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# DADOS, DIAGNÓSTICOS E INTERVENÇÕES DE ENFERMAGEM CENTRADOS NA PESSOA QUE VIVE COM OSTOMIA: PROTOCOLO SCOPING REVIEW

# DATA, DIAGNOSES, AND NURSING INTERVENTIONS FOCUSED ON A PERSON LIVING WITH AN OSTOMY: SCOPING REVIEW PROTOCOL

# DATOS, DIAGNÓSTICOS E INTERVENCIONES DE ENFERMERÍA ENFOCADOS EN LA PERSONA QUE VIVE CON OSTOMÍA: PROTOCOLO SCOPING REVIEW

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## RESUMO

**Introdução:** A confeção de uma ostomia gera mudanças que desencadeiam uma transição saúde/doença. Os enfermeiros desempenham um papel importante na adaptação à nova condição. Importa formalizar o conhecimento de enfermagem que suporta a tomada de decisão do enfermeiro, para incorporá-lo em sistemas de informação que promovam uma prática de enfermagem baseada em evidências.
**Objetivo:** Mapear continuamente o conhecimento de enfermagem envolvido no processo de conceção de cuidados, centrado na pessoa que vive com ostomia.
**Métodos:** Serão seguidas as orientações do Joanna Briggs Institute para revisões de escopo e da Cochrane para revisões sistemáticas vivas para se atingir o objetivo da revisão. Dois revisores independentes avaliarão a relevância dos artigos, extração e síntese dos dados. Serão incluídos estudos publicados em inglês, espanhol e português a partir de 2009, pesquisados na MEDLINE (PubMed), CINAHL (EBSCO), Scopus, JBI Library of Systematic Reviews e Cochrane Central Register of Controlled Trials, OpenGrey, RCAAP e Dart-Europa.
**Resultados:** Espera-se mapear os dados, diagnósticos e intervenções de enfermagem centrados na pessoa que vive com ostomia, permitindo formalizar o conhecimento envolvido na conceção de cuidados de enfermagem a este grupo populacional.
**Conclusão:** Esta revisão de escopo mostrará tendências que subsidiarão a tomada de decisão do enfermeiro, a fim de melhorar a qualidade da prática clínica.

**Palavras-chave:** literatura de revisão como assunto; enfermagem; processo de enfermagem; ostomia

## ABSTRACT

**Introduction:** The building of an ostomy generates changes that trigger a health/disease transition. Nurses play a major role in adapting to the new condition. It is important to formalize nursing knowledge that supports nurses' decision-making in order to incorporate it into information systems that promote evidence-based nursing practice.
**Objetive:** Continuously map the nursing knowledge involved in the process of care planning, focusing on the person living with an ostomy.
**Methods:** Joanna Briggs Institute's scoping review guidance and, the Cochrane Collaboration's guidance on living systematic reviews will be followed to meet the review's objective. Two independent reviewers will evaluate the relevance of the articles, the extraction and synthesis of the data. Studies published in English, Spanish and Portuguese from 2009 onwards, searched in MEDLINE (PubMed), CINAHL (EBSCO), Scopus, JBI Library of Systematic Reviews and Cochrane Central Register of Controlled Trials, OpenGrey, RCAAP and Dart-Europa will be included.
**Results:** It is expected to map the data, diagnoses and nursing interventions centered on the person living with an ostomy, allowing the formalization of the knowledge involved in the design of nursing care for this population group.
**Conclusion:** This scope review will show trends that will support nurses' decision making in order to improve the quality of clinical practice.

**Keywords:** review literature as topic; nursing; nursing process; ostomy

## RESUMEN

**Introducción:** Hacer una estomía genera cambios que desencadenan una transición salud/enfermedad. Las enfermeras juegan un papel importante en la adaptación a la nueva condición. Es importante formalizar el conocimiento de enfermería que apoya la toma de decisiones de los enfermeros, para incorporarlo a sistemas de información que promuevan la práctica de enfermería basada en evidencias.
**Objetivo:** Mapear continuamente lo conocimiento de enfermería involucrados en el proceso de diseño del cuidado, centrado en la persona con estomía.
**Métodos:** Se seguirán las pautas del Instituto Joanna Briggs para revisiones de alcance y Cochrane para revisiones sistemáticas en vivo para lograr el objetivo de la revisión. Dos revisores independientes evaluarán la relevancia de los artículos, extracción y síntesis de datos. Se incluirán estudios publicados en inglés, español y portugués a partir de 2009, buscados en MEDLINE (PubMed), CINAHL (EBSCO), Scopus, JBI Library of Systematic Reviews y Cochrane Central Register of Controlled Trials, OpenGrey, RCAAP y Dart-Europa.
**Resultados:** Se espera mapear los datos, diagnósticos e intervenciones de enfermería centrados en la persona con estomía, permitiendo la formalización de lo conocimiento involucrado en el diseño del cuidado de enfermería para este grupo poblacional.
**Conclusión:** Esta revisión del alcance mostrará tendencias que apoyarán la toma de decisiones de las enfermeras para mejorar la calidad de la práctica clínica.

**Palabras Clave:** literatura de revisión como asunto; enfermería; proceso de enfermería; estomía

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## INTRODUCTION

The words ostomy and stoma have a Greek origin and are usually used as synonyms, meaning mouth or opening (Stricker, Hocevar, & Asburn, 2021). The International Classification of Nursing Practice (International Council of Nursing, 2019), however, introduces a semantic distinction between the two terms when it defines "Ostomy" (10013847) as "Surgery" and "Stoma" (10018857) as "Body Orifice." In practical terms, this means that the stoma is the result of the building of an ostomy, as read in: “An ostomy may be permanent or temporary, and each procedure results in a stoma” (Registered Nurses’ Association of Ontario, 2019, p.7).

The building of an ostomy is an event characterized by multiple, significant, and lasting changes (Stricker, Hocevar, & Asburn, 2021), which impair not only the physical but also the emotional functioning of the person living with an ostomy. These changes, which may vary at different times, may result in physical, emotional, and social imbalances if not incorporated into a different modus vivendi (Sousa & Santos, 2020).

A person living with an ostomy experiences a health/disease transition process (Sousa & Santos, 2020) and, during this period of instability, relies heavily on the nursing team, both in the hospital context and in the community, because he needs to develop competence for self-care to the stoma, as this is a health necessity with a strong involvement of nursing cares (Silva et al., 2016a). Having stoma self-care competence implies developing new knowledge, skills, and attitudes necessary for managing the changes imposed by the new condition towards a healthy transition. Nurses are often the first healthcare professionals to contact the person and his family in this process, taking on a central role in recognizing the sense of the transition (Silva et al., 2017).

It is noticeable that, frequently, the person that was recently the subject of an ostomy building would prefer death over the stoma (Silva & Shimizu, 2012). The nurse needs to enter into the person’s subjective universe to be able to identify the needs (Silva & Shimizu, 2012) that go beyond the bodily processes, as they do not resume to the stoma per si. The key to the rehabilitation process of a person living with an ostomy is to assess their real and/or potential needs, and those who explore them will be better able to respond to them.

It is vital to know the challenges imposed on a person living with an ostomy; however, to identify the difficulties experienced when facing a new condition, it is necessary to gather rigorous data in a systematized and complete way (Silva et al., 2016a). The data that the nurse gathers intentionally can be turned into useful information depending on whether it values and prioritizes a few over the others, which is a vital process to answer the diagnosis hypothesis and to guide the prescription of interventions that lead to the expected outcome (Silva et al., 2016b).

The scientific working methodology described above is called a "Nursing Process" and depends on the theoretical framework that guides the process of designing nursing care, the quality of the information collected by the nurse and the available formal nursing knowledge, that should be evident in the nursing documentation, since "neglect with the record of the care process (...) may result, on one hand, in a lack of visibility and professional recognition and, on the other, in an obstacle to the advancement of nursing science" (Garcia, Bartz, & Coenen, 2018, p.15).

Regarding the quality of nursing care for a person living with an ostomy, it is important that nurses collect data on stoma and peristomal skin (Stelton, 2019), regarding the areas of competence for stoma self-care, such as knowledge, self-surveillance, interpretation, decision-making, execution/ability, and negotiation and use of health resources (Queirós et al., 2015; Silva et al., 2016a), as well as key aspects of the adaptation process to perceived changes, such as awareness, meanings, and self-efficacy (Meleis, 2020).

From the data collected, the nurse decides which nursing diagnoses reflect the needs of the person living with an ostomy, based on a careful clinical judgment (Silva et al., 2016b), although the accuracy of nursing diagnoses has been neglected by nurses because of a greater interest in medical diagnoses or because they assume that they are more important than interpretations of human responses (Lunney, 2004).

The nursing diagnosis should be directed to the person and not to the disease; therefore, “[...] should not be understood as part of the medical diagnosis or implementation of the doctor's prescription, but as an independent activity (…)” (Silva et al., 2016b, p.99). It is considered a title attributed to a finding, event, situation, or other aspect of health, supported in the collection of data (assessment), to indicate that it is considered by the nurse and caregiver as worthy of attention (International Organization for Standardization, 2014), and that it ultimately has legal implications because its enunciation requires qualified treatment and positive outcomes that are sensitive to nursing interventions (Lunney, 2004).

Nursing actions include data collection (assessment), evaluation, and planning of actions as well as more direct nursing interventions, with the intention of directly or indirectly improving or maintaining the health of a person, group or population (International Organization for Standardization, 2014). Nursing intervention, as part of the nursing action, is "an action performed in response to a nursing diagnosis, with the aim of producing a nursing outcome" (Garcia, Bartz, & Coenen, 2018, p.52).

Assuming that nursing care is the object of study of nursing as a subject, that the nursing process refers to the design of care, and that the design of care is supported by the formal knowledge produced by the subject, generated by research and nursing theory, in the sense of an advanced Nursing (Silva et al., 2016b); it is important to investigate the elements of the nursing process (data, diagnosis/results, and nursing interventions) in order to formalize the disciplinary knowledge of nursing in different domains.

In this context, the Center for Research and Development in Nursing Information Systems of Porto Nursing School (CIDESI-ESEP), Portugal, accredited by the International Council of Nurses, aims to represent the knowledge of nursing in an ontology, so that it is used in the backend of the information systems.
In this ontology, the central concepts of the nursing process and the relationships between them are specified, making it possible to formalize knowledge of nursing as a subject and thus support, on the one hand, the decision-making of nurses, reducing the likelihood of error in the enunciation of nursing diagnosis and in the prescription of nursing interventions, enhancing the quality of nursing care, and, on the other hand, to contribute to the identification of the need to develop new knowledge that supports nursing practice.
The ontology is composed of Clinical Models of Data (CMD), which are subsets of ontology that function as a structure that provides and relates all information related to the concept. In nursing, CMD represents the formalization of disciplinary nursing knowledge by specifying the relevant data for diagnostic reasoning, the syntax that best mirrors this reasoning, interventions, and the epistemological basis of formal knowledge that regulates the relationship between these elements.
Although they often deal with the same situations, the focus of attention in nursing practice is divergent from that of medicine, which implies that CMD used in one domain cannot be used in the other. CMDs enable the representation of knowledge by specialists in the field and nurses, as producers and consumers of knowledge, and should present clinically useful data models that best serve the practices and the development of these practices.
The aforementioned research center is developing several nursing CMDs in different domains (Neves & Parente, 2019; Gonçalves et al., 2020; Queirós et al., 2021) and for the development of a CMD that formalizes nursing knowledge in stomatherapy, it is necessary to develop research to structure the knowledge available in literature, translate the structured data into concepts supported in a theoretical framework and taxonomy, and allow the identification of relations between the multiple emerging concepts.
A preliminary search of MEDLINE, Cochrane Database of Systematic Reviews, and JBI Evidence Synthesis was conducted, and no current or underway scoping reviews on the topic were identified.
This scoping review aims to continuously structure the nursing knowledge involved in the process of designing nursing care related to the person living with an ostomy, focusing on the elements that make up the nursing process, namely, data, diagnoses, interventions, results, and relations between them. The results obtained will contribute to the formalization of nursing knowledge in this area, enabling its integration into nursing information systems.
As the evidence in this area is dispersed, five guiding research questions were constructed:

1. What data has clinical usefulness based on diagnostic nursing reasoning focused on the needs of the person living with an ostomy?
2. What nursing diagnoses describe the needs of the person living with an ostomy?
3. What nursing interventions respond to the needs of the person living with an ostomy?
4. What is the relationship between data and nursing diagnoses focused on the person living with an ostomy?
5. What is the relationship between interventions and nursing diagnoses focused on the person living with an ostomy?

## 1. METHODS

### 1.1 Sample

Articles will be analysed based on the following elegibility criteria:

**Participants**

This review will consider studies referring to the adult person living with an ostomy.

**Concept**

The concept of interest that permeates this review is the formal nursing knowledge involved in the design of nursing care, focused on the person living with an ostomy, specifically data supporting diagnostic nursing reasoning, nursing diagnoses, nursing interventions, outcomes that are sensitive to nursing care, and the relationship established between them. Therefore, this review will include studies that focus on data, diagnoses, interventions, and/or nursing results.

**Context**

This review will consider studies conducted in clinical or non-clinical contexts, regardless of the country of origin or sociocultural environment.

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### 1.2 Data collection instruments and procedures

**Types of Sources**

This scoping review will consider both experimental and quasi-experimental study designs, including randomized controlled trials, non-randomized controlled trials, before-and-after studies, and interrupted time-series studies. In addition, analytical observational studies, including prospective and retrospective cohort, case-control, and analytical cross-sectional studies will be considered for inclusion. This review will also consider descriptive observational study designs, including case series, individual case reports, and descriptive cross-sectional studies.

Qualitative studies will also be considered, focusing on qualitative data, including but not limited to designs such as phenomenology, grounded theory, ethnography, qualitative description, action research, and feminist research.

In addition, systematic reviews and clinical guidelines that met the inclusion criteria will also be considered.

Text and opinion papers will also be considered for inclusion in this scoping review.

Revision protocols and conference, posters, or oral communications summaries, as well as letters to the editor, will not be considered because they are documents with scarce information.

Studies published from 2009 to June 2022 in Portuguese, Spanish or English will be included. In 2009, the guideline of Ostomy Care and Management (Registered Nurses' Association of Ontario, 2009) was published by the Registered Nurses' Association of Ontario, which was a significant milestone in the systematization of nursing care to the person living with an ostomy, by providing evidence-based recommendations as a tool to support the decision-making process of nurses in the continuum of care to the person living with an ostomy, their family and caregivers, as can be read: "This guideline will focus on three areas of care: pre-operative, post-operative, and follow-up. All individuals with ostomies, across the continuum of care, including the needs of the family and caregiver, will be addressed" (Registered Nurses' Association of Ontario, 2009, p.7).

We believe that in order to structure the most current knowledge in the field of nursing care for persons living with an ostomy, it is not necessary to include studies developed before 2009, as we consider that the articles of interest developed before that date were revised in the aforementioned guidelines. On the other hand, we assume that the data, diagnoses and nursing interventions focused on the person living with an ostomy that are not portrayed in the literature written in about the last ten years do not have current clinical usefulness in nursing care to this population as of today, based on the relevance of criteria such as utility and currentness for the selection of sources to be included in a documental investigation (Silva, 2021).

The proposed review will be conducted following the Joanna Briggs Institute methodology for scoping reviews and Cochrane Collaboration's guidance for living systematic reviews (Khalil et al., 2016; Cochrane, 2019; Peters et al., 2020a). The selection for this approach is related to the fact that new evidence regularly appears in the literature in the field of nursing in stomatherapy. Broadly speaking, the conduct of a living scoping review entails regular surveillance of the published literature to determine when sufficient new evidence has amassed towarrant updating a review (Cochrane, 2019). Thus, when new knowledge is published in the area of nursing in stomatherapy, this review will evaluate the need to include those articles and perform the update, providing nurses with a synthesized and comprehensive nursing process encompassing all the possibilities available.

A scoping review is appropriate for evaluating and understanding the extent of knowledge in a given area; exploring its amplitude or depth; identifying, structuring, reporting, or summarizing existing evidence, particularly when the literature is complex and heterogeneous; serving as a basis for subsequent investigations by identifying gaps in the existing body of knowledge (Peters et al., 2020b); and meeting relevant studies in a given field of study, regardless of the design of the study.

The living scoping review has the particularity of being continuously updated, incorporating new evidence as they become available, to produce reliable and continuous current reviews. It has therefore become the approach of choice because we desire, ultimately, the results obtained in this review to be integrated into the backend of nursing information systems, providing a tool to support the decision-making process of nurses, which is intended to be anchored to the most current evidence. Regular observation of the literature on the subject in question will be carried out and new evidence regarding nursing assistance to the person living with an ostomy will be discussed by the team involved and integrated in this review, in order to improve the nursing care provided and the quality of life of this population.

The protocol for this living-scoping review was registered in the Open Science Framework (https://osf.io/zwdy7).

**Search strategy**

The search strategy aimed to locate both published and unpublished studies. An initial limited search of MEDLINE (PubMed) and CINAHL (EBSCO) was performed to identify articles on the topic. The text words contained in the titles and abstracts of relevant articles and the index terms used to describe the articles were used to develop a full search strategy for reporting the name of the relevant database (see table 1).

**Table 1** - Search strategy
MEDLINE (PubMed) - Search conducted in june 2022

| Search | Query | Records retrieved |
|---|---|---|
| #1 | (stoma[Title/Abstract] OR ostomy [Title/Abstract]) OR stoma [MeSH Terms] OR ostomy [MeSH Terms]) | 14,611 |
| #2 | (Nursing [MeSH Terms] OR Nursing [Title/Abstract]) | 639,071 |
| #3 | #1 AND #2 | 1308 |
| #4 | Filter: Between 2009 and 2022 | 610 |
| #5 | Filter: Languages – Portuguese; English; Spanish | 600 |

The search strategy, including all the identified keywords and index terms, will be adapted for each included information source. The reference lists of all the selected studies will be screened for additional studies.
As mentioned by Tricco (Tricco et al., 2020), following the Cochrane guidance on living reviews, the authors will perform searches again in electronic databases 12 months after the search date original to determine when to update the revision (Cochrane, 2019). Monthly literature searches will be conducted, and the review will be updated when at least 10% new literature has amassed.
The databases searched included MEDLINE (PubMed), CINAHL (EBSCO), Scopus, JBI Library of Systematic Reviews, Cochrane Database of Systematic Reviews, Cochrane Central Register of Controlled Trials, SportDiscus, and PEDro. The search for unpublished studies (gray literature) will include OpenGrey, RCAAP, and Dart Europe.

**Study selection**
Following the search, all identified citations will be collated and uploaded into EndNote 20 (Analytics, PA, USA), and duplicates removed. Pilot testing will be performed by the entire review team prior to title, abstract, and full-text screening. For stage one, 5% of the total search will be used to achieve approximately 75% agreement between the reviewers. In stage two, 2% of the full-text articles will be used to achieve the same amount of agreement. Titles and abstracts will then be screened by two independent reviewers to assess the inclusion criteria for the review. Studies that could potentially meet the inclusion criteria will be retrieved from the full text. If the reviewers have uncertainties regarding the relevance of a study or if the abstract is unclear, the full article will be retrieved. The full texts of the selected studies will be retrieved and assessed in detail against the inclusion criteria. Full-text studies that do not meet the inclusion criteria will be excluded, and the reasons for exclusion will be provided in an appendix in the final report. Studies published in languages other than English (LOTE) not included in the criteria retrieved in the full text, which could potentially meet the inclusion criteria after screening of title and abstract, will be noted in the appendix. Any disagreements between the reviewers at each stage of the study selection process will be resolved through discussion or by a third reviewer. The results of the search will be reported in full in the final report and presented in a preferred reporting item for systematic reviews and meta-analyses for scoping reviews (PRISMA-ScR) flow diagram (Peters et al., 2020b).

**Data Extraction**
Data will be extracted from the papers included in the review by two independent reviewers using a data extraction tool aligned with this review's objectives and questions (see table 2 to 6). A two-stage data extraction strategy will be used to allow for maximum data reduction without compromising the findings.
The draft data extraction tool will be modified as required throughout the review depending on the data extracted from the included studies (Silva, 2021). These modifications will be documented in a full-scoping review report. Two reviewers independently will extract the data. Any disagreements between the reviewers will be resolved through discussion or by a third reviewer.
The authors will be contacted for further information and clarification of the data where required, as suggested by the Joanna Briggs Institute and the Cochrane Collaboration guidance.

**First-stage**
A classification sheet will be included for each article, with specific details about the population, concept(s), context, study methods, and key findings relevant to the review objective. Nodes will be created to represent concept components (data, diagnosis, interventions, and outcomes) before the extraction of articles. Data related to each component will be inserted raw as context units in the respective node.
This scoping review will only include qualitative data on nursing process elements, focusing on a person living with an ostomy. Only the semantic part of the articles will be extracted (e.g., intervention names) because we aim to perform only qualitative mapping, providing clear information on the relations to test future comprehensive reviews.

**Second-stage**
Content analysis of the extracted context units will be performed to categorize the raw data. The rules of encoding will be based on the ICNP concept definitions as of 2019 (International Council of Nursing, 2019) and the category structure recommended by ISO 18104:2014 (International Organization for Standardization, 2014).

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**Data Analysis and Presentation**

The extracted data will be presented in diagrammatic or tabular form in a manner that aligns with this review's objective.
A summary of each article will include the author(s), year of publication, country of origin, study population and sample size, context, nursing assessment data, nursing diagnosis(es), nursing intervention(s), nursing outcome(s) and nursing relations.

**Table 2** - Data extraction instrument

| |
|---|
| Article/Title |
| Author(s) |
| Year of publication |
| Country of origin |
| Study Population and sample size |
| Context |
| Nursing assessment data |
| Nursing diagnosis(es) |
| Nursing intervention(s) |
| Nursing outcome(s) |
| Nursing relations |

For question 1, the tables and charts may include the data indicated in Table 3.

**Table 3** - Data assessed by nurses for people living with an ostomy

| Assessment data category | Unit of context |
|---|---|
| | |

For question 2, the tables and charts may include the data indicated in Table 4.

**Table 4** -Nursing diagnoses identified in people living with an ostomy

| Diagnosis category | Unit of context |
|---|---|
| | |

For question 3, the tables and charts may include the data indicated in Table 5.

**Table 5** - Nursing interventions implemented in relation to people living with an ostomy

| Intervention category | Unit of context |
|---|---|
| | |

For questions 4 and 5, the tables and charts may include the data indicated in Table 6.

**Table 6** - Relations between identified nursing assessment data, diagnoses, interventions, and/or outcomes

| Relations category | Unit of context |
|---|---|
| | |

## 2. RESULTS

This scoping review is intended to include articles that allow mapping data with clinical usefulness that support diagnostic nursing reasoning, focusing on the needs of the person living with an ostomy, the nursing diagnoses that describe these needs, the nursing interventions that respond to these needs and the relationship between them (data, diagnoses, interventions and nursing results). An initial researched shows that the decision-making process of nurses seems to be unclear, because it is not evident which data are supported by nurses to identify the needs of the person living with ostomy, which translate into diagnostic statements. Similarly, the relationship between interventions prescribed by nurses to respond to the needs of the person living with an ostomy with a view to achieving positive health outcomes is unclear.
It is worth adding that the language used to name data, diagnoses and nursing interventions seems, when compared to different bibliographic sources, not to be uniform.

## 3. DISCUSSION

The mapping of data, diagnoses, interventions and results sensitive to nursing interventions, as well as the relationships between them, in the context of the process of designing nursing care focused on the person living with an ostomy, is a fundamental step towards formalizing the knowledge of nursing in the field of stomatherapy. Formalization of this knowledge will show trends, based on evidence, and will subsidize the decision-making of the nurse, in order to improve the quality of clinical practice.
The use of a uniform language was an essential requirement for the formalization of nursing knowledge, without which it is not possible to compare data between different contexts and therefore to extract nursing indicators. The expansion of the nursing knowledge base, based on evidence generated through data from nurses' clinical practice, depends on the use of standardized nursing terminology and the specification of these data and their relationships (Englebright, Hardiker, & Kim, 2021).

## CONCLUSION

This map will identify relevant issues to help advance evidence-based health care, develop nursing knowledge within the scope of stomatherapy, identify possible gaps and help other levels of studies.

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