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NURSES' KNOWLEDGE ABOUT ABILITY NECESSARY FOR THE CARE OF PERSON WITH INTESTINAL STOMA

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ABSTRACT

Objective: To verify the nurses' knowledge about the ability necessary for the care of the person with intestinal stomies.
Methods: It is a descriptive, exploratory research with a qualitative approach, developed with seven nurses, in a period from April to May 2017 until saturation of the sample. The semi-structured interview was used as data collection technique, for the treatment of data, content analysis, according to the methodological referential proposed by Bardin.
Results: It was verified that the participants of the study are well informed on the subject, guiding their rhetoric in scientific knowledge. It became evident that they perceive the importance of the theme, its complexity involving several actors; professionals, family members and patients.
Conclusion: There is a sufficiency of knowledge regarding the knowledge and resources necessary for care with the person with intestinal stoma. However, there are necessary to greater investments in refresher courses and post-graduation courses in the field and continuity of follow-up of the nurses' knowledge. Based on the findings, we recommend the execution of similar surveys in other institutions, both without national and non-international scenarios.

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INTRODUCTION

The words "stoma" or "ostomy" are synonyms derived from the Greek *stóma*, which means mouth or opening, and are used inthe surgical exteriorization of any hollow viscera through the skin. Intestinal stomies may be classified as permanent or temporary. The definitive ones are those that present in the distal segment of the excised intestine, preventing the establishment of normal intestinal transit. The temporary ones allow the reestablishment of the intestinal transit, when the problem that led to the preparation was remedied (Poggeto *et al*., 2012). Digestive ostomy (ileostomy and colostomies) are performed for therapeutic purposes in different diseases, such as colorectal cancer, Inflammatory Bowel Diseases, among which are Crohn's disease and ulcerative colitis, hereditary diseases such as family polyposis, abdominal lesions and congenital diseases, with colorectal cancer being the main cause for stoma (Bonill-de-las-Nieves, *et al*., 2014).

The person with ostomy presents numerous changes in quality of life, both socially, biologically and psychologically, requiring adequate guidelines for its rehabilitation (Silva *et al*., 2014). The technique of ostomy is the opening of an organ by surgical procedure, resulting in a mouth in contact with the external environment to eliminate effluent such as secretions, urine and / or feces (Vonk-Klaassen *et al*., 2016). People who become ostomized after a surgical procedure face a series of difficulties associated with loss of control of the anal sphincter and the presence of an intestinal portion in the abdomen, where elimination of feces and gases occurs. After surgery, the person must assume, in an effective way, the physiological functions that the body, until then, performed automatically. The loss of continence, associated with the creation of stoma, causes personality change more serious than in case of other mutilations, although these are more difficult to disguise than the stoma. This can disrupt social coexistence and lead people to think that themselves are not all normal and feel different because they do not present the characteristics and attributes considered normal by society due to their imperfect body (Bonill-de-las-Nieves, *et al*., 2014; Silva *et al*., 2014; Vonk-Klaassen *et al*., 2016; Ferreira *et al*., 2017).

The sociodemographic and epidemiological profile of stomized patients presents a high number of cases in the female gender, with a predominance of young adults and elderly, with colorectal cancer as the main cause (Rocha, 2011). Silva and others (2014) describe main diseases that lead to the construction of intestinal stomas are: colorectal cancer, diverticular disease, inflammatory bowel disease, anal incontinence, ischemic colitis, familial adenomatosis polyposis, trauma, megacolon, severe perineal infections, and others. According to Rocha (2011), the most appropriate segments for making an intestinal stoma are ileum, the transverse colon and the sigmoid. The Brazilian Ostomized Association estimates that approximately 34,000 people are stomized in Brazil, of which 75% are diagnosed for colorectal cancer. Data from the Ministry of Health describe that every year are performed one million and 400,000 procedures of stomies. The person who performs an intestinal ostomy surgery faces a condition comprising the diversion of elimination to the abdomen and the consequent change in body image. This type of surgery involves physical issues related to loss of body integrity, violation of hygiene rules, sphincter loss with deprivation of fecal control, involuntary elimination of gases and odors. There may also be changes in self-esteem and self-concept, feelings of worthlessness, depression, disgust, unacceptability, and others. These changes may imply profound changes in lifestyle, in their social relations and daily routines (Poletto and Silva, 2013)

In this context, nursing evolved from a practical discipline to search for systems and concepts, aiming to define and interrelate fundamental concepts, which constitute the set of own knowledge, being able to establish it as a science of caring and guiding the practice of profession (Ardigo and Amante, 2013). The nurse is one member of the multidisciplinary team to relate to the stomized client. In this sense, it must be able to respond to doubts and concerns of these clients and to take care of them safely, preventing and detecting early complications that could harm the social inclusion process or compromise the biopsychosocial integrity of the person (Farias *et al*., 2015). Through the body of technical and scientific knowledge, it has the ability to promote integral care in order to meet the basic human needs affected by the process of illness, which may be clinical or surgical treatment. It is capable of rehabilitating the person with the stoma, his new health condition and reintegration into society, as well as developing teaching-learning for self-care, seeking the better quality of life of the person with intestinal stomies and living with their relatives (Ardigo and Amante, 2013). According to Souza and collaborators (2015), the importance of nursing care, regardless of where it occurs, will be of great value, revealing a practice with a set of actions, procedures, purposes, always aiming at a better quality of life for the patient. Nursing care aims to promote and restore physical, mental, social and spiritual well-being, contributing to the promotion, prevention and recovery of health (Brennan *et al*., 2017). After performing the ostomy, the person may experience feelings of anger, depression, fear due to altered body image or bereavement, needing psychological support to facilitate their adaptation and acceptance to the new life. Due to the complexity of the situation, the need for a multiprofessional team with appropriate knowledge is observed. In this sense, we can affirm that nursing professionals need technical, specific and specialized knowledge to perform nursing care for people with intestinal ostomies and, at the same time, to provide guidance on self-care (Ardigo and Amante, 2013).

The essence of the nursing profession is divided into two distinct parts, being the nursing care in an objective way referring to techniques and procedures provided to the client and subjective in which it promotes care for others, respect, trust, vision the other as unique, sympathy, communication, respect with the silence of the other, finally attitudes that together make all the difference in human care (Souza *et al*., 2015). In this context, interest in the subject emerged from practice as nursing academics in a surgical clinic. At that time, we observed, in a non-systematic way, that many nursing professionals presented difficulties in the care of people with intestinal stomies, mainly in stomatal management and guidelines for self-care. We noticed that some nurses from the hospitalization units showed not only insecurity in the performance, but also a theoretical deficit in relation to the assistance to the stomized client. These observations strengthened the desire to investigate the object previously mentioned, focusing on the nurses. Corroborating with these findings, Cunha and collaborators (2012), describe that the process of training of the nursing professional enabled for a specialized care in care of intestinal stomies, reveals an important concern in the care process. Since the deficit in the number of professionals with a specialization in stomotherapy is a problem in the maintenance and daily care of patients with intestinal stomies.

For a full care of the stomized individual, health professionals need to be prepared and available. The stomized individual needs to learn new knowledge regarding its personal care, assimilate new condition to assimilate knowledge and develop skills that will serve as a basis for acceptance and coping with its new reality (Poletto and Silva, 2013). The nurse should seek subsidies for planning the teaching of self-care of the patient and his / her family, allowing the stomized patient to be independent in the practice of care, causing the patient to see the presence of changes in his/her stoma or difficulties such as the exchange of bag collector (Silva *et al*., 2014). As a contribution, this study seeks to broaden the discussions about the assistance to clients with intestinal stomies, being relevant, since it can provide subsidies for the elaboration of proposals

that favor the expansion of the knowledge about the subject, helping, in this way, the professional qualification. In this perspective Silva and collaborators (2012) describe that the nurse has been the professional indicated to evaluate and to classify the risk of the patients from the moment of the decision to make an intestinal stoma until the care with the people who seek the ambulatory services for clarification of doubts and guidelines after the surgical procedure. It should also be pointed out that nurses working in outpatient units and surgical clinics must possess skills to promote qualified listening, evaluate, correct and detail the complaint, work as a team, have clinical reasoning, mental agility to make decisions, as well as having the capacity to guide the stomized patient in self-care, as well as their relatives in the care process at home, so that continuity of care is effective. The nursing team has a relevant insertion in the life of the stomized patient, because it is this team that initially performs the care of this individual, until the individual can develop autonomy itself care. Thus, the nursing team is able to promote patient self-esteem by showing ways and possibilities for social interaction (Cesaretti *et al*., 2010; Cunha *et al*., 2012; Silva *et al*., 2012; Brennan *et al*., 2017). In view of the above, the following research questions emerged: a) What is nurses's knowledge about ability necessary to care for the person with intestinal stoma? b) What are the abilities inherent to nurses to care for the person with intestinal stomies in the perception of the respondents? To answer the questions proposed to conduct this study in order to verify the knowledge of nurses about the abilities needed to care for the person with intestinal stoma.

METHODS

It is a descriptive, exploratory research with a qualitative approach. The study was carried out with seven nurses who work in outpatient clinics and hospitalization units of the surgical clinic of a public teaching hospital, linked to the Unified Health System, with reference in oncology, located in the city of Belém, State of Pará in Brazil. Total of eight nurses, only one did not participate in the study. Nurses who cared for patients with intestinal stoma, working in the outpatient unit and the surgical clinic in the morning, afternoon and evening periods, both genders, members of the organization's staff, working in the sector for one minimum period of 6 months, were established as inclusion criteria in the study, until saturation around the thematic axés. Research was approved by the Research Ethics Committee, the Nursing Undergraduate Course of the Amazon Metropolitan College, CAAE: 6494171.7.0000.5701, number: 1.981.562 and Research Ethics Committee of Ophir Loyola Hospital (HOL), CAAE: 64941717.7.3001.5550 number: 2,047,684. The ethical procedures adopted to obtain the answers were in accordance with resolution 466/12 CONEP, which explains the objectives of the research as well as rights and duties before the application of the collection instrument, after presenting the Free and Informed Consent Term to the participants of the study, being this one signed in two routes of equal content, one staying with the interviewer and another with the interviewee. To collect data, a semi-structured interview was used as a technique for collecting an interview script, with open and semi-open questions elaborated by researchers structured in two parts: Part 1: Characterization data of the participants and Part 2: questions regarding the nurses's knowledge about abilities needed for nursing care to patients with intestinal stomies. Data collection occurred from May to June 2017.

The study participants were identified by codenames, using the following names: "topaz, emerald, onyx, ruby, albane, sapphire, agate", followed by the number in the order in which they were addressed, with to maintain confidentiality in the responses described in the data collection. The main characteristics of the participants are described in Table I. The interviewees' speeches were recorded and then transcribed in full to Microsoft Office Word 2010 software. After the transcription, a careful reading was carried out following the methodological moments proposed by Bardin, and empirical categories were created, which were broken down by theme and described. The collected data were submitted to the thematic content analysis technique, which is composed of three stages, being first stage the organization, the second stage of exploration of the material, and the third phase consists of the treatment of results and interpretation, in which the theme is the unit of signification and in this phase of interpretation of the data the researcher needs to return to the theoretical referential in the search of basis of the analyzes providing meaning to the interpretation (Bardin, 2012; Cavalcante *et al*., 2014).

RESULTS AND DISCUSSION

Regarding the characterization of the participants, the seven professionals interviewed were all female (100%), aged between 29 and 49 years, mostly married (71.4%), born in Pará (100%), trained in public education institutions (86%), with a minimum of five years of service, mostly in the surgical clinic (57.1%) (Table I). The predominance of the female gender in the study confirms the historical configuration related to the nursing profession. As was also observed in other studies performed with the nursing team, in which the gender was predominantly female, with 92.3%, a result similar to that found in a survey of 130 nursing professionals, in which the majority of the interviewees were women (79.2%) (Custódio *et al*., 2011; Jorge *et al*., 2012). About the age range and marital status, a survey conducted in 2012 by the National School of Public Health, in partnership with the National Federation of Nurses, the Brazilian Nursing Association and the Federal Nursing Council, that nursing professionals present themselves in the aged between 26 and 55 years, with a large majority in the range of 26 to 35 years, representing 35.98% of the total number of nursing professionals in Brazil, as well as a predominance of single nursing professionals, around 50%. Both values demonstrated similarity to the profile of the nursing professionals participating in this study (Silva *et al*., 2016). Married nurses were more able to work. However, when comparing professionals with different civil status, it was found that married people showed a greater desire to leave the profession and they had more frequent physical health problems (Prochnow *et al*., 2013). In this dualism, we infer that married professionals tend to think more about this abandonment, since family, affective, economic and social responsibilities can generate an overload, which may compromise their quality of life and professional performance. Unlike the singles who usually direct their concerns to professional project developments and individual accomplishments. Regarding the time of professional activity in the sector, 3 (43.7%) of the participants had service time of 5 to 9 years, 2 (29.4%) 15 to 20 years, followed by those who were 10 to 14 years and with more than 20 years of service, representing 1 (14.2%), respectively. The experience of nurses in the hospital ranged from 5 to more than 20 years, allowing them to infer that they have enough time to understand the

Table 1. Summary of characteristics of study participants. Belém-PA, Brazil, 2017

Codenames	Age (year)	Gender	Birthplace	Undergraduate Instituition	Civil Status	Specialization	Working Time (year)	Work Sector
Agate	40	F	Pará	ESAMAZ	Married	Intensive Care Specialization	5 to 9	Outpatient clinic
Albane	29	F	Pará	UFPA	Married	Intensive Care Specialization	5 to 9	Surgical Clinic
Emerald	40	F	Pará	UEPA	Single	Specialization in surgical clinic and Health Service Audit	15 to 20	Outpatient clinic
Onyx	49	F	Pará	UEPA	Married	Specialization in Oncology and Cardiology	5 to 9	Surgical Clinic
Ruby	32	F	Pará	UEPA	Married	Specialization in Surgical nursing. Master in Nursing	10 to 14	Surgical Clinic
Sapphire	39	F	Pará	UEPA	Single	Master	15 to 20	Surgical Clinic
Topaz	49	F	Pará	UEPA	Married	Specialization in Oncology and Methodology of Higher Education	More than 20	Outpatient clinic

processes involved in nurses' work. However, in a study carried out by Prochnow, it was described that the length of service influences the capacity for work, describing that professionals who work for more than 14 years are the ones with the worst capacity (Prochnow *et al*., 2013). The seven participants stated that they did not have a specialization in stomotherapy or dermatology, and all nurses presented experiences in the care of patients with this type of treatment. A study by Boyle and collaborators (2017), showed that more than a third of the study hospitals (36.6%) employed certified nurses (specialists). Hospitals that employ specialist nurses had lower rates and better practices. Certified continence care nurses (estomotherapists) were employed in fewer numbers. There were no significant relationships among nurse specialists in continence or ostomy care. About the academic formation, 100% of the participants have postgraduate in various areas of nursing. In a study carried out by Prochnow and collaborators it is described that the nurses with the degree of specialists are those who present greater capacity for the work (Prochnow *et al*., 2013). The analysis of the interviews allowed the construction of five empirical categories: nurses' understanding about definition of intestinal stoma; nurses' understanding of the main early and late complications found in stomized patients; nurses' understanding about knowledge and abilities required for qualitative care for people with intestinal stomies; nurses' understanding of care of a person with an intestinal stoma; nurses' understanding of the nurse's role in caring for people with intestinal stomies.

NURSES' UNDERSTANDING ABOUT DEFINITION OF INTESTINAL STOMA

Corroborating with the study by Matsubara and collaborators (2012), stomies are abdominal surgeries, which corresponds to the surgical act of opening the skin and exteriorizing an intestinal segment in order to divert the fecal physiological pathway. Regarding the understanding of the respondents about the definition of intestinal stomies, we observed that they are well oriented on the subject, with a predominance of responses that correctly reflect the conceptualization of the procedure, emphasizing being a surgical intervention where a skin opening and exteriorization is performed of an intestinal segment as can be observed in the speech:

[...] It is a surgical intervention where an opening is made in the abdomen and externalized a segment of the intestinal loop. (Onyx)

[...] A procedure that externalizes a segment of the intestine to eliminate feces. (Albane)

[...] It is the formation of a mouth for exteriorization of a part of the intestine in order to eliminate the intestinal contents. (Emerald)

NURSES' UNDERSTANDING OF MAIN EARLY AND LATE COMPLICATIONS FOUND IN STOMIZED PATIENTS

On the main early and late complications emphasized by the participants we can emphasize edema, necrosis, prolapse and dermatitis, as we can observe in the following statements:

Early complications. [...] Edema, necrosis, decreased stoma circulation. (Topaz)

[...] Ischemia, necrosis, edema and retraction, dermatitis. (Onyx)

Late complications. [...] Prolapse, dermatitis, mucous cutaneous detachment. (Topaz)

[...] Stenosis, prolapse, hernia. (Onyx)

According to Santos and collaborators (2015) complications related to stoma and inadequate adaptation of collecting equipment include: peristoma dermatitis, ischemic necrosis, retraction, prolapse, stenosis, peristoma fistula, peristoma hernia, peristoma abscess. As systemic manifestations, hydroelectrolytic disorders can occur in high-output stoma and anemia in cases of variceal bleeding located in the stoma. In addition to the mentioned complications, there is still, in cases of temporary stomies, the morbimortality related to the closure procedure. It is observed in the speech of the participants the insecurity when differentiating the early and late complications related to the patient with intestinal stoma. According to Carvalho (2014) early complications (or immediate) arise in the in-hospital period and they are often linked to emergency surgery in which there are often no prior planning for the realization of the stoma, or they are still poorly located stoma consequences or those performed by surgeons with little experience.

The main early complications are: ischemia, necrosis, edema, retraction, mucocutaneous detachment of the stoma, peristoma sepsis and peristoma dermatitis. Even for this author late complications manifest after hospital discharge, that is, when the relatives or the person with stomies take care of the stoma. Stretch, retraction, prolapse of the stoma, paraesthmic hernia and peristoma dermatitis are the most frequent, and sometimes difficult to treat (Carvalho, 2014). The nursing team has a relevant insertion in the life of the stomized patient, since it is this team that initially carries out the care with individual, until it can develop autonomy over its care. In this way, the nursing team is able to promote the patient's self-esteem by showing he/she ways and possibilities for social interaction (Cesaretti *et al*., 2010; Custódio *et al*., 2011; Bardin, 2012; Jorge *et al*., 2012; Prochnow *et al*., 2013; Cavalcante *et al*., 2014; Silva *et al*., 2016; Boyle *et al*., 2017). In this perspective Silva and collaborators (2012) describe that the nurse has been the professional indicated to evaluate and to classify the risk of the patients from the moment of the decision to make an intestinal stoma until the care with the people who look for the outpatient services for clarification of doubts and guidelines after surgical procedure. It should also be noted that nurses working in outpatient units and surgical clinics must have the skills to promote qualified listening, evaluate, correct and detail the complaint, work as a team, have clinical reasoning, mental agility for decision making, as well as having the capacity to guide the stomized patient in self-care, as well as its relatives in the care process at home, so that the continuity of care can be effective.

NURSES' UNDERSTANDING ABOUT KNOWLEDGE AND ABILITIES REQUIRED FOR QUALITATIVE CARE FOR PEOPLE WITH INTESTINAL STOMIES

Nursing care for the stomized patient should be started at the time of diagnosis and when surgery is indicated, in an attempt to minimize suffering and obtain better adaptation (Ardigo and Amante, 2013). It was verified that the participants consider as indispensable knowledge and ability to the nurse who provides care to the person with intestinal stoma, knowledge based on scientific knowledge about the material to be used in each patient after analysis of the stoma site, highlighting collecting equipment and protective aids (when and how they should be used). In addition, they refer as useful for nursing professionals the anatomical knowledge of the area for better demarcation of the stoma and adaptation of the device, as well as knowing the biopsychosocial changes of each patient to better guide them in the rehabilitation process, as it's described in the speeches:

Knowledge of anatomy, gastrointestinal physiology, specific equipment, types of surgery and stomies, psychology, sociology (self-image, resources), sexuality, have knowledge that rehabilitation begins already with diagnosis of the disease and surgery generating the stoma. Ability: Equipment handling, skin care. (Topaz)

Knowledge of care in general, which consists of the numbering of equipment, products, guide this patient mainly at hospital discharge, including training since hospital admission so that they can have independence to perform care at home or with caregiver. (Ruby)

Know the surgical procedure to be performed; prepare the area for surgery; make the demarcation for surgery; know the indication of the devices. Abilities: pre and post-operative orientation, emotional support; and self-care. (Agate)

In this context, Martins and collaborators (2012) describe that the guidelines must include since the surgical procedure of stomization, as well as information about eating habits, hygiene, possible complications and, above all, about the importance of self-care that promotes the independence of the patient, develops the process of adaptation to the stoma, besides preventing complications. Matsubara and collaborators (2012) describe that the care of the stomized person requires the nurse to be aware that there are fundamental aspects of physical and emotional order that interfere in the motivation for learning and that the evaluation of all these variables is an indispensable condition in the choice of the device suitable and in the best possible rehabilitation of the stomized person. In a study by Silva and collaborators (2014), they show that the nursing professional feels unprepared to care for patients with stomies. The causes of difficulties and rejection of care are justified by poor academic training. To reverse this scenario, one must promote the search for knowledge not only to assist the patient but also to encourage teaching and research. Corroborating with these findings, Cunha and collaborators (2012) describe that the nursing professional training process enabled for specialized assistance in care of intestinal stomies, reveals an important concern in the care process.

NURSES' UNDERSTANDING OF CARE OF A PERSON WITH AN INTESTINAL STOMA

When discussing nursing care for the stom- ated person, one must consider several factors such as age, gender, origin, schooling, and others. These aspects are important so that we can promote information according to each person (Cunha *et al*., 2012). In this category, information about the nursing care of the person with intestinal stoma emerged, evidencing the predominance of actions aimed at the exchange of the device (collecting equipment, bag collection) and skin care for the prevention of dermatitis.

[...] Know the stomized patient (systematized evaluation / physical examination, family, social condition) for the guidelines. Identify the characteristics of the stoma (size, protrusion, type, location), properly use the collecting system and adjuvant properly, emphasizing self-care and physical and social rehabilitation. (Topaz)

Guidance to self-care, exchange of collecting equipment, skin care, nutrition. (Onyx)

[...] Follow aseptic techniques during the exchange of devices; Perform cleaning with Physiological Serum 0.9%; Empty the bag whenever necessary; Observe the presence of infection or dermatitis; Carry out the cut of the device at the exact size of the stoma; Guide the patient not to ingest food from producing strong odors and gases. (Agate)

[...] Properly install these equipment: adhesive base so as to reduce effluent contact in the skin to reduce contact dermatitis; observe before they are saturated these plates so that they do not favor the formation of dermatitis; guide when reducing efforts to minimize the chances of stoma collapse, as well as the prolapse of this stoma. (Ruby)

According to Cunha and collaborators (2012), self-care can be learned. Stomized people need to learn new abilities to live in

the new condition, for this the nurse develops role of educator, guiding to self-care, respecting the time and moment that the person is living estomized; it is believed, therefore, that self-care is an active but slow and gradual process.

NURSES' UNDERSTANDING ABOUT NURSE'S ROLE IN CARING FOR PEOPLE WITH INTESTINAL STOMIES

The biopsychosocial and physical changes experienced by the stomized patient are factors that may hinder recovery and rehabilitation. Thus, the nursing professional is required to play a fundamental role in the education, management and emotional support of patients and the family (Silva *et al*., 2014). Health education is considered an inherent function of nursing practice and an essential responsibility of the profession. In this sense, the nurse is a qualified professional to carry out the activity of health education, since besides having technical scientific knowledge is the figure that is next to the patient during the majority of the period of hospitalization (Oliveira *et al*., 2014). Mauricio and collaborators (2013) say that caring for hygiene and exchange of pouches in the stomies are very important to ensure skin integrity and prevent infection, and for these measures to be performed properly, be guided by the nursing professionals, so that they can develop self-care. To develop self-care requires health education, the process occurs through pedagogical practices in which the nurse interacts with the patient and family, through orientations; aiming at quality care, so that they build health knowledge and perform care, promoting health and seeking to live healthy within their reality (Reveles and Takahashi, 2007). In this context, it is evident that the nurses are well oriented and based on their competences and attributions in the care of people with intestinal stomies, as observed in the speeches:

I direct all the care, I train my team of nursing technicians on the care, as well as the patients and companions. I do these care trying to properly use each product, for each situation, each complication, mainly looking to work with prevention. (Ruby)

To promote the patient's and family's knowledge about the stoma, collecting system and resources available, to train and qualify for self-care, to be up to date on the scientific technical knowledge and availability of material in the institution, to qualify the team for the care of the stomized patient. (Topaz)

Conclusion

The applied methodological resource allowed to verify the knowledge of the nurses about the necessary skills for the care with the person with intestinal stomia, thus responding to the objective proposed in the present study. We verified that the participants of the study are well informed on the subject, guiding their rhetoric in scientific knowledge. In addition, we observe that there is sufficient knowledge of the nurses regarding the knowledge and abilities necessary for the care of the person with intestinal stoma. However, we have highlighted the need for greater investments in postgraduate courses and specific postgraduate courses in nursing, since these professionals are disseminators of knowledge in this context. Regarding nurses' knowledge and skills related to stomatal care, the majority attributed a higher degree of importance to the knowledge of anatomy and physiology of the gastrointestinal system, the knowledge of surgical techniques, which makes it possible to make the stoma in appropriate places, knowledge and skills in the handling of collecting equipment and adjuvants available on the market, psychological support to patients and their families, and encouragement for rehabilitation and social interaction, enabling and providing quality of life for patients undergoing this treatment modality. It became evident that they perceive the importance of the theme, the complexity that involves several actors; professionals, family members and patients. We recognize the relevance of the specialists; however, we consider it necessary to construct this knowledge in the undergraduate, in the formation of the generalist nurse, as the latter is the leader of the nursing team, and among its attributions is responsible for the permanent education of the team, patients and family members in accordance with the National Curricular Guidelines, independent of specialty. Finally, we consider that the objective of this research has been reached. The study presents some limitations: sample size, performed in a single hospital in the city of Belém, State of Pará, which hinders the generalization of the results, and lack of continuity of follow-up of the nurses' knowledge. Therefore, it is recommended to carry out similar research in other institutions, both nationally and internationally.

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