





ORIGINAL ARTICLE

Investigation of the Relationship Between Personality Traits, Perception of Social Support and Self-Disgust and Taking Responsibility for Self-Care in Patients with Intestinal Stoma

Bağırsak Stoması Olan Hastalarda Kişilik Özellikleri, Sosyal Destek Algısı, Kendinden İğrenme ve Öz Bakım Sorumluluğunu Üstlenme Arasındaki İlişkinin İncelenmesi

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ABSTRACT

Aim: The study aimed to reveal the relationships between personality traits, perception of social support, self-disgust, and taking responsibility for self-care in patients with intestinal stoma.

Methods: This cross-sectional study was conducted with 106 patients who were members of the Ostomy Association. Data were collected using the Descriptive Information Form, Self-Disgust Scale, Perceived Social Support Scale, and Ten-Item Personality Scale.

Results: It was determined that 61.1% of the patients did not perform their stoma care. It was determined that patients who took responsibility for their stoma care had lower levels of self-disgust, higher perceptions of social support, and higher scores in the emotionally unstable/emotionally balanced and traditional/open to experience sub-dimensions of the ten-item personality scale ($p<0.05$). According to logistic regression analysis, it was determined that a one-unit increase in the standard deviation of the special human support sub-dimension of the multidimensional perceived social support scale increased the behavior of taking care of their stoma by 1.207 times ($p<0.05$) and a one-unit increase in the standard deviation of the emotional stability sub-dimension of the ten-item personality scale increased by 3.036 times ($p<0.05$). A one-unit increase in the standard deviation of the physical self-disgust sub-dimension decreased stoma care 1.826 times ($p<0.05$) (Nagelkerke R^2 : 0.887, Model: $\chi^2 = 13.248$, $p=0.00$, Model R^2 : 0.654).

Conclusions: This study showed that personality traits, social support perception, and self-disgust levels significantly impact patients with intestinal stomas in taking responsibility for self-care. Considering these findings, it is recommended that care plans for stoma patients should be individualized by considering personality traits, perception of social support, and self-disgust levels.

Keywords: Intestinal stoma, personality traits, perception of social support, self-disgust stoma care, surgical nursing.

ÖZ

Amaç: Bu çalışma, bağırsak stoması olan hastalarda kişilik özellikleri, sosyal destek algısı, kendinden iğrenme düzeyi ve öz bakım sorumluluğunu üstlenme davranışı arasındaki ilişkileri ortaya koymayı amaçlamıştır.

Gereç ve Yöntemler: Kesitsel tipteki bu araştırma, Ostomi Derneği'ne üye 106 hasta ile gerçekleştirilmiştir. Veriler Tanıtıcı Bilgi Formu, Kendinden İğrenme Ölçeği, Algılanan Sosyal Destek Ölçeği ve On Maddelik Kişilik Ölçeği kullanılarak toplanmıştır.

Bulgular: Hastaların %61,1'inin stoma bakımını kendisinin yapmadığı belirlenmiştir. Stoma bakım sorumluluğunu üstlenen hastaların kendinden iğrenme düzeylerinin daha düşük, sosyal destek algılarının daha yüksek ve On Maddelik Kişilik Ölçeği'nin duygusal istikrarlı/duygusal dengeli ile geleneksel/yeni deneyimlere açık alt boyutlarında puanlarının daha yüksek olduğu saptanmıştır ($p<0.05$). Lojistik regresyon analizine göre, Çok Boyutlu Algılanan Sosyal Destek Ölçeği'nin özel bireylerden algılanan destek alt boyutunda standart sapmada bir birim artışın stoma bakımını üstlenme davranışını 1,207 kat artırdığı ($p<0.05$); On Maddelik Kişilik Ölçeği'nin duygusal istikrar alt boyutunda standart sapmada bir birim artışın ise bu davranışı 3,036 kat artırdığı ($p<0.05$) belirlenmiştir. Buna karşılık, Fiziksel Kendinden İğrenme alt boyutunda standart sapmada bir birim artışın stoma bakımını 1,826 kat azalttığı bulunmuştur ($p<0.05$) (Nagelkerke R^2 : 0.887, Model: $\chi^2 = 13.248$, $p=0.00$, Model R^2 : 0.654).

Sonuçlar: Bu çalışma, bağırsak stoması olan hastalarda kişilik özelliklerinin, sosyal destek algısının ve kendinden iğrenme düzeylerinin, öz bakım sorumluluğunu üstlenme üzerinde anlamlı bir etkisi olduğunu göstermiştir. Bu bulgular doğrultusunda, stoma hastalarına yönelik bakım planlarının kişilik özellikleri, sosyal destek algısı ve kendinden iğrenme düzeyleri göz önünde bulundurularak bireyselleştirilmesi önerilmektedir.

Anahtar Kelimeler: Bağırsak stoması, cerrahi hemşireliği, kendinden iğrenme, kişilik özellikleri, sosyal destek algısı, stoma bakımı.

INTRODUCTION

Patients with intestinal stomas face significant physiological and psychological challenges due to surgical interventions that profoundly impact their quality of life. Although stoma surgery is often a critical, life-saving procedure, it disrupts body image, alters bowel function, and introduces complex care routines, all of which can negatively affect a patient's overall well-being (1-3). These changes can severely affect both the physical and psychological health of patients, impairing their social life and making adaptation to the stoma challenging.

One major issue stoma patients face in the postoperative period is a profound sense of self-disgust. Self-disgust, characterized by intense negative feelings towards one's body and behavior, manifests in two domains: disgust with physical appearance and disgust with one's actions (4,5). The uncontrolled passage of feces from an unfamiliar location, the process of emptying and replacing the stoma bag, loud noises from the stoma, and the risk of leakage are all factors that trigger feelings of self-disgust in stoma patients (6-8). This self-disgust can hinder patients' ability to manage their care, as they may avoid touching or caring for themselves (9-11)

Social support is another critical factor that influences stoma care responsibilities. Research indicates that support from family, friends, and other significant individuals helps patients feel safer and less isolated, thereby enhancing their capacity to manage the demands of stoma care (12-14). Patients with adequate social support demonstrate greater motivation and effectiveness in handling the complex tasks associated with stoma care, meeting both their emotional and practical needs (13,15).

Personality traits also play a vital role in determining how patients cope with stoma care. According to the five-factor model of personality, key dimensions such as openness to experience, conscientiousness, extraversion, agreeableness, and emotional stability significantly influence an individual's reactions to life events and coping strategies (16,17). These traits may impact patients' attitudes and behaviors towards stoma care, thereby affecting their ability to take responsibility for their self-care. Consequently, patients may avoid their care responsibilities, exacerbating the negative impact on their quality of life (18-20). Thus, assessing the physical, social, and psychological factors influencing stoma patients is crucial for enabling them to take responsibility for their care.

To our knowledge, this is the first study to simultaneously examine the relationship between personality traits, perceived social support, self-disgust levels, and self-care responsibility in patients with intestinal stomas. Although previous studies have examined these variables independently, no study has examined their combined impact on stoma care responsibility. This integrated approach fills an important gap in the literature and makes a new contribution to the field. Understanding these relationships, which have not previously been examined together in stoma patients, may provide a more comprehensive framework for developing targeted support and intervention strategies to increase patients' self-care responsibility and improve their compliance with stoma care.

MATERIALS and METHODS

Design and sample

This study has a descriptive and cross-sectional design. The study was conducted on individuals who were members of the Ostomy Association between October 2022 and March 2023. The population of the study consisted of 120 patients who were members of the Ostomy Association. Data were collected through an online survey based on the convenience sampling method and voluntary participation. Inclusion criteria included having a stoma, being literate, and agreeing to participate in the study. Eighty-eight percent of the study population was reached, and 106 patients constituted the sample of the study. The reporting method used in this study adhered to the STrengthening the Reporting of OBservational studies in Epidemiology (STROBE) checklist.

Data Collection Tools

The data of the study were collected using an introductory information form, the Self-Disgust Scale, the Multidimensional Perceived Social Support Scale, and the Ten-Item Personality Scale.

Self- Disgust Scale

The Self-Disgust Scale-Revised (S-DS): This scale was developed to assess the degree to which individuals are disgusted with their behavior, appearance, or themselves in general (5). The revised S-DS consists of 22 items. The Turkish validity study of the scale was conducted by Bahtiyar et al. (21). The scale consists of two subscales: behavioral (BD) and physical appearance-related self-disgust (PD). In the seven-point Likert-type S-DS, higher total scores indicate an increasing level of self-disgust.

In the Turkish adaptation of the scale, the internal consistency value for the total scale was found to be 0.87. This value was also determined as the present study. In our study, the Cronbach's alpha value of the scale was 0.87.

Multidimensional Scale of Perceived Social Support

In 1988, Zimet and colleagues developed the Multidimensional Scale of Perceived Social Support (22). Its Turkish validity and reliability study was conducted by Eker and colleagues in 1995 (22,23). Subsequently, in 2001, Eker and colleagues reviewed the scale again. The scale was revised again by the researcher. Consisting of 12 items and three sub-dimensions, the reliability scores of the scale were determined as 0.89 in total, 0.85 in the family dimension, 0.88 in the friend dimension, and 0.92 in the special person dimension. The seven-point Likert-type scale requires the participant to give a score of 1 to the statement with which he/she disagrees and a score of 7 to the statement with which he/she agrees. The subscale score is obtained by summing the scores of the four items in each subscale and the total score of the scale is obtained by summing all subscale scores. The minimum score to be obtained from the subscales is 4 the maximum score is 28, and the minimum score to be obtained from the whole scale is 12 and the maximum score is 84. The higher the score, the higher the perceived social support (23). In our study, the Cronbach's alpha value of the scale was 0.79.

Ten-item Personality Scale

The Ten Item Personality Scale assesses five important personality traits such as conscientiousness, conscientiousness,

agreeableness, extraversion, openness to experience, and emotional stability. The scale was developed by Gosling et al. (24) and adapted to Turkish culture by Atak (25). These five personality traits are stated in 10 items. The scale is a seven-point Likert-type scale in which respondents are asked to read each statement and give a score between 1 and 7 according to their level of identification of the statement that best describes them. The scale does not have a total score; a minimum score of 1 and a maximum score of 7 can be obtained per item. The internal reliability coefficients of the subscales of the scale vary between 0.40 and 0.73 (Factor 1: 0.68, Factor 2: 0.40, Factor 3: 0.50, Factor 4: 0.73, Factor 5: 0.45). In our study, Cronbach's alpha values of the scale items (Timid/extroverted, emotionally unstable/emotionally balanced, traditional/open to experiences, inattentive/responsibility-self-disciplined, critical fighter/soft-headed) ranged between 0.80, 0.83, 0.78, 0.79, 0.82 respectively.

Data Collection

The data were collected using the online survey method through the social media platform where all members of the association where the study was conducted were included. The questionnaire form used for data collection was created on Google Forms before being sent via WhatsApp application. The form was sent to the mobile phones of all members via the social media platform where the members of the association are included. Before starting to fill out the form, a statement explaining the purpose of the research and stating that the data would be kept confidential and used only for the study was written on the form and the participants were informed about this. Informed voluntary consent

of those who agreed to participate in the study was obtained before filling out the questionnaire form electronically. During the data collection process, thorough screening was conducted to identify any missing responses in the survey forms. This step ensured that incomplete surveys were flagged early.

Research Ethics

Before starting the study, approval was obtained from the Akdeniz University Faculty of Medicine Clinical Research Ethics Committee (date: 29.06.2021, decision no:KAEK-398) and written permission was obtained from the institution where the study was conducted. Informed consent was obtained from all individuals who agreed to participate in the study. The study was conducted under the principles of the Declaration of Helsinki.

Data Analysis

The data within the scope of the study were analyzed using the Statistical Package for Social Sciences (SPSS) 23 package program. Mean and percentage calculations were made while evaluating the data, and Mann-Whitney U tests were used because the data did not show normal distribution. Normality was assessed using the Shapiro-Wilk test (W values and p values are reported in the results section), and non-parametric tests were preferred accordingly. In addition, logistic regression analysis was employed to control for potential confounding variables and to identify independent predictors of stoma care behavior, thus reducing the risk of bias in the interpretation of results. The model included descriptive variables (e.g., age, gender, education), stoma-related characteristics (e.g., stoma type, duration), and the sub-dimensions of the Self-Disgust

Scale, Multidimensional Perceived Social Support Scale, and Ten-Item Personality Scale. To assess potential multicollinearity, Variance Inflation Factor (VIF) values were calculated for each independent variable, and no variable exceeded the commonly accepted threshold of 10. Furthermore, to avoid model overfitting and ensure methodological rigor, a theory-driven variable selection approach was adopted. All independent variables were entered into the model simultaneously (enter method) based on theoretical relevance and prior evidence from the literature. In addition, odds ratios (ORs) and their corresponding 95% confidence intervals (CIs) were calculated and reported for each independent variable in the logistic regression model to enhance the interpretability and statistical robustness of the findings. Additionally, to provide a more comprehensive understanding of the group differences, effect sizes (r) were calculated for Mann-Whitney U tests and reported alongside p -values. The effect size values were interpreted as follows: 0.1 = small, 0.3 = medium, and 0.5 = large. To assess model fit, Nagelkerke R^2 was calculated and reported in the results section to indicate the proportion of variance explained by the logistic regression model. A value of $p < 0.05$ was accepted as the limit of statistical significance.

RESULTS

When the descriptive characteristics of the patients were analyzed, it was determined that 61.1% ($n=66$) were male, 83.3% ($n=90$) were married and had children, 62.0% ($n=67$) were primary school graduates, 75.0% ($n=81$) were 60 years of age or older

and the mean age was 49.05 ± 14.03 . It was determined that 63.9% ($n=69$) of the patients were not working before stoma surgery, 96.3% ($n=104$) after stoma surgery, 51.9% ($n=56$) lived in a nuclear family and 59.3% ($n=64$) had a chronic disease (Table 1). When the stoma characteristics of the patients were examined, it was determined that 48.1% ($n=52$) of the patients had a stoma opening period of 5-10 weeks, 65.7% ($n=71$) had a stoma opening due to cancer, 67.6% ($n=73$) had temporary stomas, 57.4% ($n=62$) had ileostomies, and 61.1% ($n=66$) did not perform stoma care themselves (Table 1).

The scores of the physical self-disgust, behavioral self-disgust, and general self-disgust subscales of the self-disgust scale were 13.55 ± 4.823 ; 13.66 ± 4.449 ; 13.47 ± 4.515 , respectively. The total score of the multidimensional perceived social support scale was 48.01 ± 10.710 and the scores of family support, friend support, and special person support sub-dimensions were 17.89 ± 4.884 ; 15.60 ± 4.060 ; 14.52 ± 5.727 , respectively. The ten-item personality scale scores of timid/extroverted, emotionally unstable/emotionally balanced, traditional/open to experience, careless/responsible self-disciplined, critical combative/soft-hearted sub-dimension scores were 8.84 ± 2.454 ; 7.31 ± 3.485 ; 7.39 ± 2.091 ; 7.94 ± 2.157 ; 8.57 ± 2.272 , respectively (Table 2).

When the scale scores of the patients were compared according to their stoma care, it was determined that all sub-dimension scores of the self-disgust scale were higher and statistically significant in patients who did not take responsibility for their care. Patients who took responsibility for their care had higher total and friend support and special person support sub-

Table 1: Descriptive characteristics of the patients

Identifying Features		n (128)	%
Gender	Female	42	38.9
	Male	66	61.1
Age 49.05±14.03 (21-84)	21-39 years	6	5.6
	40-59 years	21	19.4
	≥ 60 years	81	75.0
Marital Status	Married	90	83.3
	Single	18	16.7
Having a child	Yes	90	83.3
	No	18	16.7
Education	Literate	7	6.5
	Primary education	67	62.0
	Secondary education	18	16.7
	High School	16	14.8
Working before stoma surgery	Yes	39	36.1
	No	69	63.9
After stoma surgery	Yes	4	3.7
	No	104	96.3
Place of stay	Alone	8	7.4
	With spouse	34	31.5
	Nuclear family	56	51.9
	Other	10	9.3
Chronic disease	Yes	64	59.3
	No	44	40.7
Time of stoma opening 38.22±32.23 week	5-10 weeks	52	48.1
	11-24 weeks	24	18.8
	25 weeks and over	32	33.1
Cause of stoma opening	Cancer	71	65.7
	Injury	11	10.2
	Inflammatory Bowel Disease	23	21.3
	Anorectal Fistula	3	2.8
Stoma Type	Temporary	73	67.6
	Permanent	35	32.4
Stomal Variety	Ileostomy	62	57.4
	Colostomy	46	42.6
Stoma Care Making	Yes	42	38.9
	No	66	61.1

Table 2: Scale scores and cronbach’s alpha values

Scales and Subscale Scores		Points Available	Scores of Individuals with Stoma	Scale Cronbach Alpha Values
Self-Disgust Scale	Physical Self-Disgust (5 items)	7-35	13.55±4.823	.85
	Behavioural Self- Disgust (5 items)	7-35	13.66±4.449	.88
	General Self- Disgust (5 items)	7-35	13.47±4.515	.87
Multidimensional Perceived Social Support Scale	Family support	4-28	17.89±4.884	.74
	Friend support	4-28	15.60±4.060	.75
	Support for a special person	4-28	14.52±5.727	.84
	Social Support Total	12-84	48.01±10.710	.79
Ten-item Personality Scale	Timid/ Extrovert (2 items)	2-14	8.84±2.454	.80
	Emotionally unstable/ Emotionally (2 items)	2-14	7.31±3.485	.83
	Traditional/Open to experience (2 items)	2-14	7.39±2.091	.78
	Careless/Responsibility self disiplined (2 items)	2-14	7.94±2.157	.79
	Critical fighter/soft headed (2 items)	2-14	8.57±2.272	.82

Table 3: Comparasion of scale according to self care

Scales And Subscale Scores		Caring For Your Own Stoma		MWU	P
		Yes	No		
Self-Disgust Scale	Physical Self-Disgust (5 items)	9,57±1,7837	16,08±4,425	358,500	0.00
	Behavioural Self- Disgust (5 items)	11,24±3,355	15,20±4,393	662,500	0.00
	General Self- Disgust (5 items)	10,98±3,048	15,06±4,594	722,500	0.00
Multidimensional Perceived Social Support Scale	Family support	18,29±5,014	17,64±4,822	1264,000	,441
	Friend support	16,93±3,659	14,76±4,103	960,000	,007
	Support for a special person	19,90±4,689	11,09±3,072	127,500	,000
	Social Support Total	55,12±7,721	43,48±9,887	508,000	,000
Ten-item Personality Scale	Timid/ Extrovert (2 items)	8,95±2,603	8,77±2,372	1349,000	, 811
	Emotionally unstable/ Emotionally (2 items)	9,36±2,937	6,02±3,184	633,000	,000
	Traditional/Open to experience (2 items)	7,73±2,174	6,86±1,855	1064,000	,038
	Careless/Responsibility self disiplined (2 items)	7,62±1,987	8,15±2,248	1168,000	,153
	Critical fighter/soft headed (2 items)	8,24±2,448	8,79±2,145	1153,500	,134

dimension scores of the multidimensional perceived social support scale and their scores were statistically significant. Patients who took responsibility for their care had higher and statistically significant scores in the emotionally unstable/emotionally balanced and traditional/open to experience sub-dimensions of the ten-item personality scale (Table 3).

The variables that were found to have statistically significant differences in univariate analyses in predicting the factors affecting patients' stoma care behaviors were evaluated by logistic regression analysis. The best model was formed in Step 3 (Table 4). It was determined that the behavior of taking care of one's stoma increased 1.207 times as the standard deviation of the support of a special person sub-dimension of the multidimensional perceived social support scale increased and increased 3.036 times as the standard deviation of the emotionally unstable/emotionally balanced sub-dimension of the

ten-material personality scale increased. It was determined that the behavior of taking care of one's stoma decreased 1.826 times as the standard deviation of the physical self-disgust sub-dimension of the self-disgust scale increased (Nagelkerke R²:0.887, Model: x² = 13,248 p=0.00., Model R²: 654).

DISCUSSION

In this study, for the first time to our knowledge, the impact of different personality traits, perceived social support, and self-disgust levels on self-care responsibility in patients with an intestinal stoma were examined. The findings of the study reveal that these factors play an important role in the process of stoma care and how they affect patients' capacity to assume care responsibilities.

In the literature, the rate of patients performing stoma care by themselves is generally reported to be in the range of 40-50%. (26-28). One study showed that

Table 4: Evaluation of factors affecting stoma care behaviours by logistic regression analysis

	β	SE	Wald	p	OR	95% CI	
Constant	-6.224	3.151	3.902	.048	.002	-	-
Multidimensional Perceived Social Support Scale (A special human support)	.602	.170	12.616	.000	1.207	1.310	2.546
Ten-item Personality Scale (Emotionally unstable /Emotionally balanced)	.448	.170	6.909	.009	3.036	1.121	2.186
Self-Disgust Scale (Physical self-disgust)	-.554	.194	8.173	.004	1.826	.393	.840

Variables included in the logistic model:

Descriptive characteristics (Gender, Age, Marital status, Having a child, Education, Working status before stoma surgery, Working status after stoma surgery, Living with whom at home, Presence of chronic disease)

Disease and surgical characteristics (Time of stoma opening, Cause of stoma opening, Stoma Type, Stomal Variety

Scale subscales (Physical self-loathing, Behavioural self-loathing, General self-loathing, Family support, Friend support, Support from a special person, Withdrawn / Extroverted, Emotionally unstable / Emotionally balanced, Traditional / Open to experiences, Inattentive / Responsible, Self-disciplined, Critical fighter / Soft-headed Forward wald method was used. The most significant model occurred at Step 3.

Nagelkerke R²:0.887, **Model: x²**= 13,248 p=0,00., **Model R²**: 0.654, *p<0,05 **p<0,01 **CI**: confidence interval, **OR**: odds ratio,

SE: Standart Error

64.7% of patients needed a caregiver and 52.9% had difficulty with bag care and felt they were a burden to their caregivers (Senol Celik et al., 2015). This is particularly common among elderly patients and those with physical limitations (26–28). In this study, the rate of 61.1% of patients who did not perform stoma care themselves is consistent with other studies in the literature, and to improve this situation, it is necessary to determine the factors affecting stoma care behaviors and to strengthen patient education and support mechanisms.

Patients with stomas may experience a feeling of disgust for various reasons. Body wastes such as feces and urine coming out of the stoma can cause disgust due to their direct sight and smell. These wastes are normally hidden inside the body, but with a stoma, they become visible on the outside. The appearance and odor of the stoma can cause a feeling of disgust, especially in the postoperative period. The red, open wound-like appearance of the stoma and the constant outflow of feces and gas can trigger this feeling. Fear of not maintaining hygiene during stoma care can lead to a feeling of disgust. This is particularly pronounced when cleaning and changing the stoma bag. Interventions during stoma care (e.g. changing the stoma bag, cleansing the skin) may cause disgust due to the need to touch one's own body. These interventions can reinforce negative feelings about one's body (6,7,9). Society's negative perceptions and stigmatization of the stoma can increase feelings of self-disgust. In addition, alienation from one's own body and the inability to accept that the stoma is part of one's body can also reinforce feelings of disgust (9–11). Emotional reactions such as stress, anxiety,

and depression in the postoperative period may intensify the feeling of disgust. Negative feelings towards one's own body may increase feelings of disgust towards the stoma (7,28). Considering the range of points that can be obtained from the scale, it is understood that the general self-disgust levels of the patients in the study are at a moderate level, and the physical and behavioral self-disgust levels are at a similar level. The self-disgust levels of those who did not take responsibility for their care were found to be higher, and the increase in the level of physical self-disgust negatively affected their stoma care behaviors. In previous studies, the level of disgust of patients with stoma was found to be associated with stoma compliance and self-efficacy in stoma care, supporting our study findings (9–11).

Stoma care is a process that deeply affects patients' quality of life and psychological well-being. In this context, the perception of social support plays a critical role. Social support is an important factor for patients to learn to live with a stoma and to cope with the difficulties they face in this process (12–14). Research shows that patients who receive adequate social support have lower stress levels and are less likely to experience psychological problems such as depression and anxiety (12,15,29). In addition, social support helps patients feel safer and fulfill their responsibilities for stoma care more effectively (13,15). In this study, the social support perception scores of the patients who performed their stoma care were higher and as the perception of social support increased, the status of performing their stoma care increased. It is seen that personality traits play an important role in the process of

patients taking over their care in stoma care. Patients with personality traits such as neuroticism and introversion may have difficulty in adapting to stoma care and this may increase their psychological stress levels (30). Patients with a melancholic personality type experience higher levels of psychological stress during stoma care, which negatively affects their overall quality of life (30,31). Similarly, Temprado et al. (2019) found that patients with low neuroticism and high extroversion, agreeableness, openness, and conscientiousness scores adapted better to stoma care (31). These personality profiles strengthen patients' stress coping skills and positive coping strategies, which helps them to better adapt to living with a stoma. In this study, patients who took responsibility for their care had higher scores in the emotionally unstable/emotionally balanced and traditional/open to experience sub-dimensions of the ten-item personality scale, and as the emotionally unstable/emotionally balanced score increased, their ability to take care of their stoma increased. Patients who scored higher in the traditional/open to new experiences sub-dimension were more likely to assume stoma care responsibility, possibly because this personality trait reflects openness to learning, adaptability, and willingness to embrace new situations. Individuals with trait may perceive stoma care as a manageable part of their life rather than a challenging obligation. They are also more likely to actively seek information, participate in educational activities, and engage with healthcare professionals, which can positively impact their self-care behaviors. Therefore, evaluating the personality characteristics of patients in stoma care and planning supportive

interventions on these characteristics should be considered an important strategy to reduce psychological stress and improve the quality of life of patients. In addition, logistic regression analysis showed that variables such as age, gender, marital status, educational level, stoma type and duration of stoma opening had no effect on stoma care responsibility. This suggests that psychological and personality-related factors may play a more dominant role compared to demographic and clinical variables. Furthermore, the high R² value obtained in this study indicates that the model has a strong explanatory power in predicting stoma care responsibility, further supporting the significant influence of psychological and personality-related factors.

Strength and Limitations

This study has several aspects that make significant contributions to the literature. To the best of our knowledge, it is the first study to simultaneously examine the relationship between personality traits, perceived social support, self-disgust level, and self-care responsibility in patients with intestinal stomas. Adopting a multidimensional perspective, this study has comprehensively revealed the complex interaction between psychological, social, and individual personality factors in stoma care.

However, the study also has some limitations. Firstly, the use of convenience sampling may limit the generalizability of the results to the broader stoma patient population. Secondly, the fact that the data were collected through an online survey may have excluded individuals without internet access or with low digital literacy from participating in the study. Since the study

was conducted only in Türkiye, the direct generalizability of the results to different cultural and demographic groups may be limited. Future studies are recommended to be conducted in different countries and with larger, more representative samples, and the results should also be tested in these groups.

CONCLUSION

This study showed that personality traits, perception of social support, and self-disgust levels play an important role in the process of taking responsibility for self-care of patients with intestinal stoma. It was found that patients with high scores in the sub-dimensions of the self-disgust scale (physical, behavioral, and general) were less likely to take responsibility for their stoma care. The total scores of the multidimensional perceived social support scale and especially the sub-dimensions of friend support and support from a special person were significantly higher in patients who took responsibility for their care. In addition, personality traits such as emotional stability and openness to experiences were found to have a positive effect on taking responsibility for stoma care.

Considering these findings, it is recommended that stoma care nurses should individualize their care plans by considering the personality characteristics and social support perceptions of their patients. It is especially important to provide psychological support for patients with high levels of self-disgust and to develop strategies to help them take responsibility for stoma care. Strengthening the social support systems of patients may make it

easier for them to cope with the difficulties they face in the stoma care process.

Conflict of Interest

The authors have no conflicts of interest to declare.

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