of sociodemographic and clinical factors with self-image, self-esteem and locus of health control in people with an intestinal stoma. *J Coloproctol*. 2017(in press)[cited 2017 Jan 13]. Available from: <https://www.sciencedirect.com/science/article/pii/S2237936316301162>
21. Mendonça SN, Lameira CC, Souza NVDO, Costa CCP, Maurício VC, Silva PAS. Guidelines for nursing and implications for the quality of life of stomized people. *J Nurs UFPE online*. 2015[cited 2016 July 12];9(1):296-304. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10339/0>
22. Coelho AMS, Oliveira CG, Bezerra STF, Almeida ANS, Cabral RL, Coelho MMF. Autocuidado de pacientes com colostomia, pele periestomal e bolsa coletora. *RevEnferm UFPE online*. 2015[cited 2016 July 12];9(10):9528-34. Available from: <https://periodicos.ufpe.br/revistas/revistaenfermagem/article/view/10897>
23. Miranda SM, Luz MHBA, Sonobe HM, Andrade EMLR, Moura ECC. Caracterização sociodemográfica e clínica de pessoas com estomia em Teresina. *RevEstima*. 2016[cited 2016 July 12];14(1):29-35. Available from: <https://www.revistaestima.com.br/index.php/estima/article/view/117/0>
24. Menezes LCG, Guedes MVC, Oliveira RM, Oliveira SKP, Meneses LST, Castro ME. Prática de autocuidado de estomizados: contribuições da teoria de Orem. *Rev Rene*. 2013[cited 2016 July 12];14(2):301-10. Available from: <http://www.redalyc.org/pdf/3240/324027986008.pdf>
25. Orth U, Robins RW, Widaman KF. Life-Span development of self-esteem and its effects on important life outcomes. *J Pers Soc Psychol*. 2012[cited 2016 July 12];102(6):1271-88. Available from: <http://psycnet.apa.org/fulltext/2011-21756-001.html>