

What nurses find difficult and helpful when educating people with ostomies

Dificuldades e Facilidades do processo educativo desenvolvido por enfermeiros às pessoas com estomias

Dificultades y facilidades del proceso educativo desarrollado por enfermeras para personas con estomas

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ABSTRACT

Objective: to describe and analyze what nurses perceive to be difficult and simple to implement in the process of educating people with ostomies **Method:** this qualitative, exploratory study was supported by historical materialism and the dialectical method. Data were collected from six nurses at a Rehabilitation Center in Rio de Janeiro, using a triangulation of methods (participant observation, interview, and analysis of nursing records), between December 2014 and March 2015. **Results:** the factors that hampered the educational process were inappropriate physical structure, and scarcity of financial and human resources. There was also found to be a deficit in the nurses' training and qualification. Enabling factors included: provision of equipment and adjuvants for people with ostomies, and creation of support groups for this clientele. **Conclusion:** it was concluded that execution of the educational process suffers from contradictions and discrepancies relating to work organization, training, and legal aspects.

Descriptors: Nursing; Surgical Stomas. Rehabilitation; Health Education.

RESUMO

Objetivo: descrever e analisar as dificuldades e facilidades percebidas por enfermeiros para implementação do processo educativo dirigido às pessoas com estomia. **Método:** estudo qualitativo e exploratório, apoiada no materialismo histórico e no método dialético. A coleta ocorreu em um Centro de Reabilitação no Rio de Janeiro, com seis enfermeiros, por meio da triangulação de métodos (observação participante, entrevista e análise de registros de enfermagem), entre dezembro de 2014 e março de 2015. **Resultados:** os fatores dificultadores do processo educativo foram: estrutura física inadequada, escassez de recursos financeiro e humano. Além disso, apreendeu-se déficit na formação e qualificação dos enfermeiros. Os fatores facilitadores incluíram: fornecimento de equipamentos e adjuvantes para as pessoas com estomia e criação de grupos de apoio para esta clientela. **Conclusão:** concluiu-se que existem contradições e discrepâncias na execução do processo educativo relacionadas à organização laboral, à formação e aos aspectos legais.

Descritores: Enfermagem; Estomas Cirúrgicos. Reabilitação; Educação em Saúde.

RESUMEN

Objetivo: describir y analizar lo que las enfermeras perciben como difícil y simple de implementar en el proceso de educación de las personas con ostomías **Método:** este estudio cualitativo, exploratorio, se sustenta en el materialismo histórico y el método dialéctico. Se recolectaron datos de seis enfermeras en un Centro de Rehabilitación de Río de Janeiro, mediante una triangulación de métodos (observación participante, entrevista y análisis de registros de enfermería), entre diciembre de 2014 y marzo de 2015. **Resultados:** los factores que obstaculizaron el proceso educativo fueron estructura física inadecuada y escasez de recursos financieros y humanos. También se constató un déficit en la formación y calificación de las enfermeras. Los factores habilitantes incluyeron: provisión de equipo y adyuvantes para personas con ostomías y creación de grupos de apoyo para esta clientela. **Conclusión:** se concluyó que la ejecución del proceso educativo adolece de contradicciones y discrepancias relacionadas con la organización del trabajo, la formación y los aspectos legales.

Descriptores: Enfermería; Estomas Quirúrgicos. Rehabilitación; Educación en Salud.

INTRODUCTION

The object of this study addresses the difficulties and practicalities perceived by nurses for the development of the educational process for people with stomas. The term *stoma* means surgical exteriorization of part of a hollow organ, such as, for example, some part of the digestive, respiratory or urinary tracts, maintaining communication with the external environment. Such exteriorization is performed when there is a need to temporarily or permanently divert the normal traffic of the vesico-intestinal eliminations, air and/or food¹.

The confection of a stoma results in significant impacts on body functioning, self-image, sexuality, and the possibility of leisure and work, among other life dimensions. Therefore, being with a stoma is a complex situation, especially due to the biopsychosocial repercussions that derive from it².

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In this sense, nurses need to adopt a holistic conduct, integral care, correlating technical-scientific, ethical and humanistic knowledge, in addition developing their work process in addition to other members of the health team, in order to meet the multifaceted needs of people with stomas³.

IN this care context, the performance of the Nursing professional involves the provision of direct care, as well as managerial, research and teaching activities. Regarding teaching, this perspective of care focuses on the training and qualification of human resources or on the education of people and family members in a situation of stoma, whose practice involves guidance for self-care³.

In this context, guidance for people with stomas is relevant, because in such a situation there is lack of knowledge about the management of the collecting equipment or other technologies; there is strangeness about the reactions and functioning of the body; and difficulties with clothing, body hygiene, sexuality, in other words, daily activities. Therefore, if these people are not adequately guided, there is the potential for high morbidity and mortality².

This study is justified due to the growing number of people with stomas in Brazil and worldwide, since 41,000 new cases of colon and rectum cancer are expected in the national context for each year of the 2020-2022 triennium, and these types of tumors contribute to the need to perform a stoma⁴. In addition to that, it is understood that, by investigating the educational process of nurses focused on people with stomas, it is possible to identify deficits and potentialities that can be corrected and strengthened, respectively, enabling a better and broader service to the demands of these people.

From this contextualization, the following was selected as guiding question of the study: What are the practicalities and difficulties for the nurse to develop the educational process directed to people with stomas?

To answer this question, the following objectives were elaborated: to describe and analyze the difficulties and practicalities perceived by nurses for the implementation of the educational process aimed at people with stomas.

LITERATURE REVIEW

The presence of a stoma determines radical changes in people's lives, both physical and psychosocial, highlighting changes in body image⁵, difficulties in the use and management of technologies to support quality of life, occurrence of complications in the stoma and peri-stoma skin, and changes in eating and hygiene habits. Such situation favors diminished self-esteem, compromised sexuality, absence from work, stigmatization, and social isolation⁶.

The capacity to face the impact of such changes is linked to a therapeutic process that involves psychological, educational and guidance support, which is provided to the people with stomas by the multidisciplinary health team, helped by family members and friends. In this perspective, the importance of nurses in the process of guiding people with stomas is reinforced, encompassing comprehensive actions, focused on the reality and individual needs, favoring an improvement in quality of life⁶.

The educational process, which permeates the action of guiding, built through the interaction between people, is a dynamic instrument for the socialization of knowledge, being able to contribute to autonomy in acting, allowing those involved to become active individuals, as abilities, self-esteem, self-confidence and self-realization are valued⁶.

For the educational process to be effective and efficient, it is recommended that it be problematizing, in which the educator considers the knowledge of the learner in order to build knowledge in which the individual understands their leading role in the process and feels motivated to change behaviors, expanding their knowledge and transforming harmful or inappropriate behaviors⁷.

The educational process developed with the person with a stoma is fundamental to achieve autonomy in their care, to favor social inclusion, and to avoid complications both in the stoma and peri-stoma skin, as well as social and psychological impairments⁵. In consonance, education in health, which aims to guide self-care, becomes essential for such people, especially when they understand their importance as historical, temporal, creative and cultural individuals, favoring adaptation to the new health condition⁸.

METHOD

A qualitative and exploratory study, supported by historical materialism and by the dialectic method. It was developed in a Municipal Rehabilitation Center in Rio de Janeiro, where the Program of Assistance to the Person with a stoma is developed.

Historical materialism, which underlies the dialectical method, favors an analysis that considers the historical, social, political, and cultural contexts in which the phenomenon investigated is situated. It seeks the contradictions that make up the study object so that, through the analysis of such contradictions, one can evolve towards a broader and deeper understanding of the object. Furthermore, it is a method that is anchored in the real world, in the concept, in theory and science and, with these elements, the analysis proceeds⁹.

Six nurses who worked in this Rehabilitation Center and who met the following inclusion criteria participated in the study: a) a nurse who was part of the functional staff of the Municipal Center, under a single legal regime or by employment contract; b) a nurse who participated or had already participated in the educational process of people with stomas, assisted in the institution; c) a nurse who worked with people with stomas for more than six months, having experience in the educational process of this clientele. The exclusion criterion selected was the following: nurses who were on vacation or leave at the time of data collection.

It is noteworthy that, at the time of data collection, there were seven nurses in the program, one of them was the Nursing coordinator, but previously had already developed guidelines for the self-care of people with stomas, and six nurses worked directly in the Nursing consultation. Of the seven nurses who met the selection criteria, one refused to participate in the study, for personal reasons.

For the data collection procedure, which was carried out between December 2014 and March 2015, the triangulation method was adopted, using the semi-structured individual interview with the nurses, participant observation of the Nursing consultations, totaling 120 hours, and also the analysis of the nurses' records in the medical charts of the people with stomas. The Interview Script was composed of three basic questions: i) discuss how you develop the educational process of people with stomas; ii) describe the educational actions carried out with a view to social inclusion; iii) discuss the practicalities and difficulties for the development of the educational process with people with stomas.

The research was approved by the Research Ethics Committee, under CAAE number 36520814.0.0000.5282, and data collection took place from December 2014 to March 2015. The participants received the Free and Informed Consent Form and were represented by the letter E, followed by Arabic numerals in the order in which the interviews took place, in compliance with the recommendations of Resolution No. 466/2012 of the National Health Council¹⁰.

The information was treated in the light of the dialectical method, whose applicability aimed at understanding the practices and experiences of the participants in relation to the educational process aimed at people with stomas. Thus, the studied reality was expressed in the participants' dialogs, through writing and verbal and non-verbal language, captured from the techniques of participant observation, interviews and documentary analysis.

The application of this method allowed for the emergence of the following analytical category: Educational process and the paradoxes between work organization, training process and daily life of the nurse.

RESULTS AND DISCUSSION

Educational process and the paradoxes between work organization, training process and daily life of the nurse

The data analysis revealed that many of the difficulties perceived by nurses during the educational process, aiming at the self-care of people with stomas, were linked to the configuration of work organization, especially related to material resources and to the physical structure of the field. However, difficulties were also listed linked to professional training and to the complexity of care for people with stomas.

The use of audiovisual resources and teaching materials is important for the educational process, as it makes it dynamic and favors an informal language. However, the institution had no computers, no explanatory brochures to be provided, and no financial resources for printing and copying various materials. It only had two explanatory panels in the consultation offices, used by some nurses during the teaching-learning process.

One difficulty is the lack of computers and Internet, we have to rely on our own resources. How are we going to provide a folder if we don't have money even for the other photocopies? Besides, there is lack of educational material, there is practically nothing here. These are important difficulties to carry out a proper orientation (E1).

Educational material is lacking! It was the first thing I thought was missing when I arrived here. Not to mention that we often don't have the funds to take copies of our work material, such as admissions forms, and this makes it very difficult (E6).

The lack of material and audiovisual resources, often indispensable for the educational process, becomes an obstacle for accomplishing the educator's work, discouraging him and urging him to adapt and improvise available

resources. This lack reflects the low investment of the work organization in providing adequate conditions for the good development of the work process. This situation has been frequent in the health sector due to the application of the neoliberal ideology in this context, determining, among other consequences, the disinvestment in material infrastructure and in the workforce¹¹.

Otherwise, it is asserted that the scarcity of audiovisual resources does not make the educational process impossible, since nothing replaces the dialogical relationship between those involved. Establishing dialog between the nurse and the clientele promotes the exchange of knowledge, which can lead to the acquisition of solutions for the difficulties presented during learning¹². It is verified that, in addition to audiovisual resources, trust and good interpersonal relations are necessary for the educational process to be properly developed, favoring the apprehension of contents necessary for self-care, thus making the educational process more welcoming, dynamic and creative for the clientele¹².

It is noteworthy that, during the participant observation in the Nursing consultations, it was verified that many nurses used personal electronic devices to show pictures and videos about stoma care and reproduced printed materials with their own resources, in order to favor a more dynamic and attractive educational process.

Another aspect that hindered the educational process of people with stomas was the fact that the nursing technicians did not perform functions appropriate to their position, thus not helping the nurse in the necessary procedures, apart from the high rate of absenteeism and leaves, compromising the work of the nurse:

I don't have a nursing technician to assist me with the dressings, or any other assignment with the patient. I don't need a nursing technician to fill paper. For that, we could have an administrative assistant. I end up having to play their role at many moments, which hinders the progress of my work (E1).

Sometimes there is a nursing professional missing, a nursing technician to do the reception and even to get a medical record. Sometimes we have to stop and go and get the medical records, which makes it a little difficult. Not that we don't want to get it, but sometimes you get there and have other patients waiting for care, this deviation of function ends up delaying the Nursing consultations, damaging my work and the care of people with stomas (E5).

Thus, the nurse ended up performing the activities that are responsibility of the nursing technicians, reducing their time available for consultations and for the educational process.

Nursing has historically lived with little appreciation and low recognition of its work, especially with regard to working conditions, remuneration and professional autonomy, weakening the struggle for their labor rights and for better working conditions, and they end up performing multiple tasks that are not their responsibility, leading them to stress and even reducing the quality of the care developed with the clientele¹³⁻¹⁴.

In this context, an important contradiction was also noticed since, according to Law No. 7,498/86¹⁵, which provides for the regulation of the professional Nursing practice, nurses must exercise their planning, organization, coordination, execution and evaluation of the Nursing care services. They are also responsible for leading and evaluating the entire Nursing team.

Thus, from the statements selected previously, it is concluded that there are mistakes in the leadership of the participants, as it is the role of the nurse to determine the actions to be developed by the nursing technicians, considering the skills and competence of the members of the Nursing team.

The scarcity or nonexistence of some materials, such as collecting equipment and adjuvants, represented an obstacle to the quality of the educational process of patients with stomas, hindering the process of self-care and social inclusion of this clientele:

The difficulty is when the equipment starts to lack, as the patient arrives very anxious, wanting that material that he is already adapted to and, many times, we don't have it. Then, all readaptation to a new material, new guidelines and more educational process resumes. Sometimes you don't have the equipment of a piece, for lack of the bidding process, or for delay, sometimes the material you have is not suitable for that patient. Difficult! (E5)

The absence of the equipment and other technologies leads people with stomas to go through a new process of adaptation to their health condition, as it also results in the resumption of the educational process undertaken by nurses, hindering self-care and social inclusion of these people⁵.

Thus, another contradiction was evidenced, because a reference institution in the care of people with stomas must guarantee and count on diversified types of equipment and other technologies to supply patients, considering

the specificities of the type of skin, classification of the stoma, and work and leisure activities they develop, among other aspects⁵.

In addition, Ordinance No. 400/2009¹⁶ determines that people with a stoma have a monthly supply of adequate equipment and adjuvants so that they can have a dignified life and avoid complications.

Inadequate physical space was also mentioned in the nurses' statements as a problem of the unit:

What makes it difficult, in the case of my work, is the space that is not good, here in the dispensation part. This doesn't interfere much with the patient, it's a more internal problem, which compromises our work and our mental health (E4).

The physical structure has to improve, as it hinders our work, affects the smooth running of the service and stresses us. We need a larger bathroom adapted to the patients. It makes it difficult to teach self-irrigation, it makes mobilization difficult (E6).

Through the participant observations, it was verified that the place really had an inadequate physical structure, such as, for example, a pantry inserted in a small warehouse, which contained some equipment and adjuvants. Based on Regulatory Norm No. 32 (NR32)¹⁷, the recommended would be an independent pantry for small meals, so that no food would be consumed near the material storage area and the work stations, which is forbidden by law.

The inadequate physical structure was also present in the Nursing consultation sector. There was neither a meeting room nor a space for the development of support and reception groups for people with stomas, contrary to what is recommended by Ordinance No. 400/2009¹⁶.

Another factor perceived by the participants and which generated difficulties for the development of the educational process was related to the scarce theoretical and practical content developed in the teaching of undergraduate courses related to the Stomatherapy area. Furthermore, according to the participants, the specialization courses were centered on the biomedical model of teaching and care, with little emphasis on the psychosocial dimension of the patient and the family.

We have a limited view on the very training of undergraduate and graduate courses on Stomatherapy content. They don't give us this direction related to social inclusion, much less to prepare for the work, leisure, and sexuality of these people (E1).

The undergraduation part, I don't know how it is today, but I didn't see anything regarding stoma. In graduate school, I also didn't have a more comprehensive content of care. We are very focused on the physical part. (E4)

These statements are also related to the profile of the study participants, most of whom had been trained for more than twenty years, a period in which undergraduate education was predominantly biomedical in the country¹⁸. Moreover, the documentary analysis also corroborated these inferences, by identifying in the nurses' records that they were all focused on guidelines and care directed to the physiological dimension of the person with a stoma, and no record contained data related to the psychosocial needs of the clientele.

It is interesting to verify the contradictions that exist in this situation, as the nurses themselves recognized the limitations in the training process, but continued to direct their services to the physiological part, not addressing issues related to the psychosocial dimensions of the clientele and, thus, hindering comprehensive and strengthened social inclusion.

Elements that could facilitate the educational process with people with stomas also emerged, such as the formation of support groups, because it allows for welcoming among peers and the exchange of experiences.

I think that what can complement this educational part are the group meetings, which facilitate a lot the adaptation of people with stomas, because there they understand that they are not alone and exchange important experiences about daily life (E3).

Another side project that is being developed is the support group, which I was supposed to have done in January, and ended up not taking place, as it contributes a lot to the teaching-learning process of the patients and family members (E6).

The participation of people in support groups favors the acceptance of the condition of having a stoma, in addition to arousing interest in the fight for their rights as citizens and people with disabilities, encouraging and strengthening actions for greater social inclusion. Dialog is the basis of this group, and its operational dynamics is opposed to the biomedical model, as it addresses themes that go beyond stoma and peri-stoma skin care, covering questions about the integrality of the human being¹⁹.

It was also mentioned as a facilitator of the educational process the fact that the Program has a variety of collecting equipment and adjuvants for the patients with stomas.

We have a wide variety of equipment, each time more the market is launching materials and we try to put this here in the Program, so I think we have it, and it makes it easier (E4).

In this speech, a contradiction was also evidenced because, during the field observations and in the analysis of the statements of other participants, lack and inadequacy of equipment and adjuvants in the Program were noticed. It is understood that the perception of this nurse was also centered on comparing the Program with other care centers, which do not provide patients with the diversity of materials offered by this rehabilitation center.

CONCLUSION

It was verified that there were more complicating factors than facilitators of the educational process of people with stomas in the investigated field. Thus, the difficulties apprehended were related to the inadequacy of the physical structure and to the scarcity of financial, material and human resources. In addition to these factors, it was considered that the training and qualification of nurses are obstacles to an educational process that aim at comprehensive self-care, as they are based on purely biomedical content, not including guidelines that target the clientele's psychosocial needs.

Regarding the facilitating aspects, it was verified that they were related to the development of support groups and hospitality for people with stomas. It was also learned that the availability and supply of care technologies in Stomatherapy was considered a positive factor for the good development of the educational process.

From the data analyzed, contradictions and discrepancies in the execution of the educational process became evident, highlighting the perception that training is an obstacle to the good development of this process, although the participants remain focused on guidelines aimed at the physical dimension of people with stomas. Another contradiction involves work organization, which does not provide adequate supplies in quantitative and qualitative terms so that the process of guidance for the self-care of people with stomas occurs satisfactorily.

There were also contradictions regarding compliance with legal aspects that support the development of self-care for people with a stoma. Thus, there is legal support to ensure and enforce the supply of collecting equipment and adjuvants to care for these people, but it is not complied with by the work organization.

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