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Factors associated to quality of life in people with intestinal stomas

Fatores associados à qualidade de vida de pessoas com estomas intestinais

Factores asociados a la calidad de vida de las personas con estomas intestinales

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ABSTRACT

Objective: To assess the quality of life of people with intestinal stoma and its association with sociodemographic and clinical characteristics. **Method:** Cross-sectional and analytical study conducted with people with intestinal stoma. An instrument was used for sociodemographic and clinical characterization: COH-QOL-OQ, validated in Brazil. **Results:** The sample included 152 people with stomas. There were significant differences among all dimensions (p-value < 0.01) of quality of life. The dimension spiritual well-being had the highest mean, with 6.69 (±1.56), followed by the psychological well-being dimension, 5.00 (±1.94), social well-being, 4.63 (±1.83), and physical well-being, 4.54 (±1.77). Marital status, religion, type of stoma, and permanence had statistically significant associations with dimensions of quality of life (p-value < 0.05). **Conclusion:** The assessment of quality of life in people with intestinal stoma presented lower scores in the physical, social, and psychological dimensions. There was an association between better quality of life scores and people with definitive ileostomy, in a domestic partnership and practicing other religions.

DESCRIPTORS

Ostomy; Quality of Life; Nursing Care.

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INTRODUCTION

Quality of life (QL) is a complex construct which involves self-satisfaction of individuals in relation to their lives and the multiple factors which comprise it, such as health, cultural, social, and psychological values[1]. Quality of life can be compromised by the appearance of a stoma, since this procedure changes the body's working and body image, which may cause physical, psychological, and social impact.

Intestinal stoma is surgically created to provide communication of the intestine with the external environment, covering the function of the affected organ, and is performed due to diverse causes[2]. A study conducted with 216 people with intestinal stomas concluded that the main cause for the construction of a stoma were colorectal cancers (40.7%)[3].

According to data of the Globocan report, by the International Agency for Research on Cancer (IARC), colorectal neoplasm was the third most common form among men (663,904 cases, 10% of the total) and the second most common in women (571,204 cases, 9.4% of the total) worldwide[4]. In Brazil, this type of neoplasm has estimates of 40,990 new cases for 2020–2022, 20,520 in men and 20,470 in women[5].

People with stomas face challenges which range from noticing the importance of surgery to living with physical changes and their impact on the psychobiological and social environment[6]. This is joined by the difficulties of possibilities of leakage of effluents, which provoke fear, mainly during social situations[6].

People with stomas, especially those who do not develop adaptive mechanisms, are observed to live with biopsychosocial difficulties caused by the presence of the stoma, which may interfere in their quality of life. A study which assessed QL in Chinese people with stomas has verified that most (87.0%) had lived with the stoma up to three months and, in this population, the mean overall score was low, 5.19 (±1.29), which shows a damaged quality of life due to the presence of stoma[7].

People with stomas undergo changes which interfere negatively with body image and self-esteem, affecting also their QL and requiring adaptive mechanisms, which occur individually and are influenced by diverse factors, such as health education and disposition for body care. It is thus important for the support network, mainly health professionals, to have an integral understanding of the individual, considering individual, social, economic, and cultural aspects to achieve an integral care towards this population[8].

Living with stomas has important impacts in the life of those people; thus, education, self-care orientation, sexuality, and psychological support to these people, as well as to relatives, are important to improve this population's QL[9]. Given the above, this study had the objective of assessing the quality of life of people with intestinal stoma and its association with sociodemographic and clinical characteristics.

METHOD

Study Design

Cross-sectional and analytic study.

Local

The study was conducted at a Center of Reference and Care of Disabled People in the capital of Paraíba state, in Northeast Brazil, in which care was provided to individuals with stomas.

Population

Since the monthly mean of persons with intestinal stoma followed in the service for nursing assessment is 25 persons and the population is 378 persons, a sample of 150 persons with intestinal stoma was established through Barbetta's calculation of finite populations[10]. However, a sample of 152 participants was achieved, by convenience.

Selection Criteria

Participants were those which met the inclusion criteria: being aged 18 or older during data collection and having exclusively intestinal stomas. Those who did not fill the instrument completely were excluded.

Data Collection

Data collection was conducted from December 2017 to February 2018 by three nurses participating in the Research Group for Prevention and Treatment of Wounds of Universidade Federal da Paraíba (*Grupo de Pesquisa em Prevenção e Tratamento de Feridas da Universidade Federal da Paraíba* – GEPEFE), duly trained by the enterostomal therapist researcher, who is responsible for the research. The interviews were performed in reserved rooms, respecting the privacy of participants.

Two data collection instruments were used: the first was for sociodemographic and clinical characterization and the second was an instrument for the assessment of quality of life. The following variables were used for characterization: age, sex, number of children, origin, marital status, education, profession/occupation, who they live with, number of people at home, income, diagnosis, reason for undergoing ostomy, type of ostomy and characteristics of ostomy, location, diameter, permanence, oncological treatment (chemotherapy and radiotherapy), who changes the bag, characteristics of the effluent, type of bag and amount, adjuvants, weight, and main complications[11].

To assess quality of life, the instrument COH-QOL-OQ, validated in Brazil[12] was used. This is a multidimensional instrument, composed of 43 items divided into four sub-scales: physical well-being (PWB), psychological well-being (PSWB), social well-being (SWB), and spiritual well-being (SPWB). Each item is measured in a continuous scale from 0 to 10, in which 0 represents the worst result and 10 refers to the best. For the analysis, the values of the items 1–12, 15, 18, 19, 22–30, 32–34, and 37 must be inserted; thus, in these items the maximum score corresponds to the

worst quality of life and the minimum to a better quality of life. The scores are summed and may total 110 for PWB, 130 for PSWB, 120 for SWB, 70 for SPWB and 430 for the whole scale.

Data Treatment and Analysis

The data were initially organized in the Microsoft Excel 2007® program and then processed in the software *Statistical Package for the Social Sciences* – SPSS version 20.0®.

For data processing and analysis, t Student parametric test, simple analysis of variance (ANOVA), and multiple linear regression with standardized data and cluster analysis were performed. When these presuppositions were violated, their non-parametric equivalents were used, i.e., Mann-Whitney and Kruskal-Wallis tests. "When a significant difference was detected in the ANOVA or Kruskal-Wallis tests, Post Hoc and Mann-Whitney tests, respectively, were performed"[13]. The significance level established for all analyses was $p < 0.05$.

Ethical Aspects

The study was in accordance with Resolution 466/12, by the National Health Council and was approved by the Research Ethics Committee of the Center of Health Sciences of Universidade Federal da Paraíba in Opinion n. 2.562.857/18. After objectives and procedures were clarified, all participants signed the Informed Consent Form.

RESULTS

This study was conducted with 152 participants who had as main sociodemographic and clinical characteristics, described in Table 1, the predominance of participants with a mean age closer to the elderly age group, brown (74, 48.7%), married (74, 48.7%), with more than two children (36, 23.7%), one minimum wage (MW) (75, 49.3%), secondary education (56, 36.9%), and catholic (97, 63.8%). The mean age was 53.59 (standard deviation 15.56) years. Regarding the clinical characterization of persons with stomas, most were observed to have colostomies (120, 78.9%), complications (116, 76.3%), temporary stoma (74, 48.7%), and not undergoing/underwent chemotherapy (61, 40.1%) and radiotherapy (87, 57.2%).

The main complications in people with intestinal stomas were: peristomal dermatitis (98, 64.5%), retraction (10, 6.5%), and prolapse (9, 5.9%). The total QL had a mean of 5.04 (±1.56) and the dimension spiritual well-being was 6.69 (±1.56), followed by the dimension psychological well-being, with 5.00 (±1.94), social well-being, 4.63 (±1.83), and physical well-being, 4.54 (±1.77). Significant changes were verified for all dimensions ($p < 0.01$).

Table 2 presents associations between sociodemographic variables and the quality of life dimensions. Marital status presented statistically significant differences in the psychological ($p = 0.008$) and social ($p = 0.002$) dimensions and in the total QL score ($p = 0.049$). People in a domestic partnership had better QL means in these dimensions, respectively: 6.21 (±1.56), 6.18 (±1.52) and 6.03 (±0.64).

Table 1 – Sociodemographic and clinical characterization of persons with intestinal stomas – João Pessoa, PB, Brazil, 2018.

Variables	Categories	n (%)
Gender	Female	75 (49.3)
	Male	77 (50.7)
Race	White	52 (34.8)
	Brown	74 (48.7)
	Black	21 (13.8)
	Other	5 (3.3)
Marital status	Married	74 (48.7)
	Single	38 (25.0)
	Widow(er)	16 (10.5)
	Domestic partnership	8 (5.3)
Number of children	No children	26 (17.1)
	1	28 (18.4)
	2	36 (23.7)
	3	25 (16.4)
	+3	37 (24.4)
Income (MW)	No income	47 (4.6)
	1 MW	75 (49.3)
	2 to 3	46 (30.3)
	+3	27 (17.8)
Education level	Uneducated	10 (6.6)
	Literate	23 (15.1)
	Primary school	47 (30.9)
	Secondary school	56 (36.9)
	College	16 (10.5)
Religion	Catholic	97 (63.8)
	Evangelical	42 (27.6)
	Others	3 (2.0)
	None	10 (6.6)
Type of stoma	Colostomy	120 (78.9)
	Ileostomy	32 (21.1)
Complications	Yes	116 (76.3)
	No	36 (23.7)
Permanence criterion	Definitive	78 (51.3)
	Temporary	74 (48.7)
Chemotherapy	Undergoing	28 (18.4)
	Underwent	58 (38.2)
	None	61 (40.1)
Radiotherapy	Undergoing	6 (3.9)
	Underwent	53 (34.9)
	None	87 (57.2)

Persons with stomas in a domestic partnership are then inferred to have a better overall QL and in the psychological and social dimensions. Religion had a significant difference in the psychological ($p = 0.015$) and spiritual ($p = 0.001$)

Table 2 – Association between sociodemographic variables and the dimensions of quality of life – João Pessoa, PB, Brazil, 2018.

Variables		Means (Standard Deviation)				
		Physical	Psychological	Social	Spiritual	Total
Gender	Male	4.68 (1.82)	5.11 (1.85)	4.63 (1.62)	6.90 (1.54)	5.13 (1.51)
	Female	4.39 (1.72)	4.89 (2.05)	4.62 (2.04)	6.48 (1.55)	4.95 (1.63)
	p-value	0.396[2]	0.496[1]	0.116[2]	0.098[1]	0.466[1]
Age (years)	Up to 59	4.49 (1.71)	4.48 (1.99)	4.47 (1.79)	4.91 (1.89)	4.93 (1.55)
	Over 60	4.88 (1.99)	5.23 (1.86)	4.91 (1.89)	6.64 (1.54)	5.24 (1.59)
	p-value	0.940[2]	0.284[1]	0.116[2]	0.585[1]	0.249[1]
Marital status	Married	4.64 (1.84)	5.16 (1.89)	4.70 (1.76)	6.92 (1.62)	5.18 (1.55)
	Single	4.41 (1.82)	4.86 (1.92)	4.26 (1.80)	6.64 (1.45)	4.82 (1.63)
	Divorced	4.44 (1.69)	5.03 (2.27)	5.44 (2.11)	6.63 (1.37)	5.25 (1.73)
	Widow(er)	4.13 (1.68)	4.00 (1.82)	3.56 (1.21)	5.83 (1.67)	4.21 (1.34)
	Domestic partnership	5.23 (1.33)	6.21 (1.56)	6.18 (1.52)	6.70 (1.12)	6.03 (0.64)
	p-value	0.465[3]	0.008[4]*	0.002[3]*	0.161[4]	0.049[4]*
Income	No income	5.75 (2.06)	5.17 (2.01)	4.50 (2.67)	6.75 (1.80)	5.39 (1.79)
	1 MW	4.56 (1.78)	5.05 (1.94)	4.88 (1.84)	6.80 (1.41)	5.16 (1.56)
	2 to 3	4.26 (1.75)	4.71 (2.10)	4.44 (1.81)	6.35 (1.78)	4.75 (1.62)
	+3	4.76 (1.75)	5.36 (1.73)	4.26 (1.70)	6.96 (1.49)	5.16 (1.49)
	p-value	0.323[3]	0.583[4]	0.518[3]	0.342[4]	0.508[4]
Education level	Uneducated	5.16 (2.37)	4.84 (2.36)	5.07 (2.47)	6.71 (1.89)	5.29 (2.15)
	Literate	4.30 (1.67)	4.41 (2.07)	4.79 (2.08)	6.27 (1.85)	4.79 (1.61)
	Primary school	4.31 (1.76)	4.83 (1.85)	4.53 (1.71)	6.38 (1.34)	4.83 (1.50)
	Secondary school	4.71 (1.79)	5.26 (1.97)	4.57 (1.83)	6.98 (1.55)	5.21 (1.60)
	College	4.54 (1.55)	5.56 (1.61)	4.58 (1.50)	7.17 (1.29)	5.29 (1.22)
	p-value	0.497[3]	0.306[4]	0.986[3]	0.131[4]	0.613[4]
Religion	Catholic	4.55 (1.99)	5.13 (2.05)	4.74 (2.00)	6.62 (1.60)	5.10 (1.72)
	Evangelical	4.26 (1.34)	4.48 (1.63)	4.52 (1.52)	7.09 (1.23)	4.86 (1.23)
	Others	6.97 (1.32)	7.95 (0.24)	5.50 (0.50)	8.48 (0.08)	7.10 (0.30)
	None	4.84 (1.81)	5.08 (1.48)	3.72 (1.25)	5.21 (1.48)	4.66 (1.14)
	p-value	0.571[3]	0.015[4]*	0.675[3]	0.001[4]*	0.463[4]

[1]t Student test; [2]Mann-Whitney; [3]Kruskal-Wallis; [4]ANOVA; *p-value < 0.05.

Table 3 – Association between clinical variables and the dimensions of quality of life – João Pessoa, PB, Brazil, 2018.

Variables		Means (Standard Deviation)				
		Physical	Psychological	Social	Spiritual	Total
Type of stoma	Colostomy	4.37 (1.73)	4.90 (1.86)	4.53 (1.81)	6.61 (1.58)	4.93 (1.54)
	Ileostomy	5.14 (1.83)	5.38 (2.24)	5.00 (1.91)	6.97 (1.45)	5.47 (1.62)
	p-value	0.031[2]*	0.188[2]	0.191[1]	0.247[1]	0.079[1]
Complication	Yes	4.38 (1.72)	4.89 (1.98)	4.55 (1.89)	6.70 (1.59)	4.95 (1.60)
	No	5.14 (1.90)	5.33 (1.89)	4.85 (1.73)	6.55 (1.53)	5.35 (1.52)
	p-value	0.056[2]	0.334[2]	0.433[1]	0.624[1]	0.213[1]
Permanence criterion	Definitive	4.70 (2.00)	5.50 (1.94)	5.10 (1.92)	6.71 (1.55)	5.38 (1.60)
	Temporary	4.36 (1.49)	4.48 (1.83)	4.13 (1.60)	6.67 (1.57)	4.68 (1.46)
	p-value	0.425[2]	0.002[2]*	0.001[1]*	0.855[1]	0.006[1]*

[1]t Student test; [2]Mann-Whitney; *p-value < 0.05.

dimensions, with better means in the variable other religions: 7.95 (±0.24) and 8.48 (±0.08), respectively. Persons who have other types of religion have thus a better QL in the psychological and spiritual dimensions.

Regarding the clinical characteristics associated to the QL dimensions (Table 3), the type of stoma was observed to present statistically significant differences in the physical dimension (p = 0.031), with a higher mean for ileostomy, 5.14 (±1.83), whereas the permanence criterion in the psychological (p = 0.002) and social (p = 0.001) dimensions and total QL (p = 0.006), in which definitive stomas presented the best means, were, respectively 5.50 (±1.94), 5.10 (±1.92) and 5.38 (±1.60). These findings reveal that people with ileostomy present a better QL in the physical dimension and those with definitive permanence had a better total QL in the psychological and social dimensions. In cancer patients, no statistically significant association was observed between the overall QL and chemotherapy (p = 0.451) and radiotherapy (p = 0.870).

DISCUSSION

In this study, the main characteristics were verified to be that most of the sample has a mean age closer to the elderly age group, low income, and education up to secondary education. Elderly with stomas face changes which encompass a process of adaptation to the stoma and changes of ageing, which must be taken into account in nursing care provided to this population. Care must take into account individual needs, family aspects, and each person's learning, so as to use different forms for health education with the objective of promoting autonomy to elders with stomas[14].

Income may be a determinant factor to guarantee better life conditions to people with stomas and their families. A better financial condition provides contributions in family maintenance, support to leisure, and acquisition of materials, which leads to a higher well-being of people with stomas due to contributing financially and having the opportunity of performing other activities[15].

Concerning the dimensions of quality of life, this study has presented statistically significant differences and lower scores in physical well-being and higher scores in the dimensions spiritual, psychological, and social well-being, respectively. A study conducted with the same instrument had better scores in spiritual, psychological, and physical well-being, and worse scores in social well-being[13].

Physical well-being is a commonly affected dimension in people with stomas, given that stomas modify the physiology of body and appearance and requires specific care. The main problems reported by this population are related to body and self-care, such as excrement leakage, peristomal skin lesions and pains due to this complication. It is then essential to provide orientation for self-care and using educational technology to mitigate difficulties[16].

Concerning the relation between quality of life and sociodemographic characteristics, the results reveal that marital status has significantly influenced psychological and social well-being and total QL and that people in a domestic partnership presented the best means. In a different study, people with stomas and with no partners had better scores in the social function and those with partners presented more financial problems[17].

A study evaluating QL with a generic instrument has observed that being married had a positive influence on the dimension emotional state limitations (70.26 ± 11.60); however, single persons presented better means for the dimensions overall health condition (35.29 ± 17.10) and physical dimension of quality of life (55.39 ± 15.03)[18]. Other authors have identified that persons who had no partner (5.80 ± 1.41) presented a better quality of life in comparison with those who had (5.22 ± 1.26)[7].

The results of this study may be explained by the support network that a partner may provide in the life of persons with stomas. Although intestinal stomas may lead to changes in the marital life of couples, since they impact aspects of sexuality and self-image, partners of persons with stomas were present in coping with the new lifestyle, which may contribute to a better quality of life of this population. Strategies may be elaborated with the support of health professionals for education on the themes of sexuality and factors of the stoma which may interfere in the relationship between partners[19].

Religion also presented statistically significant differences regarding the psychological and spiritual well-being and showed that those who had other religions presented better QL means. This corroborates a study in which people with religious beliefs had a better QL than those with no religion[7].

Spirituality provides persons with stomas with a meaning for changes caused by the stomas, so as to help facing challenges and achieving resilience. The positive attributions of life to divine good deeds lead people with stomas who have a religion to happiness and well-being, even when facing tribulations, encouraging them to achieve self-care and the adaptive process[20].

Regarding clinical variables, the type of stoma is observed to influence the QL of persons with stoma. In this study, the person with ileostomy has presented better scores in all the dimensions, with statistical significance for the physical dimension.

Other findings are opposed to the results of this research, showing that people with colostomies presented a better QL[21]. Ileostomy is understood to present a more liquid and skin corroding effluent, with risks of hydroelectrolytic disorders; however, this effluent presents less pleasant odors and the well-built stoma, abiding by surgical techniques, with orientation and education for self-care, may provide positive results for the quality of life of the person with stoma. A study in India has approached the peristomal dermatitis as one of the worrying factors related to leakage and infiltrations of the effluent, mainly in ileostomies[22].

Concerning complications, persons with stomas with no complications had better scores in the QL dimensions. The adherence of persons with stomas to self-care is fundamental for the prevention of post-operative complications, since it favors self-acceptance and improves QL. The importance of

a health professional in teaching for stoma inspection and the technique of changing collector devices is emphasized[23].

A study shows the relation between complications concerning the stoma and reduction in quality of life. The complications require specific care and the appropriate use of adjuvants and materials and more attention, which interferes with daily and social activities of these people[24].

The elaboration of stomas by itself interferes in an effective way in the biopsychosocial aspects. This problem aggravates when associated to complications, hindering aspects of rehabilitation, adaptation, and learning for self-care, since there is a need for the use of adjuvants and support by professionals who provide care to these populations.

In this study, those with definitive stomas presented a better quality of life, with significant statistical patterns for the psychosocial dimension and overall quality of life. Another study had a similar result, with higher mean scores when compared to temporary stomas; however, only the social function presented a significant difference[17].

A study comparing health-related quality of life (HRQL) of persons with definitive and temporary stomas concluded that both have the same distress, which equally affects quality of life[25]. A study points to disagreement regarding permanence, presenting higher adaptation and quality of life in people with temporary stomas[26], although most studies related to QL focus more on people with definitive stomas[27].

Regardless of time of permanence, the stoma is a very invasive procedure and leads to psychosocial, physical, and spiritual difficulties and embarrassment, having consequences to social and family relations. Support and health education favor the process of self-acceptance of these people[28].

Persons with stomas who are aware that this is definitive search for adaptation, understanding that there will be no reversion. This reduces anxiety and fears regarding the construction of normal transit, generating acceptance and coping. A stoma being temporary generates anxiety towards reconstruction, which hinders readaptation to daily and social life.

The quality of life of people with stomas depends on various factors, such as acceptance, adaptation to changes, self-image, self-esteem, complications with the stoma and adaptation to the collector equipment, requiring trained professionals to subsidize their rehabilitation[29].

In addition to these factors, sociodemographic and clinical characteristics have an important role in the dimensions of life of persons with stomas. A study which assessed self-image, self-esteem, and control *locus* of health in this population verified that persons who were unemployed, retired, aged 50 or younger, and had no partner had negative results regarding their own bodies[30]. This suggests factors related to both lifestyle and intrinsic issues which are damaged with the confection of the stoma and need to be considered in health education planning.

Understanding the quality of life of people with stomas and the damaged aspects of this population subsidizes systematized care by the nurse, which may intervene in these difficulties and support this population through educational strategies, support groups, and orientations for self-care, in addition to using, whenever possible, continence systems, with the objective of assisting these people in their process of rehabilitation and provide better quality of life.

This study is limited by its cross-sectional design, in which results are punctual; this enables the verification of association, but not causality. In addition, time and cause for stoma confection were not analyzed.

CONCLUSION

The evaluation of quality of life in people with intestinal stoma presented higher scores in the dimension spiritual well-being, whereas the physical, psychological, and social dimensions had lower scores. People practicing other religions, in domestic partnership, and with definitive ileostomies had statistically significant associations with better quality of life scores in some domains of the instrument.

RESUMO

Objetivo: Avaliar a qualidade de vida de pessoas com estoma intestinal e sua associação com as características sociodemográficas e clínicas. **Método:** Estudo transversal e analítico, realizado com pessoas com estomia intestinal. Utilizou-se um instrumento de caracterização sociodemográfica e clínica e um de qualidade de vida, COH-QOL-OQ, validado no Brasil. **Resultados:** A amostra incluiu 152 pessoas com estomia. Verificou-se que houve diferenças significativas entre todas as dimensões (p-valor < 0,01) de qualidade de vida. A dimensão bem-estar espiritual obteve a maior média, com 6,69 (±1,56), seguida pela dimensão bem-estar psicológico, 5,00 (±1,94), bem-estar social, 4,63 (±1,83), e bem-estar físico, 4.54 (±1,77). O estado civil, religiosidade, tipo de estoma e critério de permanência apresentaram associações estatisticamente significantes com dimensões da qualidade de vida (p-valor < 0,05). **Conclusão:** A avaliação da qualidade de vida de pessoas com estoma intestinal apresentou menores escores nas dimensões física, social e psicológica. Houve associação entre melhores escores de qualidade de vida e pessoas com ileostomia definitiva, em união estável e adeptas de outras religiões.

DESCRITORES

Estomia; Qualidade de vida; Cuidados de Enfermagem.

RESUMEN

Objetivo: Evaluar la calidad de vida de las personas con estoma intestinal y su asociación con las características sociodemográficas y clínicas. **Método:** Estudio transversal y analítico realizado con personas con estoma intestinal. Se utilizó un instrumento de caracterización sociodemográfica y clínica y uno de calidad de vida, COH-QOL-OQ, validado en Brasil. **Resultados:** La muestra incluyó a 152 personas con estoma. Se verificó que había diferencias significativas entre todas las dimensiones (p-valor < 0,01) de la

calidad de vida. La dimensión de bienestar espiritual obtuvo la media más alta, con 6,69 (±1,56), seguida de la dimensión de bienestar psicológico, 5,00 (±1,94), bienestar social, 4,63 (±1,83), y bienestar físico, 4,54 (±1,77). El estado civil, la religión, el tipo de estoma y el criterio de permanencia mostraron asociaciones estadísticamente significativas con las dimensiones de la calidad de vida (valor p < 0,05). **Conclusión:** La evaluación de la calidad de vida de las personas con estoma intestinal mostró puntuaciones más bajas en las dimensiones física, social y psicológica. Hubo una asociación entre las mejores puntuaciones de calidad de vida y las personas con ileostomía definitiva, en unión estable y seguidores de otras religiones.

DESCRIPTORES

Estomía; Calidad de Vida; Atención de Enfermería.

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