NURSING INTERVENTION ACTIVITIES "CARE FOR OSTOMY"
ATIVIDADES DA INTERVENÇÃO DE ENFERMAGEM "CUIDADOS COM A OSTOMIA"
ACTIVIDADES DE LA INTERVENCIÓN DE ENFERMERÍA "CUIDADOS CON OSTOMIA"

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ABSTRACT

Objective: to evaluate the scientific evidence about the activities proposed by the NIC "Care with ostomy" intervention. **Method:** integrative review, conducted in March 2016 in the MEDLINE, CINAHL, Web of Science, SCOPUS and LILACS databases. The studies were categorized from the identification of the interventions according to the taxonomy of the intervention in the NIC << Care for the ostomy >>, as well as the proposed activities. **Results:** collection resulted in 23 articles, mostly qualitative (52%), with level of evidence IV (60.9%), identifying, in these, 23 of the 25 Nursing activities proposed in the NIC, and the activity "Orient the patient/important person regarding the use of ostomy device/care" the most frequent (60.9%). **Conclusion:** it was verified, therefore, that the most frequent actions performed by the nurses refer to the management guidelines of the ostoma with the inclusion of the caregiver and that there is a need for more studies with better levels of evidence in this subject. **Descriptors:** Ostomy; Nursing; Assistance.

RESUMO

Objetivo: avaliar as evidências sobre as atividades propostas pela intervenção da NIC "Cuidados com a ostomia". **Método:** revisão integrativa, realizada em março de 2016 nas bases de dados MEDLINE, CINAHL, Web of Science, SCOPUS e LILACS. Os estudos foram categorizados a partir da identificação das intervenções condizentes com a taxonomia da intervenção na NIC <<Cuidados com a ostomia>>, bem como as atividades propostas. **Resultados:** a coleta resultou em 23 artigos, de maioria qualitativos (52%), com nível de evidência IV (60,9%), identificando-se, nestes, 23 das 25 atividades de Enfermagem propostas na NIC, sendo a atividade "Orientar o paciente/pessoa importante quanto ao uso de dispositivo/cuidados de ostomia" a mais frequente (60,9%). **Conclusão:** verificou-se, portanto, que as ações mais frequentes realizadas pelos enfermeiros se referem às orientações de manejo do ostoma com a inclusão do cuidador e que há necessidade de mais estudos com melhores níveis de evidência nessa temática. **Descritores:** Ostomia; Enfermagem; Assistência.

RESUMEN

Objetivo: evaluar la evidencia científica sobre las actividades propuestas por la intervención de la NIC "Cuidados con la ostomía". **Método:** revisión integrativa, realizada en marzo de 2016 en las bases de datos MEDLINE, CINAHL, Web of Science, SCOPUS y LILACS. Los estudios fueron categorizados a partir de la identificación de las intervenciones concordantes con la taxonomía de la intervención en la NIC << Cuidados con la ostomía >>, así como las actividades propuestas. **Resultados:** la recolección resultó en 23 artículos, de mayoría cualitativos (52%), con nivel de evidencia IV (60,9%), identificándose, en estos, 23 de las 25 actividades de Enfermería propuestas en la NIC, siendo la actividad "Orientar al paciente/persona importante en cuanto al uso de dispositivo/cuidados de ostomía" la más frecuente (60,9%). **Conclusión:** se verificó, por lo tanto, que las acciones más frecuentes realizadas por los enfermeros se refieren a las orientaciones de manejo del ostoma con la inclusión del cuidador y que hay necesidad de más estudios con mejores niveles de evidencia en esa temática. **Descriptor:** Estomía; Enfermería; Asistencia.

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INTRODUCTION

The ostomy or stoma represents an opening originated from a surgical process, that allows the connection of an organ with the external environment in order to eliminate residues, which are deposited in a collection bag. This process can be temporary or definitive, according to the conditions and causes of its manufacture, and can be classified in colostomy, ileostomy and urostomy, by its location.¹

The manufacture of the stoma occurs for several reasons, and colorectal neoplasia is more frequent.²⁻³ In the United States, more than one million people diagnosed with colorectal cancer undergo surgery and join the group of approximately 700 thousand ostomized people.⁴ While the stoma is made for a variety of reasons, that in Brazil, an estimated 80 thousand people with ostomy distributed throughout the country in the year 2015, according to the Brazilian Association of Ostomates⁵, and in addition, according to estimates of the National Cancer Institute (INCA), there are more than 34 thousand new cases of colorectal cancer by 2016, leading to the growth of the ostomy population.⁶

The impact generated by the confiscation of an unusual system in the body produces significant changes in the life of the ostomy, which needs to adapt to the challenges associated with caring for ostoma, changes in body image, functional and psychological aspects of the body. In addition, the negative feeling that comes from these transformations produces a low self-esteem and interferes in the social life leading to the isolation.⁷

In this context, the nurse plays an essential role in the care of the ostomate, and it is within her competence to understand the changes and offer the necessary knowledge to the people with ostomy and, in this way, to provide them with a dignified assistance and to allow a better adaptation to the difficulties facing.⁸

Nursing care for people with ostomy and their families is extremely important to help promote quality of life, as well as to promote the social reintegration of the ostomate.⁹ In addition, the nurse acts in other aspects, such as education in the type of food, hygiene, exchange of purse and peristomal skin care leading, therefore, to the development of self care by the ostomate and, with that, causing the development of the adaptation with the return to the activities of daily life.¹⁰⁻¹¹

The Systematization of Nursing Care (SNC) establishes the axis that underlies this Nursing care practice. It is possible, to organize and

execute the Nursing process to meet the needs presented by the patient and their families. It ensures the linkage of care, care planning, prevention of future injuries and interventions, through interrelated stages.

In this context, Nursing Interventions Classification (NIC) is a classification system that is an important tool to aid the Nursing care process, which brings Nursing interventions in a standardized way, thus, providing the SNC implementation. In this way, this resource represents a guiding method to guide nurses in their care plan to ostomates.¹³

The objective of this study is to identify, in the literature, the activities proposed by the NIC intervention "Care with ostomy", as well as to evaluate the scientific evidence of these.

OBJECTIVE

- To evaluate the scientific evidence about the activities proposed by the NIC "Care with ostomy" intervention.

METHOD

Integrative review, in which the following steps were performed: identification of the research question and purpose of the study, literature search, data evaluation, data analysis and presentation.¹⁴

This review included articles indexed in the Medical Literature Analysis and Retrieval System Online (MEDLINE), Cumulative Index to Nursing & Allied Health Literature (CINAHL), Web of Science, SCOPUS and Latin American Literature in Health Sciences (LILACS) databases.

The search was conducted in March 2016, guided by the following guiding question: "What are the activities proposed by the NIC 'Care with ostomy' intervention that are identified in the literature? This step was performed from the following intersection, using the descriptors identified in the Mesh Terms: "Ostomy" AND "Nursing Care".

Original articles were included that included at least, one activity described in the NIC Nursing care "Care with ostomy" and that were available in full in the databases. The exclusion criteria of this study were: review articles, theses, dissertations and editorials.

A total of 2797 articles were identified in the databases. Of these, 23 were selected to compose the final sample of the study after preliminary reading and

later in full. Figure 1 shows the quantitative details of the steps of data collection.

Figure 1. Quantitative flowchart of the steps of data collection. Natal (RN), Brazil, 2016.

The studies were categorized from the identification of interventions consistent with the taxonomy of the intervention contained in the NIC entitled "ostomy care", as well as the proposed activities.

For the analysis of the level of evidence, the Joanna Briggs Institute was used, as a parameter, which classifies the studies into four levels of scientific evidence: Level I: Evidence obtained from a systematic review containing only randomized controlled clinical trials; Level II: Evidence obtained from at least one randomized controlled trial; Level III.1: Evidence obtained from well-delineated controlled clinical trials, without randomization; Level III.2: Evidence obtained from well-designed cohort studies or case-control, analytical studies, preferably from more than one research center or group; Level

III.3: Evidence obtained from multiple time series, with or without intervention, and dramatic results in uncontrolled experiments; Level IV: Opinion of respected authorities, based on clinical criteria and experiences, descriptive studies or expert committee reports.¹⁵

RESULTS

The data collection resulted in 23 articles to compose the sample of this study. Figure 2 below shows the main results of the literature review classified according to the type of study, level of evidence, year, local and periodical of publication. Most of the studies found were national 14 (60.9%), performed with a qualitative approach 12 (52%) and presented level of evidence IV 14 (60.9%).

ID	Year of publication	Study location	Journal	Type of study	Level of evidence
16	2015	England	Brisith Journal of Nursing	Quanti- Qualitativ e	IV
17	2006	United Kingdom	Brisith Journal of Nursing	Qualitative	IV
18	2014	Brazil	Brazilian Journal of Nursing	Qualitative	IV
19	2013	Brazil	Text, Context Nursing	Qualitative	IV
20	2013	Brazil	Anna Nery School	Qualitative	IV
21	2011	Brazil	Brazilian Journal of Nursing	Qualitative	IV
22	2002	Brazil	Latin-American Journal of Nursing	Qualitative	IV
23	2011	Brazil	Text Context Nurs	Qualitative	IV
24	2012	Brazil	Text Context Nurs	Qualitative	IV
25	2008	Brazil	Acta Paulista of Nursing	Qualitative	IV
26	2013	United States	Journal of Cancer Education	Qualitativ e	IV
27	2013	China	Cancer Nursing	Quantitative - Clinical Trial Randomized	II
28	2010	China	Journal of Advanced Nursing	Quantitative - Clinical Trial Randomized	II
29	2004	Sweden	journal of advanced Nursing	Quantitative - Analitical	III.2
30	2008	Brazil	Latin Am Journal of Nursing	Qualitative	IV
31	2008	Brazil	Acta Paulista of Nursing	Case Study	IV
32	2015	Brazil	Nursing School Journal USP	Qualitative	IV
33	2015	Brazil	Text and context Nursing	Qualitative	IV
34	2013	Brazil	Latin-American Journal of Nursing	Qualitative- Descriptive	IV
35	2013	Brazil	Latin-American Journal of Nursing	Qualitative- Descriptive	IV
36	2014	Turkey	Journal of Clinical Nursing	Quantitative - Analitical	III.2
37	2005	Sweden	Ostomy Wound Management	Quantitative - Descriptive	IV
38	2005	United States	The Journal of Spinal Cord Medicine	Quantitative - Analitical	III.2

Figure 1. Distribution of the selected studies in relation to the characterization of the year and place of publication, type of study and level of evidence. Natal (RN), Brazil, 2016.

After analyzing the studies, 23 of the 25 Nursing activities proposed by the intervention "Care with ostomies" of the NIC were identified. Two activities were not identified in the studies, such as: "monitoring

incision/stoma healing" and "Orienting the patient on mechanisms to reduce odors". Figure 3, below, presents the details of this information.

Activity	Studies	n(%)
Guide the patient/important person about the use of ostomy device/care	16; 18; 19; 21; 22; 23; 24; 27; 30; 32; 33; 34; 35; 37	14(60.9)
Assist the patient in self-care	16; 17; 18; 19; 21; 22; 23; 24; 27; 30; 32; 33; 34	13 (56.5)
Make the patient/person important demonstrate the use of the equipment	21; 22; 24; 32; 33; 34; 37	7(30.4)
Provide support and assistance while the patient develops ostomy/surrounding tissue care skills	16; 19; 22; 24; 28; 34; 37	7 (30.4)
Assist the patient in obtaining the necessary equipment	21; 24; 26; 32; 34; 37	6 (26)
Investigate patient care of the ostomy	21; 22; 24; 27; 28; 33	6(26)
Encourage the patient/significant person to express feelings and concerns about changes in body image	19; 24; 27; 29; 36	5 (21.7)
Discuss concerns about sexual function as appropriate	29; 36; 37; 38	4 (17.4)
Encourage visits by people in the support group under the same conditions	26; 27; 34; 36	4 (17.4)
Apply the ostomy device so that it fits properly, whenever necessary	21; 24; 34; 37	4 (17.4)
Assist the patient/important person about proper diet and expected changes in elimination function	19; 26; 32; 38	4 (17.4)
Explain to the patient what changes the ostomy care will bring to your daily routine	18; 21; 24; 36	4 (17.4)
Encourage participation in ostomized support groups after discharge	22; 26; 27	3 (13)
Change/empty the ostomy pouch where appropriate	19; 27; 36	3(13)
Guide the patient on ways to monitor complications	28; 29	2 (8.7)
Demonstrate confidence that the patient is able to return to normal life with the ostomy	16; 38	2 (8.7)
Monitor postoperative complications such as intestinal obstruction, paralytic ileus, anastomotic leakage, or mucocutaneous separation, as appropriate	38	1 (4.3)
Assist the patient to plan their time with routine care	32	1 (4.3)
Monitor disposal standards	38	1 (4.3)
Teach the patient to chew the food completely; avoid foods that caused digestive problems in the past; to add new foods to the diet, one at a time; and consuming lots of fluids	32	1 (4.3)
Guidance on Kegel exercises if the patient has an ileo-anal reservoir	38	1 (4.3)
Guide the patient to intubate and drain the Indian bag whenever it seems full	32	1 (4.3)
Irrigate the ostomy as appropriate	21	1 (4.3)

Figure 2. Distribution of the frequency of NIC ostomy care activities found in the sample studies. Natal (RN), Brazil, 2016.

DISCUSSION

The type of qualitative study as well as the level of evidence IV present in most studies present an important gap in relation to the quality of the materials produced, mainly at the national level. In the case of studies that approached Nursing actions and interventions, the encouragement to the accomplishment and publication of studies with better levels of evidence is fundamental in improving the quality of the materials that can subsidize the Nursing practice to the ostomized person, seeking the standardization and the safety in the execution of interventions that present good levels of evidence, adjusted to the local

reality and with real possibility of improvement of the multiple aspects that permeate the coexistence with the ostomy.³⁹

The most frequently encountered intervention in the sample was "Orienting the patient/important person regarding device/ostomy care". Other interventions found associated with the important person and the ostomate are related to demonstrating the use of equipment, encouraging the expression of concerns about body image, assisting in proper diet and identifying changes in eliminations, which indicates the need for care orientation both for the client, and for the important person, who is a close person who lives with the

ostomy and ends up, due to the circumstances, having to assume the role of caregiver.⁴⁰⁻⁴³

With the making of the ostomy, several changes occur in the life of the ostomy, ranging from the modifications in the self-image to the transitions in the routine, making necessary the insertion of the care with the ostoma.⁴¹ In the beginning, the adaptation is a challenge, since it involves multiple factors that are novelties for the person with ostomy, who needs a time to absorb the changes that are now part of their life and, therefore, the relatives who accompany the recovery of the ostomy, after the surgery, need provide support to carry out the care until it is able to adapt and develop self-care.⁴⁴

Often, due to the lack of preparation for the new delegated experiences, the caregiver appropriates actions that have never been performed before, and sometimes not satisfactorily oriented, and are difficult to achieve. However, the existing link with the ostomate allows the caregiver to develop care even with adversity, forming a support system that helps to strengthen the proximity as well as face the situation.⁴⁰⁻⁴¹ In this sense, the nurse has an essential function in developing, through effective educational communication,⁴⁵ guidelines that contemplate ostomized in an integral way, involving the caregiver in the management of ostomy care and also helping, him to obtain and provide emotional support.^{40-42,46}

Interventions involving the psychological aspects of ostomized care are evidenced in "assisting the patient in self-care", "Encouraging the patient/significant person to express feelings and concerns about changes in body image", "Discussing relative concerns to sexual function as appropriate" and "Demonstrate confidence that the patient is able to return to normal life with the ostomy" and relate to the importance of dialogue during Nursing care to the ostomy and/or important person.

Instruments such as active listening are essential for establishing a relationship of trust with the professional, which seeks, from this, to provide health care based on the guidelines of the National Humanization Policy. In addition, establishing a link between professional and client favors the adaptive process as it provides, the nurse, with relevant information about individual care demands, thus, facilitating the construction of a personalized care plan for improved adaptation and quality of life of the individual.^{44,47}

Added to these activities, are the provision of psychological support, which involves encouraging the participation of support groups for ostomates. This type of intervention, that promotes planned group interactions, was carried out in Turkey, presented a level of scientific evidence II.2 and culminated, after completion of the intervention, in an important improvement of the adaptive adjustment of the ostomy patients submitted to this activity. The exchange of experiences, living with people in the same situation and the sharing of information assists in the acceptance of the ostomy and cooperates in the acquisition of knowledge arising from the practical experience of daily care.³⁶

In the beginning, the process of accepting the new life condition is not always simple and fast. Sometimes, there is resistance, on the part of the ostomate, to adapt to the bag and to care for it. Thus, with nurses' orientations and conversations with relatives/caregivers, this resistance diminishes and the individual becomes aware that ostoma is now part of their reality.⁴¹

Previous studies have provided the opportunity for newly ostomized individuals to access the nurse at various times after surgery. This opportunity made the exchange of information happen, the professional, with their scientific knowledge, and the patient, with his experience, there are guidelines on how to change the collection bag, maintenance of the various types of bags, autoirrigation, late complications, use of adjuvants, leisure, physical exercises, among others.²⁴ In exercising their own care, they have become more independent and secure, thus, facilitating adjustment.²³

However, these professionals are not always able to perform and provide the necessary guidelines for ostomates. There are patient reports in other studies, which show that nurses, often do not know how to orient themselves about proper care with the ostomy, as well as perform hygiene and exchange of scholarships. This fact shows the need for more nurses with estomoterapia knowledge to provide adequate information to this population.⁴¹

Educational actions and guidelines are part of the interventions suggested in the care plans for ostomized patients as it ensures a quality of self-care. Among the analyzed actions related to teaching, the ones that present the highest incidence among the analyzed articles were to guide the use of the device/care with the ostomy and to help the patient to obtain necessary equipment.

This demonstrates that most ostomates are oriented toward basic care and relevant to living with the ostomy. Some articles, to a lesser extent, have shown concern not only with activities, but also with eating habits and possible complications.⁴⁸ However, guidelines may not be sufficient enough for the clientele being assisted, new methodologies can and should be used for better effectiveness of actions.

Knowing this, teaching strategies should be elaborated for both ostomized patients and their caregivers and caregivers, not forgetting the health team, since this, well oriented, will be able to provide effective assistance and also be multiplying with caregivers. Strategies involving technologies - videotapes, interactive internet programs and even telephone follow-up - have been shown to be effective in stimulating learning, especially with regard to self-care.⁴⁹

CONCLUSION

It was identified that most of the studies in the sample were qualitative, with level of IV evidence, with 23 of the 25 Nursing interventions proposed in the NIC on ostomy care being identified, indicating an indication of its use in Nursing care for people with ostomy.

In this sense, the most frequent activities identified were "orienting the patient/important person regarding the use of ostomy device/care", "assist the patient in self-care" and "make patient/person important demonstrate the use of equipment", respectively, which indicates that the actions performed by the nurses most refer to the management guidelines of the ostoma with the inclusion of the caregiver.

In addition, activities related to psychological and social aspects were identified, although they were identified to a lesser extent. These findings highlight the relevant role of the nurse who acts in the adaptive process of the ostomy in multiple aspects, however, many studies reveal failures in the Nursing training to act in the ostomy care.

It is necessary to produce more studies, with better levels of evidence, that focus on the nurses' behaviors and their knowledge about estomoterapia, since the extension of their learning, in accordance with more complete guidelines, will provide a greater effectiveness in the adaptation process, as well as facilitate the acquisition of a better quality of life of the ostomy.

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