

Self-Esteem in Individuals with Stoma: A Qualitative Study

Stomalı Bireylerde Benlik Saygısı: Nitel Bir Çalışma

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Abstract

Introduction: This investigation examined and analyzed the emotions, beliefs, and personal accounts of individuals regarding self-esteem following stoma surgery.

Methods: This qualitative study was based on Heidegger's hermeneutical phenomenological approach. The methods used in this study involved 11 participants with intestinal stoma. The research form contains items that inquire about individuals' perceptions of their emotional state, cognitive processes, and personal experiences related to their self-esteem following stoma surgery, as well as the impact of this procedure on them. Van Manen's thematic analysis was performed on the data. The COREQ checklist was employed for qualitative research reporting.

Results: The study involved 11 patients with a stoma (six females and five males. The ages of the participants ranged from 31 to 72 years. An examination of the data yielded two primary themes and seven subcategories: (1) Intermittent self and (2) Self-preservation.

Discussion and Conclusion: Adaptation to life with a stoma often involves individuals trying to preserve their self-esteem despite the negative impact of stoma surgery on their self-image. Patients with stoma have highlighted the significance of family, friends, and stoma therapy nurses in supporting their well-being and having beneficial experiences.

Keywords: Self-esteem; Stoma surgery; Surgical nursing; Qualitative research

Stoma, which are formed either permanently or temporarily to fulfil excretory functions essential to everyday life, may lead to numerous mental, physical, and social issues for individuals.^[1] Patients with a stoma often experience emotional challenges because of physical

changes and problems. Symptoms include avoiding travel, reduced work productivity, strained relationships with partners, anxiety, fear of loud and strong noises, depression, feelings of isolation, and decreased physical appeal.^[2–5] Self-esteem often involves accepting one's

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own strengths and abilities based on a fair assessment and understanding of oneself.^[6] Self-esteem in the context of people with stomas includes the capacity to accept and value oneself despite physical changes, the use of external tools to control bodily functions, and the adjustment to a new body image.^[7] Adopting and accepting one's own body characteristics, along with feeling valued, liked, loved, and accepted, as well as being able to realize one's talents, are factors that comprise self-esteem.^[6,8] Due to the predicted and known negative effect of stoma surgery on self-esteem, the evaluation of self-esteem in individuals with stoma has become an increasingly important issue observed that self-esteem changed according to the perception of body image in individuals with stoma.^[9] Providing psychosocial and physical support to individuals and increasing their adaptation to the disease are among the main initiatives of stoma care nursing.^[10] A robust network of family, friends, surgical nursing, doctors, and peers can significantly influence an individual's capacity to effectively overcome such challenges.

Social support is a crucial element that helps individuals cope with daily difficulties and adjust to having a stoma.^[11] Individuals with a stoma require considerable support from their families and social surroundings as they navigate the process of accepting and adjusting to their circumstances.^[12] Previous research on stoma surgery's influence on individuals' self-esteem following the procedure has been documented but none have investigated the emotions, thoughts, and personal experiences related to self-esteem during this time.^[13–15] Although various studies have examined the effects of stoma surgery on self-esteem^[9,13–16] there is a limited number of studies that deeply explore individuals' feelings, thoughts, and lived experiences related to their self-esteem throughout this process. This study focuses on exploring the feelings and thoughts of individuals with stoma regarding their self-esteem. In the context of this research, self-esteem is conceptualized as individuals' acceptance and appreciation of themselves despite physical changes, their ability to adapt to a new body image, and their capacity to maintain a sense of personal value and identity.

Aim

This research examined the shifts in the self-esteem of people with a stoma and how these changes affected them. This research's outcomes will help improve the comprehension of the requirements of individuals with a stoma and the creation of nursing practices.

Materials and Methods

Study Place and Design

This study was conducted between April 22, 2022, and April 24, 2023, with ostomy patients who were registered with an association located in the western region of Türkiye and who met the research criteria. The inclusion criteria for the study were: (a) 18 years or older, (b) have no issues with communication, consented to participate in the study, (c) have undergone surgery at least 4 months prior. The interviews were conducted with 11 individuals who had a stoma and provided consent for in-depth interview participation. Data collection continued until the point of maximum data saturation, at which repetitive information began to emerge, and no new themes or concepts were identified.

Research Type

This research utilized the hermeneutic phenomenology approach, a qualitative research type. Hermeneutic phenomenology approach involves understanding personal experiences and underlying objectives that individuals may not currently be cognizant of.^[17] In this context, not only the participants' perspectives but also the researchers' interpretations have been integrated into and deepened within the methodology.^[18,19] The phenomenological tradition shaped by Husserl emphasizes not the complete elimination of researchers' pre-existing knowledge, but rather the conscious awareness and systematic incorporation of this knowledge into the research process.^[20]

Population

In this study, data saturation was reached by the 10th interview; however, one additional interview was conducted to ensure the consistency and completeness of the thematic findings, resulting in a total of 11 participants. An additional participant was included at the saturation point to further validate the reliability and coherence of the emerging themes. The data collection process ceased once the same data continued to emerge without any new findings.

Data Collection Tools

For data collection purposes, two specific forms were employed: the "Data Collection Form" and the "Semi-Structured Interview Questions Form".

Data Collection Form

The form comprised five questions that aimed to ascertain the patients' demographic characteristics (age etc.) and stoma-related information (type of stoma, reason for stoma formation).

Table 1. Semi-structured interview questions

How has your life changed physically, socially, psychologically, and sexually after the stoma was created? Could you please explain?
How have your daily activities been affected after the stoma was created? Could you please explain?
How has having a stoma opening on your body impacted your physical appearance and self-perception? Could you please explain?
How has the change in your self-perception due to the presence of the stoma affected your life physically, socially, psychologically, and sexually? Could you please explain?

Semi structured Interview Questions

The researchers created this form in line with existing studies.^[9,13,14,16] A semi-structured interview guide was developed by researchers, containing five basic open-ended questions that focused on the feelings, thoughts, and experiences of individuals with an intestinal stoma and their self-esteem (Table 1).

Data Collection

Researchers were invited via an invitation created within the scope of the online research platform. Throughout the implementation phase of the study, participants were provided with detailed information about the purpose of the research. Participation was entirely voluntary, and it was clearly explained to participants that their identities would remain confidential; this confidentiality was strictly maintained. To enable a more in-depth analysis of the data and to ensure time efficiency, it was planned to record the interviews. After participants gave their consent for audio recording and confirmed their voluntary participation, written consent was obtained via Google Forms. In-depth interviews were conducted through online platforms such as Zoom and WhatsApp using a semi-structured interview form, with particular attention paid to creating an environment in which participants could express themselves openly and without interruption. Prior to the interviews, participants were asked to prepare a quiet setting free from distractions. Each participant was given the opportunity to participate under the most favorable conditions. The average duration of the interviews was 30 minutes.

Researcher's Role

In this study, two researchers are experts in surgical nursing and have extensive knowledge and experience in stoma care. Throughout the data collection process, the researchers maintained a neutral attitude and made efforts to ensure data integrity by establishing a professional relationship with the participants. The researchers' expertise contributed to a more detailed and comprehensive understanding of the participants'

experiences; However, to minimize the potential impact of biases, reflexivity processes were maintained, and cross-checking was applied during data analysis.

Statistical Analysis

The data were examined using Van Manen's thematic analysis method. The textual analysis, comprising 11 steps, entailed a thorough comprehension broken down into three distinct phases: (1) initial reading, (2) structural examination, and (3) comprehensive understanding which additionally incorporated discussion. During the initial phase, the extent of the text and its intended meaning were estimated without a sophisticated analysis being conducted. The researchers separately and then together re-read the transcript of the transcribed interview several times to form an overall impression. During the initial structural analysis, the text was segmented into significant components, resulting in the identification of underlying themes. This phase further examined whether the themes extracted during this process aligned with the overall perception established in the initial stage, encompassing both scope and interpretation. At the conclusion of the process, the information gathered in the preceding two stages and the research goals were evaluated collectively considering the available literature. Approximately 24 hours after participants responded to the questions, these handwritten notes were converted into documents that served as the primary data sources for the study. As the thematic analysis progressed and repetitive patterns began to emerge, data saturation was considered to have been reached, and the data collection process was concluded at that point.^[21]

Validity and Reliability/Rigor

The research used four key factors to evaluate the dependability of the results: reliability, dependability, verifiability, and transferability.^[22] A detailed explanation of the methods and analyses employed to meet the reliability criterion is provided. Researchers independently examined the data, and the participants were then asked to review and verify the data to satisfy the reliability requirements. The data were assessed for verifiability through a peer review process, with an independent qualitative research

Table 2. Demographic characteristics of patients

Individual number, age, gender	Educational status	Marital status	Number of children	Type of stoma	Reason for creation
#1, 57, Male	Primary school	Divorced	0	Colostomy	Colon cancer
#2, 31, Female	Bachelor's degree	Married	3	Colostomy	Colon cancer
#3, 47, Female	Primary school	Married	0	Ileostomy	Crohn's disease
#4, 37, Female	Associate degree	Single	0	Colostomy	Ulcerative colitis
#5, 50, Male	Middle school	Married	3	Colostomy	Inflammatory bowel diseases
#6, 51, Female	Primary school	Married	1	Colostomy Ileostomy	Anal fissure
#7, 44, Male	Primary school	Married	3	Colostomy	Rectal cancer
#8, 72, Male	Primary school	Married	3	Colostomy	Colon cancer
#9, 46, Female	Primary school	Divorced	2	Colostomy	Rectal cancer
#10, 57, Male	Primary school	Married	2	Ileostomy	Ulcerative colitis and rectal cancer
#11, 54, Female	High school	Married	3	Ileostomy	Colon cancer

expert who was not participating in the study providing an evaluation. The research sample and data were thoroughly documented to satisfy the transferability criterion, and evidence was provided to demonstrate how the findings could be relevant in comparable contexts or groups. The study was conducted in accordance with the COREQ guidelines for presenting qualitative research.^[23]

Ethical Approval

Approval from the Akdeniz University Ethics Committee was secured under reference number 70904504/86, dated 09/03/2022. Written and oral consent for this study was obtained from the study institution. Consent was secured from all study participants, who were advised that they could withdraw from the study at any moment and that their involvement was entirely optional. Furthermore, patients were assured that their information would be maintained in strict confidentiality. Patients were given anonymous names (Patient = P). This study adhered to the ethical guidelines of the Helsinki Declaration (2013).

Results

The participants in this study ranged in age from 31 to 72 years. Six of the participants were female and five were male. Their educational backgrounds varied from primary school to bachelor's degree, with the majority having completed primary education. Most participants were married and had children. Regarding the type of stoma, nine participants had a colostomy, three had an ileostomy, and one individual had both colostomy and ileostomy. The most common reasons for stoma creation were colon cancer, rectal cancer, inflammatory bowel diseases, Crohn's disease, ulcerative colitis, and anal

fissure. Detailed demographic and clinical characteristics of the participants are presented in Table 2.

Themes

Data analysis revealed two main themes and seven sub-themes. As presented in Table 3, the primary themes are (1) Disrupted Self and (2) Preservation of the Self; in addition, patient statements are also included within the themes (Table 3).

Theme 1. The Intermittent Self

Patients stated that they experienced negative feelings, thoughts, and experiences related to their self-esteem after undergoing stoma surgery and experienced a decrease in their self-esteem. Negative life experiences, multidimensional negative emotions, and loss of identity are the three main reasons for the change in self-esteem.

Subtheme 1. Adverse Experiences

Many patients reported challenges in fulfilling their fundamental requirements daily. Individuals reported that difficulties like missing breakfast, experiencing sleep disturbances, and suffering from diarrhea contributed to feelings of introversion and social isolation in their daily routines. Additionally, patients emphasized that the inability to perform physically demanding activities and the persistence of gastrointestinal problems such as diarrhea negatively impacted their social participation and work performance.

Subtheme 2. Multidimensional Negative Emotions

Throughout the day, the patients exhibited fluctuating emotional states, reporting intense feelings of sadness and

Table 3. Thematic framework of the study

Main themes	Sub-themes	Meaning unit analysis
The intermittent self	Adverse experiences	<p><i>"This was the biggest letdown I have experienced. It was my worst disappointment."</i> (P4, Female, Age:37).</p> <p><i>"My main issues are colds and loose stools. Diarrhea constitutes our primary issue. I will struggle to cope with it if we have no control over it. I head to work in the morning without eating breakfast, as I don't need to visit the restroom during my commute."</i> (P5, Male, Age: 50).</p>
	Multidimensional negative emotions	<p><i>"Initially, I was shocked to witness if it could be visible. I attempted to conceal it by covering it with my hand. I covered it with the clothes I had on me. If there is no gas, no issues will arise. As I boarded the bus, I was glancing about, pondering whether anyone was noticing me or if they were intimidated by my presence. I wonder if they'll be repulsed by me."</i> (P5, Male, Age: 50).</p> <p><i>"Sexuality was essentially non-existent. It was very rare. My wife and I reside in our own home, and I share a residence with my children. I wish he would look out for me. I don't even recognize my wife, let alone myself (crying)."</i> (P11, Female, Age: 54).</p>
	Loss of identity	<p><i>"I'm unable to prepare meals and I am also incapable of taking care of my kids. I'm feeling unfulfilled and unsure if I'm meeting my responsibilities as a mother. Even the simplest act of breathing can be challenging at times. I cannot cook; I cannot take care of my children."</i> (P6, Female, Age: 51).</p> <p><i>"My entire life has been profoundly impacted in a negative way. I don't feel like myself. It's as if I've become an entirely new individual. It would be fair to say that there is no psychology left."</i> (P10, Male, Age: 57).</p> <p><i>"It was extremely tough for me to connect with myself and know who I truly am. I didn't view myself in a traditional feminine role or as a maternal figure. Assuming it is God's will, I shall contemplate this matter in my everyday life. Those periods of time have been recurring in my dreams. I longed for the day when they would all be perfectly ordinary."</i> (P3, Female, Age: 47).</p>
Protecting the self	Continuing social life	<p><i>"Diarrhea is particularly crippling during travel. To achieve this goal, we take necessary precautions whether we are at home or in the workplace. Besides that, one point, I am finding it quite challenging. I'm unable to consume breakfast in the morning correctly. The duration of the journey is typically 45 minutes to one hour. In other words, I go to work on an empty stomach, so I don't have to use the bathroom."</i> (P5, Male, Age: 50).</p> <p><i>"I added a smiley face to my bag as we require a positive outlook. During the summer months, I host a movie night. I initially felt apprehensive about swimming in the ocean, but I've overcome my fears and now I do. I drew a smiley face on my bag because we need to be positive."</i> (P1, Male, Age: 57).</p> <p><i>"I discussed the difficulties and became accustomed to having a stoma bag. I have reduced my food intake. I'm trying to avoid diarrhea as frequently as I can, which is why I'm accustomed to experiencing it. I've learned to avoid consuming spicy food."</i> (P7, Male, Age: 44).</p>
	Positive thinking	<p><i>"I've achieved weight loss, and it's had a positive impact. If I had chosen to, I could have done it, but I was initially healthy, and unfortunately, my physical abilities soon became limited. I found it difficult to gaze at it. It was upsetting."</i> (P2, Female, Age: 31).</p> <p><i>"I thought to myself that I would outlive them. After telling him, 'You're going to be strong,' I overcame the collapse phase and transitioned into the bullish phase."</i> (P10, Male, Age: 57).</p> <p><i>"When I say everything is going to be bad, I try to recover over time; I think it will get better over time."</i> (P8, Male, Age: 72).</p> <p><i>"I was generally obese. I was significantly over my ideal weight. It disappeared quickly. I haven't had the strength I need. My surprise was extremely intense. She felt happy. I was happy."</i> (P7, Female, Age: 44).</p>
	Ignore	<p><i>"I'm more focused on my face than my body. Okay, I lost weight, it was good, it was nice, it was good, it was good, but I couldn't take care of my body, it was sad to be honest."</i> (P4, Female, Age: 37).</p> <p><i>"I started to have these complaints, and I didn't go to the doctor for 8-9 months. I was writing my complaints to Google on the internet. When I typed into Google evening dress, it kept saying colon cancer, but I couldn't get myself to put it on myself."</i> (P7, Male, Age: 44).</p> <p><i>"I assumed it did not exist as much as possible. I didn't want to see it. I knew it inside myself, but I was avoiding showing it to anyone else."</i> (P3, Female, Age: 47).</p>
	Growth in self	<p><i>"I was terrified to swim in the sea. It seems strange to everyone, but I swim in the sea. I even drew a smiley face on my bag because we needed to be positive. I learned to live with a bag. I feel like I'm part of my body now."</i> (P1, Male, Age: 57).</p> <p><i>"Honestly, as I said, the more I became aware of my body and myself, the better I felt. We struggled with the bag, hand in hand with my wife. We don't have too many problems now; everything is fine."</i> (P2, Female, Age: 31).</p> <p><i>"I'm a person full of life. I'm not giving up because I have a stoma. After falling in love with the profession, I improved a little. I brought the work home and made things like kibbeh and ravioli, leaving the bad days behind."</i> (P9, Female, Age: 46).</p> <p><i>"The biggest thing that has been great support for me during this process is my cat, who has managed to get away with little psychological damage. I didn't expect that much from myself."</i> (P4, Female, Age: 37).</p>

hopelessness in the morning hours, while experiencing relative happiness or emotional relief in the evening. These emotional fluctuations often emerged alongside feelings of being overwhelmed by societal expectations, exclusion by family members, or a lack of adequate support from their social environment.

Subtheme 3. Loss of Identity

Patients often reported a profound feeling of disconnection from their sense of self after stoma surgery. She said that the feeling no longer resonated with her and that the sensation she felt after the stoma was opened was unfamiliar territory for her. On the other hand, certain patients reported that they had abandoned their own identities and taken on the identities of the patients.

Theme 2. Protecting the Self

Following stoma surgery, they claimed to have utilized various strategies to deal with the negative emotions resulting from the detrimental impact of their self-esteem on their mental well-being. The primary reasons for maintaining a social life, cultivating a positive mindset, ignoring negativity, and personal development are four in total.

Subtheme 1. Continuing Social Life

Certain people claimed that they delayed eating breakfast because of diarrhea or gas issues in the morning, to maintain their social routines. They claimed to have followed their diet and taken extra care in their eating to prevent gas and unpleasant odor issues. A few patients reported that they successfully managed to overcome the challenges they faced in engaging in social activities and reintegrated into their social lives.

Subtheme 2. Positive Thinking

Patients reported that despite the challenges they faced following stoma, they found that accepting their new circumstances, reintegrating into social life, and cultivating a positive outlook had a profoundly beneficial impact on their overall well-being. A positive mindset and a resilient attitude have aided individuals in recovering emotionally and living more robustly.

Subtheme 3. Ignore

During the postoperative period, patients employed strategies to conceal and overlook their condition due to concerns about their physical appearance and social surroundings. Some individuals attempted to conceal the appearance of the stoma by being mindful of their attire,

whereas others disclosed their condition solely to their intimate acquaintances and chose to keep it hidden from their broader social network. Furthermore, certain patients have attempted to safeguard themselves by disregarding the existence of a stoma. Some individuals chose to ignore the situation by putting off their treatment and instead sought out their own solutions.

Subtheme 4. Growth in Self

This section examines how patients deal with the difficulties they face after having a stoma installed. Several patients reported being fully aware of their physical and mental states and held optimistic views. People with a stoma have emphasized that the support they get from their surroundings is a crucial element in their personal development as they navigate the challenges they encounter.

Discussion

This research explored variations in self-esteem among individuals with colostomy and ileostomy within the context of two primary themes.

Theme 1. The Intermittent Self

Individuals with a stoma following surgery experience substantial changes in their daily lives,^[24] including numerous psychological, social, and physiological challenges,^[25] difficulties in adjusting to altered excretory routes, loss of self-assurance, and self-care complications,^[26] all of which may contribute to a decline in self-esteem. The research found that individuals with a stoma face challenges in fulfilling their fundamental requirements in their daily routines, cope with social disconnection, loss of self-image, complex psychological issues, emotional variations, and sentiments of contamination, rejection, and loneliness. Furthermore, the research indicates that the challenges faced by individuals with a stoma prevent them from feeling completely themselves, and they view these difficulties as the primary cause of their disrupted sense of self and loss of identity in social, physical, and psychological contexts. It has been stated that a stoma leads to significant changes in patients and profoundly affects their daily lives.^[27] Research conducted on individuals with permanent intestinal stomas indicates that living with an ostomy induces negative emotions such as shame, fear, insecurity, and embarrassment.^[28] In the literature, identity loss stands out as a significant psychosocial impact frequently experienced by individuals with a stoma. Post-stoma surgery changes in body image may lead individuals

to feel a sense of identity loss, perceiving themselves as incomplete, deformed, or socially unaccepted. The findings of the study highlight the challenges faced by individuals with a stoma in line with the literature and provide a deeper understanding of the causes behind negative perceptions of self-esteem.

The perceived changes in body image following stoma surgery can lead individuals to feel unattractive, experience shame, and develop a sense of stigma.^[4] This study has revealed that individuals undergoing stoma surgery experience a disruption in identity continuity, with fundamental roles such as motherhood and womanhood being replaced by the role of a patient. This transformation is so profound that individuals struggle to recognize themselves. The study findings align with the research conducted by Tripaldi (2019) observed that identity loss following stoma surgery is more pronounced in women.^[29]

Theme 2. Protecting the Self

This theme examines the diverse techniques employed by individuals with a stoma to preserve their self-worth. People have said that they used various strategies, including maintaining social activities, adopting a positive mindset, disregarding the issue, and personal growth, in order to deal with the challenges, they encountered following stoma surgery and to preserve their self-confidence. These strategies have played a key role in helping individuals adjust to life with a stoma and preserve their self-esteem.

Social support is crucial for helping individuals overcome problems they face in their daily lives and adjust to living with a stoma. Social support is particularly pronounced during the postoperative recovery phase.^[30] Adapting to life with a stoma is significantly influenced by a person's social interactions.^[31] When people began residing with a stoma, some of them initially distanced themselves from social interactions; however, as time passed, they made a concerted effort to engage in social activities, crediting environmental support as crucial to their personal development and ability to adapt to the challenges they encountered. According to Cross et al.^[10] discovered that individuals can successfully transition into their new life when provided with suitable support and motivation, allowing them to continue with nearly all their previous activities and enjoy a high quality of life. Cetolin et al.^[28] a qualitative study conducted by with 12 individuals with stoma revealed that family and social support had a positive effect on individuals. Successful adaptation to life after stoma surgery relies heavily on patients receiving adequate support and guidance.

Research has shown that people often face different psychological challenges when coming to terms with bodily changes after undergoing stoma surgery.^[4,7] In this research, it was noted that certain people were cautious in their selection of attire to conceal the stoma region and confided in this matter only with those close to them. According to Küçükakça Çelik et al.,^[7] individuals with a stoma often struggle to accept changes in their body image and tend to conceal this reality from their social environment. Similarly, Sarabi et al.^[5] found that those who have undergone stoma surgery frequently experience social isolation due to a fear of exclusion, which negatively affects their mental health. The research indicates that stoma surgery has a significant impact on individuals, affecting not only their physical well-being but also their mental health and social relationships. Patients employ different strategies like withdrawal, concealment, positive mental outlook, and social support systems to deal with changes in body image, preserve self-confidence, and maintain social approval. Stoma surgery significantly alters a person's perception of their identity, underscoring the necessity for psychosocial support.

Strengths and Limitations

The strength of this study lies in its ability to provide a more comprehensive and in-depth understanding of individuals' perceptions of self-esteem and their experiences following stoma surgery. This qualitative research has thoroughly explored the life experiences related to self-esteem among individuals living with a stoma, and it is significant for its potential to form a foundation for future qualitative and quantitative studies in this field. Despite the strengths of this research, a major limitation is that the findings cannot be generalized to all individuals with a stoma. Furthermore, the fact that participants were selected solely from a specific geographical region of Turkey may lead to cultural and contextual biases, thereby limiting the transferability of the findings to other cultural settings.

Impact Practice

This study indicated that nursing care should be sensitive not only to physical recovery but also to patients' identity perception, social relationships, and emotional balance. However, the data presented are not sufficient to directly transform current nursing practices; rather, they contribute to raising awareness and enriching the relevant line of literature by promoting a more holistic approach to care. In this context, research examining the role of stoma nurses and the involvement of family members could offer valuable insights into improving care practices.

Conclusion

The study showed that having a stoma greatly impacts a person's self-esteem, resulting in a loss of sense of self, social exclusion, and emotional challenges. People with stomas are able to manage the challenges associated with them by employing coping techniques including adjusting their social interactions, adopting a positive outlook, and embracing the stoma as an integral aspect of their self-image. Individuals with a stoma need peer support and specialized nursing care to achieve psychosocial adjustment and develop a higher level of self-esteem. Incorporating psychosocial counseling and peer support groups into stoma care can enhance a patient's quality of life. Further studies should investigate the long-term implications of stoma adaptation methods and targeted interventions that can be tailored to various cultural settings.

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