

Systematization of nursing assistance for people with intestinal stomas: integrative review

Sistematização da assistência de enfermagem às pessoas com estomias intestinais: revisão integrativa

Sistematización de la asistencia de enfermería a personas con estomas intestinales: revisión integradora

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ABSTRACT

Objectives: to identify the national and international scientific production related to the nursing systematization with a special focus on nursing diagnoses in clients submitted to intestinal stomas; to analyze the articles collected about the theme with a view to the discussion of the contributions to specialized care in nursing in Stomatherapy. **Method:** integrative literature review from the descriptors: systematization of assistance, stoma and nursing diagnoses and colostomy. The search was done in the databases LILACS, SciELO and BDNF, in articles published from 2000 to 2015. **Results:** the integrative review showed the main nursing diagnoses to clients with intestinal stomas and confirmed the systematization of nursing assistance as an important instrument to supervise in Stomatherapy. **Conclusion:** the use of systematization of assistance contributes to the nurses' clinical practice and language standardization, as it appears in the publications. The scarcity of studies published in this area evidenced the necessity to research further on the subject.

DESCRIPTORS: Stomatherapy; Nursing process; Stoma; Nursing diagnosis.

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RESUMO

Objetivos: Identificar a produção científica nacional e internacional relacionada à sistematização da enfermagem com enfoque especial nos diagnósticos de enfermagem em clientes submetidos a estomias intestinais; analisar os artigos captados sobre a temática com vistas à discussão das contribuições para o cuidado especializado em enfermagem em Estomaterapia. **Método:** Revisão integrativa da literatura a partir dos descritores: sistematização da assistência, estomia e diagnósticos de enfermagem e colostomia. A busca foi feita nas bases LILACS, SciELO e BDNF, em artigos publicados de 2000 até 2015. **Resultados:** A revisão integrativa mostrou os principais diagnósticos de enfermagem aos clientes com estomias intestinais e confirmou a sistematização da assistência de enfermagem como um importante instrumento para o cuidar em Estomaterapia. **Conclusão:** O uso da sistematização da assistência contribui na prática clínica dos enfermeiros e padronização da linguagem, como aparece nas publicações. A escassez de estudos publicados nessa área evidenciou a necessidade de se pesquisar mais sobre o tema.

DESCRITORES: Estomaterapia; Processo de enfermagem; Estomia; Diagnóstico de enfermagem.

RESUMEN

Objetivos: identificar la producción científica nacional e internacional relacionada a la sistematización de la enfermería con enfoque especial en los diagnósticos de enfermería en clientes sometidos a estomas intestinales; analizar los artículos captados sobre la temática con el fin de discutir las contribuciones con el cuidado especializado en enfermería en Estomaterapia. **Método:** revisión integradora de la literatura a partir de los descriptores: sistematización de la asistencia, estoma y diagnósticos de enfermería y colostomía. La búsqueda fue hecha en las bases LILACS, SciELO y BDNF, en artículos publicados de 2000 a 2015. **Resultados:** la revisión integradora mostró los principales diagnósticos de enfermería a los clientes con estomas intestinales y confirmó la sistematización de la asistencia de enfermería como un importante instrumento para el cuidar en Estomaterapia. **Conclusión:** el uso de la sistematización de la asistencia contribuye en la práctica clínica de los enfermeros y estandarización del lenguaje, como aparece en las publicaciones. La escasez de estudios publicados en esa área evidenció la necesidad de investigar más sobre el tema.

DESCRIPTORES: Estomaterapia; Proceso de enfermería; Estoma; Diagnóstico de enfermería.

INTRODUCTION

As nurses who are experts in stomatherapy, it is necessary to have knowledge regarding the care of clients submitted to intestinal stomas, in order to promote and maintain health. Stoma is a Greek word origin and originally means “mouth”. The intestinal stomas can be classified as temporary or permanent and may often present the client as a mutilation incompatible with social, professional and even family life¹.

The accomplishment of the intestinal stoma is done by means of an artificial opening surgically made in the abdomen for the disposal of manures, secretions and faeces. The main causes that lead to this procedure are malignant neoplasias, congenital malformations, inflammatory diseases, trauma and/or accidents².

Faced with this observation, it can see how much the person submitted an intestinal stoma may feel unprotected, so it is important to know how to deal with this person in an integral way. This completeness can be achieved with methods to meet the needs of clients with stoma through an important advent of professional practice, the nursing process.

According to Resolution 358/2009, the Nursing Process is organized in five interrelated, interdependent and recurrent stages:

- I. Nursing Data Collection (or Nursing Historic) - a deliberate, systematic and continuous process, realized with the aid of varied methods and techniques, whose purpose is to obtain information about the person, family or human collectivity;
- II. Nursing Diagnosis - process of interpretation and grouping of the data collected in the first stage, culminating in the decision making about the nursing diagnosis concepts that represent the responses of the person, family or human collectivity at a given moment in the health and disease;
- III. Nursing Planning - determination of the expected results and of the actions or nursing interventions that will be performed in the face of person's responses, family or human collectivity at a given moment in the health and illness process;

- IV. Implementation - implementation of actions or interventions determined in the Nursing Planning stage;
- V. Nursing Assessment - a deliberate, systematic and continuous process of verifying changes in the responses of the human person, family or human collectivity at a given moment in the health and disease process, in order to determine if nursing actions or interventions reached the expected result, and the verification of necessity for changes or adaptations in the stages of the Nursing Process³. Thus, it is an important methodological instrument that guides professional nursing care and documentation of care practice³.

It is believed that the use of the diagnosis as a step of the nursing process in the care of the person submitted to the preparation of an intestinal stoma can contribute to a more targeted and effective care. Thus, the diagnosis cannot be a phase used separately, it is important that it is part of the whole nursing process, so that it can guide the nursing action to a resolution.

Nursing diagnosis is defined by the North American Nursing Diagnosis Association (NANDA) as a “clinical judgment about the individual’s, family and community’s responses to actual or potential health problem/life processes”⁴, that is, a way for the nurses express in their words the different physiological, psychological, or spiritual manifestations of clients. The use and evaluation of nursing diagnoses contribute to the development of critical thinking that leads to objectivity.

It is an emerging practice that, because it is in the building process, requires nurses, especially those who work directly with clientele, the investigate interest and disseminate the knowledge produced. In this sense, the identification of nursing diagnoses can help to minimize external dependence and provide sustainability to praxis that converts into professional autonomy and quality of care⁵.

OBJECTIVE

The study aims to identify in the national and international scientific production the main nursing diagnoses in people

submitted to intestinal stomas and to analyze the contributions of the scientific production obtained for specialized nursing care in Stomatherapy.

METHODS

A bibliographical research was realized, in the modality of integrative revision. This is an important method for nursing, since it offers the professional a synthesis of what was published in a certain period on a certain subject⁶. The integrative review can be considered as an instrument of the Evidence Based Practice (EBP), since its approach is based on clinical care and teaching based on knowledge and on the quality of clinical practice evidence⁷.

For its accomplishment the six methodological steps proposed by Ganong were followed: to select the hypotheses or questions for the revision; establish criteria for sample selection; present the characteristics of the primary research; data analysis; interpretation of results; and, finally, the presentation of the review⁷. The methodological steps suggested for this review will be described below.

1. Question for review - What are the evidences found in the literature on nursing diagnoses applied to people with stomas and how do its contribute to specialized care in stomatherapy?
2. Selection criteria of the studies - all articles published by nurses associated or not with other health professionals, available in full in national and international journals, indexed in electronic databases, in the English, Spanish and Portuguese languages, were included, in the period from 2000 to 2015 and that express the nursing diagnoses used in people with temporary and/or definitive intestinal stomas.
3. Characteristics of primary research - the following databases were used: Latin American and Caribbean Literature in Health Sciences (LILACS), Nursing Database (BDENF) and Scientific Electronic Library Online (SciELO); by means of the following descriptors: Nursing diagnosis; Stoma; Systematization of assistance;

Colostomy. The descriptors were searched separately and in different combinations, adapted to the database in question.

The results will be presented in a descriptive way and with the aid of tables. Then, the categories that emerged from the analysis will be presented and discussed, which made it possible to establish a relationship between what was addressed by the authors of the manuscripts and the object of this study.

RESULTS AND DISCUSSION

The search for the articles that composed the study was realized from December 2015 to March 2016. In the LILACS database, three articles were found by combining the descriptors “systematization of assistance AND stoma”. With the descriptors “nursing diagnoses AND stoma” three articles were found, two in BDENF and one in LILACS. With the descriptors “nursing diagnoses AND colostomy” three articles were found, one in BDENF and

two in LILACS. Thus, the search resulted in six articles in LILACS and three in the BDENF, totaling nine articles. With these combinations no article was found in the SciELO database.

After the preliminary analysis of the summaries of the nine articles found in the mentioned databases, it was concluded that only five of them met the inclusion criteria and these were submitted to content analysis. The others were excluded due to the repetition in the database or because they did not respond to the research question raised in this review.

The five articles were organized from the titles, authors/professional category, country of origin, database/journals and method, as can be seen in Table 1.

Regarding the objectives of each study, its results and conclusions are described in Table 2.

Based on the results and conclusions of the authors of the articles of the present study, two thematic categories were delineated: “The Systematization of Nursing Assistance (SNA) as a facilitator to care for people with stomas” and “Nursing diagnoses allied to caring for stomatherapy”.

Table 1. Characterization of scientific articles. Rio de Janeiro, Brazil, 2017.

Title	Authors (Professional category)	Country of origin	Journal	Method
Identification of nursing diagnoses in search of adaptation of the ostomized by Roy's modes ⁸	Castro and Lopes (Nurses)	Brazil	RENE Journal Fortaleza, v. 1, n. 2, p. 30-5, Jul. /Dec. 2000	Descriptive field study
The importance of nursing consultation in the preoperative period of intestinal stomas ⁹	Mendonça, Valadão, Castro and Camargo (Nurses)	Brazil	Brazilian Journal of Cancerology, v. 53, n. 4, p. 431-5, 2007	Bibliographic research
Nursing diagnoses related to the peristome complication according to NANDA: critical analysis of the necessary skills for nurses ¹⁰	Baldissera, Nogueira, Fernandes and Araújo (Nurses)	Brazil	UNIPAR Archives of Health Sciences, v. 11, n. 1, p. 63-6, 2007.	Bibliographic research
Caring for and promoting the client's adaptation with stoma in Roy's conception perspective ¹¹	Freitas, Peres, Pereira and Menezes (Nurses)	Brazil	Nursing Journal, v. 11, n. 125, p. 461-7, 2008	Case study
The nurse and its participation in the process of rehabilitation of the person with stoma ¹²	Mauricio, Oliveira and Lisboa (Nurses)	Brazil	Anna Nery School Nursing Journal, v. 17, n. 3, p. 416-22, Jul. /Sept. 2013	Descriptive-exploratory, qualitative, field study

Table 2. Contents of scientific articles. Rio de Janeiro, Brazil, 2017.

Publications	Objectives	Results	Conclusions
Identification of nursing diagnoses in search of adaptation of the ostomized by Roy's modes ⁸	To ascertain the adaptation conditions of the people with the stoma under the view of the adaptations of Callista Roy and the nursing diagnoses of NANDA	Talks coded in categories expressed that these people do not feel "healthy" and that most are not adapted, reaffirming unfavorable feelings around 69.8%	Nursing diagnoses identified: depression, fear, non-complacency for rebellion and post-trauma reaction
The importance of nursing consultation in the preoperative period of intestinal stomas ⁹	Emphasize the importance of nursing consultation in this scenario, as well as describe the aspects to be addressed in order to achieve comprehensive and humanized care	Elaboration of a proposal of systematization of the nursing consultation in the preoperative of intestinal stomas, making use of the self-care theory and the self-care deficit of Orem	The nursing assistance to the patient who will submit to a stoma-generating surgery should include, in addition to the general guidelines regarding surgical treatment, its consequences and specific actions for self-care
Nursing diagnoses related to the peristome complication according to NANDA: critical analysis of the necessary skills for nurses ¹⁰	List the nursing diagnoses related to peristome complications, discussing clinical skills necessary for the nurse to define these diagnoses	The clinical evaluation of the nurse should be detailed to identify existing skin changes or those at risk. After performing the nursing diagnosis, it is extremely important that the nurse guides the patient to self-care	The nurse should understand the parameters of normality of the skin, how to perform the physical examination and identify changes in the peristome region, in order to establish the nursing diagnosis for a quality and individualized care
Caring for and promoting the client's adaptation with stoma in Roy's conception perspective ¹¹	To identify the stimulus and behaviors of the client after the preparation of the stoma, to elaborate the nursing interventions and to evaluate the nursing interventions	They showed the feasibility of applying Roy's theory to identify the stimulus and behaviors of clients with stomas	It is concluded the effectiveness of the interventions proposed for the adaptation of the client with stoma and it is verified the relationship between the taxonomy of NANDA and the adaptive modes used
The nurse and its participation in the process of rehabilitation of the person with stoma ¹²	Discuss, from the point of view of the person with the stoma, the guidelines provided by nurses in relation to labor inclusion	Few people with stoma were oriented by nursing professionals regarding the return to labor activities and these professionals were not cited as essential for the process of rehabilitation of the study subjects	It has been shown that there are gaps and misunderstandings in this rehabilitation process, especially in relation to the guidelines on social inclusion through work, which can be caused by the lack of knowledge of nurses in relation to the issue and by the non-application of Systematization of nursing assistance

NANDA = North American Nursing Diagnosis Association.

The Systematization of Nursing Assistance (SNA) as a facilitator to care for people with stomas

With respect to psychosocial repercussions, it is known that the stomas bring special situations to the quality of life of the individuals, being able to compromise

the self-esteem and lead to situations of isolation of the social and labor life. Thus, in this category, it will be approached how the nursing diagnoses found in the analyzed scientific productions contribute to the development of a holistic and quality care.

In the article that aimed to identify nursing diagnoses in the light of the theoretical reference of Sister Callista Roy and its four adaptive modes (physiological function, self-concept, role function and interdependence), the following diagnoses were identified: fecal incontinence, skin integrity impaired, body image disorder, fear, depression, non-complacency due to revolt, post-trauma reaction and self-esteem disorder⁸.

As for the physiological function, it is observed the difficulty that people have in managing their stoma, in relation to fecal eliminations, skin care peristome and problems in social life; in the self-concept, there are nursing diagnoses focused on fear, depression and post-trauma revolt, that is, disorders of a psychic nature; in the paper function and interdependence modes, most of the participants in this study performed activities previously performed by them, but others felt incapacitated for work, and the diagnoses of social isolation and ineffective family coping were observed, since the person with a stoma leaves to realize its previously performed functions and depends on another, usually the family⁸.

One of the publications refers to a bibliographical research that deals with the importance of the nursing consultation in the preoperative of intestinal stomas. Using Orem's self-care theory, this was intended to provide the client with a pre-operative evaluation that was planned, systematized and individualized.

As a strategy to minimize the knowledge deficit and prepare the client for the surgical moment and the care for themselves, the study used SNA as a method that elucidated the main nursing diagnosis: the deficit of self-care⁹. In this study, nurses are advised to use some of the assistance methods developed by Orem, such as counseling, support and teaching for this client's personal development, which will have to adapt to their new condition. The authors of this production reinforce how important it is for nurses to be able to program SNA in their daily practice, minimizing the consequences and stimulating self-care, which should be planned and implemented throughout the treatment phase⁹.

Another bibliographic study about the implementation of the nursing process reports the dynamics of systematized and interrelated actions aimed at assisting the human being, as well as the use of the nursing diagnosis, which enables the nurse to know the altered human patterns,

collaborating so that the nursing interventions are directed and individualized¹⁰.

In addition, the authors of the article elucidate the possible nursing diagnoses referring to the person with stoma with complications of the peristome, which are: impaired skin integrity and risk for impaired skin integrity. Thus, to define these diagnoses, it is necessary that the nurse be aware of such complications, which are manifested by signs of edema, fistula, hyperemia and excoriation¹⁰.

A descriptive search like a case study of the client's adaptive process after the creation of the stoma brings to light the adaptive modes of Roy¹¹. This article shows the feasibility of applying Roy's theory to identify the stimulus and behaviors and the effectiveness of the interventions proposed for the adaptation of clients with stoma¹¹. Thus, the established association between clients with stoma and adaptive modes allows us to recognize the common problems of adaptation of Callista Roy in the study population, as well as to identify the effects and influences to be worked as an interventional measure capable of adapting.

The authors related Roy's adaptive modes to the diagnoses and their respective nursing interventions, thus confirming that for each established goal, the nurse acts in a way that allows a process of adaptation and balance for the person with the stoma.

The authors of the scientific production regarding the rehabilitation of the person with stoma evidenced in the interviews the essential value of the positive orientation of the health professional, including doctors and nurses, in relation to the return to the work of the person with the stoma. Therefore, they showed that the nurse's activity in the rehabilitation process together with the SNA allows a holistic understanding of the human being and contributes to a good decision-making, besides predicting and acting in the face of possible complications, and also for the continuous training, in the sense of reassessing the whole caring-for-care process¹².

It was noticed that the orientations in the process of rehabilitation of the person with stoma, mainly about the skin care and the stoma and activities of daily life, are more common in the nurses' experience, to the detriment of the orientation towards the return to the as evidenced in the interviews¹², which shows how

the SNA needs to be more valued and intensified in nursing consultations.

In this sense, it is perceived that the category elucidates the importance of nursing systematization as a facilitating instrument that must be used in order to rehabilitate the person with the stoma and to minimize their suffering, mainly stimulating their self-care. In the articles it is also noted the appreciation and recognition of Orem's theories on self-care and Roy's adaptive modes, showing the practical applicability of nursing theories.

Nursing diagnoses allied to care in stomatherapy

In this category, the main diagnoses used in scientific productions are listed. According to the diagnoses found in the manuscripts, there are a series of interventions that involve the professional stomatherapist in the management of the care of the individual with the stoma.

The nursing diagnoses cited in the analyzed articles were: fecal incontinence; impaired skin integrity; risk of impaired skin integrity; disturbed body image; fear; depression; not complacency for revolt; post-trauma reaction; low situational self-esteem; self-care deficit; disturbed sleep pattern; activity intolerance; hopelessness; interrupted family processes; and social isolation^{8,10,11}.

The classification of NANDA, through its 13 domains (Health Promotion, Nutrition, Elimination and Exchanges, Activity/Rest, Perception/Cognition, Self-perception, Roles and relationships, Sexuality, Confrontation/Stress tolerance, Principles of life,; Protection; Comfort; Growth/Development)⁴, allows the confirmation of the nursing actions that give visibility to the profession, besides conferring the scientific nature of our professional practice.

Nursing diagnoses contribute to the practice of quality care, because problems are identified and possible interventions are performed. The term "nursing diagnosis" has its origins in the advent of modern nursing, when nurses, under the coordination of Florence Nightingale, diagnosed health problems in soldiers during the Crimean War, using the survey of these problems to plan the assistance to be borrowed¹³.

Therefore, nursing diagnoses assist in the determination of a specific clinical focus and the basis for the intervention, as, for example, when identifying

within the Safety/Protection domain, the diagnosis of Impaired Skin Integrity for a client with intestinal stoma, the interventions will be: to explain care with the stomas, skin and surrounding areas; keep skin clean and dry; prevent skin damage; protect skin against infection; to supervise the skin care, among others¹⁰.

The nurse stomatherapist, when diagnosing that the client is presenting fecal incontinence, will be able to guide in the food intake and the exercises, softening this condition. The diagnosis of nursing "fear" may be linked to the coping of its new condition of life with the use of the bag collector, because dealing with this new reality may bring insecurity, apprehension and social isolation.

In the diagnosis of low situational self-esteem, it is important to suggest that the client knows other people with stoma to share experiences and participate in support groups. Already, in disturbed body image, the necessary changes in the body after surgery should be emphasized, as well as the socialization and coping¹¹.

Regarding the self-care deficit, the nurse stomatherapist should stimulate the use of self-care techniques in the daily routine of the person with the stoma, seeking to encourage clients to look and touch its stoma¹¹.

From the previous explanations, the importance of the use of nursing diagnoses by nurses, especially stomatherapists, can be seen, since based on their recognition it is possible to establish interventions, set goals and evaluate results. In addition to contributing to the integration and appreciation of the professionals by the standardization of the language, which enables the recognition of care in Stomatherapy.

CONCLUSION

The description and analysis of the main nursing diagnoses related to people submitted to intestinal stomas through an integrative review of the literature allowed the expansion of scientific knowledge about the subject. It is worth noting the scarcity of the production of articles with a focus on SNA for people with intestinal stomas, especially with regard to NANDA diagnoses.

Considering the importance of the nursing diagnosis - as a stage of the process - to identify the focus of

nursing care and nurses' learning, it is verified that this production has the potential to contribute and subsidize those who wish to apply the SNA to the specific and individualized care of the person with the stoma.

It is suggested to prepare a proposal for an admission form that includes the SNA for people with intestinal stomas.

AUTHORS' CONTRIBUTION

Conceptualization, Jesus PBR; Methodology, Santos DM and Silva PAS; Investigation, Sena MN and Bispo NO; Writing - First version, Jesus PBR; Sena MN and Bispo NO; Writing - Editing and Editing, Silva PAS; Recourses, Santos DM and Silva PAS; Supervision, Jesus PBR.

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