Ostomy Assessment Systematic Integration of Studies (OASIS): Psychosocial Assessment Scoping Review

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ABSTRACT

Background

Living with an ostomy can have a significant impact on psychosocial well-being and quality of life (QoL). These factors should be considered when assessing individuals living with an ostomy to guide support and resources to improve individual well-being.

Methods

The Joanna Briggs Institute (JBI) framework and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) were used in the development of this scoping review. This manuscript reports on the psychosocial subset of findings from the OASIS study, a large scoping review focused on assessing individuals living with an ostomy. Of 42,059 articles screened across the MEDLINE and CINAHL databases, this scoping review reports on the 114 articles included in the 383-article findings of the OASIS study that discuss psychosocial assessment in individuals living with an ostomy.

Results

This scoping review discusses the many factors that impact the psychosocial well-being of individuals living with an ostomy. Findings are discussed within 6 themes: psychosocial and emotional well-being; sexuality and intimacy; support person and caregiver roles; perioperative ostomy education; self-efficacy and independence, and clinical concerns.

Conclusions

The results of this study outline the multiple factors that affect the psychosocial well-being of individuals living with an ostomy. Consideration should be given to these factors in order to identify opportunities for support and resource allocation to improve the lives of those living with an ostomy.

Key Words: Ostomy, psychosocial functioning, nursing assessment, surgical stomas, scoping review

Intégration systématique des études sur l’évaluation des stomies (OASIS) : revue de portée de l’évaluation psychosociale

RÉSUMÉ

Contexte

Vivre avec une stomie peut avoir un impact important sur le bien-être psychosocial et la qualité de vie (QDV). Ces facteurs doivent être pris en compte lors de l’évaluation des personnes vivant avec une stomie afin d’orienter le soutien et les ressources visant à améliorer leur bien-être.

Méthodes

Le cadre du Joanna Briggs Institute (JBI) et l’extension Preferred Reporting Items for Systematic Reviews and Meta-Analyses pour les revues de portée (PRISMA-ScR) ont été utilisés pour l'élaboration de cette revue de portée. Ce manuscrit présente le sous-ensemble des résultats psychosociaux de l'étude OASIS, une vaste revue de portée portant sur l'évaluation des personnes vivant avec une stomie. Parmi les 42 059 articles examinés dans les bases de données MEDLINE et CINAHL, cette revue de portée rend compte des 114 articles inclus dans les 383 articles retenus dans les résultats de l'étude OASIS qui abordent l'évaluation psychosociale des personnes vivant avec une stomie.

Résultats

Cette revue de portée examine les nombreux facteurs qui influencent le bien-être psychosocial des personnes vivant avec une stomie. Les résultats sont présentés selon six thèmes : bien-être psychosocial et émotionnel; sexualité et intimité; rôle des proches aidants et des personnes de soutien; éducation périopératoire en stomie; auto-efficacité et autonomie; et préoccupations cliniques.

Conclusions

Les résultats de cette étude mettent en évidence les multiples facteurs qui influencent le bien-être psychosocial des personnes vivant avec une stomie. Il convient de tenir compte de ces facteurs afin de cerner les possibilités de soutien et d'allocation des ressources pour améliorer la vie des personnes vivant avec une stomie.

Mots-clés : stomie, fonctionnement psychosocial, évaluation en soins infirmiers, stomies chirurgicales, revue de portée

Conflict of Interest

No authors note any competing interests as it relates to this study.

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Availability of Data and Materials

Data supporting the findings of this study are available within the article. A structured dataset is available from the corresponding author upon reasonable request.

Contribution Statement According to CRediT Roles

CH - Conceptualization, data curation, formal analysis, funding acquisition, investigation, methodology, project administration, supervision, validation, visualization, writing - original draft, writing - review and editing
BB - Conceptualization, data curation, formal analysis, methodology, validation, visualization, writing - review and editing
DF - Formal analysis, writing - original draft
GH - Data curation
EM - Data curation
KM - Data curation, formal analysis, visualization, writing - original draft
AL - Data curation, formal analysis, visualization
EC - Writing - original draft
MK - Writing - original draft
SW - Data curation
RK - Data curation
FH - Data curation

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INTRODUCTION

Conditions, such as cancer, inflammatory bowel disease, and trauma, often require ostomies, which involve surgically creating a stoma to divert waste from the body. Living with an ostomy significantly impacts patients' psychosocial well-being. Quality of life (QoL) is a central theme in ostomy assessment in the literature, with studies indicating that ostomies can significantly affect an individual's overall well-being. Understanding QoL is essential for ensuring effective treatment and management of individuals living with an ostomy to ensure care focus and resource provision. The concept of QoL encompasses a complex interplay of intra- and interpersonal factors, all of which undergo significant changes due to an ostomy.

Studies consistently reveal that ostomies substantially impact various facets of QoL, including physical, mental, and social health. A QoL study conducted in the United States found that a significant proportion of individuals living with an ostomy report reduced work capacity, with 56.4% reporting decreased work hours or productivity.[1] Additionally, a notable portion (60.7%) perceive themselves to be 'less healthy' compared to the general population, emphasizing the multifaceted challenges individuals living with an ostomy face.[1]

Beyond occupational and perceived health impacts, ostomy-related complications, such as pouching system leakage and skin irritation, further reduce patients' QoL.[2–3] These physical manifestations cause discomfort and pain and pose ongoing challenges to daily life, independence, and self-care routines, thereby influencing emotional well-being and social interactions.[4]

Support systems, including family, partners, friends, health care providers, and peer support groups, are crucial in helping individuals cope with their stoma.[5] Patients often contend with anxiety and fear related to managing their condition and potential stigmatization, which can significantly impact their overall happiness and satisfaction with life.[6] Similarly, changes in body image and perceived social acceptance due to the visible nature of ostomies can lead to profound emotional distress and social withdrawal. Depression is also prevalent, frequently resulting from changes in body image, social isolation, and the chronic nature of their underlying conditions.[6] In a review, Ayaz-Alkaya examined the most common psychosocial problems following ostomy surgery, including poor body image, depression, and lower psychosocial adaptation, demonstrating the profound impact of ostomy surgery on patients' mental and emotional well-being.[7] These challenges reflect the intricate interplay between physical changes and psychological adjustments that individuals with ostomies must navigate.

Understanding and addressing these multifaceted impacts on QoL is crucial for health care providers as they assess and support individuals living with an ostomy. Clinicians can tailor comprehensive assessments and interventions by recognizing the diverse range of factors that influence QoL, including physical health, psychological well-being, social support systems, and personal perceptions. This approach aims to enhance overall patient satisfaction and resilience in adapting to and managing the challenges of living with an ostomy.

Aim

The present work is a derivative of a broader study, Ostomy Assessment Systematic Integration of Studies (OASIS), conducted in 2021, which aimed to determine the evidence base for assessing individuals living with an ostomy. The OASIS scoping review findings have been presented across 5 papers, including: (1) assessment tools, (2) psychosocial assessment, (3) maternal, child, and youth assessment, (4) physical assessment, and (5) complication assessment. This article explores the psychosocial dimensions of living with an ostomy, focusing on how ostomies impact mental health, emotional well-being, social interactions, and overall QoL. This review systematically integrates studies addressing these psychosocial aspects, aiming to provide insights into effective assessment strategies and to support interventions for individuals living with an ostomy.

Identification of Research Questions

The primary research question for this study was: What is the evidence base related to assessment of individuals living with an ostomy? This question is written in accordance with the PCC Framework, which stands for population, concept, and context,[8] where the population is individuals living with an ostomy, the concept is the assessment of the individual living with an ostomy, and the context is the evidence base related to the assessment of individuals living with an ostomy.

Methods

A detailed description of the methods is provided in the article, "Ostomy Assessment Systematic Integration of Studies (OASIS): Assessment Tools Scoping Review", in this issue of the *Canadian Journal of Wound, Ostomy and Continence*. (See pages 15-16) The OASIS Study follows the Joanna Briggs Institute (JBI) framework and the Preferred Reporting Items for Systematic Review and Meta-Analyses extension for Scoping Review (PRISMA-ScR) and was not preregistered.[8,9]

A wide-ranging search for the methods used to assess individuals living with an ostomy was conducted in January 2021 across the MEDLINE and CINAHL databases. To gather all relevant data, no limitations or filters were applied during the search. The search process is summarized as a PRISMA flow diagram shown in Figure 1.

Covidence® software for systematic reviews was used, allowing 7 independent reviewers to double-screen and select articles based on their titles and abstracts, as well as the inclusion and exclusion criteria. A Nurse Specialized in Wound, Ostomy and Continence (NSWOC) reviewed any conflicts. Following this screening, 2 NSWOCs conducted a dual screening of the full texts and reached consensus through deliberations on any disagreements regarding article selection.

A table that includes the author, year, country of origin, purpose and aim, research design, sample and setting, data analysis method, results, and any other comments was created for each article. The reviewers then used the table to create a searchable database of the articles based on their findings, following the content analysis approach by Elo and Kyngas.[10] The findings were then summarized and presented following the PAGER Framework developed by, Bradbury-Jones et al., including the patterns in the data, the advances to scientific knowledge, gaps in the literature, evidence for practice, and recommendations for future research.[11] Table 1 shows this PAGER Framework summary.

Results

The OASIS review located 42,059 articles throughout 2 databases. Of these articles, 30,035 were double-screened for relevance. The full text of 741 articles was screened, leading to the inclusion of 383 studies in the overall OASIS study. Given the breadth of results, these studies were reported across 5 thematic manuscripts: assessment tools; maternal, child, and youth assessment; physical assessment; psychosocial assessment; and complication assessment. In instances where an article addressed multiple themes, only those findings relevant to the assigned manuscript were extracted. This decision of theme allocation was based on thematic alignment or practical distribution across manuscripts. An overview of the complete study methodology by Heerschap et al.[12] is included in this issue of the *Canadian Journal of Wounds, Ostomy and Continence*. (See pages 15-16) The following search results focus on the psychosocial assessment findings of this literature review.

Characteristics of Sources of Evidence

A total of 114 articles were included in the summary of findings for the psychosocial assessment of an individual living with an ostomy. The author, year, and country of the study,

Figure 1: *PRISMA Flow Diagram*

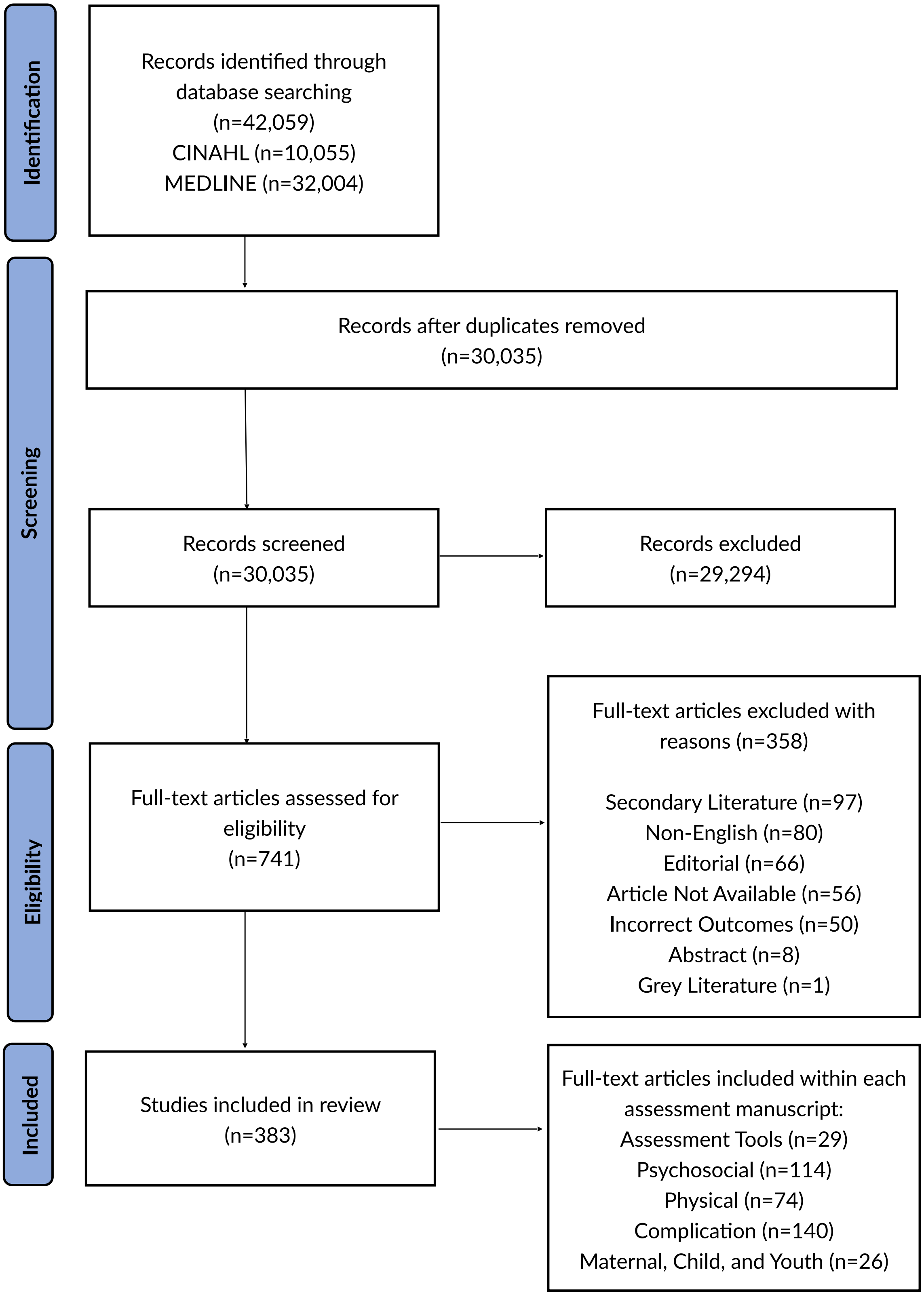

Table 1: *PAGER Framework*

PATTERN	ADVANCES	GAPS	EVIDENCE FOR PRACTICE	RESEARCH RECOMMENDATIONS
Psychosocial and Emotional Well-Being	Studies discuss the emotional distress, anxiety, depression, and changes to body image that should be assessed when caring for those living with an ostomy. Some discussion was found in the literature related to positive adaptation over time and with education.	There was wide variation in items that should be assessed regarding psychosocial well-being for those living with an ostomy. There remain limited perspectives considering changes over time.	Findings can assist with developing structured assessments related to psychosocial domains such as those related to emotions, body image, and changes over time.	Definitions should be developed for psychosocial domains that should be included in standardized psychosocial assessment for those living with an ostomy.
Lifestyle and Social Impact	Anxiety and fear related to stigmatization can affect those living with an ostomy. Changes to employment status and financial concerns related to the ostomy are also a recommended consideration when assessing an individual living with an ostomy.	While becoming more of a recognized issue in the literature, integration into routine assessments related to the lifestyle and economic impacts of living with an ostomy is needed.	Adaptations to living with an ostomy, including social participation and financial strain, may be beneficial to assess when caring for an individual with an ostomy.	Developing a greater understanding of the psychosocial impacts leading to changes in the daily lives of those living with an ostomy would be beneficial to assist with formation of new and updated psychosocial assessment frameworks.
Sexuality and Intimacy	Changes to sexuality and intimacy, both physical and psychosocial, when living with an ostomy have been noted in the literature and should be considered when assessing an individual living with an ostomy.	Sexual health is shown to have a significant impact on those living with an ostomy and further research into the outcomes of assessing for changes to sexual health when living with an ostomy is lacking.	Where appropriate, consider assessing sexual health and relationships to support knowledge and provide resources to those living with an ostomy.	Further research is needed on integrating sexual health assessments into care and understanding how support can be provided to those experiencing sexual dysfunction and relationship strain.
Self-Efficacy and Support Systems	The impact of social relationships among family, peers, and health care providers and the impact they have on the psychosocial well-being of the individual living with an ostomy is discussed in the literature.	While the literature noted that the assessment of psychological stress and self-confidence was important, understanding how this should be integrated into provision of care and the impact it may have need to be addressed.	Assessment of adequate social support may assist with understanding how those living with an ostomy can be best supported with regards to their psychosocial well-being.	Further research should seek to understand how assessment of self-efficacy and support systems can impact education and how this may impact the individual living with an ostomy's overall well-being.
Perioperative Ostomy Education	Evidence demonstrates that pre- and postoperative education can impact adaptation, self-efficacy, and confidence in ostomy management. Ongoing education may enhance long-term adjustment to living with an ostomy.	The impact of psychosocial education alongside clinical teaching remains an important topic to address in the setting of living with an ostomy.	Routine assessment of knowledge should be considered when determining ongoing educational needs to promote adaption and confidence.	Future research should focus on standardized educational offerings and their impact on psychosocial well-being pre- and postoperatively.
Clinical Concerns	Outcomes discussed the correlation between common complications when living with an ostomy, such as leakage and peristomal complications and psychosocial implications.	A need for improved understanding on the long-term psychosocial impact of persistent ostomy complications remains.	Assessment of physical complications and their psychosocial impact may assist with addressing holistic needs for those living with an ostomy.	Further research is needed to explore the long-term impact of clinical complications on psychosocial well-being.

along with its aims were summarized to provide context for the findings. The publication years of the 114 studies were relatively evenly distributed, with the majority occurring between 2015 and 2019 (n=32) and the remainder occurring before 2000 (n=23), from 2000 to 2009 (n=24), from 2010 to 2014 (n=25), or from 2020 to 2021 (n=10). Most studies were conducted in the United States (n=22). The rest were administered in the United Kingdom (n=16), Turkey (n=9), Sweden (n=7), China (n=7), Brazil (n=5), Germany (n=5), Denmark (n=4), and the Netherlands (n=4). Australia, Iran, Italy, and Spain contributed 3 articles each. Japan, Finland, South Korea, Singapore, and Taiwan contributed 2 articles each, while Belgium, Canada, the Czech Republic, Egypt, India, Ireland, Israel, Mexico, New Zealand, Norway, Saudi Arabia, Slovenia, and Poland accounted for 1 article each. Most articles reported obtaining ethics approval (n=61); the remainder did not (n=53).

Most articles explored factors affecting patients' QoL, including physical and medical factors, psychological and emotional well-being, social and support systems, demographic factors, nurse type, and financial and practical concerns (n=57). Many articles examined the lifestyle changes experienced by patients, including physical, sexual, and social changes (n=21). The remaining articles sought to identify factors impacting mental and psychosocial health, such as independence, stoma education, and coping abilities/styles (n=18); cases specific to patients with spinal cord injuries (n=7); and treatment plans and health care professional involvement (n=6).

Results of Individual Sources of Evidence

Following our inductive content analysis approach, the findings from this portion of the OASIS review were grouped into 6 themes: (1) psychosocial and emotional well-being; (2) sexuality and intimacy; (3) support person and caregiver roles; (4) perioperative ostomy education; (5) self-efficacy and independence, and (6) clinical concerns.

Psychosocial and Emotional Well-Being

Participants living with a stoma reported varied psychosocial and emotional stressors caused by stoma creation. These stressors can be grouped into psychological and lifestyle impacts.

Psychological Impact

Findings outlined multiple psychological impacts on those living with an ostomy, stressing the need to conduct assessments on the patient's psychological well-being. Emotional distress, namely anxiety, related to stoma creation was a prevalent theme throughout the literature; however, it was noted that anxiety scores tended to decrease over time, especially when targeted interventions were provided to the patient.[13–21] Tseng et al. noted that stressors, such as urination, exhaustion, and fear of disease recurrence negatively affected the emotional health of the patient.[22] Knowledge of stoma care positively correlated with improved emotional well-being and social adjustment.[23] Some studies found little difference in QoL when comparing individuals living with an ostomy with the general population.[24–26] Other studies, such as that by de la Quintana Jiménez et al., found that after ostomy formation, a patient's QoL improved after 3 months ($p < 0.001$).[27] Liu et al. found that among colorectal cancer survivors with an ostomy, fistulas were associated with a reduced health-related QoL.[28]

Further research also discussed similar outcomes for those with spinal cord injury. Despite over half being unsatisfied with their bowel care program, it was found that their QoL was equal to that of the general ostomy population.[29] Interestingly, a significant number of participants explained that their colostomy was beneficial, and some wished that they had undergone the procedure sooner.[30–40]

Several studies highlighted changes in self-esteem, body image, and social interactions following stoma creation.[41–44] Patients who independently managed their stoma care demonstrated significantly higher adjustment scores than those who did not.[23]

Depression was a common theme that impacted those living with an ostomy.[45–47] Davidson noted that 25% felt somewhat depressed, 15% reported being very depressed, and 4% reported suicidal thoughts due to their stoma.[48] Depression was observed to be more prevalent in those obtaining permanent stomas when compared to those obtaining temporary stomas.[16] However, depression and anxiety scores were significantly lower in those who were more independent in their ostomy care.[23]

Lifestyle Impact

Individuals living with an ostomy reported multiple issues affecting their lifestyle and social lives, including self-consciousness, social withdrawal, and employment and economic variables. A survey by Notter & Chalmers found that 188 of 470 respondents reported restrictions on their activities of daily living.[49] Participants noted that their stoma interfered with the way they dressed. Respondents indicated that they often wore baggy or loose-fitting clothing to conceal their collection device, thereby losing individuality.[42,48]

Social withdrawal was prevalent among those living with an ostomy.[50–59] Kirkpatrick et al. found that one-third of patients reported a negative impact on their social life since obtaining their stomas.[60] Some individuals resumed consuming alcohol, though most did not exceed alcohol intake recommendations.[61]

One such impact was a change in employment status as noted by Nordström & Nyman.[62] After controlling for age, income, race/ethnicity, and physical health, the additional variance attributed to financial struggles was statistically significant.[63,64] This stresses the importance of assessing the financial burden on those living with an ostomy, along with other lifestyle factors, including impacts on patient self-consciousness and social well-being.

Sexuality and Intimacy

Sexual dysfunction and altered perceptions of intimacy were common themes across the included studies, stressing the importance of sexual health assessment in individuals living with an ostomy.[41,42,59,65–75] Sexual dysfunction led to altered perceptions of sexuality, leading to feelings of shame, disinterest, and avoidance of relationships.[42,76] Those not already in relationships reported greater markers of shame and disinterest in sexuality, which highlighted the importance of a supportive social relationship.[42] Davidson et al. found that more than half of the men in their study indicated that they had problems getting/maintaining an erection.[48] A study comparing individuals living with a colostomy with and without a cancer diagnosis found that those with a cancer diagnosis were less sexually satisfied than individuals living with a colostomy without a cancer diagnosis.[77] Charua-Guindic et al. found that overall, participants stated that their QoL was acceptable, except for sexual function.[74] Given these significant findings of the effect of living with an ostomy on sexual well-being, care providers should consider this factor when assessing an individual living with an ostomy.

Support Systems

Many studies emphasized the importance of a social support system[48,78–82] that often includes friends, family, and peer support groups.[42,83] Caregivers and partners play an important role in ostomy adjustment, stress management, and overall patient satisfaction.[84–87] Leyk et al. found that the longer an individual lives with an ostomy, the greater the need for social support.[88] Access to medical staff was also found to be a significant predictor of an individual's psychosocial adjustment.[84] Careful monitoring of psychological distress by the health care team is important to enable timely intervention.[89–92] Scarpa et al. found that elderly patients required more support from medical staff than younger individuals in terms of adjustment and ostomy care.[93] Given the significant impact that support systems have on an individual living with an ostomy and their psychosocial adjustment, it is reasonable to include an assessment of support systems when assessing an individual living with an ostomy.

Perioperative Ostomy Education

A prevalent theme across studies was the need for adequate stoma education, both pre- and postoperatively. Studies found that education in stoma care and function improved patient adaptation and confidence.[23,65,94–105] Persson et al. found that preoperative stoma marking led to an improved QoL, as patients had a clearer idea of what to expect after surgery regarding stoma location.[106] Education on proper management tools (e.g., accessories and adhesives) and professional support reduced leakage and skin complications and improved self-efficacy.[107,108] However, it was noted that individuals spending more on ostomy care out-of-pocket to obtain the correct supplies reported a lower QoL.[109] Finally, Celik et al. stressed the importance of ongoing training in stoma management to enhance patient adjustment and satisfaction.[110] Based on the data from the studies above, assessment of the patient's knowledge and understanding of their ostomy, including formal ostomy education in care, will enhance the ability for those living with an ostomy to adapt and boost confidence.

Self-Efficacy and Independence

Stoma care and self-efficacy have been identified as predictors of psychosocial adjustment, with one study attributing 57.5% variance in adjustment to these factors.[111] Research has shown that patients who independently manage their stoma care tend to experience better psychosocial outcomes compared to those who rely on others.[96,112] However, Nam et al. found that self-efficacy alone was not a statistically significant predictor of psychosocial adjustment, emphasizing that strong support systems played an influential role.[84] Despite this, self-efficacy has been positively correlated with QoL in several studies.[113,114]

Clinical Concerns

Physical and clinical challenges are common among individuals with a stoma, impacting individual psychosocial well-being and leading to fear and self-consciousness with frequent issues, including skin irritation, leakage, and difficulty adjusting to life with an ostomy.[55,58,94,115–117] Factors, such as the type of ostomy (ileostomy vs. colostomy), the quality of preoperative care (including stoma site marking and patient education), and demographic variables (such as age and income), influence these complications.[94,118-119]

Effective management of peristomal skin conditions and leakage is essential for enhancing physical and psychological comfort and improving overall QoL. Additionally, Ito et al. demonstrated improvements in bodily pain scores following surgical intervention, indicating some physical relief postoperatively.[120] Surgical preparation plays a critical role, as preoperative measures, such as stoma site marking and patient education, are linked to better outcomes and fewer complications, including improved adjustment to the new ostomy.[94] Nonetheless, concerns related to fecal leakage, odour, and altered body image remain significant. These fears contribute to self-consciousness and often result in concealment through clothing, reduced participation in daily activities, and social withdrawal.[50,58,121–126] Based on the data, assessing variables that impact physical and clinical management for those living with an ostomy would benefit patients.

DISCUSSION

Summary of Evidence

Within this section of the OASIS scoping review, we identified 114 studies with 6 themes related to psychosocial assessment. Some 52 studies focused on psychosocial and emotional well-being, while 13 focused on sexuality and intimacy. Additionally, 16 studies addressed support persons and caregiver roles. Stoma education and care were also identified as relevant to the psychosocial assessment of those living with an ostomy in 17 studies. Self-efficacy and independence were common themes discussed in 4 of the included studies. A total of 12 studies identified physical and clinical concerns often faced by individuals living with an ostomy, which may affect psychosocial well-being.

Emotional distress was a prevalent theme across studies. Feelings of anxiety, depression, and diminished self-esteem negatively impacted the everyday lives of those living with an ostomy. Some notable stressors that contributed to these feelings included fear of disease recurrence, exhaustion, and anxiety with urination. However, some individuals living with an ostomy found their colostomy beneficial and improved their QoL. The thematic analysis findings of this study align with those of Heerschap & Duff, who found that in the immediate postoperative period, individuals can experience a negative association between self-esteem and obtaining an ostomy. In contrast, others felt it would not affect their self-esteem.[127] These results further underscore the importance of assessing psychosocial determinants in individuals living with an ostomy to provide the best resources and a tailored approach to supporting their emotional well-being.

The creation of a stoma affects the lifestyle of individuals living with an ostomy. Some impacts include social withdrawal, changes in clothing selection, and changes in employment/economic variables. The literature has found financial hardship associated with ostomy costs to be statistically significant.[63,64] Based on these findings, it may be beneficial to assess the patient's lifestyle perioperatively to ensure adequate support is provided. This is supported by LeBlanc et al., who explored the financial implications of ostomies in a Canadian context.[128] They found that living with an ostomy can impose a financial burden on the individual.[128]

Sexual dysfunction was a common trend across articles included in this study. Feelings of shame, disinterest in sex, and the avoidance of sexual relationships were found to be common among those living with an ostomy. Men often reported difficulties getting/maintaining an erection, and participants often indicated that their QoL was acceptable in all aspects except for sexuality. Research conducted by Vural et al. supports these findings, demonstrating a relationship between individuals living with an ostomy and sexual dysfunction in their research.[129] These results suggest that assessment for changes in sexuality and intimacy after ostomy surgery may be warranted.

The need for social support systems was a prevalent theme across the included studies. Support systems included friends, family, peer support groups, and medical professionals. These relationships were essential for ostomy adjustment, stress management, and patient satisfaction. The literature search demonstrated that the length of time an individual lives with an ostomy increases their need for social support, with elderly patients requiring more support from medical staff for adjustment and ostomy management.[88,93] This has also been demonstrated in recent research by Tan et al., who found that those living with an ostomy identified a need for social support.[130] This social support included peers, friends, and professionals. The evidence highlights the importance of screening for support systems in the perioperative phase for those living with an ostomy.

Perioperative education proved beneficial for patient adaptation and confidence. It was found that education on stoma management tools supported reduced leakage and skin complications and improved self-efficacy. Moreover, preoperative stoma marking was shown to impact QoL and improve patient outcomes.[94] Recent literature supports these results. In a study by Lin et al., patients who received ostomy education showed improvements in readiness for hospital discharge, stoma self-management, and social adaptation.[131] Findings suggest that assessing the individual living with an ostomy and providing stoma education would be beneficial.

The literature found self-efficacy and independence to be strong predictors of a patient's psychosocial adjustment. Patients who independently managed their stoma care reported better psychosocial adjustment than those who relied on others for assistance. However, self-efficacy alone was not a significant predictor of adjustment, emphasizing the need for strong support systems. A recent study by Özden & Kiliç, which found that self-efficacy is an important factor in a patient's adaptation to life with a stoma, supported these outcomes.[132] The authors recommended stoma education to improve patient self-efficacy. These findings indicate that assessing a patient's ability to manage their own stoma care may improve outcomes and provide an opportunity to support psychosocial adjustment to an ostomy.

Individuals living with an ostomy often face challenges with skin irritation, leakage, and difficulty adjusting to life with an ostomy. Adequate management of these variables is crucial for improving physical comfort and QoL. Fears related to fecal leakage, odour, and body image remain significant, with patients often concealing their collection device with baggy clothing and isolating from others. Osborne et al. reported similar findings, noting that peristomal skin complications correlated with reduced QoL among individuals living with an ostomy.[133] These results underscore the need to assess patients holistically, considering both physical challenges to care and their impact on patients' psychosocial well-being.

Strengths and Limitations

This article provides an extensive literature review, maximizing the likelihood of capturing relevant literature up to January 2021. Over 42,000 records were identified across MEDLINE and CINAHL with no filters applied, and 384 studies were included overall, 114 of which addressed the psychosocial dimension of assessment for those living with an ostomy. Screening of these articles included dual screening and conflict review by a NSWOC, and 2 NSWOCs reviewed all full-text articles. This multi-reviewer process reduced the risk of selection bias. The review followed the JBI Framework and PRISMA-SCR, ensuring transparency in the search strategy, study selection, data extraction, and presentation of findings. Furthermore, the use of the content-analysis framework discussed by Elo and Kyngäs[10] and the Bradbury-Jones et al.[11] PAGER framework provided a systematic approach to organizing results and clearly presenting study findings.

This article reports on a subset of the OASIS scoping review's findings. As Heerschap et al.[12] discussed, findings from articles addressing multiple themes were allocated to a single theme-based manuscript. This approach may have led to the exclusion of some secondary findings in the literature.

Because the search for this study was conducted in January 2021, studies published after this time were not included. An update to the review was beyond the scope of the project prior to publication; however, the findings of this study are the first major mapping of ostomy assessment up to 2021 and provide a baseline for future reviews to focus more narrowly, particularly on incorporating post-2021 evidence.

Grey literature, editorials, abstracts, and secondary literature were excluded to ensure only peer-reviewed primary studies informed the results, enhancing methodological rigor. This decision may have omitted emerging or non-index insight that could guide future research. The decision was also made to omit publications in languages other than English. While this omission may have skewed geographic representation, multiple published works have noted that restricting outcomes to English-language publications did not change the conclusions of systematic reviews.[134,135] Finally, it should be noted that the psychosocial research results are based on data from 32 countries, providing a broad international context for our findings.

CONCLUSION

This scoping review highlights the importance of conducting a comprehensive assessment, including the many associated psychosocial impacts of living with an ostomy. This review included 114 articles, uncovering 6 themes: psychosocial and emotional well-being, sexuality and intimacy, support person and caregiver roles, perioperative ostomy education, self-efficacy and independence, and clinical concerns. Studies from a diverse geographic context discussed the many compounding variables affecting a patient's psychosocial well-being, including anxiety and depression, changes to self-esteem and body image, social withdrawal, sexual dysfunction, and physical concerns. Assessing these changes, along with the individual's understanding and confidence of living with an ostomy, may allow for targeted education, greater independence, and improved QoL.

Implications for Future Research

The broad scope of the psychosocial variables identified in this review underscores the importance of developing and validating a standardized assessment tool. This tool should comprehensively capture the psychosocial well-being of individuals living with an ostomy, including body-image concerns, sexual health, social supports, self-efficacy, and clinical challenges. Longitudinal research would also be beneficial to examine how psychosocial outcomes change over time after surgical intervention. There is also a noted gap in post-2021 data, suggesting that an updated scoping review for the period after 2021 could provide additional data focusing on emerging challenges and potential initiatives impacting psychosocial well-being among individuals living with an ostomy. Furthermore, there would be benefits to interventional trials that evaluate interventions, such as the impact of educational programs and coping strategies, and quantify the financial burden on individuals living with an ostomy and its impact on their psychosocial well-being.

Implications for Practice

Recognizing that this scoping review does not include formal quality appraisal results should inform practice rather than dictate. Clinicians should consider incorporating multicomponent psychosocial screening into their practice. Incorporating preoperative education and stoma site marking by an ostomy nurse and assessing knowledge can improve confidence in managing the ostomy and adjusting to living with an ostomy postsurgery.[94] During the postoperative stage, assessments of anxiety, depression, and self-esteem may help identify the need for increased psychosocial support, especially for those individuals living with a permanent ostomy who have been shown to have higher rates of depressive symptoms.[16] Given the challenges faced by individuals living with an ostomy related to sexual health discussed by de Sousa et al.[42] and Anaraki et al.,[77] assessing for challenges related to sexual health, possibly through the use of screening questions or by offering written resources, may assist in identifying those experiencing challenges. Finally, assessing the individual's financial concerns can help identify needs for additional resources and guide discussion about these resources where they exist. The results of this study emphasize the importance of assessing the individual living with an ostomy and the many variables that affect their psychosocial well-being, enabling targeted care to address negative psychological and social changes. ●

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