

The senses of being an enterostomal therapist nurse: complexities involved in the specialty

Os sentidos de ser enfermeiro estomaterapeuta: complexidades que envolvem a especialidade

Los sentidos de ser enfermero estomaterapeuta: complejidades que implican la especialidad

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ABSTRACT

Objective: To describe the meanings of being an enterostomal therapist considering the complexity of the process of caring for people with wounds, stomas and incontinence. **Method:** A qualitative, descriptive-exploratory study, conducted through a semi-structured interview, between the months of January to April 2018, with 22 graduates from a specialization course in Nursing in Enterostomal Therapy from a public university in the Southeast region, following the snowball technique. Documental research was also carried out in order to complement the data analysis. **Results:** The interviewed graduates reported that being an enterostomal therapist is taking care of people who have a wound, stoma and/or incontinence, which means they recognized the essence of the specialty. They emphasized that being an enterostomal therapist is to care for people who may be marginalized/stigmatized by society, to work with a focus on the patient's rehabilitation, seeking social reintegration and independence, and to know how to be an entrepreneur. **Conclusion:** The meaning of being an enterostomal therapist involves being inserted in a specialty that provides flexibility in the job market and an entrepreneurial character, which gives professional recognition and even financial satisfaction. It is suggested, therefore, that further studies be carried out in this area, contributing to the fields of assistance, teaching, research and extension.

DESCRIPTORS: Nursing; Enterostomal therapy; Nursing education.

RESUMO

Objetivo: descrever os sentidos de ser estomaterapeuta considerando a complexidade do processo de cuidar de pessoas com feridas, estomias e incontinências. **Método:** Estudo de natureza qualitativa, do tipo descritivo-exploratório, realizado por meio de entrevista semiestruturada, entre os meses de janeiro a abril de 2018, com 22 egressos de um curso de Especialização em Enfermagem em Estomaterapia de uma universidade pública da região Sudeste, seguindo a técnica de *snowball*. Realizou-se, ainda, a pesquisa documental, a fim de complementar a análise dos dados. **Resultados:** Os egressos entrevistados relataram que ser estomaterapeuta é cuidar das pessoas que apresentam alguma ferida, estomia e/ou incontinência, ou seja, reconheceram a essência da especialidade. Destacaram que ser estomaterapeuta é cuidar de pessoas que podem ser marginalizadas/estigmatizadas

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pela sociedade, é trabalhar com foco na reabilitação do paciente, buscando sua reintegração social e independência e é saber ser empreendedor. **Conclusão:** O sentido de ser estomaterapeuta envolve inserir-se em uma especialidade que confere flexibilidade de atuação no mercado de trabalho e caráter empreendedor, o qual confere reconhecimento profissional e até satisfação financeira. Sugere-se, assim, que novos estudos sejam realizados nessa área, contribuindo para os campos da assistência, ensino, pesquisa e extensão.

DESCRITORES: Enfermagem; Estomaterapia; Educação em Enfermagem.

RESUMEN

Objetivos: Describir los sentidos de ser un estomaterapeuta considerándose la complejidad del proceso de cuidar de personas con heridas, estomías e incontinencias. **Método:** Estudio cualitativo, de tipo descriptivo-exploratorio, realizado mediante entrevista semiestructurada, entre los meses de enero a abril de 2018, con 22 egresados de un curso de Especialización en Enfermería en Estomatoterapia de una universidad pública de la región Sudeste de Brasil, siguiendo la técnica bola de nieve (*snowball*). También se realizó una investigación documental para complementar el análisis de los datos. **Resultados:** Los egresados entrevistados informaron que ser estomatoterapeuta es cuidar de personas que presentan alguna herida, estomía y/o incontinencia, es decir, reconocieron la esencia de la especialidad. Subrayaron que ser estomaterapeuta es cuidar de personas que pueden ser marginadas/estigmatizadas por la sociedad, es trabajar con foco en la rehabilitación del paciente, buscando su reintegración social e independencia y es saber ser un emprendedor. **Conclusión:** El sentido de ser estomaterapeuta implica insertarse en una especialidad que proporciona flexibilidad de actuación en el mercado laboral y carácter emprendedor, lo que concede reconocimiento profesional e incluso satisfacción financiera. Así, se sugiere que se realicen nuevos estudios en esta área, contribuyendo a los campos de asistencia, enseñanza, investigación y extensión.

DESCRIPTORES: Enfermería; Estomaterapia; Educación en Enfermería.

INTRODUCTION

It is important to emphasize that sense is understood as personal production, the fruit of the individual apprehension of collective meanings in daily experiences.

It is important to emphasize that sense is understood as personal production, the fruit of the individual apprehension of collective meanings in daily experiences. The analysis of the senses produced by people should consider the relationships with collectively constructed meanings and vice versa¹.

The introduction of new technologies in the world of health has changed its workforce in this sector, creating the need to hire more and more qualified professionals for innovations in diagnostic and therapeutic methods. This phenomenon is expanding to the nursing field, as an increasing number of nurses have been seeking constant improvement and specialization through postgraduate courses².

The moment of choosing a specialty involves many symbolisms and individual and collective meanings, which is not an easy task, as believed in common sense. It is multidimensional, complex and multidetermined by personal, social, philosophical, political and economic factors, among others².

From this perspective, a peculiar phenomenon that is characterized by the increasing demand for enterostomal therapy as a specialization of newly graduated nurses becomes evident. It is worth noting that this specialty is complex as it involves a multidisciplinary activity, the use of various technologies and the provision of care in its biopsychosocial dimension^{2,3}. Therefore, it is necessary to develop unique and special skills and competences to act with safety and excellence, thus guaranteeing quality of life to the people assisted.

Enterostomal therapy is an exclusive specialty of nurses whose focus is the care of people with stomata, fistulas, tubes, drains, acute and chronic wounds, and anal and urinary incontinence. It is also intended for preventive, therapeutic and rehabilitative activities and strategies, with a view to improving the quality of life of assisted clients^{2,3}.

It can be seen that this specialty is in national expansion, since it is present in several fields of nursing, overcoming the assistance activities by permeating teaching, research, administration, advisory and consulting areas. The enterostomal therapist can work in public and private services, outpatients, clinics, offices specialized

in stomatherapy and home care, in addition to the possibility of carrying out his own enterprise⁴, gaining increasing prominence in the context of health work.

In order to consolidate itself in the area of enterostomal therapy and have satisfaction and effectiveness in the work process, one of the most important pillars is the exercise of autonomy, which is essential in the labor market, due to the transformations that have occurred with nursing work in the globalized world. Thus, the enterostomal therapist needs autonomy to manage creativity and resolution, which generates professional growth⁵.

It is also important to consider the performance of this professional in the care of the person with skin lesions. The treatment and prevention of wounds are mostly under the responsibility of the nurse, making it possible to evaluate and prescribe the most effective covers for the treatment of injuries. Many enterostomal therapists are often invited to join the team of the curative committee of the institutions, due to their different knowledge in the treatment of people with wounds, which even gives greater autonomy in the practice of this specialist⁴.

The importance of the enterostomal therapist in the rehabilitation of the person with incontinence also stands out, which is gaining more and more space in clinical practice. Such is the demand of the labor market, the permanence of qualified, empowered and proactive professionals, with the ability to quickly incorporate technologies and provide solutions to the complex issues of production processes in health⁶.

One of the justifications for this study concerns the epidemiological issues and the profile of people with stomata in Brazil, because there is an increase in their quantity, mainly related to the increase in diseases that predispose to stoma-generating surgery, such as colorectal cancer and intestinal inflammatory diseases, not to mention the high incidence of stomata originated from abdominal trauma therapies.

Moreover, the Brazilian population is in the process of aging and may present demands related to chronic health conditions and the area of enterostomal therapy, such as pressure lesions, stomata, drains, catheters, incontinence, diabetic foot, vasculogenic ulcers, which justifies the importance of broadening the discussions

on the senses of being an enterostomal therapist and the complexity of care developed by this specialist.

OBJECTIVE

To describe the senses of being an enterostomal therapist considering the complexity of the process of caring for people with wounds, stomata and incontinence.

METHODS

This is a qualitative, descriptive-exploratory research. The scenario of this study was a public university in the Southeastern region of Brazil, where the classes of the Postgraduation Course in Enterostomal Therapy Nursing are conducted. The data collection took place through a semistructured interview between January and April 2018, with 22 graduates from this specialization course. It is worth mentioning that 6 graduates from the 2013 class, 2 from 2012, 7 from 2011, 6 from 2010 and 1 from 2009 were interviewed.

The data collection was performed by the main author of this research, following the snowball technique, that is, each participant indicated at least one enterostomal therapist. In this sense, at first, three graduates were chosen from classes that met the established time criterion. The first selected graduates were asked to indicate other graduates who were included in the selection criteria of the study and so on.

The snowball is a sampling technique that uses referral chains, a kind of network. Thus, the initial participants of the study indicate new participants, who, in turn, point out other new participants, and so on, until the proposed objective is reached, i. e., the “saturation point”, which is achieved when the new interviewees begin to repeat the contents already obtained in previous interviews, without adding other important data to the research⁷.

A documentary research was also carried out. It is a technique that allows the researcher to collect data indirectly, through selected documentary sources according to the object and objectives of the study⁸. From January to March 2018, this investigation allowed

the analysis of the content of memorandum books, political pedagogical project, class planning and forms, made available by the coordination of the specialization course in question.

The selection criteria for graduates attended to the following parameters: to have been working in nursing for at least one year and to have been specialists in enterostomal therapy at a certain public university in the Southeast region of Brazil for at least three years (graduates of that course). The time of one year was chosen because it is considered a sufficient time cut for professionals to have apprehended the work process, being able to present their views on the area of enterostomal therapy. The time cut for inclusion is justified, because recently graduates, understood as those who have been graduated for up to three years, are still in the process of consolidation in the labor market, seeking an adequate placement to their aspirations⁹.

The criterion established for exclusion was: to be a member of the 2007 class, since at the time there was no formal record regarding telephone and electronic data to collect the information.

Based on the inclusion and exclusion criteria, a six-year time frame was then considered, determining as a population target the progress of the Specialization Course in Enterostomal Therapy Nursing in question, from 2008 to 2013.

The interviews were conducted in a private location and the information collected was recorded using digital equipment and later transcribed in full by the main author in the Microsoft Word text editor. The interviews were analyzed based on the thematic analysis technique of content¹⁰. The use of this technique led to the identification of 1,784 units of registration (UR), represented by 34 units of meaning/themes. It should be noted that 259 UR, which corresponds to 14.49% of the total UR built, allowed to apprehend the senses that the specialty reveals for the graduates of the enterostomal therapy course, considering the specificities of care.

In order to meet the ethical requirements, the research was submitted to the appreciation and approval of the Ethics in Research Committee and was approved under the opinion number 2,314,626 (CAAE number 0107217,8,0000,5282). In order to maintain confidentiality regarding the identification of the

participants in the study, the letter E (enterostomal therapist) was used, followed by a cardinal number which represented the chronological order of the interviews.

RESULTS

The results treated a differentiated care of the enterostomal therapist from a holistic approach. In addition, another theme that emerged from the interviews was the meaning/sense of being an enterostomal therapist and his differentiated training. The participants also highlighted the rehabilitative character of the specialty and the experience with stigmatized patients, as well as the responsibility of the enterostomal therapist to deconstruct stigmas. It was also noted in the interviews the entrepreneurial nature of enterostomal therapists.

The statements of the participants highlighted important aspects that reflect the sense of being an enterostomal therapist, associated with the care from a holistic point of view to the client:

“I think that to be an enterostomal therapist nurse is to put into practice what we have learned, to have a holistic look, that is, what that wound, what that stoma brings, to that person's life, the social question, the emotional question and so on.” (E1)

“It's you looking at the individual as a whole, understanding what his needs are, understanding where you can help. And in the fact that I'm an enterostomal therapist, I can do that, I can look at the individual as a whole.” (E6)

“Because the pathologies or situations that lead to the patient's conditions needing care linked to the area of enterostomal therapy require from the nurse an integral, holistic attention to his living conditions, pathology at the moment.” (E21)

The participants emphasized that to be an enterostomal therapist is to take care of patients who present some wound, stoma and/or incontinence, that is, they recognized the essence of the specialty:

“To be an enterostomal therapist is to encompass wounds, stomata, incontinence. I consider myself an expert in this area, effective, and that I can make a difference by being so specific.” (E17)

“To be an enterostomal therapist nurse is to be a specialist given to the nurse who wants to deepen in the area of wounds, stomata, incontinence and the choice of specialty, denotes very different meanings for being a nurse.” (E21)

It is reinforced that, during the process of documental analysis of memorandum books of the aforementioned specialization course, it was identified the concern to approach the three areas of knowledge that involve enterostomal therapy in a consistent and effective way, which favors the process of training the future specialist, because it begins with the axis related to the care of people with wounds, going through the module of stomata, in order to conclude with the approach to incontinence.

The course in question also consists of two general teaching modules dealing with ethical aspects, the psychosocial approach, health education and for self-care, management related to enterostomal therapy, among others, which support an integral and holistic practice of this specialist.

The participants highlighted the fact that the enterostomal therapist cares for people who may be marginalized/stigmatized by society as another imperative factor that contributes to confer the sense of specialty, as evidenced in the statements:

“We deal with people who are incontinent, and wounds that have odor, that are not well seen by other people, things that nobody wants to touch. People move away a little and we don’t. The tendency is that these patients become more isolated from other people.” (E01)

“Enterostomal therapy has helped me a lot to understand and deal with prejudice and social stigma. Being an enterostomal therapist helped me to understand the client because they say, ‘Oh, I’m different from the others now. He is different, yes, but at the same time, he has not stopped being a human being. And we can get them to accept themselves a little more. Especially

those patients who are going to have permanent stoma, since many of these patients are left aside by most professionals. So, to be an enterostomal therapist is to take care of people who feel excluded.” (E20)

Although he was referred by only one participant, it is important to emphasize that to be an enterostomal therapist is to work with focus on the patient’s rehabilitation, seeking self-care, social reintegration and independence.

“Being an enterostomal therapist nurse is mainly acting in the rehabilitation of patients, since professionals in general are often unable to have that differentiated view, and perceive manifestations such as depression. Being an enterostomal therapist nurse today brings me a lot of pride, because I can see a differentiated treatment for these patients, help them better in their rehabilitation. To make them independent, and not dependent on the health professional. Of course, they need *care, they need a follow-up*, but it is essential to make the patient feel independent, so that he can continue with his life, normally.” (E20)

The participants emphasized in the statements that the sense of being an enterostomal therapist is to know how to be an entrepreneur:

“Being an enterostomal therapist is enterprising and I can do it, because I have my own business. I have my own private service. We get this investment.” (E07)

“And also focus on entrepreneurship, because the enterostomal therapist has great entrepreneurial power, he can work even as a freelancer, work inside a company demonstrating the products, open a clinic.” (E08)

It is worth mentioning that this Specialization Course in Enterostomal Therapy is in line with the new market perspectives. The reason for this is that, after documental analysis of memorandum books, it was found that classes are given on marketing, entrepreneurship and interpersonal relationships in the context of enterostomal therapy; three important themes that help the specialist to reflect on independence, autonomy and strategies of

action that envisage processes of differentiated work, but based on ethics and scientificity.

DISCUSSION

The essence of the work of the nurse and nursing is care, which promotes closer contact with the client in relation to their own health needs, encompassing acts, behaviors and attitudes, which are often the result of the relationships established between the patient and the professional. In addition, it is an action that includes an attentive look, the perception of the various feelings and attitudes of attention, zeal and responsibility towards the client involved in the care process^{11,12}.

From this perspective, the humanization of health care has been a subject highly valued by institutions and the academic universe, since there is a concern to offer integral care to clients, considering them in their entirety. Care takes on a broader dimension, emphasizing emotional, psychological, social and spiritual biological needs, which favors the holistic care landscape¹³.

The process of caring meets the commitment to maintain the uniqueness of being cared for, since it is a moment of concern, sensitivity and interest, where respect and ethics become differentials. Awareness of care must encompass decision-making ability and critical-reflexive thinking, to differentiate care from simply performing technical procedures¹⁴.

The holistic look at the care process was highlighted in the statements of the interviewees, when the sense of being an enterostomal therapist was questioned. This is because it is known that the enterostomal therapist nurse must lead holistic and interdisciplinary care, prioritizing differentiated quality care that brings together knowledge constantly updated and based on scientific evidence, focused on the client's needs¹⁵.

As the enterostomal therapist cares for clients who experience innumerable doubts, insecurities and fears in face of a new life condition, which may be temporary or not, besides the possible presence of lesions, which often take years to heal, this professional must be attentive to offer a care that goes beyond the stoma, wound or incontinence complaint, covering the understanding of the whole biopsychosocial process¹⁵.

For this reason, the enterostomal therapist uses various alternatives of care to properly assist people, since they require physical support and also psychosocial, because many of the interventions can be definitive and even compromise the quality of life¹⁵.

The person who presents a stoma (temporary or definitive), skin lesions, incontinence and/or fistulas requires differentiated care and needs to be seen as a unique, dynamic and complex human being who needs support that goes beyond the traditional interventions, which concern the performance of techniques only.

A very special sense was given in the statements to the enterostomal therapist for being an expert capable of acting in different stages of the care process, approaching the client in his multiple dimensions, being able to value the quality of life of the human being.

As presented in the results, it can be seen that enterostomal therapy is a specialty that requires a differentiated education and, for this reason, follows national teaching guidelines, regulated by the Ministry of Education and Culture, educational agencies, the Brazilian Association of Enterostomal Therapy (Sobest) and international scientific entities. In Brazil, enterostomal therapy is considered a graduate course *lato sensu*-level of specialization. As for international standards, education should also be guided by the guidelines proposed by the World Council of Enterostomal Therapists (WCET) in order to obtain expert recognition at the global level.

One of the main roles of the WCET is the regulation of enterostomal therapy education in the world. Through its Education Committee, the curricular guidelines are created for the accreditation of new courses, as well as the reaccreditation of ongoing courses. The objective of these guidelines is to standardize the teaching of the specialty, valid at local or national level and ensure the quality of education in enterostomal therapy¹⁶.

Sobest provides curricular guidance, advice and consultancy for educational institutions that are interested in implementing courses in enterostomal therapy nursing. The accreditation proposed by both Sobest and WCET aims to ensure training with international standards based on the precepts of qualified specialist formation⁴.

It is known that enterostomal therapy is a specialty that takes care of people who go through some adversities and, sometimes, changes in their bodies, in a temporary or definitive way, which can weaken interpersonal relationships,

causing physical and emotional stress. In this context, society often ends up excluding this person with a disability and/or different needs from the labor market and social and family environments¹⁷.

In this sense, the enterostomal therapist seeks to guide and understand these people in their various perspectives, allowing them to accept themselves a little more before the new reality experienced. However, social reintegration is surrounded by barriers and prejudices, because many working environments do not have the infrastructure to receive people with stoma and there is no program to enable them to a new work activity, making them feel frustrated and excluded from society¹⁷.

For the person who is in a moment of fragility, with a stoma, a wound and even incontinent, to engage in activities that allow them to return to the work environment and social and family life is of fundamental importance for the recovery of self-esteem and overcoming prejudice¹⁸.

Given the magnitude of the problem, the support of family members, friends and the institution where this person is inserted becomes very relevant. For this reason, the graduates interviewed in this study reported that to be an enterostomal therapist is to enable a care process for people who may be stigmatized by society, as an imperative factor that favors the sense of specialty. Therefore, enterostomal therapists should be involved in the process of rehabilitation and social inclusion of people or any other need/demand related to the area of enterostomal therapy, since the constant support and encouragement by these professionals are essential to overcome the barriers encountered in the social and work environment¹⁷.

It should be noted that there is a close association between the issue of social exclusion and the person with stoma, one of the pillars of the care process related to enterostomal therapy. Thus, it is known that many people with stoma have a tendency to isolation, as they prefer to keep their health condition a secret and, for this reason, they distance themselves from family and friends, and even from the work environment, due to the stigma caused by the presence of the stoma¹⁹.

In order to promote inclusion and permanence in social life, the enterostomal therapist is fundamental in the life of these people, in the sense of planning and implementing interventions that allow an approach to such reality and the construction of new meanings to the pathological-surgical event that may have affected other dimensions of life¹⁹.

It is believed that, for this reason, many of the statements turned to the relationship between the sense of specialty and the process of caring for people excluded from society as an important point in the professional's work process.

The rehabilitation process is dynamic, aimed at recovering the various dimensions of the person with some permanent or temporary disability. During the documental analysis of the curricular dynamics of the aforementioned enterostomal therapy course, disciplines that aim to offer subsidies to the specialist for the development of strategies that favor the ability of social inclusion were identified. The programmatic content includes care for the person with stoma to facilitate this process, at which time assistance is discussed with a view to reintegration into different environments and the rehabilitation process, using self-irrigation and the occlusive system.

Thus, the enterostomal therapist is responsible for directly and indirectly assisting the client with ethics, humanity, clinical competence; playing a decisive role within the health team, with a view to guidance and inclusion in daily life activities, according to their functional capacity²⁰; and seek for the rehabilitation and independence of this person.

In order for patients to feel socially included, the enterostomal therapist should also stimulate them to practice self-care and, to this end, should include guidelines that allow them to act as social actors and protagonists of their health-disease process.

The guidance offered by the enterostomal therapist is important and necessary, since the educational practices conducted by him contribute to the social inclusion of the clients under his care. The educational process in health is understood as a practice carried out with social groups from fields of knowledge that make up the interdisciplinary areas of health and education and, until recently, many professionals, including nurses, adopted in their educational practices the role of mere transmitters of information, prioritizing the guidelines for biologic care²¹. However, this profile has changed, mainly because the nurse has broadened the scope of approach to patients' self-care to help them achieve autonomy.

Although some educational practices still present remnants of the biologic model, most of them consider the psychosocial transformations that occur in people's lives, which in the area of enterostomal therapy is primordial as an incentive for self-care, rehabilitation and social reintegration²⁰.

The specialization course in question values educational practices and discusses them both in theoretical and practical terms. It is worth mentioning that in 2018, two support and education groups for self-care, entitled ESTOUBEST and METAMORFOSE, were created in one of the internship centers – the Enterostomal Therapy Clinic – a unit of the university complex.

ESTOUBEST is a group directed to people with stoma and METAMORFOSE for wheelchair users, since many of them have incontinence, urinary retention, skin lesions and stomata. The members of the groups meet once a month and those specializing in enterostomal therapy carry out educational activities and provide emotional support to people who are attended in the clinic.

In their statements, the interviewees highlighted that being an enterostomal therapist is also entrepreneurial. Entrepreneurship can be understood as the creation or improvement of something, with the intention of providing benefits to individuals and society, having advanced in recent decades as a result of economic changes, technological innovations and globalization²².

Entrepreneurship stands out in the nursing area as a career option, since nurses need to know its various competencies, dare to explore opportunities and reach innovative spaces, becoming a protagonist of new fields and practices of professional performance²³.

Thus, a different look is added to the production of new services, enabling nurses to sell their services and innovate their activities in any scenario of performance, renewing the “being” nurse, providing, most of the time, the much-desired professional recognition and financial satisfaction²⁴.

It is worth noting that, for many years in Brazil, the fact of concluding only the undergraduate course already carried the guarantee of employment and financial stability, since there was no competition and competitiveness, due to the lack of professionals and the level of demand of the labor market which were lower than nowadays²⁴.

This context has been changing, given that the population has had more access to information, and the demand for health services has not only been in search of a cure, but also as a prevention strategy. This means that professionals have to keep up to date and start reinventing themselves within their profession. That is why nurses have invested in specializations for the development and increment of their career, which generates competition and competitiveness in the labor market, which, depending on the region, is saturated²⁴.

The entrepreneur is a leader who produces a vision of what is possible to achieve, seeking to attract people to act within that vision and turn it into reality. Brazil is pointed out as an enterprising country in the formation of specialists²⁴, the enterostomal therapists among them, since they have transformed paradigms in assistance and teaching, due to their enterprising and innovative characteristics in the process of caring, having autonomy, respect for clients and satisfaction in exercising nursing with excellence.

As a specialist, the nurse has spread his professional practice through the assistance performed, scientific production, undergraduate and graduate teaching, and through the services and advisory/consultancy provided. It should be noted that the area of technical consulting, especially with companies producing materials specialized in the area of enterostomal therapy, has been showing wide growth, in addition to the specialized audit.

The autonomous and enterprising activity has acquired greater amplitude in nursing practice with the emergence of the first nursing “offices and clinics”, services that were created with the purpose of developing the care that can be carried out in extra-hospital environment²⁵ and even those related to specialized care, highlighting those who need specific knowledge and sometimes focused on aspects not so widely disseminated, such as enterostomal therapy.

CONCLUSIONS

This study made it possible to see the various senses of being an enterostomal therapist, considering the complexity of the process of caring for people with wounds, stomata and incontinence. It was identified that there is a sense of being a professional with a holistic perspective of the human being; that it has relevance in the deconstruction of the social stigma that these people experience; that one of the senses of their performance is the rehabilitation and social inclusion of the assisted clients.

It also emphasized a perspective that gives meaning to an autonomous specialty and that allows for home care, enabling a new field of action for the specialist. Therefore, the meaning of being an enterostomal therapist involves inserting oneself in a specialty that provides flexibility in the labor market. Another outstanding issue was the entrepreneurial character of the specialty, giving professional recognition and even financial satisfaction.

It is understood as one of the limitations of this study that it is restricted to the reality of a specialization course, but it is already possible to realize the need for new research involving graduates of other enterostomal therapy courses, not exhausting the discussions here.

The authors believe that this study will boost the emergence of other researches, contributing even more to the fields of assistance, teaching, research and extension, from the discussions that translate the sense of being an enterostomal therapist, with the purpose of valuing this specialty, which is growing.

AUTHOR'S CONTRIBUTION

Conceptualization; Costa CCP and Souza NVDO; Methodology; Costa CCP and Souza NVDO; Writing – Original Draft; Costa CCP, Souza NVDO, Peres EM and Vieira MLC; Writing – Review and Editing; Costa CCP, Souza NVDO, Peres EM, Vieira MLC, Santos JC and Cardoso RSP; Supervision; Costa CCP and Souza NVDO.

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