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# Self-Concept and Its Influencing Factors Among Young Filipino Adults Living with a Colostomy: A Qualitatively Driven Embedded Mixed-Methods Study

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## Abstract

Introduction: Ostomy surgery can alter body image, daily functioning, self-esteem, and self-perception, making adjustment important during young adulthood. However, evidence on self-concept among young Filipino adults with an ostomy remains limited. Objective: This study explored self-concept and its influencing factors among young Filipino adults living with a colostomy and developed a preliminary framework. Methods: A qualitatively driven embedded mixed-methods design was used. Six participants aged 18–39 years were purposively recruited. The quantitative component used an 18-item questionnaire adapted from Goñi et al. (2011) to assess self-fulfillment, autonomy, emotional self-concept, and ethical self-concept (honesty), while semi-structured interviews comprised the qualitative component. Quantitative data were summarized using weighted means, and interview data were analyzed using Braun and Clarke's six-phase thematic analysis. Findings were integrated through a joint display. Results: Mean scores were good for self-fulfillment ($M$ = 3.00), autonomy ($M$ = 2.54), and emotional self-concept ($M$ = 2.87), and very good for ethical self-concept ($M$ = 3.50). Three themes emerged: (1) Confronting Changes in Body Perception and Daily Functioning; (2) Managing Internal and Social Burdens; and (3) Building Resilience Through Layered Support and Connections. Integration informed a preliminary framework linking self-concept with sociodemographic circumstances, physical challenges, internal and social burdens, and family, cultural, peer, and community support. Conclusion: Despite body-image, emotional, and functional challenges, participants reported favorable self-concept. Their narratives highlighted resilience, family relationships, cultural values, and peer networks as important resources during adjustment. These findings may inform culturally responsive, person-centered nursing support for young adults living with a colostomy.

Keywords:
Colostomy, Mixed Methods Research, Philippines, Self-Concept, Social Support, Young Adult

## INTRODUCTION

Ostomy surgery involves the surgical creation of an opening, or stoma, through which intestinal or urinary output is diverted. Although this procedure may be necessary to treat gastrointestinal or genitourinary disease, trauma, or congenital conditions, living with an ostomy requires substantial physical, psychological, and social adjustment. Changes in body appearance, elimination patterns, personal hygiene, clothing, daily activities, and social relationships may affect body image, self-esteem, self-perception, and overall quality of life (Alenezi et al., 2021; Choudhary & Kaur, 2020).

The conditions that may necessitate ostomy formation contribute substantially to the global burden of disease. An analysis of the Global Burden of Disease Study across 204 countries documented considerable morbidity and mortality associated with 18 categories of digestive diseases (Wang et al., 2023). Colorectal cancer is particularly relevant because treatment may require temporary or permanent colostomy formation. In the Philippines, colorectal cancer remains among the leading cancers in terms of incidence and mortality, highlighting the continuing need for prevention, early detection, treatment, and appropriate long-term support for affected patients (International Agency for Research on Cancer [IARC], 2024).

Beyond its clinical consequences, living with an ostomy can create substantial financial and practical demands. Individuals may require a continuing supply of ostomy pouches, skin barriers, adhesive products, odor-control materials, and other accessories. In low- and middle-income settings, including the Philippines, access to these supplies may depend on out-of-pocket payment, partial insurance reimbursement, charitable assistance, or uneven institutional support. Such limitations may affect patients' ability to manage their stoma safely and participate fully in everyday life (Lapitan et al., 2024). These challenges should be understood as barriers within the healthcare and social-support systems rather than as burdens attributable to individuals living with an ostomy.

Young adulthood warrants particular attention because it is a developmental period marked by identity formation, increasing independence, intimate relationships, education, employment, and the establishment of future life goals. The visible and functional changes associated with an ostomy may disrupt these developmental processes and influence how young adults perceive their bodies, abilities, relationships, and social roles. In the Personal Self-Concept framework, self-concept is understood through four interrelated dimensions: self-fulfillment, autonomy, emotional self-concept, and honesty (Goñi et al., 2011). Examining these dimensions may provide a more comprehensive understanding of how young adults reconstruct their identities and maintain a sense of personal worth after ostomy surgery.

Existing studies have described challenges involving altered body image, fear of leakage and odor, social withdrawal, stigma, emotional distress, and changes in daily functioning among people living with an ostomy (Alenezi et al., 2021; Choudhary & Kaur, 2020). Nevertheless, adaptation does not occur solely at the individual level. Family relationships, cultural expectations, spirituality, access to healthcare resources, and peer support can influence coping, acceptance, and meaning-making. Research involving Filipino patients has similarly shown that family, religion, and cultural values can shape responses to illness and support psychological adjustment (Ahmadi et al., 2024). These contextual influences may be especially important in the Philippines, where family participation and collective decision-making frequently remain central to illness management.

Despite growing evidence regarding quality of life and adjustment among general ostomy populations, limited attention has been given specifically to the self-concept of young Filipino adults living with an ostomy. Existing evidence frequently combines participants from broad age groups and different sociocultural settings, which may obscure the distinctive experiences of young adults. Moreover, few studies have integrated structured self-concept measurements with in-depth personal narratives to examine how physical, emotional, interpersonal, and cultural factors interact. Addressing this gap is important for developing culturally responsive and developmentally appropriate nursing support.

Therefore, this study aimed to explore self-concept and its influencing factors among young Filipino adults living with a colostomy. Specifically, it sought to describe participants' perceived levels of self-fulfillment, autonomy, emotional self-concept, and ethical self-concept or honesty; explore the physical, emotional, interpersonal, and sociocultural factors influencing their self-concept; and develop a preliminary integrated framework depicting the relationships among these dimensions and influencing factors. The findings are expected to support person-centered nursing assessment, education, psychosocial care, and culturally appropriate interventions for young adults adjusting to life with an ostomy.

## METHODS

### 1. Design

This study used a qualitatively driven embedded mixed-methods design. The qualitative component served as the primary strand, while a smaller quantitative component was embedded to provide complementary descriptive information regarding participants' self-concept. This design was selected because it enabled the researchers to examine participants' experiences in depth while using numerical scores to support and contextualize the qualitative findings (Creswell & Plano Clark, 2018).

Both components involved the same participants. The quantitative component measured four dimensions of personal self-concept, whereas the qualitative component explored participants' experiences and the factors influencing their self-concept. Integration occurred during interpretation by comparing the quantitative dimensions with the qualitative themes through a joint display.

2. Study Setting, Participants, and Sampling

The study was conducted remotely among young Filipino adults residing in the Philippines. Participants were selected through purposive sampling based on their ability to provide information relevant to the research objectives.

The inclusion criteria were individuals who: (1) were between 18 and 39 years of age; (2) were Filipino; (3) resided in the Philippines; and (4) were living with a surgically created ostomy. Although eligibility included any surgical ostomy, all six participants recruited for the study were living with a colostomy.

Potential participants were recruited through purposive sampling with the assistance of an authorized institutional representative, who initially informed eligible individuals about the study. Individuals who expressed interest were subsequently contacted by the researcher, assessed against the eligibility criteria, and provided with detailed information regarding the study before informed consent was obtained. Recruitment and data collection were conducted remotely after ethics approval and continued until saturation was reached following the sixth interview.

Six participants were included in the study. The sample size reflected the qualitative priority of the design and the limited accessibility of young Filipino adults living with an ostomy. Data collection and preliminary analysis were conducted iteratively. Saturation was considered to have been reached following the sixth interview, when no substantially new codes, categories, or insights relevant to the research questions were identified.

3. Instruments

Data were collected using a sociodemographic information form, an adapted Personal Self-Concept Questionnaire, and a semi-structured interview guide.

3.1 Personal Self-Concept Questionnaire

The embedded quantitative component used an adapted version of the Personal Self-Concept Questionnaire developed by Goñi et al. (2011). The questionnaire consisted of 18 items distributed across four dimensions:

- Self-fulfillment: Items 1, 3, 7, 11, 13, and 16
- Autonomy: Items 5, 9, 12, and 14
- Emotional self-concept: Items 2, 6, 10, 15, and 17
- Honesty: Items 4, 8, and 18

In this study, honesty was presented as *ethical self-concept (honesty)*. The original questionnaire used a five-point response scale, whereas the adapted version used a four-point Likert scale: 1 = totally disagree, 2 = disagree, 3 = agree, and 4 = totally agree. Higher scores indicated a more favorable personal self-concept.

Items 2, 5, 6, 7, 9, 10, 12, 14, and 17 were negatively worded and reverse-scored before analysis. The original questionnaire demonstrated satisfactory internal consistency, with an overall Cronbach's alpha of 0.83 (Goñi et al., 2011). This value refers to the original instrument and not to the adapted version used in the present study.

The adapted instrument underwent content validation by a panel of three experts. The panel comprised a master's-prepared nurse with experience as a head nurse in the Philippines, a medical doctor, and an experienced nurse preceptor. Each expert had more than 10 years of relevant clinical experience in the Philippines or the United States. The experts assessed each item using a five-point relevance scale. An item-level content validity index (I-CVI) of 1.00 indicated unanimous agreement regarding the relevance of an item.

Following expert review, items considered unclear were revised or replaced. The adapted questionnaire was subsequently pilot-tested to assess clarity, comprehensibility, and usability. Feedback obtained during pilot testing was used to simplify the wording of several items and refine the four-point response scale before the instrument was administered to the study participants.

3.2 Semi-Structured Interview Guide

The semi-structured interview guide was developed to explore participants' experiences of living with a colostomy and the factors influencing their self-concept. The questions addressed changes in body perception and daily functioning, emotional responses, autonomy, interpersonal relationships, social participation, coping, and sources of support. A consistent set of core questions was used across interviews, while follow-up questions and probes were employed to clarify responses and obtain more detailed descriptions. This approach supported consistency across interviews while allowing participants to elaborate on experiences that were particularly meaningful to them (Connaway & Powell, 2010; Kvale, 2007).

4. Data Collection Process

Eligible participants received information regarding the study's purpose, procedures, potential risks and benefits, confidentiality protections, voluntary participation, and their right to withdraw without penalty. Informed consent was obtained before data collection.

Data collection was conducted through individual online interviews using a secure videoconferencing platform. Each session lasted approximately 30–45 minutes. Participants could choose to communicate in Filipino or English according to their preferred language. With

participants' permission, the interviews were recorded and subsequently transcribed verbatim.

Filipino-language transcripts and quotations were translated into English by a bilingual member of the research team and independently checked by another bilingual researcher. Any discrepancies were discussed and resolved by consensus to preserve the participants' intended meanings.

The researchers reviewed the transcripts before analysis. Each participant was assigned an identification code—O1 to O6—which was used in the transcripts, research notes, tables, and presentation of quotations. Digital recordings and transcripts were stored on a password-protected and encrypted server accessible only to the researchers. Documents containing identifying information were stored separately in a secured location.

5. Data Analysis

5.1 Quantitative Analysis

Quantitative data were analyzed descriptively using frequencies and weighted means. No inferential statistical analyses were performed because the quantitative component was intended only to complement the primary qualitative findings and was not designed to support population-level generalization.

Responses were scored from 1 to 4. Negatively worded items were reverse-scored as follows: 1 → 4, 2 → 3, 3 → 2, and 4 → 1. Weighted means were calculated using the following formula: Weighted Mean = Σ (*f* x *w*)/*N*, where *f* represents the frequency of responses, *w* represents the numerical response weight (1–4), and *N* represents the total number of participants.

Weighted mean scores were interpreted as follows: 1.00–1.75: Very poor; 1.76–2.50: Poor; 2.51–3.25: Good; and 3.26–4.00: Very good.

5.2 Qualitative Analysis

The interview data were analyzed using the six-phase thematic analysis described by Braun and Clarke (2006): (1) familiarization with the data, (2) generation of initial codes, (3) development of potential themes, (4) review of themes, (5) definition and naming of themes, and (6) production of the report.

Both researchers read the transcripts and conducted line-by-line coding. The initial codes were compared and organized into potential subthemes and broader themes. The researchers refined the coding framework and thematic structure through repeated review, recoding, comparison across transcripts, and discussion until agreement was reached.

Taguette, an open-source qualitative data-analysis software (Rampin & Rampin, 2021), was used to organize the interview transcripts, codes, and highlighted excerpts. The software supported data management but did not automatically generate codes, themes, or interpretations. All coding, theme development, and interpretive decisions were performed by the researchers.

5.3 Integration of Quantitative and Qualitative Findings

Integration occurred during the interpretation stage. Quantitative findings from the four dimensions of personal self-concept were compared with the qualitative themes and subthemes. A joint display was constructed to demonstrate areas of convergence and complementarity between the two data strands. The integrated interpretation was subsequently used to develop a preliminary framework illustrating the relationships among the self-concept dimensions and the factors identified in participants' narratives.

6. Methodological Rigor

Credibility was supported through in-depth semi-structured interviews, verbatim transcription, iterative analysis, and the presentation of participants' quotations. Dependability and confirmability were strengthened by involving both researchers in coding, comparing interpretations, and refining the coding framework and themes through discussion. The quantitative and qualitative findings were also compared during integration to provide complementary perspectives on participants' self-concept. Transferability was supported by describing the participants, study context, sampling criteria, and relevant sociocultural characteristics.

7. Research Ethics

The study was reviewed and approved by the St. Paul University Manila Ethics Committee (Approval No. 2025-029-EMA-CNAHS, dated February 18, 2025). Participants were informed about the study's purpose, procedures, potential risks and benefits, confidentiality protections, voluntary participation, and their right to withdraw without penalty. Informed consent was obtained before participation.

Participant identities were protected by replacing names with identification codes O1–O6. Identifying information was separated from research data, and access to recordings, transcripts, and related documents was restricted to the researchers. The study adhered to the ethical principles of respect for persons, autonomy, beneficence, non-maleficence, confidentiality, and justice.

## RESULTS

Six young Filipino adults living with a colostomy participated in the study. Five participants were female and one was male. Four were married, and two were single. Four had completed college, while two had attended high school. Three participants were unemployed, two were self-employed, and one was a student. Participant characteristics are summarized in Table 1.

Quantitative Findings

The quantitative findings were used descriptively to complement the primary qualitative findings. Because only six participants were included, the weighted means describe this particular group and should not be interpreted as population estimates.

1. Self-Fulfillment

As shown in Table 2, all self-fulfillment items were classified as good, with weighted means ranging from 2.83 to 3.17. The highest scores were obtained for achieving important personal goals and feeling proud of managing one's life.

**Table 1.** Participants' Sociodemographic Characteristics (*N* = 6)

| Characteristics | Category | *n* | % |
|---|---|---|---|
| Sex | Male | 1 | 16.7 |
| | Female | 5 | 83.3 |
| Marital Status | Single | 2 | 33.3 |
| | Married | 4 | 66.7 |
| Educational Attainment | High school level | 2 | 33.3 |
| | College graduate | 4 | 66.7 |
| Employment Status | Student | 1 | 16.7 |
| | Self-employed | 2 | 33.3 |
| | Unemployed | 3 | 50.0 |
| Type of Ostomy | Colostomy | 6 | 100.0 |

Note. Participant characteristics are presented in aggregate form to reduce the risk of identification in this small and relatively uncommon population.

**Table 2.** Weighted Mean Scores for Self-Fulfillment

| Item No. | Statement | Weighted Mean | Interpretation |
|---|---|---|---|
| 1 | I am satisfied with what I am achieving in my life. | 3.00 | Good |
| 3 | So far, I have achieved every important goal I have set myself. | 3.17 | Good |
| 7* | I have yet to achieve anything I consider to be important in my life. | 2.83 | Good |
| 11 | I have always overcome any difficulties I have encountered in my life. | 3.00 | Good |
| 13 | If I could start my life over again, I would not change very much. | 2.83 | Good |
| 16 | I feel proud of how I am managing my life. | 3.17 | Good |

Note. An asterisk (*) indicates a reverse-scored item.

2. Autonomy

Table 3 shows variation in participants' autonomy scores. Items concerning the need for other people's approval and support were classified as poor, with weighted means of 2.00 and 2.17, respectively. Conversely, the reverse-scored items concerning dependence on other people's opinions and difficulty making independent decisions were classified as good. Overall, these findings suggest that participants perceived themselves as capable of making decisions while continuing to value or require interpersonal support.

3. Emotional Self-Concept

As presented in Table 4, all emotional self-concept items were classified as good, with weighted means ranging from 2.67 to 3.17. The highest score was recorded for the statement concerning emotional strength. Although participants reported sensitivity and difficulty managing negative experiences, the reverse-scored results indicated a generally favorable perception of their emotional capacity.

4. Ethical Self-Concept (Honesty)

Table 5 shows that participants reported good to very good ethical self-concept or honesty. Being a person of one's word received the highest weighted mean of 4.00, followed by considering promises sacred at 3.33. Trustworthiness received a weighted mean of 3.17 and was classified as good. Within this six-participant sample, the item scores reflected favorable self-perceptions concerning trustworthiness, keeping one's word, and honoring personal commitments.

5. Overall Self-Concept Dimensions

Table 6 summarizes participants' scores across the four dimensions of personal self-concept. Self-fulfillment, autonomy, and emotional self-concept were classified as good, with weighted means of 3.00, 2.54, and 2.87, respectively. Ethical self-concept or honesty received the highest weighted mean of 3.50 and was classified as very good. These descriptive findings indicate that the participants reported generally favorable self-concepts despite the physical, emotional, and social challenges described in their interviews.

**Table 3.** Weighted Mean Scores for Autonomy

| Item No. | Statement | Weighted Mean | Interpretation |
|---|---|---|---|
| 5* | In order to do anything, I first need other people's approval. | 2.00 | Poor |
| 9* | I find it hard to embark on anything without other people's support. | 2.17 | Poor |
| 12* | When taking a decision, I depend too much on other people's opinions. | 2.83 | Good |
| 14* | I find it difficult to take decisions on my own. | 3.17 | Good |

Note. An asterisk (*) indicates a reverse-scored item.

**Table 4.** Weighted Mean Scores for Emotional Self-Concept

| Item No. | Statement | Weighted Mean | Interpretation |
|---|---|---|---|
| 2* | If I'm feeling down, I find it hard to snap out of it. | 2.83 | Good |
| 6* | I consider myself to be a very uptight and highly strung person. | 2.67 | Good |
| 10* | I am more sensitive than the majority of people. | 2.83 | Good |
| 15 | I am an emotionally strong person. | 3.17 | Good |
| 17* | I suffer too much when something goes wrong. | 2.83 | Good |

Note. An asterisk (*) indicates a reverse-scored item.

**Table 5.** Weighted Mean Scores for Ethical Self-Concept (Honesty)

| Item No. | Statement | Weighted Mean | Interpretation |
|---|---|---|---|
| 4 | I am a trustworthy person. | 3.17 | Good |
| 8 | I am a man/woman of my word. | 4.00 | Very Good |
| 18 | My promises are sacred. | 3.33 | Very Good |

**Table 6.** Overall Weighted Mean Scores Across the Four Self-Concept Dimensions

| Dimensions | Weighted Mean | Level |
|---|---|---|
| Self-fulfillment | 3.00 | Good |
| Autonomy | 2.54 | Good |
| Emotional self-concept | 2.87 | Good |
| Ethical self-concept (honesty) | 3.50 | Very Good |

Qualitative Findings

Thematic analysis generated three themes and six subthemes. Participants were identified using the codes O1–O6. The themes reflected changes in body perception and daily functioning, the management of internal and social burdens, and the development of resilience through family, cultural, peer, and community support.

1. Theme 1: Confronting Changes in Body Perception and Daily Functioning

Participants described substantial changes in how they perceived their bodies and conducted everyday activities following ostomy surgery. The presence of a stoma challenged previous perceptions of normality, bodily integrity, attractiveness, and independence.

1.1 Sub-theme 1: Struggling with Altered Body Image

The first sight of the stoma elicited shock, disbelief, sadness, and difficulty accepting the physical changes associated with surgery. O4 recalled:

> *"Nasa recovery room po ako noon. Pagdilat ko, nakita ko na lang na may colostomy bag na ako… Ang unang tanong ko sa doctor, 'Ano po ito?' Tapos noong inexplain na niya na nakalabas yung bituka ko… doon na akong nagsimulang umiyak." (I was in the recovery room. When I opened my eyes, I saw that I had a colostomy bag. My first question to the doctor was, "What is this?" When the doctor explained that my intestine had been brought outside, that was when I started to cry.) —O4*

Some participants experienced discomfort or disgust while viewing or caring for the stoma. O1 described this experience:

> *"Minsan di ko maiwasan na mandiri kapag naliligo ako. Siyempre yung bituka ko nakalabas. Kinakaya…" (Sometimes, I cannot help feeling disgusted when I bathe. Of course, my intestine is outside. I just try to endure it.) —O1*

Altered appearance also contributed to embarrassment and insecurity. One participant compared the current body with an imagined "normal" body:

> *"Pangit po tingnan… nahihiya… minsan nai-insecure po ako sa iba, sa totoo lang. Nagtatanong ako minsan sa sarili ko kung bakit ganito… Gusto ko po maging normal ulit." (It looks unattractive. I feel embarrassed, and sometimes I feel insecure compared with other people. I sometimes ask myself why this happened. I want to be normal again.) —O3*

1.2 Sub-theme 2: Disruption and Reconstruction of Everyday Normality

Living with a colostomy required additional preparation before leaving home. Participants described checking their pouches, carrying supplies, anticipating leakage, and adapting their routines:

> *"Dati lumalabas ako ng bahay nang walang masyadong iniisip. Ngayon marami… aside sa materials na need ko for my colostomy, pati bag ay dapat i-check ko na rin muna." (Previously, I could leave the house without thinking about many things. Now there are many things to consider. Aside from bringing the materials I need for my colostomy, I also need to check the pouch first.) —O4*

Participants compared their lives before and after surgery. Although some retained aspects of their previous identities, seeing the physical changes could produce a sense that something was different:

> *"Isa akong masayahing tao. Masayahin pa rin naman. Pero pakiramdam ko minsan parang may mali kapag nakikita ko ang sarili ko sa salamin." (I am a cheerful person, and I am still cheerful. However, sometimes I feel that something is wrong when I see myself in the mirror.) —O5*

For some participants, adjustment involved gradually incorporating the ostomy into everyday life rather than continuing to view it as an insurmountable limitation:

> *"Actually, parang sa akin no big deal na yung ganito. I don't know, baka nasanay na ako or what. Pero for me personally, hindi ko na po siya nakikita as hindrance in all aspects, whether sa studies man, work, or physical activities." (For me, living this way is no longer a major issue. Perhaps I have become accustomed to it. Personally, I no longer view it as a barrier to my studies, work, or physical activities.) —O6*

Another participant similarly described developing acceptance despite continuing difficulties:

> "*Sa ngayon, okay lang naman na ganito na may bag sa tagiliran. Oo, mahirap siya. Pero accepted ko naman lahat…" (At present, I am okay with having a pouch at my side. Yes, it is difficult, but I have accepted everything.) —O3*

These accounts illustrated an evolving process of resistance, reassessment, adaptation, and gradual incorporation of the ostomy into participants' identities.

2. Theme 2: Managing Internal and Social Burdens

Participants described emotional burdens associated with stigma, judgment, concealment, and the effort required to regulate their responses. Experiences of bullying or anticipated negative reactions contributed to withdrawal and emotional distress:

"Mahirap kasi may mga tao minsan na nambubully, sinasabi na wala akong butas sa puwet. One time nga umuwi ako sa bahay na umiiyak." (It is difficult because some people bully me and say that I do not have an opening in my buttocks. One time, I went home crying.) —O2

2.1 Sub-theme 1: Concealing the Ostomy and Managing Its Visibility

Participants described leakage, odor, pouch visibility, and skin irritation as interconnected physical and social concerns. Leakage could produce pain, increase costs, and heighten fear that other people would notice the ostomy:

> *"Pinaka-common na problem na na-encounter ng naka-colostomy is leaking. Kasi, di ba, yung poop namin corrosive siya, meaning nakakasunog ng balat… kapag nababad nang matagal, nagkaka-breakdown na yung balat… mahirap siya at mahapdi. Kapag naglagay ka ng panibagong wafer, hindi na siya nag-i-stick. Tapos gagamit ka pa ng mahal na brand, so sayang lang yung 500 to 700 pesos mo." (The most common problem encountered by people with a colostomy is leakage. The output can irritate the skin, and prolonged exposure may cause skin breakdown. It is difficult and painful. When a new wafer is applied, it may no longer adhere properly. Because the products are expensive, 500 to 700 pesos may be wasted.) —O6*

Some participants attempted to change their pouches discreetly to prevent other people from noticing leakage or odor:

> *"Noong college po ako, lumalabas po ako dati ng classroom. Hindi ko lang pinapahalata na nagpapalit ako ng bag kasi mabilis talaga po siyang mapuno. Ayoko po mag-leak at bumaho." (When I was in college, I would leave the classroom without letting anyone know that I was changing my pouch because it filled quickly. I did not want it to leak or produce an odor.) —O3*

Clothing choices were also adjusted to conceal the pouch:

> *"Dati nagagawa ko pa pong magsuot ng maninipis na T-shirt. Ngayon malabo na po… sa loob ng bahay na lang." (I used to wear thin T-shirts, but now that is difficult. I wear them only inside the house.) —O1*

2.2 Sub-theme 2: Regulating Emotional Responses

Participants described efforts to manage frustration, sadness, and embarrassment while maintaining gratitude and emotional strength. For O1, the difficulties associated with the ostomy coexisted with gratitude for survival:

> *"Sino ba naman ang may gusto na may bag sa tiyan? Pero at the same time, thankful na binigyan niya ako ng second chance to live sa lahat ng aking mga pinagdaanan." (Who would want to have a pouch on the abdomen? At the same time, I am thankful that I was given a second chance to live after everything I experienced.) —O1*

This account demonstrated that emotional adjustment did not involve the absence of distress. Instead, participants attempted to hold difficult feelings alongside gratitude, hope, and recognition of survival.

3. Theme 3: Building Resilience Through Layered Support and Connections

Despite physical disruption, social stigma, and emotional strain, participants described continuing efforts to rebuild meaningful lives. Resilience was expressed through self-encouragement, family relationships, cultural values, and participation in peer-support networks:

> *"May mga araw na parang gusto ko na lang sumuko. Pero sabi ko… hindi. Malakas ako." (There are days when I feel like giving up. However, I tell myself, "No. I am strong.") —O2*

3.1 Sub-theme 1: Family and Cultural Anchors

Family members provided emotional, physical, and financial assistance. Their involvement helped participants manage treatment, stoma care, and the emotional consequences of illness. O4 described family support throughout repeated treatment:

> "*Sabi, six months puwede raw i-reverse, pero noong nagpa-CT scan po ako, nakita ulit na mayroon pa ring cyst sa tiyan ko. Kaya nagpa-second operation po ako… Na-ICU nga po ako at nagpa-therapy. Sa lahat ng pinagdaanan ko, thankful ako sa asawa ko at sa pamilya." (They said that it might be reversed after six months, but a CT scan showed that I still had a cyst in my abdomen. I underwent a second operation, was admitted to the intensive care unit, and received therapy. After everything I experienced, I am thankful for my husband and family.) —O4*

Family members also provided direct assistance with stoma care:

> "*My mother helped me a lot. Noong naoperahan ako, my mother helped me sa pagdi-dressing, pati pag-drain ng colostomy bag ko." (My mother helped me considerably. After my operation, she assisted me with dressing the stoma and draining the colostomy pouch.) —O2*

Family relationships motivated participants to remain strong and adapt to their changed circumstances:

> *"Lumaki po ako na independent na walang parents. Na-survive ko naman po. Ngayon na may asawa ako at may anak, tina-try ko po na maging matatag sa kalagayan ko ngayon. I am thankful sa asawa ko na 'solid' sa relationship namin." (I grew up independently without my parents and managed to survive. Now that I have a husband and child, I try to remain strong in my current situation. I am thankful for my husband and for the strength of our relationship.) —O5*

Another participant described maintaining positivity for the family:

> *"Hindi ko na lang iniisip na may sakit ako. Ginagawa ko lang as normal. Kung damdamin ko yung sakit ko, wala ring mangyayari. Kaya positive lang, para sa pamilya ko at mga anak ko." (I try not to focus on being ill and continue living as normally as possible. Dwelling on my illness will not change anything, so I remain positive for my family and children.) —O3*

3.2 Sub-theme 2: Peer and Community Support

Participants identified ostomy-support groups as important sources of education, shared experience, acceptance, and practical guidance:

> *"Actually, member po ako ng isang group. Once a month or once every two months may gathering. Every Wednesday or minsan Friday, may sharing about knowledge of colostomy—paano i-handle yung wound, paano ang proper care of colostomy. Welcome doon lahat, from babies to seniors." (I am a member of a support group. We meet once a month or once every two months. On Wednesdays, or sometimes Fridays, members share information about colostomy care, including wound management and proper stoma care. Everyone is welcome, from infants to older adults.) —O6*

Shared experience also enabled participants to recognize distress among others living with an ostomy and encourage greater openness:

> *"When I was working during lockdown, may mga tao na same case din sa akin… lagi silang down na down na parang wala nang life… lagi na lang sa bahay nagkukulong kasi iniisip nila yung negative thoughts nila instead of being positive. So hindi dapat kinakahiya, kundi dapat mas proud ka and out, because hindi madali magkaroon ng ganito, to be honest." (When I was working during the lockdown, I met people with the same condition. They felt that they no longer had a life and remained confined at home because they focused on negative thoughts. Having an ostomy should not be treated as something shameful. People may instead become more open because living with this condition is not easy.) —O3*

Integration of Quantitative and Qualitative Findings

Table 7 demonstrates how the qualitative findings contextualized and expanded the quantitative self-concept scores. The good self-fulfillment score was complemented by participants' accounts of managing internal burdens and maintaining purpose despite ostomy-related challenges. The autonomy findings were more nuanced: although participants perceived themselves as capable of making decisions, they continued to rely on family relationships and interpersonal support. This pattern suggests a relational form of autonomy in which personal decision-making coexists with close family involvement.

The good emotional self-concept score converged with participants' descriptions of emotional regulation, gratitude, self-encouragement, and resilience. However, their narratives also revealed embarrassment, distress, and moments of wanting to give up, demonstrating that favorable emotional self-concept did not indicate an absence of emotional difficulty. Ethical self-concept or honesty received the highest quantitative score, but no directly equivalent qualitative theme emerged. Participants' concealment of their ostomy was primarily associated with stigma, privacy, leakage, odor, and fear of judgment and should not be interpreted as contradicting their reported honesty or personal integrity.

The qualitative findings concerning altered body image, disrupted routines, and stoma-management difficulties also expanded the quantitative results because these experiences were not directly measured as a separate dimension of the PSCQ. Overall, the integrated findings indicate that participants' self-concept was shaped by the interaction of personal evaluations, physical experiences, emotional regulation, family and cultural relationships, and peer support. This interpretation informed the preliminary integrated framework presented in Figure 1.

**Table 7.** Joint Display of Quantitative and Qualitative Findings

| Quantitative Findings | Related Qualitative Findings | Integrated Interpretation |
|---|---|---|
| Good self-fulfillment (3.00) | Managing internal and social burdens; building resilience through layered support and connections | Participants described maintaining purpose, pride, and persistence despite the practical and emotional demands of living with a colostomy. The data strands were complementary. |
| Good autonomy (2.54), with poor scores for items concerning the need for approval and support | Family and cultural anchors | Participants described making personal decisions while remaining closely connected to family support. Their autonomy appeared relational rather than equivalent to complete independence. |
| Good emotional self-concept (2.87) | Regulating emotional responses; building resilience | Participants reported distress, embarrassment, and moments of wanting to give up, but also described emotional regulation, gratitude, and self-encouragement. The findings demonstrated convergence while preserving emotional complexity. |
| Very good ethical self-concept or honesty (3.50) | Concealing the ostomy and managing its visibility | The quantitative score reflected personal integrity and trustworthiness. Concealment in the qualitative accounts was primarily a response to stigma, leakage, odor, and privacy concerns. These constructs were not treated as direct opposites, and no direct convergence was claimed. |
| Physical and functional effects were not directly assessed as a separate PSCQ dimension | Confronting changes in body perception and daily functioning | The qualitative findings expanded the quantitative results by demonstrating that favorable self-concept scores coexisted with altered body image, disrupted routines, and ongoing stoma-management challenges. |

Note. PSCQ = Personal Self-Concept Questionnaire. Quantitative scores are descriptive and apply only to the six participants. The relationships presented in the joint display reflect interpretive integration rather than statistically tested associations or causal relationships.

## DISCUSSION

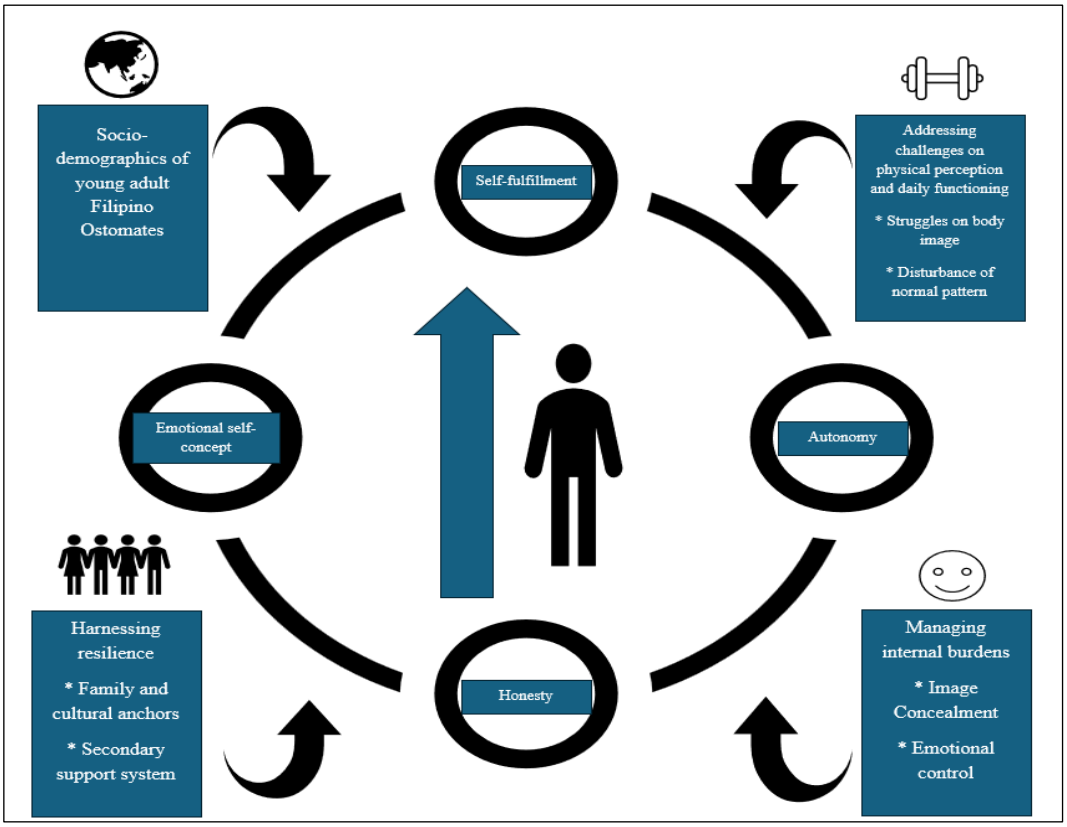
This study explored self-concept and its influencing factors among young Filipino adults living with a colostomy. The integrated findings demonstrated an apparently contrasting but complementary pattern. Participants reported generally favorable self-fulfillment, autonomy, emotional self-concept, and honesty, while their narratives revealed altered body image, disrupted routines, stigma, emotional distress, financial

concerns, and dependence on practical support. Favorable self-concept scores should therefore not be interpreted as indicating that participants experienced few difficulties. Instead, the findings suggest that participants maintained valued aspects of themselves while adapting to substantial physical and psychosocial changes.

The distinction between personal self-concept and ostomy-related distress is important when interpreting these findings. The Personal Self-Concept Questionnaire measures self-fulfillment, autonomy, emotional self-concept, and honesty rather than body image, stoma-related quality of life, or psychological symptoms (Goñi et al., 2011). Consequently, participants could perceive themselves as purposeful, emotionally capable, and trustworthy while simultaneously experiencing shame, disgust, fear of leakage, and dissatisfaction with their altered appearance. The qualitative findings expanded the questionnaire results by capturing experiences that were not directly represented within its four dimensions.

routines, and personal identity (Choudhary & Kaur, 2020; Tan et al., 2024). A recent systematic review and meta-analysis also found that patients with colorectal cancer who had an ostomy experienced greater body-image concerns than those without an ostomy, although the magnitude of these effects varied across studies (Redeker et al., 2025). In the present study, these concerns appeared particularly relevant to clothing, looking in the mirror, attending school or work, and interacting with other people.

Participants' descriptions also showed that reconstructing everyday normality was an evolving rather than immediate process. Some continued to experience discomfort when seeing or caring for the stoma, whereas others no longer regarded it as a major barrier to education, employment, or physical activity. This variation suggests that acceptance should not be understood as a fixed endpoint or the absence of difficulty. Instead, participants moved between distress, adaptation, resistance, and acceptance according to their circumstances. Similar patterns were reported by Mathieu et al. (2025), who




Note. The framework was derived from the interpretive integration of quantitative and qualitative findings. The arrows indicate proposed relationships identified within this six-participant sample and do not represent statistically tested associations or causal pathways.

**Figure 1.** Preliminary Integrated Framework of Self-Concept and Its Influencing Factors Among Young Filipino Adults Living with a Colostomy

Changes in body perception were prominent in participants' accounts. Initial reactions to the stoma included shock, crying, disgust, embarrassment, insecurity, and a desire to return to a "normal" body. These findings are consistent with previous qualitative evidence showing that ostomy formation may disrupt bodily integrity, self-image, everyday

found that adjustment to permanent colostomy involved continuing negotiation between practical limitations, emotional responses, and attempts to regain normality. Tan et al. (2024) likewise described adaptation as involving both disruption and the gradual rebuilding of life after ostomy surgery.

Leakage, odor, skin irritation, visibility of the pouch, and the cost of ostomy supplies connected participants' physical experiences with their social and emotional concerns. These difficulties influenced clothing choices, preparation before leaving home, participation in school or work, and efforts to change the pouch without being noticed. Thus, concealment was not solely a response to body-image dissatisfaction; it also functioned as a practical strategy for managing privacy and preventing anticipated embarrassment. Research conducted in low- and middle-income settings has similarly identified the affordability and availability of ostomy appliances, inconsistent access to specialist care, and out-of-pocket expenditure as barriers to effective stoma management (Lapitan et al., 2024). Recent qualitative findings have also demonstrated that ostomy-related physical difficulties can extend to caregivers and interact with financial, psychological, and social challenges (Asefa et al., 2025).

The findings concerning internal burdens and emotional regulation provided further context for the good emotional self-concept score. Participants described bullying, shame, frustration, sadness, and moments of wanting to give up. At the same time, they expressed gratitude for survival, encouraged themselves to remain strong, and attempted to maintain positive perspectives. These accounts demonstrate that emotional strength did not require participants to deny distress. Rather, resilience appeared in their ability to continue functioning and reconstruct meaning while acknowledging difficult experiences. Previous studies have similarly reported that people living with an ostomy may experience negative emotions while also developing acceptance, adaptive coping, and psychological resilience (Özcan & Sayar, 2023; Tomasi et al., 2022).

The relationship between self-fulfillment and resilience should nevertheless be interpreted cautiously. The present study did not statistically test whether resilience produced higher self-fulfillment or emotional self-concept. Instead, the qualitative accounts complemented the descriptive scores by demonstrating how participants maintained purpose, pride, and persistence. Research involving people with a urostomy has identified associations among social support, resilience, and quality of life (Yu et al., 2023). Although that population differs from the young adults with colostomies included in the present study, the findings provide contextual support for considering resilience as a process through which interpersonal resources may assist adaptation.

The autonomy findings were particularly nuanced. Although the overall autonomy score was classified as good, participants reported less favorable responses to items concerning the need for other people's approval and support. Their narratives also emphasized reliance on spouses, parents, children, and extended family members. This pattern should not necessarily be interpreted as a contradiction or lack of autonomy. For these participants, decision-making and personal independence coexisted with close family involvement. Autonomy therefore appeared relational: participants retained personal agency while drawing on family members for emotional, practical, and financial assistance.

This interpretation is consistent with research showing that family, religion, and cultural values can influence meaning-making and coping among Filipino patients with cancer (Ahmadi et al., 2024). However, the role of family should not be generalized to all Filipino patients or treated as a uniformly positive cultural characteristic. In the present study, family support was important because participants themselves identified it as central to their adaptation. Family-centered interventions may strengthen physical, psychological, and social well-being among people living with an ostomy when support is responsive to the individual's preferences and does not replace their participation in decision-making (Golpazir-Sorkheh et al., 2022).

Support also extended beyond the family. Participants described ostomy groups as sources of practical education, shared experience, acceptance, and reassurance. Peer networks allowed individuals to learn about pouch management and wound care from others who understood similar challenges. These relationships may reduce isolation by normalizing ostomy-related experiences and providing forms of knowledge that differ from formal clinical instruction. The findings therefore suggest that adaptation was supported through multiple layers: internal coping, family relationships, cultural meaning, and peer or community connections.

The very good ethical self-concept or honesty score requires separate interpretation. The honesty dimension of the questionnaire assesses trustworthiness, keeping one's word, and honoring commitments. By contrast, participants' concealment of the ostomy reflected concerns about stigma, privacy, leakage, odor, and negative social reactions. Concealing a health condition should therefore not be interpreted as dishonesty or as contradicting participants' reported personal integrity. This distinction illustrates the value of mixed-methods integration: apparently related quantitative and qualitative concepts may represent different experiences and should not be forced into artificial convergence.

The preliminary framework presented in Figure 1 synthesizes these findings by positioning personal self-concept within a broader context of physical experiences, internal burdens, sociodemographic circumstances, family and cultural relationships, and peer support. The framework should be regarded as a descriptive, data-derived representation rather than a validated theoretical model. Its arrows represent proposed relationships identified through interpretation and do not demonstrate statistical effects or causal pathways. Further testing with larger and more diverse samples is required before the framework can be used to predict outcomes or guide a standardized intervention.

Overall, this study contributes context-specific evidence by showing that young Filipino adults may

maintain favorable perceptions of personal worth, emotional capacity, and integrity while continuing to encounter significant ostomy-related challenges. The combination of questionnaire scores and personal narratives prevented favorable numerical findings from obscuring experiences of stigma, altered body image, financial strain, and disrupted daily functioning. The results also highlight that self-concept reconstruction occurred through interactions among individual coping, bodily experience, family relationships, cultural context, and peer support. These insights may assist nurses in approaching ostomy adjustment as a multidimensional and culturally situated process rather than focusing solely on technical stoma management.

### Implications for Practice and Future Research

The findings indicate that favorable self-concept scores should not be interpreted as evidence that young adults have fully adjusted to living with an ostomy. Nurses should assess body image, emotional distress, stigma, daily functioning, stoma-management difficulties, and access to ostomy supplies alongside general measures of self-concept. Nursing care should combine practical stoma education with therapeutic communication, psychosocial assessment, and individualized strategies for managing leakage, odor, clothing concerns, and participation in education, employment, and social activities.

Family members may be involved in education and care when consistent with the individual's preferences and autonomy. Referral to peer-support groups may also provide experiential knowledge, reassurance, and a sense of belonging. Future research should examine the findings in larger and more diverse samples, include different types and durations of ostomy, evaluate the psychometric properties of the adapted questionnaire, and test the preliminary framework through longitudinal or multi-site studies.

### Limitations

This study has several limitations. The purposively selected sample included only six participants, five of whom were female, limiting the generalizability of the quantitative findings and the transferability of the qualitative findings to the wider ostomy population. All participants were living with a colostomy; therefore, the findings may not represent the experiences of individuals with an ileostomy or urostomy. Differences in the underlying diagnosis, duration of living with the ostomy, and temporary or permanent status were not comparatively examined.

The Personal Self-Concept Questionnaire was adapted from a five-point to a four-point response scale, and the psychometric properties of this adapted version were not established in the present sample. Consequently, the quantitative results should be considered descriptive and supportive of the qualitative findings. Online interviews may also have limited observation of nonverbal responses and participation by individuals with limited internet access. Self-reported data may also have been affected by recall and social desirability bias. Finally, the integrated framework was developed from a small, context-specific sample and should be regarded as a preliminary descriptive representation rather than a validated theoretical or predictive model.

## CONCLUSION

This study found that the six young Filipino adults living with a colostomy reported generally favorable self-fulfillment, autonomy, emotional self-concept, and personal integrity while also describing substantial challenges related to body image, daily functioning, stigma, emotional distress, and stoma management. Their narratives indicated that adjustment involved an evolving process of resistance, reassessment, acceptance, and identity reconstruction.

Family relationships, cultural values, internal resilience, and peer-support networks were described as important contextual resources during adjustment. The integrated findings emphasize that favorable self-concept scores do not indicate the absence of distress. Nursing care should therefore address both the technical requirements of stoma management and the emotional, interpersonal, and identity-related dimensions of living with a colostomy. The preliminary framework provides a basis for further investigation but requires validation before it can be applied as a theoretical model, predictive framework, or standardized intervention.

### Author Contributions

Conceptualization: Leird Dennis P. Robles; Methodology: Leird Dennis P. Robles and Wireen Leila T. Dator; Investigation and Data Collection: Leird Dennis P. Robles; Formal Analysis: Leird Dennis P. Robles and Wireen Leila T. Dator; Writing – Original Draft: Leird Dennis P. Robles; Writing – Review & Editing: Leird Dennis P. Robles and Wireen Leila T. Dator; Supervision: Wireen Leila T. Dator. Both authors reviewed and approved the final manuscript and agreed to be accountable for all aspects of the work.

### Data Availability Statement

De-identified data supporting the findings may be available from the corresponding author upon reasonable request, subject to ethics requirements and the protection of participant confidentiality. Full interview recordings and transcripts are not publicly available because they contain sensitive and potentially identifiable qualitative information.

## Conflict of Interest

Wireen Leila T. Dator serves as a member of the International Editorial Advisory Board of the Celebes Nursing Journal. To ensure editorial independence, she was not involved in the editorial assessment, selection of reviewers, peer-review process, editorial decision-making, or final publication decision for this manuscript. The other author declares no competing interests.

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## Declaration of Use of AI in Scientific Writing

During the preparation of this manuscript, the authors used Grammarly, including its AI-assisted language functions, to support grammar correction, language refinement, and rephrasing for clarity. The tool was not used to generate research data, conduct data analysis, interpret the findings, or create references. All suggested revisions were critically reviewed and approved by the authors, who retain full responsibility for the accuracy, integrity, originality, and scientific content of the manuscript.

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