

Knowledge and reflections on elimination stomas: a group approach with nurses

Conhecimento e reflexões sobre estomias de eliminação: uma abordagem em grupo com enfermeiras

Conocimiento y reflexiones sobre estomas de eliminación: un enfoque de grupo con enfermeras

ABSTRACT

Purpose: Report the knowledge and experiences of nurses about elimination stomas during participation in a permanent health education. **Methods:** This is a descriptive study, with a qualitative, analytical and interpretative approach, developed with nurses. A focus group was built to carry out the continuing education activity. **Results:** From the analysis, three thematic categories emerged: experiences with elimination stomas, challenges involving the care of the person with an elimination stoma, and perceptions about the focus group. **Conclusion:** The continuing education favored the deepening of knowledge and professional maturity of the participants, promoted discussions and debates that can improve clinical practice and reflections on the role of nurses regarding the assistance to the person with elimination stoma.

Descriptors: Nursing; Continuing Education; Stoma; Nursing Care.

RESUMO

Objetivo: Relatar os saberes e vivências de enfermeiras sobre estomias de eliminação durante a participação em uma educação permanente em saúde. **Método:** Estudo descritivo, com abordagem qualitativa, de caráter analítico e interpretativo, desenvolvido com enfermeiras. Foi construído um grupo focal para a realização da atividade de educação permanente. **Resultados:** A partir da análise, surgiram três categorias temáticas: experiências com estomias de eliminação, desafios que envolvem o cuidado da pessoa com estomia de eliminação e percepções sobre o grupo focal. **Conclusão:** A educação permanente favoreceu o aprofundamento do conhecimento e o amadurecimento profissional das participantes, promoveu discussões e debates que podem melhorar a prática clínica e reflexões quanto ao papel do enfermeiro sobre a assistência à pessoa com estomia de eliminação.

Descritores: Enfermagem; Educação Continuada; Estomia; Cuidados de enfermagem.

RESUMEN

Objetivo: Reportar los conocimientos y experiencias de las enfermeras sobre las estomas de eliminación durante la participación en una educación permanente en salud. **Método:** Estudio descriptivo, con abordaje cualitativo, de carácter analítico e interpretativo, desarrollado con enfermeras. Se construyó un grupo focal para realizar la actividad de educación permanente. **Resultados:** Del análisis surgieron tres categorías temáticas: experiencias con estoma de eliminación, desafíos relacionados con el cuidado de la persona con estoma de eliminación y percepciones sobre el grupo focal. **Conclusión:** La educación permanente favoreció la profundización en el conocimiento y la maduración profesional de las participantes, promovió discusiones y debates que pueden mejorar la práctica clínica, y reflexiones sobre el papel de las enfermeras en el cuidado de las personas con estoma de eliminación.

Descritores: Enfermería; Educación Continua; Estoma; Cuidado de Enfermería.

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INTRODUCTION

The construction of an elimination stoma occurs when, for several causes, it is impossible to physiologically eliminate waste and flatus. It is defined by the realization of a surgical opening between a hollow organ and the external environment, with the purpose of eliminating the excrements and waste, in collecting equipment, temporarily or permanently, being classified in urostomy, ileostomy and colostomy⁽¹⁻²⁾. In providing care to these patients, the nurse is one of the first members of the multidisciplinary team to develop health actions, and must have technical and scientific quality in the dispensation of care, prevent and detect early complications and promote health education actions⁽³⁻⁴⁾.

The existence of complications, after making the stoma, is related to inadequate therapeutic management in some phases of intervention and the absence or insufficient provision of guidance during the perioperative period and post-discharge. The main complications in elimination stomas are related to the peristomal skin, such as lesions and dermatitis, and to the stoma, such as bleeding, leakage of residues, hernias, infections, stenosis, prolapse, retraction, and necrosis⁽⁵⁾.

The person with stoma requires that health care has inter-professional involvement in the safe handling of techniques, health education, encouragement to self-care and continued assessment throughout the period that covers the stoma. In this journey, the nurse plays an important role in performing assessments and interventions, besides acting as a facilitator of the adaptive process of the person with a stoma and the caregivers. For this, it is essential to have therapeutic clinical mastery for the dispensation of safe techniques and timely guidance⁽⁴⁾.

The familiarization with clinical and therapeutic interventions for people with elimination stoma should be started during the formation of the undergraduate nursing degree and continue throughout the professional practice of nurses. However, adversities can arise during this journey, presenting themselves as obstacles that hinder the satisfactory teaching and learning process, requiring the constant updating and improvement of knowledge during the period of professional practice⁽³⁾. In this context, the Continuing education in Health (CEH) presents itself as a viable and efficient alternative, since it consists of a strategy for innovation and organization of the work process in health, which

uses in-service education to strengthen and develop the competencies of health professionals, with the insertion of updates to the care process⁽⁶⁻⁷⁾.

Thus, the training of professionals involved in the care of people with stomas should be a frequent practice, since it contributes to the quality of care, ensures decision making and systematizes the actions in health⁽⁸⁾.

Based on the understanding of the nurses' role regarding the care of people with elimination stomas, this study was justified by the following question: what are the knowledge and experiences of nurses working in secondary care about elimination stomas? From this perspective, the objective of this study is to report the knowledge and experiences of nurses about elimination stomas during their participation in a continuing education in health.

METHOD

This is a descriptive and cross-sectional study with a qualitative, analytical and interpretative approach, developed in a municipality located in the interior of the State of Mato Grosso, Brazil, which used a focus group for the development of a continuing education activity.

The inclusion criteria for participants in the research were to have an undergraduate degree in nursing, to have worked for at least six months in the secondary healthcare network, and to participate in all the steps proposed for the development of the study. The research began in December 2019 and was completed in February 2020. Three meetings were held, each involving a stage of data collection, and were held in the meeting room of a public municipal hospital.

The hospital where the phases of the research took place provides specialized health care in several areas, serves patients from 16 neighboring municipalities and is the workplace of the nurses invited to participate in the research.

The first stage of the study consisted of the election, invitation, and agreement of 30 nurses, two men and 28 women, working in the secondary healthcare network, to participate in a permanent health education program on elimination stomas. After the acceptance, an individual interview was carried out, audio recorded, guided by a semi-structured instrument, which investigated the sociodemographic profile and the knowledge regarding the theme of elimination stomas. The

instrument investigated whether the nurse knew what an elimination stoma was, whether he or she had already provided care to patients with these stomas, what care he or she provided to these patients, and what difficulties he or she faced in providing this care.

Then, a structured script was organized for the group approach, based on the knowledge identified after analysis of the interviews and scientific evidence, which served as a guide for the composition of a focus group, which aimed to discuss and deepen the concepts related to elimination stomas in the clinical practice of nurses. The focus group was a data production technique based on the formation of groups with common characteristics, conducted by a facilitator, who kept the dynamics of discussions and centrality in the investigated theme. It allowed the sharing of experiences, knowledge, ideas, and feelings, enabling the emergence of reflections, incorporation of new concepts, and improvement of knowledge already acquired⁽⁹⁾.

Two group meetings were held starting at 8 pm, after the change of shift work, involving people from day and night shifts, with an average duration of 70 minutes and fully recorded on audio and video. In the first session, the concept of elimination stoma and the complications prevalent in the person with this type of stoma were presented through images and dialog guided by the script, and soon after this explanation, group discussions were started. In the second meeting, the appropriate use of available collecting equipment and adjuvants for the prevention and treatment of complications in stoma was presented and discussed, using a low-fidelity mannequin for the technical demonstration. In this stage, the participants' perceptions about the continuing education carried out by the participants were investigated.

The initial analysis of the findings occurred through the transcription and interpretation of the interviews of the first stage, which outlined the nurses' knowledge about elimination stomas. After the focus group meetings, the analysis of the data produced in these meetings was performed, which occurred after the accurate examination of the video images and voice sound, in order to list the key points of the discussions. The records were sorted, transcribed, and coded in order to approach the qualitative data in a flexible and independent manner⁽¹⁰⁾.

For the proper participatory record of the nurses, they were identified with the letter E, followed by an Arabic numeral that represents the order of participation in the first speeches of the group. All participants signed an Informed Consent Form and an Image and Sound of Voice Form. The study was submitted to the Research Ethics Committee and approved under opinion number 3,675,794 and Ethics Review Submission Certificate 23373119.7.0000.5587.

RESULTS

Six female subjects participated fully in the research, four working in direct patient care and two nursing technicians. The average age of the participants was 36 years, three of them were married, two were single and one was divorced. Regarding children, four had at least one child. The work sectors of the nurses in the healthcare units were surgical center (n1), intensive care unit (n1), adult hospitalization (n1), pediatric hospitalization (n1) and technical responsibility and team management (n2), with a work regime of 12 on duty hours for 36 hours off duty, totaling 40 hours of work per week. The participants were also asked about their professional practice in another institution, and it was ascertained that two participants had other employment ties, one in a public network and one in a private network. All the interviewees reported performing professional updating at least once a year on diversified themes and affirmed never having participated in any continuing education action regarding elimination stomas.

When questioned in the first phase of the study about their knowledge regarding elimination stomas, all the interviewees affirmed knowing what an elimination stoma was and also providing care to people with this type of stoma, however, they were not able to discuss in their speeches the concept appropriate to the theme, because they related the elimination stomas only to the construction of a colostomy. From this information, it was decided to begin the focus group by defining the elimination stoma and describing the most prevalent complications, in the context of the assistance to the person with this type of stoma, which helped in the corpus of the research and allowed the elaboration of thematic categories.

After accurate analysis and categorization of the reports, the following thematic axes emerged: experiences with elimination stomas; challenges

involving the care of the person with an elimination stoma and perceptions about the focus group.

Experiences with elimination stomas

In the first group meeting, after the presentation of the concepts and complications in stoma, the participants were encouraged to comment on their experiences about the care of these patients. In this domain, dialogues emerged that revealed the understanding regarding the concept of elimination stoma and explanations about the provision of care to patients. "I wasn't sure about the concept, I knew about the intestinal ones. [...] Most of the time we just change the equipment. The evaluation leaves something to be desired" (E1). "Look, this theme is not approached very much, at least I had never seen it. When we see these patients, we do what we can do, most of the time we just change the bag. I didn't think much about the psychological part or what it is like to use the bag" (E2). "I did not know a lot of things that you said here [...] in truth, I only thought about changing the bag, I did not know much about what to do to improve the patient" (E3).

The participants also talked about the profile of patients seen by them in the health units where they provided assistance. The reports revealed that, generally, the stoma patients they see are male, have temporary intestinal stomas, and the most frequent cause for the confection of the stoma is intestinal obstruction and abdominal trauma. "I have a fair amount of patients like this, many because of some intestinal obstruction, and then they have to undergo surgery. Most of the patients are men" (E2). "I get patients who have stomas because of trauma, gunshot wounds, or obstruction. The age is mixed and really most are men" (E4). "From the time I work here most of the patients are men with temporary colostomy" (E5).

When asked about the complications in elimination stoma that they have already observed in their clinical practice, it was noticed that the nurses did not know some of the complications presented to the group and pointed dermatitis as the most prevalent complication in their patients. The stoma complications addressed with the participants in the first group session were dermatitis, stenosis, hernia, prolapse, and retraction. "Usually the most common complication is dermatitis really. Sometimes you have a patient with stenosis. These others I haven't seen yet" (E1). "Look, what is very common here is dermatitis and I have seen patients with retraction.

These others I never saw, in fact, I didn't even know about some of them [laughs]" (I2). "Here we see a lot of dermatitis [...] because every time we change the bag it injures the skin" (E5).

Challenges involving the care of the person with an elimination stoma

In this category, the reports that presented the challenges faced by the participants in providing care to people with stoma were grouped. At first, the professional knowledge about elimination stomas, sometimes indicated as too little, and the lack of available materials and equipment were pointed out as challenges. "I think what's missing is the mastery of the subject. It's knowing what to do. There are many things that we didn't know and we see patients like this here" (E3). "What hinders proper care is the knowledge. If you have knowledge, you do it" (E5). "I agree that knowledge is fundamental, but having material, equipment and structure to provide care is also indispensable" (E2).

After further discussion about these challenges, the work routine and the lack of dialogue among the health team were also pointed out as factors that promote complacency and, consequently, difficulties in providing comprehensive care. "I see many factors that make the care sometimes insufficient and mechanical. The routine of the service, because we have serious and very different patients, the nursing records, which sometimes are not good, and the conversation among the team" (I1). "Look, I think that the routine is tiring and makes us not run after updates. Another thing is the work among the team that sometimes is difficult" (E2).

Amidst the discussions about the obstacles that permeate the assistance to the person with elimination stoma, it was noticed uniformity of opinions among the participants about the listed challenges, with complementary interaction and agreement among the dialogues.

Perceptions about the focus group

In the second meeting of the group, there was a discussion about the equipment and adjuvants available for the prevention and treatment of complications in elimination stoma. The speeches exposed the unfamiliarity of the participants about the existence of most of the equipment and adjuvants exposed, which guided the discussions to the relevance and perceptions brought by the group to the clinical practice of the

participants. "I thought it was good, it brought a notion and an understanding that I didn't have. I only think that the practical part was missing, a simulation for example" (E1). "I liked it a lot. There are many things that were covered here that I didn't know. It will make a lot of difference when I see a patient like this" (E2). "I thought it was great. We should have more moments like this, because we learn a lot" (E5).

The choice of the theme addressed in the group was praised and encouraged by the nurses, which pointed out the importance of working with the subject to establish and implement a good nursing conduct in caring for people with these stomas. "I thought the theme was great, especially because it is a common experience here" (E3). "I think the choice of the theme and doing this in a group was good to fix the knowledge and make us reflect about it, because it improves assistance" (E5). "I thought it was very good, because I had never participated in a group like this and we were free to talk and ask questions. I think it would be good for everyone if this was done more often" (E4).

Regarding the opinions about the continuing education (CEH) in health offered and the proposed method, the participants reported feeling confident and free to express themselves and analyzed the benefits of CEH for the quality of nursing work, safety in the performance of care and understanding of the nurse's role in this care process.

DISCUSSION

Regarding the gender profile, there was similarity with other studies conducted in secondary health care regarding the predominance of women⁽¹¹⁻¹²⁾. This finding is a characteristic of the nursing profession, still identified as a female-intensive profession⁽¹²⁾.

The research showed limitations regarding the level of knowledge of the interviewees about the concept of elimination stomas and complications prevalent in people with these stomas. This result corroborates another study that verified the knowledge of nursing professionals in the care of people with stomas and presented findings that showed weaknesses in the level of knowledge regarding the classification of stomas, fecal elimination and collecting equipment⁽⁴⁾. The importance of the nurse in caring for this population stands out, being fundamental

the qualification in the execution of technical skills and scientific and situational knowledge.

As for the complications evidenced in the practice of nurses with ostomized patients, dermatitis was indicated as the main complication, which was similar to other studies^(2,13). Complications in people with elimination stomas occur in 30% of patients, and are divided between intermediate, immediate, and late complications. Dermatitis is characterized as a preventable complication, usually related to moisture, friction, chemical contact injury, allergic reaction, or mechanical trauma⁽¹⁴⁻¹⁵⁾. To avoid or even control this complication, it is important to cut the adhesive plate properly, use barrier adjuvants, and empty the collection equipment with 1/3 residue^(2,16), information and actions that must be provided by the multiprofessional team in the management of these patients, especially the nurses.

The nurses' description of experiences regarding the care with stoma was directed to the change of the effluent collecting equipment. The care to the person with elimination stoma is centered on the balance between the evaluation of the peristomal and stoma skin, stoma functionality, adequacy of the collecting equipment, provision of guidance and psychosocial support. Based on this understanding, it is essential that the nurse has knowledge about these assumptions, performing, in his care practice, the integral evaluation of the individual^(2,17-18), and not just focus on changing the collection equipment.

Regarding the challenges faced by the participants at work, issues related to content mastery, availability of materials and equipment, service routine, and collaborative work were highlighted. Studies that discussed the challenges for the nursing profession reported similar points to those cited by the participants in this study, highlighting the challenges related to professional recognition, lack of materials and equipment, interpersonal relationships, insufficient human resources, and feeling of worthlessness in the work environment⁽¹⁹⁻²⁰⁾. These findings are signs that show nursing burnout in relation to the demands of care, which highlights the need to discuss these results and invest in improving working conditions⁽²⁰⁻²¹⁾.

Throughout the discussions, it was noticed an imprecision regarding technical evidence and clinical protocols adopted in the care of people with elimination stomas. The existence of gaps in

knowledge about these stomas since professional training and difficulties in promoting professional updates that address the topic contribute to the deficit of knowledge of nurses about stoma care^(4,22). The CEH presents itself, then, as a resource that allows establishing an association between the reality experienced by nurses and scientific evidence, resulting in the formation of new knowledge, based on participatory education, with consequent improvement of professional practices⁽⁸⁾.

Research proves that this tool is effective because it involves the development of meaningful learning, which presupposes that new knowledge can be acquired as long as the individual is willing to learn and if the content takes into account the subject's previous experiences and experiences. This combination of new knowledge with existing knowledge allows the health professional to develop new meanings and concepts in his clinical practice⁽²³⁻²⁴⁾.

Investing in continuing education actions requires planning regarding the methods that can be used and the audience to be approached. In this aspect, the focus group technique represents a dynamic alternative that involves the interaction of ideas, problematization based on local reality, and the construction of individual and collective knowledge⁽²⁵⁾.

The participants' receptivity to the focus group technique demonstrates the importance of investing in recycling methods in the service, which address issues present in the dispensation of nursing care and allow the acquisition of new knowledge, the improvement of concepts already incorporated into the work routine and the exchange of experiences^(9,25).

Thus, the importance of investment in environments compatible with professional learning by health institutions is emphasized, involving actions aimed at the training process of health teams, as well as the interest of professionals in improving their training⁽²⁶⁻²⁸⁾.

FINAL CONSIDERATIONS

The continuing education contributed to highlight the participants' notions about elimination stomas, highlighted the importance of technical and scientific knowledge for quality nursing care and promoted reflections among the participants.

The research revealed that professional training, using the focus group technique, favors

the acquisition of knowledge because it allows discussions and debates that can improve professional practice and the quality of health services, as well as encouraging the sharing of experience.

This research contributes to the dissemination of continuing education in health with a theme on elimination stomas and the focus group technique and highlights the importance of investing in the professional development of nurses.

An important limitation of the research was the final sample size regarding the number of participants in the first stage, a fact that interfered with the final perceptions of the study. There was low adherence of the nurses regarding the participation in continuing education, a fact that may be related to the schedule of the focus group meetings, the location of the meetings, or even little interest in relation to the theme.

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