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Ostomy Self-Management Experiences of People with an Ostomy: A scoping review

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Abstract

This scoping review examines ostomy self-care as a multidimensional concept encompassing physical, psychological, social, and spiritual aspects, but lacking a consistent framework. Key facilitators include family support, culturally sensitive education, telehealth, and spiritual care, while barriers involve body image concerns, stigma, physical complications, and limited specialized care access. The review highlights inconsistent terminology and classification, emphasizing the need for standardized definitions and assessment tools. Holistic, individualized care strategies that address all dimensions of self-care are essential. Future research should focus on standardization and long-term support to enhance independence and quality of life for people living with an ostomy.

Keywords: ostomy care, self-management, experiences, people with an ostomy

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1.0 Introduction

Ostomies, surgically created openings that allow for the elimination of bodily waste are essential medical interventions for individuals affected by conditions such as colorectal cancer, inflammatory bowel disease, and traumatic injuries (Villa, 2018). These procedures can significantly improve survival rates and overall health outcomes, offering life-saving solutions when conventional gastrointestinal function is compromised. However, the creation of an ostomy also introduces complex and multifaceted challenges that extend far beyond the operating room. Patients must navigate profound changes in body image, daily routines, and social interactions, all of which demand extensive physical, psychological, and emotional adaptation (Sun et al., 2019; Liu, 2023).

The transition from hospital to home represents a particularly vulnerable period for ostomy patients. During this phase, individuals frequently report experiencing anxiety, depression, embarrassment, and social isolation (Silva, 2021; Wang, 2024). These emotional and social burdens are often exacerbated by insufficient preoperative education, fragmented discharge planning, and limited access to specialized support services. Systemic barriers including disparities in healthcare infrastructure, lack of trained ostomy nurses, and poor continuity of care further hinder patients' ability to manage their condition effectively (Son & Kang, 2021; Li et al., 2025).

Moreover, cultural beliefs, personal coping styles, and socioeconomic factors play a critical role in shaping the adaptation process, underscoring the need for individualized and context-sensitive care strategies.

Qualitative research has proven invaluable in capturing the lived experiences of individuals with ostomies. Through methodologies such as Interpretative Phenomenological Analysis (IPA), hermeneutic phenomenology, ethnography, and thematic analysis, researchers have explored the nuanced realities of ostomy patients, revealing themes of emotional resilience, altered self-perception, and the importance of social support networks (Ceylan, 2017; Stavropoulou, 2021). These studies offer rich insights into how patients make sense of their condition, develop coping mechanisms, and strive to maintain dignity and autonomy in the face of significant lifestyle changes.

2.0 Methodology

This scoping review was conducted using the methodological framework developed by the Joanna Briggs Institute (JBI), which offers a structured and systematic approach for mapping existing literature on complex health-related topics (Peters et al., 2020). The JBI framework is particularly well-suited for reviews that aim to explore broad research questions and synthesize diverse types of evidence. To ensure transparency, consistency, and comprehensive reporting, the review also adhered to the PRISMA-ScR (Preferred Reporting Items for Systematic Reviews and Meta-Analyses Extension for Scoping Reviews) guidelines. Together, these frameworks enhance the credibility, reproducibility, and clarity of the review process and its outcomes.

2.1 Research Question

The primary objective of this scoping review was to explore how individuals living with an ostomy perceive and experience self-management in their daily lives. Specifically, the review aimed to identify the key challenges they encounter, the coping strategies they employ, and the support mechanisms that facilitate or hinder their adaptation. This research question was designed to capture the multidimensional nature of ostomy care, encompassing physical, emotional, social, and healthcare-related aspects. By focusing on qualitative evidence, the review sought to uncover the lived experiences of ostomy patients and provide insights that could inform patient-centered care practices and policy development.

2.2 Search Strategy

A comprehensive literature search was conducted across major electronic databases: PubMed, Science Direct and Scopus. These databases were selected for their relevance to nursing, psychology, medicine, and allied health disciplines. The search strategy employed a combination of keywords and Boolean operators to maximize sensitivity and specificity. Key terms included: "ostomy," "colostomy," "ileostomy," "urostomy," "self-management," "self-care," "coping," "adjustment," "quality of life," "patient experience," and "qualitative." The search was limited to studies published in English between January 2000 and July 2025 to ensure relevance to contemporary healthcare practices and to capture the evolution of ostomy care over the past two decades.

In order to enhance the comprehensiveness of the search, reference lists of included studies were manually screened for additional relevant articles. Grey literature, such as dissertations and conference proceedings, was excluded to maintain a focus on peer-reviewed sources. The final search results were exported into EndNote 20, a reference management software, for organization and duplicate removal.

2.3 Inclusion and Exclusion Criteria

Studies were eligible for inclusion if they met the following criteria:

a. Focused on adults aged 18 years and older with a permanent or temporary ostomy
b. Explored self-management experiences, including physical, emotional, social, and healthcare-related dimensions
c. Employed qualitative or mixed-methods research designs

Studies were excluded if they:

a. Focused exclusively on surgical techniques or clinical outcomes without patient perspectives
b. Included pediatric populations
c. Were published in languages other than English
d. Were commentaries, editorials, or opinion pieces lacking empirical data

These inclusion criteria ensured that the review captured a wide range of patient experiences while maintaining methodological rigor and relevance to adult populations.

2.4 Study Selection and Data Extraction

All retrieved citations were imported into EndNote 20, where duplicate records were identified and removed. Three reviewers independently screened titles and abstracts for relevance based on the inclusion and exclusion criteria. Full-text articles of potentially eligible studies were then assessed for final inclusion. Any disagreements that arose during the selection process were resolved through open discussion and consensus, ensuring a balanced and unbiased approach.

Data extraction was performed using a standardized form developed by the research team. The form captured key information from each study, including author(s), year of publication, country of origin, study design, participant demographics, research setting, and main findings related to ostomy self-management. This structured approach facilitated consistency and allowed for efficient comparison across studies. Extracted data were cross-verified by the reviewers to ensure accuracy and completeness.

2.5 Quality Appraisal

To assess the methodological quality of the included studies, the JBI Qualitative Critical Appraisal Checklist was employed. This tool evaluates ten key criteria, including the congruence between research methodology and objectives, appropriateness of data collection methods, representation of participants' voices, ethical considerations, and the robustness of data analysis techniques (Lockwood et al., 2020). Each study was graded as follows:

a. Grade A: Met all ten criteria
b. Grade B: Met eight to nine criteria
c. Grade C: Met fewer than seven criteria.

Following the approach by Wu et al. (2022), only studies graded A or B were included in the final synthesis to uphold the methodological integrity of the review. Studies graded C were excluded due to concerns about validity and reliability. This appraisal process ensured that the review's findings were based on high-quality evidence and minimized the risk of bias.

2.6 Data Analysis

Thematic analysis was employed to identify recurring patterns and core themes across the selected studies. This qualitative method involves coding and categorizing data to uncover meaningful insights and relationships. The analysis was conducted independently by the three reviewers, who then met to discuss and refine the emerging themes. Discrepancies were resolved through consensus to ensure consistency and depth of interpretation.

In order to provide a structured lens for organizing the findings, King's Conceptual System was used. This framework emphasizes the interplay of personal, interpersonal, and social factors in shaping health behaviors and adaptation (King, 1981). By applying this model, the review was able to contextualize the self-management experiences of ostomy patients within a broader psychosocial framework. Themes were grouped according to physical challenges, emotional responses, social dynamics, coping strategies, and systemic influences, allowing for a comprehensive and multidimensional synthesis.

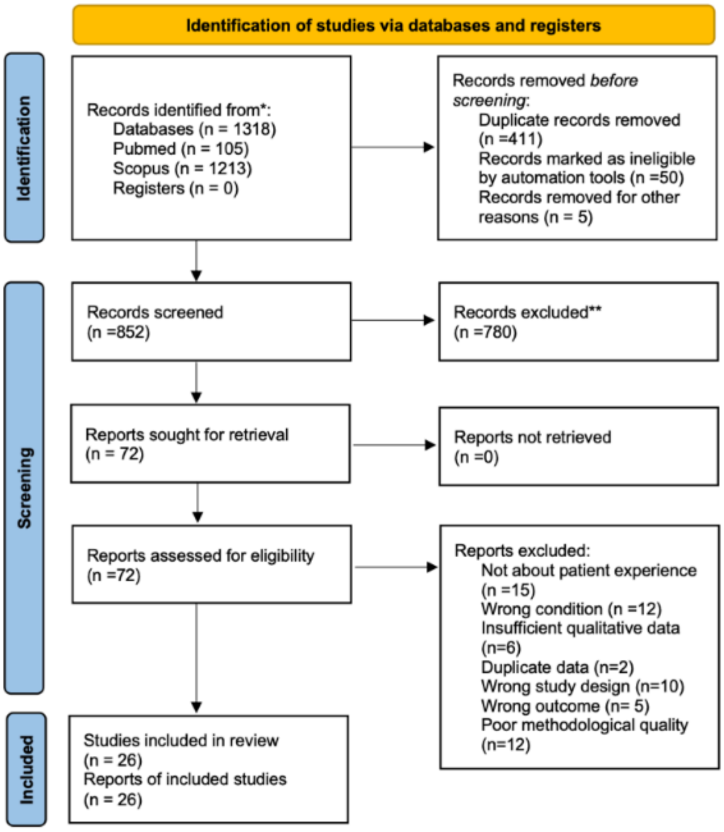

Figure 1: PRISMA flow diagram for the scoping

3.0 Result

A total of 1,522 records were identified through database searches (PubMed: 105; Science Direct: 204 and Scopus: 1,213). After removing 411 duplicates, 852 records were screened. 780 records were excluded, leaving 72 full-text reports assessed for eligibility. Of these, 46 were excluded for reasons including irrelevant patient focus, wrong condition, insufficient qualitative data, duplicate data, inappropriate study design or outcomes, and poor methodological quality. Ultimately, 26 studies were included in the final scoping review (Table 1).

3.1 Study Characteristics

This scoping review included 26 qualitative and mixed-methods studies that explored the self-management and psychosocial adaptation experiences of individuals living with ostomies. The studies employed a range of qualitative methodologies, including Interpretative Phenomenological Analysis (IPA), hermeneutic phenomenology, narrative inquiry, ethnography, and thematic analysis. These approaches allowed researchers to delve deeply into the subjective experiences of patients, uncovering nuanced insights into their emotional, physical, and social realities (Ceylan, 2017; Stavropoulou, 2021; Tan, 2022). The diversity in methodological design enriched the synthesis by capturing varied perspectives across different cultural and healthcare contexts.

3.2 Population and Sample Size

The studies reviewed encompassed a wide range of participants, from small qualitative samples, such as Annells (2006), which involved six individuals, to larger cohorts, like Choudhary and Kaur (2020), which included 222 participants. Most studies focused on adult populations, though some included adolescents and elderly individuals to reflect the broader spectrum of ostomy patients. This demographic diversity provided a comprehensive understanding of how age, gender, and life stage influence adaptation and self-management (Silva, 2021; Liu, 2023). For instance, younger patients often reported challenges related to body image and intimacy, while older adults emphasized concerns about independence and access to care (Mohr, 2016; Wang, 2024).

Table 1: Summary of the Articles

Author(s) & Year	Study Design & Purpose	Population	Key Findings
Fahrizal et al. (2025)	Qualitative, cross-sectional study exploring postoperative self-care experiences	20 colostomy patients in Indonesia (14 men, 6 women)	Identified stressors, coping styles, family and professional support needs. Patients faced hygiene concerns, fatigue, and activity limitations.
Sun et al.	Qualitative study on appliance management and self-care challenges in cancer survivors	928 long-term rectal cancer survivors	Emphasized appliance-related difficulties and the need for education and support.
Ceylan (2017)	Phenomenological study on living with a stoma	19 patients in a stoma therapy unit	Emotional and social challenges varied by level of social support.
Silva (2021)	Qualitative study on subjective experiences of ostomy patients	10 individuals (6 men, 4 women), avg. age 49	Highlighted body image issues, social isolation, and coping through religion and emotional regulation.
Stavropoulou (2021)	Phenomenological study on permanent colostomy experiences	15 patients	Emotional, physical, sexual, and social challenges; support systems aided adaptation.
Tan et al. (2024)	Descriptive phenomenological study on postsurgical adaptation	12 colorectal cancer patients (7 women, 5 men)	Themes included adapting to a new normal, psychological rebalancing, and support needs.
Wang et al. (2024)	Phenomenological study on elderly patients with temporary stomas	12 participants aged 60–77	Identified physical, emotional, and informational challenges; emphasized tailored education and follow-up.
Choudhary (2020)	Meta-synthesis of qualitative studies on ostomy experiences	222 patients aged 14–83	Patients faced physical, psychological, and social challenges; coping and support facilitated adjustment.
Sheffer et al.	Mixed-methods study on perioperative ostomy care	20 patient's post-surgery	Barriers included lack of education, appliance issues, and systemic healthcare gaps.
Hu et al. (2024)	Mixed-methods study under ERAS protocols	140 quantitative, 13 qualitative participants	Unmet needs in education and support; shortened hospital stays increased burden on patients.
Sasaki et al. (2021)	Qualitative study using Social Model of Disability	9 elderly male patients	Emphasized interdisciplinary care and rehabilitation-focused self-care.
Tomasi et al. (2022)	Descriptive exploratory study on aged ostomy patients with UI	77 participants	Emotional responses included denial, fear, and embarrassment; lifestyle and body image changes were significant.

Author(s) & Year	Study Design & Purpose	Population	Key Findings
Whiteley et al. (2025)	Comparative study on temporary vs. permanent ostomy adaptation	700 participants (397 TO, 303 PO)	Both groups faced psychological adjustment; temporary ostomy patients delayed resuming normal activities.
Byfield (2020)	Phenomenological study on support group experiences	10 ostomy patients in Georgia	Support groups improved body image, reduced isolation, and promoted independence.
Son & Kang (2021)	Focus group study using chronic illness trajectory framework	19 South Korean ostomy patients	Identified coping stages and gender differences in support and social adjustment.
Petersén & Carlsson (2021)	Content analysis of focus group interviews	21 patients aged 23–79	Patients struggled with body image and uncertainty; social engagement aided coping.
Li (2024)	Qualitative study on supportive care needs in older colorectal cancer patients	25 participants aged 60–97	Identified needs in disease management, emotional support, and practical assistance.
Duluklu & Celik (2024)	Mixed-methods study on post-colostomy experiences	Sample size not specified	Emotional and physical challenges in adjusting to life post-treatment.
Horgan et al. (2020)	Qualitative study on young adult males with IBD and stomas	5 male patients aged 20–30	Themes included control, secrecy, emotional distress, and the value of education.
Lim et al. (2015)	Descriptive study on early postoperative self-care	12 patients in Singapore	Identified acceptance, physical limitations, psychological reactions, and education gaps.
Mørkhagen (2023)	Qualitative study on younger women's ostomy experiences	Women aged 20–35 in Norway	Highlighted need for sensitive follow-up, discussions on intimacy, and location-based disparities in care.
Vural et al. (2016)	Phenomenological study on sexual health post-ostomy	14 participants (7 men, 7 women), avg. age 45.3	Explored changes in sexual function, body image, and expectations from ostomy nurses.
Alenezi (2022)	Mixed-methods study on QOL and religious adaptation	Saudi Muslim ostomy patients	Themes included reshaping religious practices, apprehension, and adaptation.
Herlufsen & Brødsgaard (2017)	Descriptive phenomenological study on urgent ostomy surgery	6 Danish patients aged 48–75	Identified vulnerability, caregiver partnership, and lack of continuity during hospitalization.
Mohr (2016)	Grounded theory study on adolescent ostomy experiences	12 adolescents (10 with ostomies)	Core categories: physical self and social self; themes included adapting, disclosing, and reentering.
Soelling et al. (2025)	Qualitative study on colorectal cancer patient's post-ostomy	20 patients (80% male), aged 21–90 days post-op	Challenges included appliance issues, emotional distress, and lack of anticipatory guidance from providers.

3.3 Geographic and Clinical Settings

The studies were conducted across various geographic regions, including China, South Korea, the United Kingdom, Japan, India, Brazil, Greece, and the United States. This global representation highlighted the influence of cultural norms, healthcare infrastructure, and social expectations on ostomy experiences (Son & Kang, 2021; Stavropoulou, 2021; Silva, 2021). Clinical settings varied from hospital wards and outpatient clinics to community and home environments. For example, Wang (2024) examined community-dwelling elderly patients in China, while Silva (2021) collected data from outpatient clinics in Brazil. These varied settings provided insight into the challenges and support systems available across different healthcare environments.

3.4 Key Themes

3.4.1 Physical and Practical Challenges

A consistent theme across studies was the physical burden associated with ostomy care. Patients reported difficulties managing ostomy appliances, including issues with leakage, odor, peristomal skin irritation, and fatigue (Fahrizal et al., 2025; Soelling et al., 2025). These complications disrupted daily routines and contributed to feelings of frustration and helplessness. Lifestyle changes were also common, with patients needing to modify their diets, sleep patterns, and physical activities to accommodate their new condition (Tomasi et al., 2022). Such adjustments often required ongoing trial and error, resulting in emotional strain and a reduced quality of life.

3.4.2 Psychological and Emotional Impact

Emotional distress was prevalent among ostomy patients, particularly during the initial postoperative period. Many individuals experienced anxiety, depression, embarrassment, and a profound sense of vulnerability (Silva, 2021; Vural et al., 2016). Altered body image and the visibility of the stoma led to diminished self-esteem and identity disruption (Tan, 2022; Lim et al., 2015). These psychological challenges were especially pronounced in younger patients, who reported difficulties with dating, intimacy, and social acceptance (Mohr, 2016; Mørkhagen, 2023). The emotional toll often persisted long after physical recovery, underscoring the need for ongoing psychological support.

3.4.3 Social Isolation and Stigma

Social withdrawal and stigma were frequently reported by participants. Fear of public embarrassment due to odor, leakage, or visible appliances led many to avoid social gatherings and limit interactions (Stavropoulou, 2021; Petersén & Carlsson, 2021). Cultural and religious beliefs further compounded these challenges, particularly in conservative societies where bodily functions are taboo (Alenezi, 2022). Younger women and adolescents were especially vulnerable to social isolation, often struggling with peer acceptance and romantic relationships (Mohr, 2016; Mørkhagen, 2023). These findings highlight the importance of addressing stigma through education and community engagement.

3.4.4 Coping Strategies and Adaptation

Despite the challenges, many patients demonstrated resilience through various coping mechanisms. Humor, spirituality, social comparison, and self-redefinition were commonly employed to manage emotional distress and regain a sense of control (Silva, 2021; Tomasi et al., 2022). Over time, individuals adapted to a "new normal," gradually rebuilding confidence and autonomy. Whiteley et al. (2025) found that patients who actively engaged in self-care and sought peer support were more likely to experience positive psychological outcomes. These adaptive strategies were influenced by personal traits, social support, and access to resources.

3.4.5 Support Systems

Support from family, peers, and healthcare professionals played a critical role in facilitating adaptation. Family involvement provided emotional reassurance and practical assistance, while peer support groups offered a sense of belonging and shared understanding (Byfield, 2020; Son & Kang, 2021). Empathetic healthcare providers, particularly those trained in ostomy care, played a crucial role in promoting recovery and self-management (Sheffer et al., 2020; Horgan et al., 2020). However, access to such support varied widely across settings, with rural and under-resourced communities facing significant barriers.

3.4.6 Educational Gaps and Unmet Needs

Many studies identified gaps in preoperative education, discharge planning, and follow-up care. Patients often felt unprepared for ostomy management and lacked clear guidance on appliance use, hygiene, and troubleshooting (Hu et al., 2024; Soelling et al., 2025). Health literacy emerged as a significant barrier, particularly among older adults and those in rural areas (Li, 2024; Wang et al., 2024). These unmet needs contributed to delayed adaptation, increased anxiety, and reduced quality of life. The findings underscore the importance of comprehensive education and continuity of care in supporting successful self-management.

4.0 Discussion

This scoping review synthesized qualitative and mixed-methods evidence on the self-management and psychosocial adaptation of individuals living with ostomies. The findings reveal that ostomy patients face a complex and multifaceted set of challenges that span physical, emotional, social, and systemic domains. These challenges significantly impact their quality of life, autonomy, and sense of identity. While many individuals demonstrate resilience and adaptability, persistent gaps in education, support systems, and healthcare infrastructure continue to hinder optimal outcomes. The discussion below explores six key thematic areas that emerged from the literature.

4.1 Adaptation to a New Reality

The transition to life with an ostomy represents a profound disruption to an individual's sense of normalcy and bodily integrity. Patients must adjust to altered bodily functions, unfamiliar routines, and the presence of medical appliances, which often require significant lifestyle modifications. Studies consistently show that successful adaptation is influenced by prior knowledge, personal coping capacity, and the availability of support systems (Fahrizal et al., 2025; Lim et al., 2015). For instance, individuals who received comprehensive preoperative education and had access to trained ostomy nurses reported smoother transitions and greater confidence in managing their condition (Tan, 2022). Conversely, those with limited information or support experienced heightened anxiety, confusion, and delayed adaptation. The initial postoperative period is particularly critical, as patients begin to navigate the physical and psychological demands of ostomy care while coping with the emotional impact of surgery.

4.2 Emotional and Psychological Burden

Emotional distress is a dominant theme across the literature, particularly during the early stages of recovery. Patients frequently report feelings of anxiety, depression, embarrassment, and vulnerability due to changes in body image and the visibility of the stoma (Silva, 2021; Vural et al., 2016). These emotional responses are often compounded by a sense of loss—of control, normalcy, and identity.

Younger patients, especially adolescents and women, face unique psychological stressors related to intimacy, sexuality, and social identity (Mohr, 2016; Mørkhagen, 2023). These individuals often struggle with dating, peer acceptance, and self-esteem, highlighting the need for age- and gender-sensitive interventions. Psychological support, including counseling, peer mentoring, and body image therapy, can play a crucial role in helping patients navigate these emotional challenges and rebuild a positive self-concept. The literature emphasizes that emotional recovery is not linear and requires ongoing support tailored to individual needs.

4.3 Social Isolation and Cultural Stigma

Social isolation and stigma are significant barriers to psychosocial well-being among ostomy patients. Fear of public embarrassment due to odor, leakage, or visible appliances leads many individuals to withdraw from social activities, avoid intimate relationships, and limit their participation in community life (Stavropoulou, 2021; Petersén & Carlsson, 2021). Cultural and religious beliefs further compound these challenges, particularly in conservative societies where bodily functions are considered taboo or shameful (Alenezi, 2022). In such contexts, patients may experience heightened shame and reluctance to disclose their condition, leading to increased isolation and psychological distress. Support groups have shown promise in reducing isolation and fostering resilience by providing a safe space for shared experiences, emotional validation, and practical advice (Byfield, 2020). However, access to such groups remains inconsistent, particularly in rural or under-resourced areas, which limits their potential impact. The literature calls for culturally sensitive interventions that address stigma and promote social reintegration.

4.4 Role of Support Systems

Support from family, peers, and healthcare professionals is critical to successful adaptation and self-management. Family members often provide emotional reassurance, practical assistance, and encouragement, which can significantly enhance a patient's confidence and coping ability (Son & Kang, 2021). Peer support groups offer a sense of belonging and shared understanding, allowing patients to learn from others who have navigated similar experiences (Byfield, 2020). Empathetic healthcare providers, particularly those trained in ostomy care, play a vital role in promoting recovery, autonomy, and self-efficacy (Tan, 2022; Wang et al., 2024). Despite their importance, gaps in continuity of care and limited access to specialized professionals persist. Many patients report difficulty accessing ostomy nurses, especially in rural settings, which contributes to feelings of abandonment and confusion during the recovery process. The literature emphasizes the importance of integrated care models that provide consistent support throughout the care continuum.

4.5 Educational and Systemic Barriers

One of the most consistent findings across the reviewed studies is the inadequacy of ostomy education and discharge planning. Patients often feel unprepared for the demands of ostomy care, including managing appliances, maintaining hygiene, troubleshooting issues, and adjusting emotionally (Hu et al., 2024; Soelling et al., 2025). Health literacy poses an additional barrier, particularly among older adults, individuals with limited formal education, and those in rural communities (Li, 2024; Sasaki et al., 2021). These gaps are exacerbated by fragmented healthcare services, a lack of interdisciplinary coordination, and resource inequities. For example, patients may receive conflicting advice from different providers or struggle to obtain necessary supplies due to bureaucratic delays. Institutional reforms are necessary to enhance the integration of care, ensure access to educational resources, and facilitate the development of specialized training programs for healthcare providers. The literature advocates for standardized educational protocols, preoperative counseling, and structured follow-up to enhance patient preparedness and reduce anxiety.

4.6 Coping and Resilience

Despite the challenges, many ostomy patients demonstrate remarkable resilience and adaptability. Coping strategies such as positive reframing, spirituality, humor, and acceptance are commonly employed to manage emotional distress and regain a sense of control (Silva, 2021; Tomasi et al., 2022). Patients often describe a process of redefining their identity and establishing a "new normal," which involves integrating the ostomy into their daily lives and self-concept. Strengths-based care approaches that emphasize empowerment, self-efficacy, and patient agency can enhance these adaptive processes. Encouraging patients to participate in decision-making, connect with peers, and access tailored support services fosters resilience and improves long-term outcomes. The literature suggests that resilience is not merely an individual trait but a dynamic process shaped by social, cultural, and healthcare environments. Interventions that build on patients' strengths and promote autonomy are essential to fostering sustainable adaptation.

5.0 Conclusion

This scoping review provides a comprehensive synthesis of qualitative and mixed-methods research exploring the self-management and psychosocial adaptation of individuals living with ostomies. The findings reveal that ostomy patients encounter a wide range of challenges—physical discomfort, emotional distress, social stigma, and systemic barriers—that significantly affect their quality of life. Despite these difficulties, many individuals demonstrate remarkable resilience, employing diverse coping strategies and drawing strength from family, peers, and healthcare professionals.

A critical insight from this review is the persistent gap in preoperative education, discharge planning, and continuity of care. Patients often feel unprepared for the realities of ostomy management, and many lack access to trained ostomy nurses, peer support networks, and culturally sensitive resources. These deficiencies are particularly pronounced in rural and under-resourced settings, where disparities in healthcare infrastructure and health literacy further hinder adaptation.

The evidence underscores the urgent need for holistic, patient-centered care models that address not only the clinical aspects of ostomy management but also the emotional, psychological, and social dimensions of recovery. Interventions must be tailored to the unique needs of diverse populations, taking into account age, gender, cultural background, and individual coping capacity. Strengths-based approaches that empower patients, foster autonomy, and promote social reintegration are crucial for enhancing long-term outcomes.

Future research should prioritize the development and evaluation of integrated care frameworks that bridge gaps in education, support, and service delivery. Policymakers and healthcare providers must collaborate to implement evidence-based strategies that ensure equitable access to comprehensive ostomy care. By centering the lived experiences of patients, the healthcare system can move toward more compassionate, inclusive, and practical support for individuals navigating life with an ostomy.

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Paper Contribution to Related Field of Study

This scoping review advances the field of ostomy care by consolidating qualitative insights into patients' self-management and psychosocial adaptation. It highlights critical challenges, coping mechanisms, and support systems, offering evidence to guide holistic, patient-centered interventions, improve educational practices, and inform policy and interdisciplinary healthcare strategies.

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