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Spirituality/Religiousness as a therapeutic element in patients' adaptation to intestinal stomas

Espiritualidade/religiosidade como elemento terapêutico na adaptação da pessoa à estomia intestinal

La espiritualidad/religiosidad como elemento terapéutico en la adaptación de la persona a una ostomía intestinal

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ABSTRACT

Objective: to explore the perception about spirituality/religiousness in patients' adaptation to intestinal stomas, from their own perspective. **Method:** an exploratory study with a qualitative approach conducted with 12 individuals that had intestinal stomas for less than four months and were treated in a Multidisciplinary Treatment Program for Ostomized Patients. The data were collected between August and November 2021 by means of semi-structured interviews, which were analyzed grounded on Content Analysis (Thematic modality). **Results:** three thematic categories emerged: Spirituality/Religiousness manifests itself through God/family/friends; Spirituality/Religiousness helps attribute new meanings to the stoma adaptation process; and Spirituality/Religiousness makes me believe in the impossible. **Final considerations:** Spirituality/Religiousness reveals itself as a protection and shelter experience that is made a reality through God, family or friends, perceived as a therapeutic element to attribute new meanings to the disease discovery process until the patients manage to adapt to the intestinal stomas.
Descriptors: Enterostomal Therapy; Colostomy; Ileostomy; Spirituality.

RESUMO

Objetivo: explorar a percepção sobre a espiritualidade/religiosidade na adaptação da pessoa à estomia intestinal, na perspectiva da própria pessoa. **Método:** estudo exploratório, abordagem qualitativa, com 12 pessoas que apresentavam estomia intestinal há menos de quatro meses, atendidas em um Programa de Atendimento Multidisciplinar ao Paciente Ostomizado. Coleta de dados realizada por meio de entrevistas semiestruturadas entre agosto e novembro de 2021, analisadas com fundamentação na análise de conteúdo, modalidade temática. **Resultados:** emergiram três categorias temáticas: A espiritualidade/religiosidade se manifesta por meio da divindade/família/amigos; A espiritualidade/religiosidade ajuda a ressignificar o processo de adaptação à estomia; e A espiritualidade/religiosidade me fez acreditar no impossível. **Considerações finais:** a espiritualidade/religiosidade revela-se como uma experiência de proteção e amparo concretizada por meio da divindade, da família ou dos amigos, sendo percebida como elemento terapêutico para ressignificar o processo de descoberta da doença até a adaptação da pessoa à estomia intestinal.
Descritores: Estomaterapia; Colostomia; Ileostomia; Espiritualidade.

RESUMEN

Objetivo: explorar la percepción de la espiritualidad/religiosidad en la adaptación de las personas a la ostomía intestinal, desde su propia perspectiva. **Método:** estudio exploratorio con enfoque cualitativo, en el que participaron 12 personas con estoma intestinal por un período inferior a cuatro meses, atendidas en un Programa de Atención Multidisciplinaria para Pacientes Ostomizados. La recolección de datos se realizó mediante entrevistas semiestructuradas entre agosto y noviembre de 2021, y se analizó mediante análisis de contenido temático. **Resultados:** surgieron tres categorías temáticas: La espiritualidad/religiosidad se manifiesta a través de la divinidad/familia/amigos; La espiritualidad/religiosidad ayuda a resignificar el proceso de adaptación a una ostomía; y La espiritualidad/religiosidad me hizo creer en lo imposible. **Consideraciones finales:** la espiritualidad/religiosidad se revela como una experiencia de protección y apoyo realizada a través de la divinidad, la familia o los amigos, y se percibe como un elemento terapéutico que resignifica el proceso desde el descubrimiento de la enfermedad hasta la adaptación a un estoma intestinal.
Descriptores: Estomaterapia; Colostomía; Ileostomía; Espiritualidad.

INTRODUCTION

Colorectal cancer (CRC) is considered one of the most prevalent neoplasms in the world and a severe disease with a high mortality rate, in addition to oftentimes resulting in the need to perform intestinal stomas, including ileostomies or colostomies[1,2].

Intestinal stomas can exert negative impacts on a person's quality of life, impairing their work, sociopsychospiritual well-being, self-care ability and sexuality. Incontinence, diarrhea, constipation, low self-esteem, negative feelings, need to adapt eating habits/clothing style and even fear of walking are all unpleasant experiences undergone by people with

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intestinal stomas. In addition to that, a number of complications can arise, such as dermatitis, peristomal hernia, retraction, mucocutaneous separation, necrosis, stenosis and prolapse, among others. Therefore, it is fundamental for these people to be provided with guidelines and care measures to face the adversities permeating an ileostomy or colostomy[2-4].

Predominantly centered on the physical aspects, the assistance provided to people with intestinal stomas represents fragmented care, which fails to comprehensively contemplate the subjective and existential requirements involved in the process to adapt to these stomas. In this sense, nurses can activate internal coping resources in the patients themselves, through their spirituality[5].

Several researchers highlight that the patients' spiritual dimension should be considered as a fundamental component in comprehensive health care[6]. However, this therapeutic approach is neglected or scarcely valued in health services' routines[7].

Spirituality is a multidimensional phenomenon influenced by culture and religion. Contact with and handling of the feces eliminated through intestinal stomas during hygiene care actions, as well as them remaining in the collecting bag, can cause revolt and questions about the meaning of one's own human existence, influencing inner peace and impairing spiritual well-being[8]. These data point to the relevance of researching the perception of people with stomas regarding spirituality/religiousness, in order to support care practices targeted at each individual.

Religiousness refers to beliefs, practices and rituals that transcend a person and lead their behavior in life[6]. In turn, spirituality is seeking for the meaning of one's own existence; it is connecting with the inner self, with the others, with nature and with the environment where a person lives. It encompasses a larger dimension, as it represents an individual wish that can be safeguarded through friends, family members, work, animals, nature or anything considered sacred. In order to deal with spirituality, it is necessary to get involved in a person's own and unique truth, diving into their perspective[5].

In this sense, spirituality is a broad and complex concept that is hard to be defined in a single way for clinical applications, despite recognizing its value for people's well-being. In turn, religiousness is a concrete and practical manifestation of spirituality and its influence on health is clearer and more visible[6].

When considered in the clinical practice, both have the potential to offer emotional support, attribute new meanings to illness and favor quality of life. In the case of people with intestinal stomas, research on the spiritual dimension can be translated into actively listening to their spiritual/religious feelings, into respecting their beliefs during the procedures and into valuing their faith as with potential for subjective and emotional reconstruction. By acknowledging a person in their entirety (body, mind and spirit), more sensitive and effective care is promoted[5].

Consequently, the current study adopts the term "Spirituality/Religiousness" to encompass both the subjective and personal dimensions of spirituality and the structured and practical aspects of religiousness, respecting the plurality of the existing expressions among the participants and expanding understanding of the theme in care contexts.

Given the above, the following questions are set forth: How do people with intestinal stomas perceive spirituality/religiousness? What is its meaning in the patients' adaptation to intestinal stomas? The objective of the current study was to explore the perception about spirituality/religiousness in the patients' adaptation to intestinal stomas, from their own perspective.

METHOD

An exploratory study with a qualitative approach, grounded on the criteria set forth in the *Consolidated criteria for reporting qualitative research* (COREQ)[9] and conducted by means of semi-structured interviews[10].

It was developed at a care service for people with stomas located in a municipality from Triângulo Mineiro and that provides assistance to these individuals, residents from two health micro-regions. The data were collected between August and November 2021. The data saturation criterion was not adopted; the sample was assembled through intentional selection.

In the data collection setting (focused on in the research), each person was registered and evaluated at their first and return consultations. The aforementioned return visits continued until each person and their family were able to use the material without leaks and until the patients were living in society with no discomfort reports, which is frequently the case in less than two months. After the first appointment, the Health Department from the state of Minas Gerais recommends that people should be re-evaluated every four months[11]. Consequently, as per the researcher's experience, the individuals re-evaluated at four months report improvements in their quality of life thanks to the bag.

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Therefore, it was decided to research those registered at least four months ago, for considering that they were in the period when they were adapting to the bag.

At data collection, there were 181 individuals with colostomies and 67 with ileostomies registered in the aforementioned service. From this total, 13 patients had been registered less than four months ago. Twelve of the 13 people took part in the study. They were eligible based on the inclusion criteria: people with intestinal stomas; aged at least 18 years old; registered less than four months ago; having opted for in-person appointments in the aforementioned service; and in due clinical conditions allowing them to answer the interview. One individual refused to participate for personal reasons.

The interviews were in charge of the interviewer/researcher herself (MSc student), conducted in-person and audio-recorded in digital format. They took place on a day and time previously scheduled, which coincided with the participants' in-person consultation at the service, agreed upon between them, the service and the researcher, and lasted a mean of nine minutes. Only the researcher and the interviewee were present in the private room during the interviews, with the possibility of including a family member if the interviewee allowed so. The interviewer/researcher was previously trained by the research coordinator.

The interview script was previously submitted to validation in charge of three PhDs on the topic and/or in research methodology, who also signed a Free and Informed Consent Form (FICF). According to the suggestions made by the PhDs in the aforementioned validation, changes were made to the arrangement and vocabulary of the questions. The following was included: identification regarding religion; the word “occupation” to assist in defining the participants’ profession in the identification data; detailed schooling verification data; and this question: Would you like the health professionals that treat you to use strategies/talked about spirituality and religiousness? The question reading “Do you have any reference person for your treatment in the Multidisciplinary Treatment Program for Ostomized Patients (*Programa de Atendimento Multidisciplinar ao Paciente Ostomizado*, PAMPO)? — was turned into an open question.

The aforementioned script consisted of two parts: the first one included the participants' sociodemographic and professional data; in turn, the second one had guiding questions to research the meaning of Spirituality/Religiousness for people with intestinal stomas; the perception regarding spirituality/religiousness for these individuals in their adaptation to the intestinal stomas; and the changes in their life after the stomas, as well as the difficulties faced.

The interviewer/researcher herself transcribed in full all the information obtained in audio format to a computer. There were no external analysts. The material resulting from the interviews was analyzed grounded on Content Analysis (Thematic modality)[11], following these stages; Pre-analysis, Full-reading of the transcribed material to identify the thematic units; Exploration of the material; Grouping of the context units by content affinity and compiling the emerging thematic categories; and, finally, Interpretation of the material and construction of a dialog between the study findings and the theory[11]. Data analysis was guided by an approximation to the theoretical framework of Spirituality/Religiousness in the clinical practice[5,6] and of the research object.

The project was approved by the Research Ethics Committee from a federal universityAll the participants signed the FICF. To ensure the interviewees' anonymity, they were coded with the letter “I” followed by a numeral according to the order in which the interviews were conducted: I1, I2, I3... I12.

RESULTS

Most of the 12 participants were between 46 and 65 years old (66.7%) and half of them had Complete Elementary School (50.0%) and were Catholics (50.0%). Intestinal stomas performed one month ago prevailed (41.6%). Half of the participants had the prospect of remaining with the stomas for two to six months (50.0%) and none of them was working at data collection.

Three thematic categories emerged in the data analysis: Spirituality/Religiousness manifests itself through God/family/friends; Spirituality/Religiousness helps attribute new meanings to the stoma adaptation process, and Spirituality/Religiousness makes me believe in the impossible.

Spirituality/Religiousness manifests itself through God/family/friends

This category reveals that the participants perceive spirituality/religiousness as faith, whether in God, saints, Chico Xavier or Jesus. Some of them stated not knowing how to preach, but talk to some entity, thank them and make requests to them. For others, spirituality/religiousness means religion, regardless of the place they attend or where they pray, as illustrated in the following testimonies:

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> *Then [...] I'm a Catholic because my parents were Catholics [...] But I sometimes go to Church, but I follow nothing. (I2)*
>
> *I'm a Catholic, I don't go to Church much; I stay home instead, read my Catholic bible, do my prayers and my rosaries, but at home. (I5)*
>
> *I don't know how to pray. I just ask God, I speak a few words to God. He helps me, He protects me [...] It's just God for me [...] God is first and foremost in religion [...] He's my life, my father [referring to God]. (I7)*
>
> *I think that spirituality/religiousness is a quite big force. It's everything for me. Because without faith, without believing, I think it would've been kinda hard for me to go through all these 38 years that I've lived. And then comes this blow. [...] I always believe, I don't even know if it's because of all the suffering and difficulties [...] they were so many [...] I think that without this help [referring to spirituality/religiousness], I think it's kinda difficult. (I9)*
>
> *The doctors, me in a little cart, until the moment to go to the surgery room, I asked for protection to Saint Augustine, to Sabino Lucas, to Merciful Jesus of Nazareth and to Chico Xavier. (I10)*

In the testimonies, it was evidenced that when loved ones offer support in the stoma adaptation phase, they become cornerstones and the shelter provided can be compared to spiritual/religious support:

> *I think that spirituality is you feeling good with the people you live with [...] The love you feel for people, for the others; I think it's that. (I6)*
>
> *I think that I'm nothing without other people [...] whatever I believe that I can manage to do a given day, regardless of that [...] [referring to cancer], what's important is what I believe and the people around me, which is more important than anything else [referring to the importance of spirituality]. (I6)*

Spirituality/Religiousness helps attribute new meanings to the stoma adaptation process

This thematic category revealed that, for the interviewees, intestinal stomas have repercussions in several dimensions, even in self-image. However, finding shelter in faith and loved ones promoted spiritual and emotional support. It was evidenced that, with their different beliefs, they gained strength and faced their pain and distress:

> *It's just what I use to deal with my stoma. It's my faith in God. (I1)*
>
> *[...] I feel like a different person each step that I take, I became someone else, because it's not easy [...] you have to accept this here, because you like to put on make-up, you like to put on some nice clothes, you like this, you like that, I gradually worked a little on my head, I think that Spiritualism helped a lot, the girls, they welcomed me. I go there, it's that shelter, you know? I think that this part helped me a lot. (I3)*
>
> *It's still helping, you know? I'm still adapting, because it's new for me, right? Everything's new [referring to the difficulties inherent to the stoma]. I resort to faith [to deal with the difficulties]. (I4)*
>
> *It was quite a shock for me; I didn't even know that this was going to happen, my strategy was having faith that everything was going to be alright, I believe in the people I love and it's kind of a shot in the dark, you know? But it's that shot in the dark that you know will hit the target [referring to the difficulties inherent to the stoma]. (I6)*
>
> *You never imagine you'll have that here, no way. But some people say: I didn't deserve this, it's not possible, dear God, how come this happened to me? [...] I spoke to the doctor, to Him [referring to God] seeking help, so that I didn't fall down, to have some support, for me, for all the years I have yet to live, I want a normal life. What I consider normal is to work, to have the things [referring to what changed in relation to spirituality/religiousness after the stoma]. (I9)*

Spirituality/Religiousness makes me believe in the impossible

The third thematic category revealed that, for the participants, the perceptions in relation to the disease (specifically) and to the intestinal stomas are mistaken and intertwined. Everything happens at the same time for them, and they find it extremely difficult to separate the different distress sources and sensations. In the aforementioned context, spirituality/religiousness helps people face the situation in a more pleasant way, as they cannot separate the disease discovery phase from the adaptation to intestinal stomas.

The interviewees revealed that spirituality/religiousness gave them strength and helped them believe in the impossible; in other words, in overcoming obstacles that were insurmountable at the beginning and in their recovery as a whole:

> *[...] the Spiritualism doors opened for me, it was there that I think I stood up [...] kinda that shelter in Spiritualism, I felt better [...] I think that Spiritualism helped me a lot, the girls welcomed me. I go there, it's that shelter [...]. (I3)*
>
> *Then I think that, from the moment you have religiousness, you believe in the impossible. (I4)*
>
> *Ah, I don't know, faith is like the wind for me [...] you kinda don't see the wind, but you feel it [referring to their faith to face the intestinal stoma]. (I6)*
>
> *Dear God, I go to the Medalha [referring to a church] and everything I ask for comes true, everything go just right for me, thank God. (I8)*

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> *Spiritualism is a flow that never stops, but then I ask following that faith. And everything I ask for comes true, everything I want becomes a reality. Then what I want is that way. (I10)*

Faith and spirituality/religiousness are immaterial and cannot be physically touched, but they enable sensations and assist and comfort the participants in their adaptation to intestinal stomas. It was found that practicing spirituality/religiousness is considered as encouragement during the period these people were going through with their disease and treatment at the same time:

> *[...] I'm always there, I join my Guardian Angel, you know? I go to church, anyway, I went to Our Lady of Aparecida on Sunday, there at Santos Dumont, I did my novena, thanking her that I was there. (I1)*
>
> *I find no way to explain it. I just know that my peace of spirit changed a lot. It's a whole lot better than before the surgery. It's as if you find yourself there [referring to spirituality/religiousness]. (I11)*
>
> *It's God that helps, that takes me by his hand, that guides me, I just wouldn't manage by myself, you know? (I12)*

DISCUSSION

The participants' testimonies fluctuate between what is known as Spirituality and Religiousness in this discussion field, evidencing that they do not find significant differences in using one term or the other. This dilemma is perhaps more theoretical and academic than practical and functional, at least for the participating population and the method adopted.

One of the perceptions regarding spirituality/religiousness revealed by the interviewees evidences the meaning of protection and shelter to the patients in their adaptation to intestinal stomas through a sensation of strength and support provided by God. Spirituality/Religiousness means God for them: as a synonym to life, protection and omnipresence. They believe in God's transformative force that protects them. This belief in divine intervention among people with intestinal stomas is in line with the literature[12]. These reports also exemplify the role of religiousness in resilience and in overcoming adversities, as previously presented in the relationships between religiousness and health[6].

The participants stated that they connect with spirituality/religiousness by resorting to prayer, which comforts and sooths them. This finding is in consonance with the literature, which also conceives spirituality as believing in prayers and/or in spiritual protection and help[4,12]. These reports bring to light religiousness experienced in an intimate way, without necessarily involving any institutional mediation, showing that in the search for the sacred, spiritual practices are intertwined with religious ones in the everyday life of people with intestinal stomas[6].

An even larger dimension was found in the participants' testimonies, revealing spirituality as a force that manifests itself in the connection with others, in love, in mutual care and in establishing affective bonds, transcending the strictly religious and institutionalized dimension. Living as a person with a stoma represents an experience marked by significant physical, emotional and psychosocial ruptures, directly affecting the construction of their identity, their self-perception and their quality of life. In this sense, encouraging the family members to take part in everyday activities along with the ostomized person is helpful to implement co-accountability in relation to the care and safety provided to the patient and is grounded on resorting to spirituality as way to seek comfort in the relationships, contributing peace of mind, quietness and acceptance[5].

The findings expressed the Spirituality/Religiousness experience as a therapeutic element to attribute new meanings to the process encompassing from discovering the disease to accepting the situation among people with intestinal stomas. The experiences with the aforementioned stomas involves profound physical, emotional, social and existential transformations. In this context, a person's internal resources (such as spirituality/religiousness) emerge as fundamental elements in facing and adapting to their new life condition. The literature highlights that people frequently mobilize such dimensions to deal with distress, fear, pain and the identity ruptures associated with stomas. When facing this process, spirituality/religiousness emerges as a core element in coping, in attributing new meanings to the disease and in the search for sense in the face of adversities[5,6].

In the current study, the people with intestinal stomas resorted to Spirituality/Religiousness as a coping strategy to specifically adapt to the stomas, in line with the literature[13,14]. The rehabilitation phase with ileostomies or colostomies implies getting used to incontinence in terms of feces and flatulence, as they cause unavoidable noises and smells, embarrassing the patients in public. The interviewees revealed avoiding contact with other people for this reason. Such discomforts are also evidenced in the literature[2,12]. In addition, the impacts on work and on social/sexual/financial life have negative repercussions in their interpersonal relations and social interactions.

For representing a critical and disconcerting event, the stoma experience can trigger an identity and self-image crisis. Many people report feelings of embarrassment, isolation, uselessness or lose of sense[4]. Given this, spirituality emerges a source of resilience and reconnection with their own dignity. This is in consonance with the literature, which

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indicates that faith in a superior being, prayer, meditation and other spiritual practices can offer solace, hope and motivation to move on[5,6].

According to the testimonies, spirituality/religiousness comforted the participants when they felt awkward, anxious and with impaired self-esteem, resulting from the changes in their routines and from depending on the help and care provided by other people. Such findings are in line with the literature, as they elucidate that spirituality/religiousness offers support in the rehabilitation phase to a new lifestyle as a result of the intestinal stomas[9]. Consequently, by acknowledging spirituality as an intrinsic care component, a more humanized and people-centered assistance practice is promoted, capable of meeting not only the physical requirements but also those related to their lifestyle and dignity. Such perspective expands what is understood by health-disease process and favors devising care strategies that respect the singularity, beliefs, values and internal resources mobilized by each person in coping with their condition. Resorting to spirituality/religiousness in the clinical practice cannot cure diseases, but generates a sensation of comfort in the soul[5].

For the participants, spirituality/religiousness is abstract, immaterial and subjective and cannot be touched, but is strong enough to offer a sensation of peace, comfort and shelter, in line with the literature, which highlights that the relationship with the sacred is unique and personal[14]. This concept reveals that faith is mobilized as a psychological resource capable of expanding the hope, control and coping perceptions, aspects discussed in the literature on spirituality and health[6].

In this sense, when meaning is created and believed in, the situation is accepted and distress is relieved (Puchalski). Spirituality/Religiousness allowed these individuals with intestinal stomas to feel stronger and, consequently, to better face their disease and the stoma adaptation process, managing to overcome the impossible and feeling welcomed at moments marked by insecurity and fear. It is evidenced that religiousness not only offers emotional support but also works as a welcoming and belonging space. Symbolized in the "*shelter*" offered by the Spiritualist doctrine, the search for community support reinforces the role of religious practices in promoting mental health and well-being[6].

The reports resulting from the interviews revealed the understanding that spirituality and religiousness are not limited to practicing rituals; they constitute fundamental psychoemotional, cultural and existential resources in the stoma adaptation process. The findings are similar to those from the literature, where it is advocated that spiritual care should be integrated into the clinical practice, as it not only promotes relief from distress but also strengthens dignity, the meaning of life and overall well-being in people with intestinal stomas[5].

Given the findings, it is noted that nurses play an important role in welcoming people with intestinal stomas, contributing for them to feel less alone, face their fears and recover some sense of hope, strength and, consequently, emotional and existential cure[6]. However, it is noticed that despite the well-known relevance of spiritual care in the therapeutic process, health professionals still frequently neglect this aspect in the clinical practice[13].

Resorting to spirituality/religiousness as a therapeutic element is a powerful and necessary recommendation for the Nursing practice. Investing in training and qualifying these professionals so as to incorporate this care in the assistance process emerges as an essential step towards consolidating a more fair, dignified, comprehensive and impartial assistance model, especially because, in addition to the physical aspects, recovery and adaption of people with stomas involve their emotional, social, spiritual and existential dimensions[5-7].

Study limitations

The small number of people registered in the aforementioned service as a result of the COVID-19 pandemic (a period during which the number of elective surgeries was restricted) precludes generalizations. However, it is considered that the findings were consistent and brought to light the analysis of the object researched in a deep and dense way, evidencing the need for health assistance based on immaterial elements such as Spirituality/Religiousness.

FINAL CONSIDERATIONS

The current study allowed deepening on the understanding about the perceptions regarding Spirituality/Religiousness in the patients' adaptation to intestinal stomas, valuing their own testimonies. In addition, no differentiation was identified between both terms in the statements, which reveals that this dilemma is perhaps more theoretical and academic than practical and functional.

It was verified that Spirituality/Religiousness represents a source of faith, protection and divine, emotional and spiritual shelter during the adaptation process, also mediated by the support provided by family members and friends.

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Therefore, it emerges as a powerful therapeutic resource to attribute new meanings to the disease process, enabling people with intestinal stomas to resort to a new way of coping based on hope, sense and transcendence.

A person's experience when facing an intestinal stoma exerts negative effects on several life spheres, such as work, interpersonal relations, social life, self-esteem and sexual and financial aspects. In this context, Spirituality/Religiousness manifests itself as a subjective support axis, enabling solace, comfort and welcoming in the face of the physical and emotional pain that permeate this process.

As a contribution, the urgency of reflecting on incorporating Spirituality/Religiousness in care planning and implementation is noted, including a stimulus to develop clinical instruments targeted at spiritual well-being. It therefore becomes indispensable to train health professionals, especially in Nursing, for them to be duly prepared to recognize and meet the spiritual requirements of people with intestinal stomas, resorting to Spirituality/Religiousness as a therapeutic care technology.

In this sense, including this topic in Nursing training curricula constitutes an indispensable strategy to strengthen a care practice that contemplates human beings in their entirety, promoting expanded, humanized and effectively transformative care.

It is recommended to develop future research studies that explore the interface between Spirituality/Religiousness and health professionals' performance in the assistance provided to people with intestinal stomas, expanding the analysis to the subjective factors involved in the aforementioned adaptation process.

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Use of artificial intelligence tools

Authors declare that no artificial intelligence tools were used in the composition of the manuscript "*Spirituality/Religiousness as a therapeutic element in patients' adaptation to intestinal stomas*".