

SYSTEMATIC OR INTEGRATIVE REVIEW

INTEGRATIVE REVIEW OF THE DEFINING CHARACTERISTICS IN THE NURSING DIAGNOSIS: WILLINGNESS TO IMPROVED RESILIENCE IN OSTOMIZED PATIENTS

REVISÃO INTEGRATIVA DAS CARACTERÍSTICAS DEFINIDORAS DO DIAGNÓSTICO DE ENFERMAGEM: DISPOSIÇÃO PARA RESILIÊNCIA MELHORADA EM OSTOMIZADOS

REVISIÓN INTEGRADORA DE LAS CARACTERÍSTICAS DEFINITORIAS DE LOS DIAGNÓSTICOS DE ENFERMERÍA: DISPOSICIÓN PARA MEJORAR LA RESILIENCIA EN PACIENTES OSTOMIZADOS

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Submitted on: 2015/02/04

Approved on: 2015/08/06

ABSTRACT

Objective: to identify in the scientific literature, the defining characteristics of the nursing diagnosis “willingness to improved resilience” in studies conducted with ostomized people. **Method:** this was an integrative literature review conducted in the Latin American and Caribbean Health Sciences Literature, *Medical Literature Analysis and Retrieval System Online*, Bibliographic Spanish Index in Health Sciences, PubMed Central, *Cumulative Index to Nursing and Allied Health Literature*, *Web of Science* and *SciVerse Scopus* databases, using the non-controlled descriptors in the *Medical Subject Headings* vocabulary (MeSH): “Ostomy”, “Resilience”, “Psychological Adaptation” and “Quality of life”. The inclusion criteria were: scientific articles available in full; in Portuguese, English, and Spanish; with patients aged over 18 years, published between 2009 and 2014; and presenting at least one defining characteristic of the studied nursing diagnosis in their results. After the analysis, the final sample consisted of nine articles. **Results:** international studies predominated with the level of evidence VI. Among the defining characteristics, 10 out of 17, which are present in the NANDA International for nursing diagnosis “willingness to improved resilience,” were found in the literature. **Conclusion:** the defining characteristic presented in the taxonomy for the diagnosis “willingness to improved resilience” were found in studies with ostomized population.

Keywords: Nursing Diagnosis; Ostomy; Resilience, Psychological, Adaptation, Psychological; Quality of Life.

RESUMO

Objetivo: identificar na literatura científica as características definidoras do diagnóstico de enfermagem “disposição para resiliência melhorada” em estudos desenvolvidos com pessoas ostomizadas. **Método:** trata-se de revisão integrativa da literatura realizada nas bases de dados Literatura Latino-Americana e do Caribe em Ciências da Saúde, *Medical Literature Analysis and Retrieval System Online*, Índice Bibliográfico Espanhol de Ciências da Saúde, PubMed Central, *Cumulative Index to Nursing and Allied Health Literature*, *Web Of Science* e *SciVerse Scopus*, utilizando-se os descritores não controlados do vocabulário *Medical Subject Headings* (MeSH): “Ostomy”, “Resilience”, “Adaptation Psychological” e “Quality of life”. Os critérios de inclusão foram: artigos científicos disponíveis na íntegra; nas línguas, português, inglês e espanhol; com faixa etária acima de 18 anos, publicados entre 2009 e 2014; que apresentassem nos seus resultados pelo menos uma característica definidora do diagnóstico de enfermagem estudado. Após a análise, a amostra final foi composta de nove artigos. **Resultados:** predominaram estudos internacionais, com nível de evidência VI. Em relação às características definidoras, 10 das 17 características presentes na NANDA Internacional para o diagnóstico de enfermagem “disposição para resiliência melhorada” foram encontradas na literatura. **Conclusão:** em estudos com população ostomizada, foram encontradas características definidoras apresentadas na referida taxonomia para o diagnóstico “disposição para resiliência melhorada”.

Palavras-chave: Diagnóstico de Enfermagem; Ostomia; Resiliência Psicológica; Adaptação Psicológica; Qualidade de Vida.

RESUMEN

El objetivo de la presente investigación fue identificar en la literatura científica las características definidoras del diagnóstico de enfermería “disposición para mejorar la resiliencia” en estudios realizados con personas ostomizadas. Se trata de una revisión integradora de la literatura llevada a cabo en las bases de datos Literatura Latinoamericana y del Caribe en Ciencias de la Salud, *Medical Literature Analysis and Retrieval System Online*, Índice Bibliográfico Español de Ciencias de la Salud, PubMed Central, *Cumulative Index to Nursing and Allied Health Literature*, *Web Of Science* y *SciVerse Scopus*, utilizado los descriptores no controlados del vocabulario *Medical Subject Headings* (MeSH): “Ostomy”, “Resilience”, “Adaptation Psychological” y “Quality of life”. Los criterios de inclusión fueron: artículos científicos disponibles en su totalidad; en portugués, inglés y español; más de 18 años de edad, publicados entre 2009-2014; que en sus resultados presentasen al menos una característica definidora del diagnóstico de enfermería estudiado. Tras el análisis, la muestra final estuvo compuesta por nueve artículos. Predominaron los estudios internacionales con nivel de evidencia VI. Con respecto a las características definidoras, 10 de las 17

características presentes en la NANDA Internacional para el diagnóstico de enfermería en cuestión fueron encontrados en la literatura. En estudios con poblaciones ostomizadas se encontraron características definidoras presentadas en la taxonomía referida al diagnóstico "disposición para mejorar la resiliencia".

Palabras clave: Diagnóstico de Enfermería; Estomía; Resiliencia Psicológica; Adaptación Psicológica; Calidad de Vida.

INTRODUCTION

Ostomy is a surgical opening in the abdomen performed for therapeutic purposes to eliminate feces and/or urine. Digestive ostomies are subdivided into two types according to the segment to be externalized: ileostomy (opening in the ileum) and colostomy (opening in the colon), and can be classified as temporary or permanent.¹

According to the *United Ostomy Associations of America* (UOAA), it is estimated that in 2013 there were more than 750 thousand ostomized people and 120 thousand new ostomy surgeries were performed annually in the United States of America (USA). According to the Brazilian Ostomy Association, Brazil had a record of 33,864 ostomized people in 2007.²⁻³

Patients undergoing ostomy often present altered social and psychological patterns as the result of a change in life expectancy due to the change in their body image, elimination, nutrition, and hygiene habits among others.⁴

The adaptation after an ostomy surgery varies from one individual to another. For some, it will be a problem, for others, a challenge. Each patient will physically and psychologically adapt in their own way and in their own time. To help them in the process of adaptation, the multidisciplinary team involvement in the care process is of fundamental importance; the team can provide the necessary support to the patient's demands: self-care, self-esteem, body image, sexuality, and resilience.²

The term "resilience" means the ability that an individual has to adapt and respond positively to experiences that have potential risk to his health and development.⁵ In line with this, the NANDA International (NANDA-I) conceptualizes the nursing diagnosis (DE) "willingness to improved resilience" as a pattern of positive responses to a situation or adverse crisis that is sufficient to optimize the human potential and can be reinforced.⁶

What sustains the identification of a DE for health promotion are the defining characteristics identified from the analysis of subjective and objective data gathered during the first stage of the nursing process.⁶

The use of DEs highlights the clinical reasoning of nurses on the need expressed by patients. In the context of ostomized people, the resilience must be the nurses' focus of attention; the correct use of diagnostic language is necessary to identify whether the defining characteristics present in the taxonomy are related to this population.

The nursing team, through the technical and scientific knowledge, is able to assist in the rehabilitation of ostomized people, their new condition of life, and develop the teaching-learning for self-care aiming at improving the quality of life of this population.⁷

Therefore, the development of coping strategies that enable these individuals to become resilient and psychologically adapted to their new life situation is necessary.

Hence, this study aimed to identify in literature the defining characteristics of the nursing diagnosis "willingness to improved resilience" in studies conducted with ostomized people.

METHODOLOGY

This was an integrative literature review, carried out based on the preparation of a research protocol, with a view to planning and systematization containing the following information: subject of review, objective, guiding question, search strategies, databases, descriptors adopted in the search, crossing descriptors, inclusion and exclusion criteria, strategies for data collection in the studies, strategy for critical evaluation, and strategy for data synthesis.

The following steps were used in the construction of this study: theme identification and selection of the research question, establishing criteria for the inclusion and exclusion of studies, identification of pre-screened and selected studies, categorization of studies, analysis and interpretation of results, and presentation of the review/synthesis of knowledge.⁸

The following guiding question was formulated to conduct this review: what are the defining characteristics found in the literature and related to the nursing diagnosis "willingness to improved resilience" in people with ostomies? The search strategy step occurred from July to August of 2014 in the Latin American and Caribbean Health Sciences Literature (LILACS), *Medical Literature Analysis and Retrieval System Online* (MEDLINE), Bibliographic Spanish Index in Health Sciences (IBECS), PubMed Central, *Cumulative Index to Nursing and Allied Health Literature* (CINAHL), *Web of Science* and *Scopus Science* (SCOPUS) databases.

During the survey of publications, the following non-controlled descriptors from the *Medical Subject Headings* (MeSH) vocabulary were used in English: "Ostomy"; "Resilience"; "Psychological Adaptation" and "Quality of life". Upon crossing with the

descriptor “Resilience”, few relevant studies were found. As a result, the descriptor “Psychological Adaptation” was also adopted because it is synonymous to the descriptors in Health Sciences (DeCS) – Terminology in Health.

The choice of non-controlled descriptors was based on the limited amount of publications concerning the objective of this study. The intersection of these descriptors resulted from the use of the Boolean operator AND in combination.

Studies that met the following criteria were included in the research: scientific articles available in full; in Portuguese, English, and Spanish; with patients aged over 18 years, published between 2009 and 2014; and with results of at least one defining characteristic of the studied nursing diagnosis. Studies in an editorial format, letters to the editor, and literature reviews were excluded.

The study selection procedure was performed independently by two researchers using the data collection instrument

proposed and validated by Ursi⁹, which brings together the following components in the analysis of titles and abstracts of publications: title, author, database, journal, year of publication, country, method of approach, study nature, objective, indicator, level of evidence, and study population. Subsequently, the selection of papers that would be read in full was performed based on the consensus among these researchers. A total of 702 articles were found in the seven surveyed databases through the application of the study descriptors. Sixty articles were excluded because they were duplicates after cross-checking all databases. After the reading of titles and abstracts, 41 studies were selected and considered potentially relevant. After a critical analysis, 33 studies were selected for reading in full. After exhaustive reading, nine articles were selected based on their fit in responding the objective of this study; these articles composed the final sample for this review, five from SCOPUS, two from MEDLINE, one from LILACS, and one from CINAHL (Table 1).

Table 1 - Quantitatives for the: identified studies (L), potentially relevant studies (R), duplicated and excluded studies (D), studies selected for reading in full (S), and final sample (A). Brazil, 2014

Database	Crossing	L	R	D	S	A
MEDLINE	Ostomy And Resilience	1	1	0	1	1
	Ostomy And Resilience And Quality of life	1	0	1	0	0
	Ostomy And Adaptation Psychological	13	2	2	2	1
	Ostomy And Adaptation Psychological And Quality Of Life	7	0	4	0	0
LILACS	Ostomy And Resilience	0	0	0	0	0
	Ostomy And Resilience And Quality of life	0	0	0	0	0
	Ostomy And Adaptation Psychological	1	1	0	1	1
	Ostomy And Adaptation Psychological And Quality Of Life	0	0	0	0	0
IBECS	Ostomy And Resilience	2	1	0	1	0
	Ostomy And Resilience And Quality of life	0	0	0	0	0
	Ostomy And Adaptation Psychological	1	0	1	0	0
	Ostomy And Adaptation Psychological And Quality Of Life	0	0	0	0	0
CINAHL	Ostomy And Resilience	0	0	0	0	0
	Ostomy And Resilience And Quality of life	88	1	0	1	0
	Ostomy And Adaptation Psychological	40	4	1	4	1
	Ostomy And Adaptation Psychological And Quality Of Life	28	1	4	1	0
PUBMED	Ostomy And Resilience	11	1	0	1	0
	Ostomy And Resilience And Quality of life	10	0	0	0	0
	Ostomy And Adaptation Psychological	37	5	3	5	0
	Ostomy And Adaptation Psychological And Quality Of Life	36	1	7	1	0
WEB OF SCIENCE	Ostomy And Resilience	0	0	0	0	0
	Ostomy And Resilience And Quality of life	0	0	0	0	0
	Ostomy And Adaptation Psychological	6	1	4	1	0
	Ostomy And Adaptation Psychological And Quality Of Life	3	0	3	0	0

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Table 1 - Quantitatives for the: identified studies (L), potentially relevant studies (R), duplicated and excluded studies (D), studies selected for reading in full (S), and final sample (A). Brazil, 2014

Database	Crossing	L	R	D	S	A
SCOPUS	Ostomy And Resilience	39	1	1	1	0
	Ostomy And Resilience And Quality of life	24	3	1	3	0
	Ostomy And Adaptation Psychological	193	15	8	15	5
	Ostomy And Adaptation Psychological And Quality Of Life	161	0	22	0	0
Total	Ostomy And Resilience	53	4	1	4	1
	Ostomy And Resilience And Quality of life	122	4	3	4	1
	Ostomy And Adaptation Psychological	291	28	19	28	7
	Ostomy And Adaptation Psychological And Quality Of Life	235	2	0	2	0

Selected articles were classified according to levels of evidence using a classification system comprised of seven levels: level I – evidence from systematic reviews or meta-analysis of relevant clinical trials; level II – evidence derived from at least one randomized controlled clinical trial clearly delineated; level III – well-designed clinical trials without randomization; level IV – cohort studies and well-designed case-control; level V – systematic reviews of descriptive and qualitative studies; level VI – evidences derived from one single descriptive or qualitative study; and level VII – authorities’ opinion or reports from specialized committees.¹⁰

Regarding the ethical aspects of studies, the authorship of all studied articles was respected.

RESULTS

Out of the seven surveyed databases, the *Web of Science* and PubMed did not add studies to the sample. Descriptive studies were predominant, with a total of seven (88.9%), three (33.3%) published in 2014, and five (55.5%) performed in the United States of America – USA; all nine selected studies (100.00%) showed level of evidence VI. (Table 2).

Among the defining characteristics, 10 out of the 17 characteristics present in the nursing diagnosis “willingness to improved resilience” were found in the literature. Some identified available resources – nine (100.0%); some identified support systems – five (55.5%); some demonstrated positive outlook – five (55.5%); and some provided access to resources – four (44.4%); these characteristics were the most prevalent in the evaluated studies. Table 3 describes the distribution of studies according to the defining characteristics found.

In the target population addressed in the studies, there was a predominance of ostomized patients for at least five years after diagnosis – three (33.3%); ostomized patients for two months or more – three (33.3%); followed by an indeter-

minate time since ostomy – two (22.2%); and ostomized patients for less than one year – one (11.1%) (Table 4).

Table 2 - Studies distribution according to databases, study type, publication year, country, and level of relevance. Brazil, 2014

Database	Study type	Publication year	Country	Level of relevance
SCOPUS ¹¹	Exploratory	2014	England	VI
SCOPUS ¹²	Descriptive	2014	USA	VI
SCOPUS ¹³	Descriptive	2014	Spain	VI
MEDLINE ¹⁴	Descriptive	2013	USA	VI
MEDLINE ¹⁵	Descriptive	2011	USA	VI
LILACS ¹⁶	Exploratory	2011	Brazil	VI
SCOPUS ¹⁷	Descriptive	2010	USA	VI
CINAHL ¹⁸	Descriptive	2010	Brazil	VI
SCOPUS ¹⁹	Descriptive	2009	USA	VI

Source: prepared by the author.

Table 3 - Identification of the defining characteristics of the nursing diagnosis “willingness to improved resilience”. Brazil, 2014

Defining characteristics	Studies	Total	
		n	%
Identifies available resources	11-19	9	100.0
Identifies support systems	11,13,15-16,18	5	55.5
Demonstrates positive outlook	13-16,19	5	55.5
Provides access to resources	13,15-16,18	4	44.4
Improves personal coping skills	14-15,19	3	33.3
Reports improved sense of control	11,13,19	3	33.3
Increases positive relationships with others	12,17	2	22.2
Engages in activities	15,17	2	22.2
Reports self-esteem	11	1	11.1
Expresses manifested desire to improve resilience	15	1	11.1

Source: prepared by the author.

Table 4 - Distribution of studies according to time since ostomy in the studied target population. Brazil, 2014

Time since ostomy	Studies	Total	
		n	%
At least 5 years after diagnosis	12,14-15	3	33,3
Two months or more	13,17,19	3	33,3
Indeterminate time since ostomy	16,18	2	22,2
Less than one year	11	1	11,1

Source: prepared by the author.

DISCUSSION

In this study, a predominance of surveyed studies classified with a level of evidence was observed. These studies are characterized by descriptive studies (non-experimental) and/or with a qualitative approach, which aims to analyze and interpret texts based on subjectivity, providing rich narratives and broad description of results. These findings highlight the need for studies with high levels of relevance that may support the clinical practice of nursing professionals, especially in relation to ostomized patients because the number of procedures associated with the estimated incidence rate of colorectal cancer grows every year, with 30,660 new cases in 2014.^{9,20}

The US' dominance as the location of studies reveals the frequency of international research on the subject in question. This fact is explained by the majority of surveyed databases being international and the use of descriptors in English in this study.

The defining characteristics "identifies available resources", "identifies support systems" and "engages in activities" present in the 'willingness to improved resilience' DE were the most present in the literature, highlighting the importance of these evidence in the process of resilience of ostomized patients.

Living with an ostomy requires the adoption of numerous measures of adaptation and adjustment by the patient, such as learning about self-care and handling of devices. The search for support systems is essential to the restoration of independence and self-confidence in ostomized patients.^{18,21}

Corroborating the previous statement, one of the strategies used by ostomized people in their adaptation process is the search for information about their disease, either with the guidance of health professionals or the participation in support groups that enable the exchange of experiences among ostomized patients.^{22,23}

The system of support groups for ostomized people allows individuals to talk openly about their fears and sorrows and ask questions to stomach therapy nurses and other ostomized patients about issues related to their treatment, building trust between the health team and the group, making them realize that they are not alone, and thus, restoring social relations from simple conversations and engaging in activities proposed

by the group, which becomes very beneficial on their journey to physical recovery and psychological adjustment.^{24,25}

The nursing consultation is essential for the rehabilitation of patients because it offers the necessary support for treatment and a direction, guiding the patient to acceptance by understanding the changes in their bodies. Ostomized patients who often attend the nursing consultations are the very ones who had the best adaptation to ostomization. Several studies corroborate this assertion showing that the nursing professional was instrumental in the recovery therapy.^{18,25-27}

The identification of available resources and access to them, such as special equipment, provides security for ostomized patients by knowing that there are bags and quality materials available to perform their care, which positively influences their personal autonomy.²⁷

Another important resource is the search for strength in religious faith, which provides resilience and improved quality of life. Spiritual well-being is a key player in the process of resilience in ostomized patients.^{28,29}

The defining characteristic "demonstrates positive outlook" is paramount in assessing resilience in ostomized people because they are faced with a new situation in life where their body images that were built over a lifetime are destroyed due to the presence of a device in the abdominal wall where feces are continuously collected without control, leading to a profound alteration in self-esteem.¹⁶

Thus, the demonstration of a positive outlook is critical for ostomized people because accepting their own bodies in a gradual and positive manner help them facing limitations, accepting the situation considering their impotence in reversing it, and thus, adapting to live with the ostomy.³⁰

The defining characteristic "improves in personal coping skills" is of paramount importance in the adaptation process because living with ostomy not only affects the intestines but also influences the diet and feeding habit.³¹

Changes in eating habits are mentioned as strategies for improved personal coping because the intake of certain foods causes excessive gas production, resulting in social discomfort. Therefore, ostomized people choose to seek guidance about foods; based on a new nutrition they can minimize the emission of gasses and control bowel movements.^{32,33}

Another form of coping is the use of large shirts and pants to accommodate better the ostomy. Many shared having renewed their wardrobes with clothes that meet their needs and hence improve their adaptation to an altered body image.^{32,34}

In the process of resilience, reports on the individual psychological development of a healthy body image and self-esteem are fundamental for the ostomized person facing a new situation. However, the literature shows that ostomized individuals have declined self-esteem and self-image, demonstrat-

ing negative feelings about their own bodies, reinforcing the findings of this study because the defining characteristic “reports self-esteem” was found in only one of the studies.^{35,36}

The adaptation to living with ostomy requires a long and continuous process in which various aspects directly and indirectly influence the final result. A study demonstrates that patients ostomized for more than two years have a better quality of life as the result of the various skills developed and psychological and social aspects involved in the adaptation process.³⁷

CONCLUSION

After the analysis of studies, it was verified that the nursing diagnosis “willingness for improved resilience” can be identified in ostomized people because out of the 17 defining characteristics of this diagnosis, 10 were found in the literature for this population.

The results showed that the most frequent defining characteristics were: identifies available resources, identifies support systems, provides access to resources, and demonstrates a positive outlook. The studied populations were mostly composed of patients ostomized in at least two months or more.

One of the limitations of this study is the shortage of scientific publications on the resilience of ostomized people; the use of synonyms was necessary for the execution of the study.

This study shows that by implementing the steps of the nursing process, it is possible to extend the care targeted for the ostomized population, identifying the relevant nursing diagnoses for these individuals and developing, from their formulation, a plan and the implementation of care that will enable these patients to develop the resilience to face positively the new life context in which they live.

In the nursing context, the formulation of a diagnosis for health promotion is crucial to highlight the willingness of patients to achieve a higher a superior wellness level and thereby, help them realize the potential for human health.

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