

Who and where are specialist nurses in enterostomal therapy in Brazil?

Quem são e onde estão os enfermeiros especialistas em estomaterapia no Brasil?

¿Quién y dónde están los enfermeros especialistas en estomaterapia en Brasil?

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ABSTRACT

Objective: To characterize the educational and professional profile of the Brazilian enterostomal therapist nurses with a view to assessing the scope of the specialty in the present and to map the professional practice in the specialty. **Method:** It is an exploratory and descriptive study with a quantitative approach conducted during 2016, carried out with 548 nurses, graduates, specialized in the area of enterostomal therapy. Data were collected by questionnaires and organized in the software Microsoft Excel®, presented in absolute numbers and percent in the form of graphs and tables. **Results:** The data point to growth pathways of enterostomal therapy education programs, their dissemination in the country's regions and expansion of the number of graduates, as well as the predominance of the Southeast region for the formation and performance of the enterostomal therapist nurses. As for the areas of professional practice, there is a greater concentration of professionals in the care of people with wounds and in the care area. **Conclusion:** Most Brazilian enterostomal therapists have been working in the area for less than 10 years, especially in the care area, predominantly in the care of people with injuries. One of the concerns pointed out by the study refers to the need for the specialist to act and disclose the other areas of the specialty – ostomy and incontinence.

DESCRIPTORS: Nurse; Professional practice; Stomatherapy.

RESUMO

Objetivo: Caracterizar o perfil de formação e de atuação profissional do estomaterapeuta brasileiro com vistas à avaliação da abrangência da especialidade na atualidade e mapear a atuação profissional na especialidade. **Método:** Trata-se de estudo exploratório, descritivo, com abordagem quantitativa, conduzido durante o ano de 2016, realizado com 548 enfermeiros, graduados, especializados e que atuavam na área de estomaterapia. Dados coletados por meio de questionário e organizados com o auxílio do *software* Microsoft Excel®, apresentados em números absolutos e percentuais em forma de gráficos e tabelas. **Resultados:** Os dados apontam caminhos de crescimento dos cursos de estomaterapia, sua disseminação pelas regiões do país e ampliação no número de formandos, bem como a predominância da região Sudeste para a formação e atuação dos estomaterapeutas. Quanto às áreas de atuação profissional, há maior concentração de profissionais no cuidado de pessoas com feridas e na área assistencial. **Conclusão:** Os estomaterapeutas brasileiros, em sua maioria, atuavam há menos de 10 anos na área, em especial no campo assistencial, predominantemente no cuidado de pessoas com feridas. Uma das preocupações apontadas pelo estudo refere-se à necessidade de o especialista atuar e divulgar as demais áreas da especialidade – estomias e incontinências.

DESCRITORES: Enfermeiro; Prática Profissional; Estomaterapia.

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RESUMEN

Objetivo: Caracterizar el perfil educativo y profesional del enfermero terapeuta estomal brasileño con el fin de evaluar el alcance de la especialidad en el presente y mapear la práctica profesional en la especialidad. **Método:** Trata-se de estudo exploratório, descritivo, com abordagem quantitativa, conduzido durante el año de 2016, realizado con 548 enfermeros, graduados, especializados y que atuavam na área de estomaterapia. Dados colectados por meio de questionário y organizados con el software Excel®, apresentados en números absolutos y porcentajes en forma de gráficos y tablas. **Resultados:** Los datos apuntan a vías de crecimiento de los cursos de estomatoterapia, su difusión en las regiones del país y la expansión del número de alumnos, así como el predominio de la región sudeste para la formación y el desempeño de los extraterrestres. En cuanto a los ámbitos de la actividad profesional, hay una mayor concentración de profesionales en el cuidado de personas con heridas y en el área de atención. **Conclusión:** La mayoría de los estomaterapeutas brasileños han trabajado en el área durante menos de 10 años, especialmente en el campo de la atención, principalmente en el cuidado de personas con heridas. Una de las preocupaciones señaladas por el estudio se refiere a la necesidad de que el especialista actúe y divulgue las otras áreas de la especialidad: ostomía e incontinencia.

DESCRIPTORES: Enfermera; Practica profesional; Estomaterapia.

INTRODUCTION

Enterostomal therapy, a nursing specialty, had its origins in Cleveland, United States of America, in the 1950s. Its history is connected to the development of surgical techniques, especially the improvement of the confection of intestinal stomata by Dr. Rupert Turnbull. This doctor invited Norma Gill, his patient with ileostomy, to help guiding other patients on self-care after the making of a stoma¹⁻³.

The 1960s were important for the area, since in 1961 the first educational program about the care of people with stoma, offered to health professionals and patients, began in the USA; and in 1968 the first professional organization congregating enterostomal therapists, also in the USA, emerged. Since then, new courses have emerged in Europe and North America, increasingly geared exclusively to health professionals. In 1978, with greater spread of enterostomal therapy, mainly exercised by nurses, the international organization named *World Council of Enterostomal Therapists* (WCET) was created, presided by Norma Gill¹⁻³.

The specialty was introduced in Brazil only in the 1980s, when a few interested nurses went to schools abroad to get professional qualifications. Only in 1990, the first specialization course in enterostomal therapy nursing in the country was created at the Escola de Enfermagem of Universidade de São Paulo (EEUSP). Only in 1999, the second course in the area, at the Universidade Estadual do Ceará (UECE)^{2,3}, was created.

The 1990s were also fruitful in Brazil, since in 1992, only two years after the creation of the first course, the Brazilian Society of Enterostomal Therapy (Sobest),

now called the Associação Brasileira de Estomaterapia: Estomias, Feridas e Incontinências, which aims the scientific and cultural development of the specialty, as well as the accreditation of specialization courses held in national territory^{2,3}.

Since 2000, other educational programs in enterostomal therapy have been created in educational institutions all over the country. Currently, there are 22 courses (accredited by Sobest and WCET), with growing space and prominence in Brazilian nursing, consolidating one more area of production of knowledge and evidence in the health area⁴.

Considering the growth of the specialty in the country in the last 29 years, it is essential to know how many and who they are, that is, the number of graduated and active specialists, as well as where they are, in which area of scope and in which field of specialty they develop their professional activity.

The choice of a specialty represents an important transformation, in which the individual seeks to establish himself, by means of technical-scientific complementation, recognition, success, technical and financial autonomy, among other aspects^{5,6}. It is, therefore, an important moment of decision making in professional life, which may bring mobility and the consequent elaboration and reelaboration of meanings for personal, academic and professional life.

The specialization prepares the nurse for an advanced mastery of a particular field of nursing and includes the improvement of clinical, administrative, teaching, research and consulting roles in order to ensure the competence of the specialist in the area³.

The enterostomal therapist nurse is defined as someone who has knowledge, specific formation and skills for the care of people with stomata, acute and chronic wounds, fistulas and anal and urinary incontinence^{2,3}. In their daily lives, enterostomal therapists work not only with the care itself, but also with educational functions, focused on the person assisted and his family, the community and the health staff, in formal and informal education programs, which are important for the generation of new knowledge for the area³. The diversity of these actions is present in the data analyzed in this work.

Despite the wide range of work, enterostomal therapists still face many difficulties to exercise their specialty and ensure their space in health institutions. Difficulties that are related to the routine performance of their activities, mechanisms of institutional power over the professional and in the actual representation of the nurse in the society. Nurses specialized in enterostomal therapy also face situations in which they experience the uncertainty of roles, in a presumed and assumed way. These situations lead them to accumulate tasks, performing those for which they were already responsible as a nurse, together with the new ones, as a specialist, thus accumulating other responsibilities permeated, many times, by a feeling of impotence and exploitation⁷.

Finding their place and defining their role may be the greatest challenges for nurses. On the other hand, the specialty is proving to be an effective way to overcome this challenge.

Therefore, this study is justified by the development of enterostomal therapy nursing in the country, by its recognition in the public and private health area, by its regulation and the need to create links of professional identity that configure the studied group.

The study aimed to characterize the educational profile and professional performance of Brazilian enterostomal therapists in order to assess the scope of the specialty today and map its professional performance. Thus, this article presents data on the regions of the country of origin and formation of the enterostomal therapists, generation and educational institutions, areas of expertise (stomata, wounds and incontinence) and professional fields of action (assistance, management, teaching, research and others), as well as the time of working as a specialist. The aim of this work is to contribute to the recording of the history of enterostomal therapy in Brazil by systematizing data on who and where enterostomal therapists are in the country.

METHODS

This is an exploratory, descriptive study, with a quantitative approach, carried out during 2016. The recruitment of participants was made from lists of nurses who completed the specialization course in enterostomal therapy, provided by Sobest's Department of Education, in addition to contacts in the *mailing* Association. The inclusion criteria were to be: enterostomal therapist, Brazilian, graduated in course accredited by Sobest/WCET or only by WCET (for enterostomal therapists graduated outside the country) and professionally active in the country.

Once the final list of potential respondents was composed, according to the inclusion criteria, 1371 enterostomal therapists were estimated as the study population. The contact with the professionals by electronic means and the sending of the following documents were initiated: explanatory letter about the project, containing also the instructions for filling out the data collection instrument, Term of Free and Informed Consent (TFIC) and the instrument for data collection, according to the recommendations of Resolution n. 510/2016 of the National Health Council.

The concern with the time and cost of the research was imposed in a study that proposed the national mapping. Consequently, the use of remote resources as an option for data collection, in this case the internet, was justified. Thus, the same questionnaire template was made available on Sobest's website, forwarded by email and/or the WhatsApp messaging software in order to make it easier to contact the queried individuals to obtain their answers.

The instrument for data collection was developed by researchers, without prior validation. It consisted of eight closed questions, three of which had room for justification. Data were collected regarding the region of residence, formation and professional performance (as a nurse, as a specialist, areas of specialty – wounds, stomata and incontinence –, workplace, time of action, field – assistance, management, teaching research, industry and commerce).

Of the 1080 questionnaires sent, 787 were received and validated. Data was organized with the help of Microsoft Excel®. The information was presented by

graphs and tables in absolute numbers and percentages. The final sample consisted of 548 nurses, graduated, specialized and working in the area, whose questionnaires were complete for data extraction and analysis. This was because the questionnaires that composed the final sample have more information, so that their answers would allow to analyze both their formation and professional performance. A total of 239 questionnaires were excluded due to incorrect, incomplete, or not meeting the criteria for inclusion in the study.

RESULTS

Enterostomal therapy as a specialty has been developed in Brazil since 1990, but not equally in all regions of the country. The data collected shows this reality, since the history of the specialty began in the Southeast and, for ten years, São Paulo was the only state to have an educational course in the area, so that the enterostomal therapists were concentrated in this region.

Figure 1 shows the number of questionnaires answered according to the participants' region of formation.

The highlight in number of graduates was for the Southeast region, which formed 372 (67.9%) of these professionals.

Regarding the distribution of the number of respondents according to the decade of completion of the specialization course in enterostomal therapy, the following results were obtained and presented in Table 1.

The questionnaire was used to find out the specialty area of the participant (stomata, wounds and incontinence).

However, 51 (9.3%) questionnaires were returned without

Table 1. Distribution of the number of respondents according to the decade of completion of the specialization course in enterostomal therapy.

Period	Quantity	Percentage
1989 to 1998	40	7,3
1999 to 2008	151	27,6
2009 to 2016	342	62,4
In progress	15	2,7
Total	548	100

Source: Research data.

Table 2. Distribution of responses according to the specialty area in which the participants worked.

Speciality area	Enterostomal therapist: specialty area	Percentage
Stoma	30	,5
Wounds	54	9,8
Incontinences	2	0,4
Stoma and wounds	196	35,8
Stoma and incontinences	13	2,4
Wounds and incontinences	14	2,6
Stomas, wounds and incontinences	188	34,3
No information	51	9,3
Total	548	100

Source: Research data.

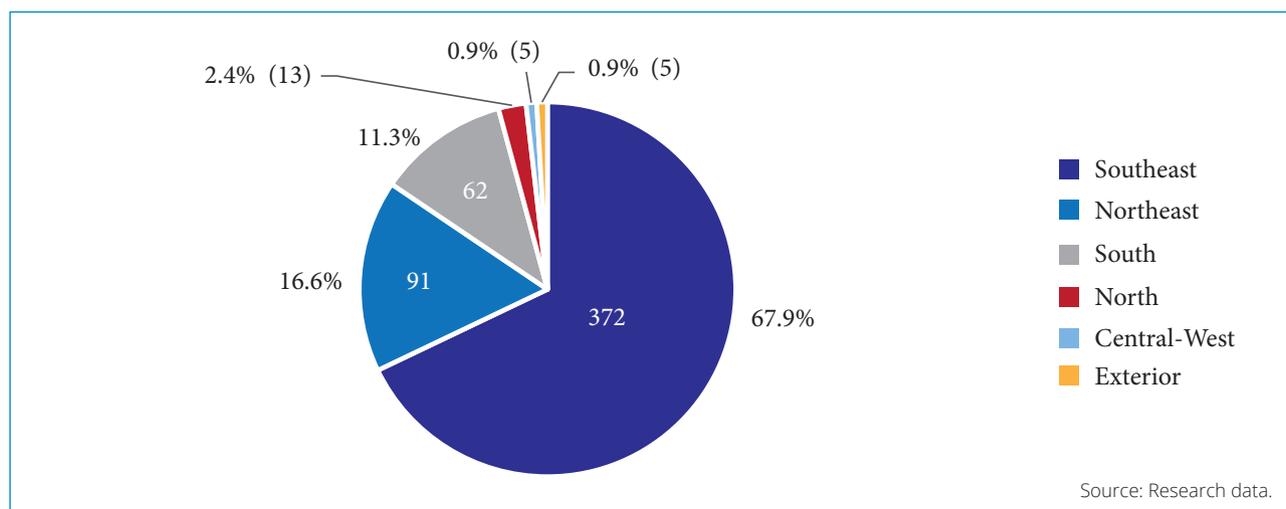


Figure 1. Distribution of the quantity of questionnaires answered according to the participants' region of formation.

the answer of the area in which the professional worked, as can be seen in Table 2.

The question related to the professional field (Fig. 2) accepted more than one alternative, reaching a total of 569 responses, for 548 enterostomal therapists consulted. The option to allow multiple responses comes from the fact that it is understood that it is possible to act in more than one of the indicated fields, but more than that, in crossings of fields not indicated in the alternatives. However, most of the participants chose only one of the available alternatives.

The assistance field was the main response (418, 73.5%), with 138 (24.3%) working exclusively in it. The management and research fields recorded the lowest rates, computing only 28 (4.9%) responses. On the other hand, it can be observed that the number of professionals dedicated to research or academic life is still small (66, 11.6%).

Another field of action for the enterostomal therapist is in the industry and commerce of products related to the

care of people with wounds, stomata and incontinence. In this study, 57 (10.0%) of the participants answered that they worked in this field, which is a space under development, in which it is still necessary to establish the specific skills of the enterostomal therapist.

Regarding the distribution of the participants according to time of professional performance in the area, 223 (40.7%) of the questionnaires answered showed that the professionals had five years or less of work. Following this, 164 (29.9%) of those in the area were working between six and ten years. That is, 387 (70.6%) respondents worked for ten years or less. Those with 11 to 15 years of experience represent 71 (13.0%) answers, 49 (8.9%) had 16 to 20 years of experience in the area, with more than 20 years we obtained 22 (4.0%) answers and no information 19 (3.5%). Perhaps those people who have not informed this field are those who have retired or are no longer active in the field, regardless of whether they have already worked.

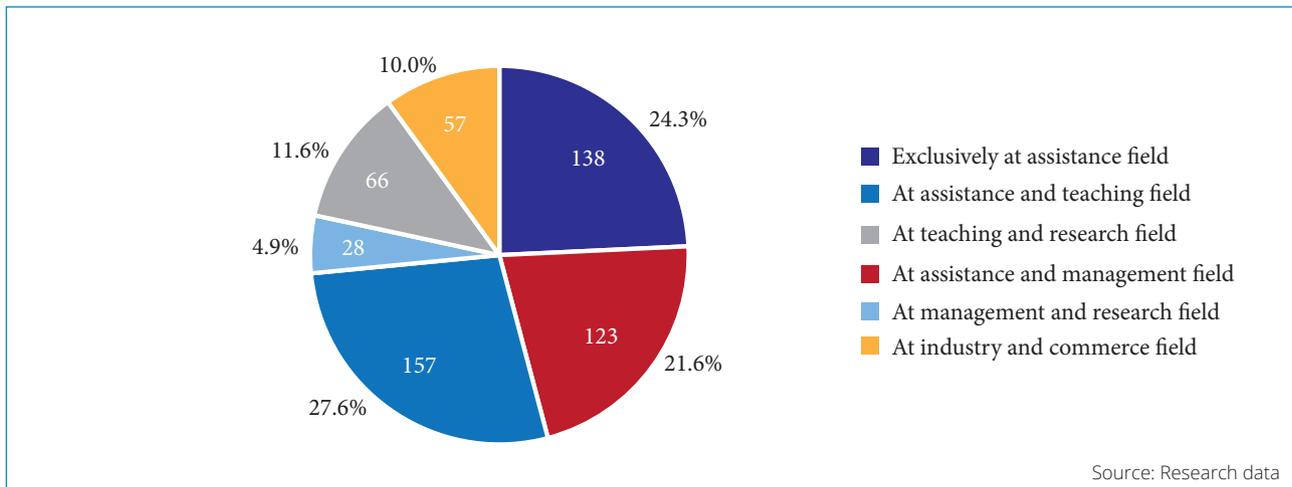


Figure 2. Distribution of answers to questions concerning the participant's professional field.

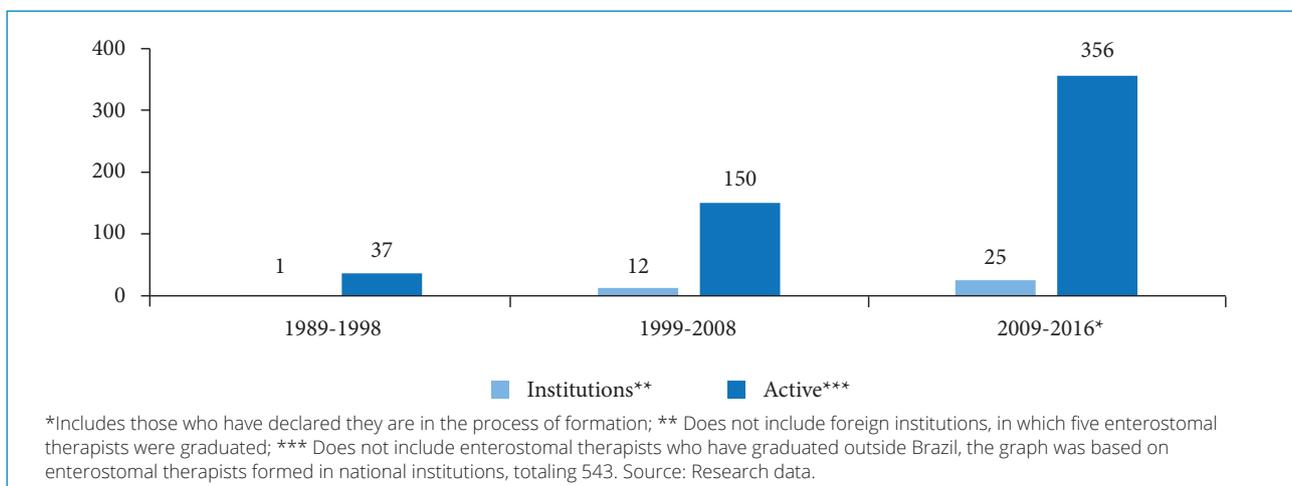


Figure 3. List of educational institutions per period and active graduates.

Fig. 3 shows the number of active specialists and correlates them with the number of educational institutions, and it is possible to verify that the number of institutions grew from only one until 1998 (USP) to 12 until 2008, up to the 25 institutions indicated in this research in 2016. In Figs. 4 and 5 information on the educational institutions and the number of specialists formed can be found.

The Southeast region has the largest number of enterostomal therapists since the introduction of the specialty

in Brazil, followed by the Northeast and South regions, which is a reflection of the number of educational institutions, as the former has older courses and greater supply.

Only since 1999 has formation in the specialty been decentralized with the creation of courses in other Brazilian regions. However, the Southeast region (the most populated in the country) still has the most courses available. The Central-West region appears with the offer of only one specialization course (Fig. 6).

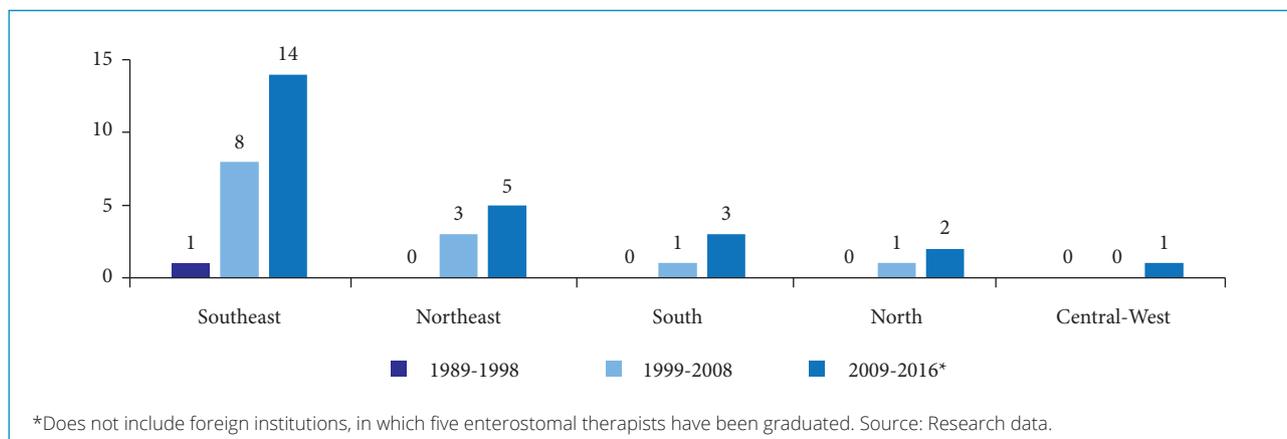


Figure 4. Relation per period of the educational institutions in Brazil distributed by region.

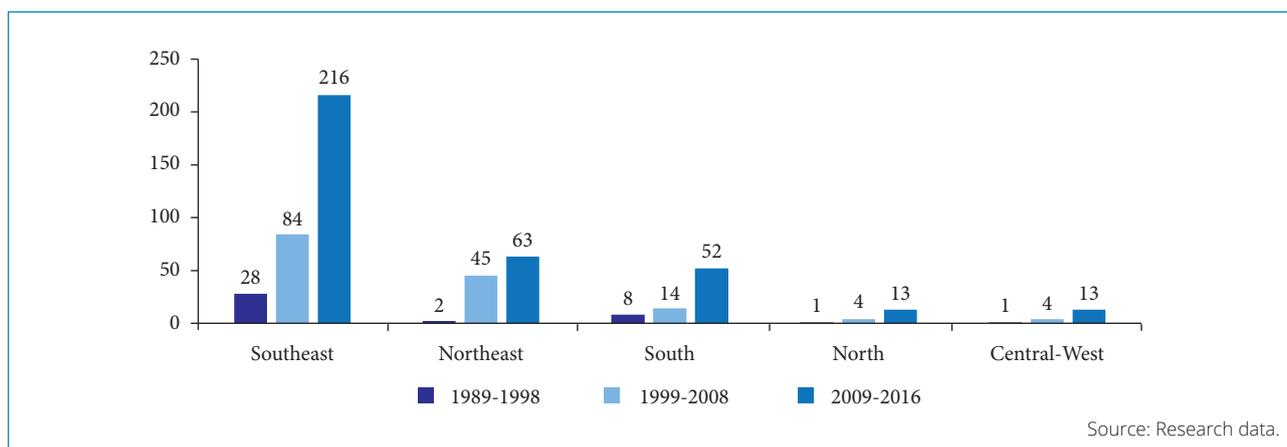


Figure 5. Region of work per period of formation.

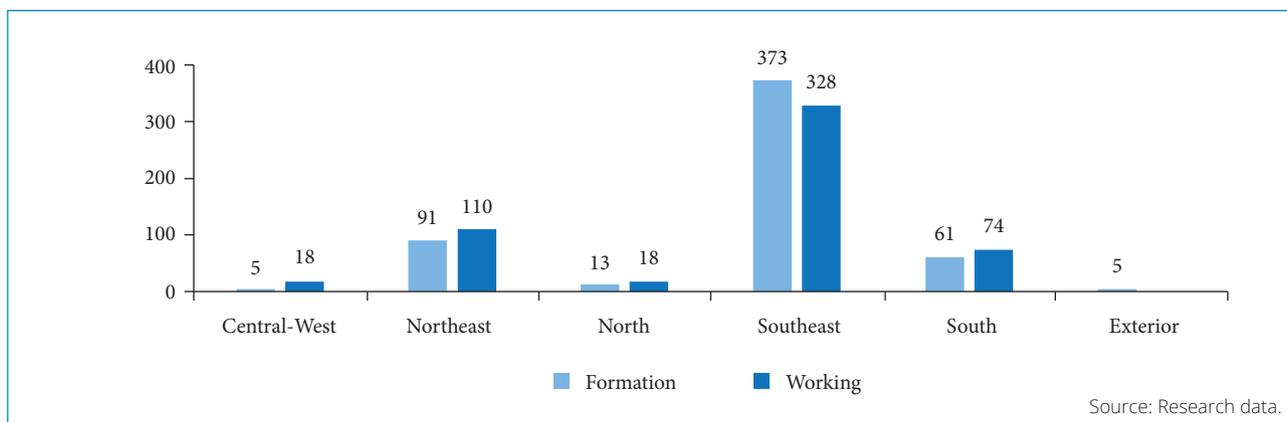


Figure 6. Distribution of enterostomal therapists by region: formation and work activity.

According to the data in Fig. 6, it is possible to verify once again the importance of the Southeast in the formation and working of enterostomal therapists, since their numbers are three times higher than in the second most important region (Northeast). In addition, it is noticeable that the Southeast has more graduates than working specialists, possibly due to the fact that it was the only forming region at the beginning, which led nurses from other states to specialize in this region.

In terms of the ratio of graduates in enterostomal therapy by educational institution in the Southeast region, of the 548 (100%) respondents, 373 (68.1%) enterostomal therapists graduated from 14 institutions in the Southeast region, of which the three main educational units were: Universidade de São Paulo (USP) (100, 26.8%), Universidade de Taubaté (Unitau) (72, 19.3%) and Universidade Estadual do Rio de Janeiro (UERJ) (50, 13.4%), which represent 59.5% of the formation in the Southeast and 40.5% of the training in Brazil. The Universidade Federal de Minas Gerais (UFMG) graduated 42 (11.3%) respondents, the Universidade Estadual de Campinas (Unicamp) graduated 36 (9.7%), the Faculdade de Medicina de São José do Rio Preto (Famerp) 22 (5.9%), the Faculdade de Medicina do ABC (FMABC) 18 (4.8%) and other institutions were cited by 33 respondents (8.8%). It should be noted that institutions that are not accredited by Sobest/WCET were informed, which may show that there are non-accredited courses in operation, or that the respondent considered extension courses held as a *lato sensu* course, or there was still doubt in the response and the individuals informed the institutions where they concluded their nursing formation.

Regarding those who graduated in enterostomal therapy in the Northeast region (91, 100%), the second region to have a specialization course in enterostomal therapy, started in 1999, at Universidade Estadual do Ceará (UECE), 45 (49.5%) respondents graduated from UECE, 30 (33%) from Universidade Estadual de Pernambuco (UEPE), 13 (14.3%) from Faculdade Gianna Beretta do Maranhão and 3 (3.3%) from Centro Universitário FACISA in Ilhéus.

In the South region, the main educational institution was the Pontifícia Universidade Católica do Paraná (PUC-PR), also the first institution to have a specialization course in enterostomal therapy in the region. Fact that

explains the highest number of graduates in the region with 48 (78.7%) of the 61 (100%) respondents. The Universidade do Vale dos Sinos (Unisinos) appears with 11 (18%) of the respondents and the Universidade do Extremo Sul Catarinense (Unesc) with 2 (3.3%).

The three largest educational institutions forming nurses are in the Southeast (USP, Unitau and UERJ), and together total 222 (40.5%) interviewees. The five main educational institutions in the area of enterostomal therapy in Brazil (including PUC-PR and UECE) bring together 315 enterostomal therapists, corresponding to 57.5% of the total.

The five main states in Brazil where the respondent enterostomal therapists work are: São Paulo (184, 33.6%), Rio de Janeiro (75, 13.7%), Minas Gerais (66, 12%), Ceará (42, 7.7%), Paraná (41, 7.5%). The other states cited total 140 (25.5%) of respondents.

DISCUSSION

Based on the results presented, there is a concentration of enterostomal therapists in the Southeast (328, 59.9%), Northeast (110, 20.1%) and South (74, 13.5%) regions, totaling 512 (93.5%) questionnaires. These areas are the most populated in the country and also reflect the history of the specialty, since the specialty began in the Southeast region and for 10 years the Nursing School of the University of São Paulo was the only educational institution offering the specialty in Brazil⁹. The North and Central-West regions presented smaller quantities (18, 3.3%), reflecting the difficulty of access of professionals to specialized formation and the more recent presence of courses in these regions.

The research covered the entire country, but it was from the Southeast that the largest number of questionnaires returned. This data may reflect, besides the population concentration and presence of large health and academic institutions, the greatest tradition in specialized courses in enterostomal therapy, since the first and third courses held in the country were established in this region: 1 in the city of São Paulo (EEUSP), 1 in the city of Taubaté (Unitau)². It is worth mentioning that the course of the EEUSP was deactivated in 2015, while the Unitau maintains its course until the present.

When comparing data of formation with those of residence of the enterostomal therapists, it was verified that the Central-West and North regions have deficit of formation centers, since 18 (3.3%) acted in these regions, but only 5 (0.9%) had performed the specialized formation in the same region. Thus, it can be assumed that professionals graduated in other regions have been incorporated into the job market in the aforementioned regions. In the Central-West region, the Universidade de Brasília (UnB) graduated only one class, and offered new positions to qualify enterostomal therapy specialists only in 2019. The North region has only one course offered by the Universidade Estadual do Amazonas (UEA).

The data may still indicate that some enterostomal therapists, even living in another region of the country, came to the Southeast to get their formation. Thus, in a first generation of enterostomal therapists graduated between 1989 (abroad, since at that date there were still no courses of the specialty in Brazil) and 1998, who participated in the research, in a total of 40 (100%) answered questionnaires, 37 (92.5%) were graduated from the EEUSP and three from abroad. These data refer to the history of the specialty and course offerings for enterostomal therapists in Brazil^{2,9}.

Regarding the distribution of the number of respondents according to the decade of the specialization course in enterostomal therapy, the number of nurses who specialize has been growing in the last decade. Evidently, this increase is related to the expansion of course offerings in new educational institutions and regions of the country⁴. On this topic, a periodization of the enterostomal therapy in Brazil was carried out, based on the study of the specialty history, and it is possible to identify the following time marks to define periods of qualification and availability of courses in the country:

- Until 1998: formation abroad or the only specialization course in Brazil at EEUSP in São Paulo^{2,9};
- From 1999 to 2008, expansion of courses in Brazil⁴;
- From 2009 onwards with the expansion of the number of courses offered in different regions of the country and from 2011 with the authorization of the WCET to accredit the specialization courses in enterostomal therapy⁴.

With Sobest certifying and homologating the courses since the end of 2011, there was a growth in the number of courses and consequently of specialists in this area. From

this periodization, 342 (62.4%) respondents have graduated between 2009 and 2016. This is an important data and shows the real growth of the specialty in the country.

Regarding the area of specialty and the professional area of activity of the participants (stomata, wounds and incontinence), from the information of 548 (100%) enterostomal therapists who declared to work in the area, it was obtained that 196 (35.8%) declared to work with stomata and wounds, 188 (34.3%) worked with stomata, wounds and incontinence and only 54 (9.9%) reported to work only with wounds. Summing these three pieces of information with those who work with wounds and incontinence, 14 (2.6%), 452 (82.6%) of the participants were in the area of wound care. This data is important to reflect on the areas of expertise, especially with regard to the care of people with wounds, since, although the emergence of the specialty is related to the issue of care of people with stoma^{1,2}, it is currently observed that the care of people with wounds has been expanding and is one of the main fields of work of the enterostomal therapist. This role can be very much connected to the nurses' professional identity, because their work object is the care¹⁰.

Besides, injury care is a tradition in nursing. Thus, the wound can be considered a field of greater visibility of the specialist's work and of greater professional achievement, since the result is faster and more identifiable from the quantitative and qualitative point of view (time and quality of healing), making it easier to measure and evaluate.

The subject, therefore, deserves further exploration, considering the history of the specialty and its future prospects². The data showed that the specialist works in the care of people with stoma, connecting to the original specificity of enterostomal therapy¹, even if his main focus is on the care of people with wounds.

The care of people with stoma is then highlighted as the second area of greatest activity of the enterostomal therapist, since 427 (78.0%) participants of the research declared to work with people in this condition. This number is the total number of people who declared working with stoma – 30 (5.5%), stoma and wounds – 196 (35.8%), stoma and incontinence – 13 (2.4%) and stoma, wounds and incontinence – 188 (34.3%).

Thus, it is believed that valorization movements in all fields of expertise of the specialist (especially stoma and incontinence) are necessary. These movements can be achieved through the implementation of specific assistance

actions and protocols as well as the development of research, indicators for these fields and career plans for the specialist. Reminding that the latter can be driven by the professionals' articulation with their class organizations.

The still small number of professionals working with people with incontinence leads to reflection on a field of specialty that needs to be further explored by professionals, intensifying their activities in this field. It is a branch of specialty that can still grow considerably or even disappear from the domains of specialty if it is not actually absorbed in the practice of professionals.

Another data that deserves attention concerns the 51 (9.3%) enterostomal therapists who did not inform their specialty area. It is assumed that they could be professionals working in other fields such as teaching, research or even industry, and that therefore, even though they were connected to the area, they were not performing clinical care directly. Most of the enterostomal therapists working in Brazil were involved in direct patient care, probably in hospitals and clinics. This information reaffirms the assistance character of the nurses' professional practice and their main object of work: the direct care¹⁰⁻¹². The management and research fields reached the lowest rates, computing only 28 (4.9%) of the responses. The number of professionals dedicated to research or academic life was also very small (66, 11.6%).

The small percentage of working activity in the management of nursing in enterostomal therapy¹³ raises questions and inquiries and, especially, the organization of structured services in the three specialty areas, a need that the authors consider emerging for the consolidation of the specialty in the country.

With regard to research, it is known that, despite the growth in nursing, there is still much to be expanded to broaden the contributions of science to the practice of specialist and direct care of people who need specialist attention¹⁴, and this is not different in enterostomal therapy.

Another field of action for the enterostomal therapist is in the industry and commerce of products related to the care of people with wounds, stomata and incontinence. Of the total number of respondents, 57 (10%) were active in this field, and this is a space where the specialty is gaining importance. The identity of the nurse is still very much linked to direct care¹¹, there is still no "image" of this professional related to other work environments, especially in industry and commerce. New forms of professional activity stand out, since enterostomal therapy is still a recent specialty in Brazil.

In view of this collective history of the specialty, individual stories that unfold in different scenarios and times of professional performance have been constituting themselves. Most of the participants (223, 40.7%) were working from five years or less and 164 (29.9%) from six to ten years. In other words, 387 (70.6%) responses were obtained with up to ten years of operation that indicated the specialist's activities in the job market, showing that enterostomal therapy is recent in the reality of specialized health care in Brazil. Another data that corroborates this finding is that the average years of performance was 7.7 years for this sample. This data reaffirms the context of creation and expansion of enterostomal therapy courses in the country^{2,4}. Between 11 and 15 years of experience, 71 (13.0%), and as the time of activity in the area increases the percentages decrease. Information that reinforces the joviality of the specialty, but it is important to analyze the data in relation to the number of only graduated professionals and those who were active. This comparison shows the relevant increase in the number of graduated specialists. However, it is noted that the number of vacancies in the job market may not be keeping pace with this growth because it is saturated or because health care institutions are not fully prepared to offer specialized services in enterostomal therapy.

The number of educational institutions has grown, which indicates an increase in the number of specialist nurses completing enterostomal therapy courses. When crossing the data from Figs. 4 and 5, it can be seen that both the number of educational institutions and graduates have increased and that these data are related. In addition, it is possible to measure the establishment and consolidation of the specialty as a health care modality from this information. It can also be inferred that the specialist, even when not formally hired as an enterostomal therapist, develops activities related to his area, so that justifies the investment made in specialized formation.

The growth of courses and professionals is related to the history of the construction of the specialty, in which criteria and values related to the formative quality of their courses contributed for a great part of these professionals to have the same formation base, ensuring that it was reasonably solid. The professionals who started the specialty in the country assumed a militant role for the Brazilian enterostomal therapy and were responsible for opening and consolidating a new field of action for the nurse and the establishment of quality standards⁷.

Regarding specialization courses in the different regions of Brazil, the growth of supply and presence in all regions of the country can be observed.

São Paulo still stands out because it has five of the ten largest educational schools, thus presenting greater capillarity, which expands to the inland (Taubaté, Campinas, São José do Rio Preto and Santo André). Perhaps this is a tendency to be followed in other regions of the country in order to attend the formation of people who live far from the big centers, considering especially the territorial dimensions of Brazil and some states. Bearing in mind that the distance from the educational center to the place of residence of people often causes students to have great difficulties and give up investing in their education, such distances are reversed in greater financial and time investments.

CONCLUSION

The research is considered to have fully achieved its objectives by gaining direct knowledge of the reality of enterostomal therapy professionals. The nurses themselves informed about their formation, professional activities and the region in which they work.

The predominance of educational courses and professionals working in the Southeast region is noteworthy; there is also the small performance of enterostomal therapists in the area of incontinence and their large occupation with the area of care for people with wounds, highlighting the field of care work; the growth of the specialty, educational centers and the number of specialists in the country, especially in the last 10 years; the trend of decentralization of the regions of formation and professional performance; and the opening of new fields of work for nurses.

Thus, in general, it is possible to answer the guiding question of this article by saying that most of the Brazilian enterostomal therapists are residents and work in the Southeast region, where they also graduated. They are young

professionals, who have been working for less than 10 years in the field, predominantly in the care of people with wounds.

One of the concerns pointed out by the study is the need for the specialist to embrace the other areas of specialty: stoma and incontinence. Furthermore, it is important that such professionals see the possibility of expanding their scope of action beyond assistance.

The data also points to the great growth in the formation of these specialists, since there has been a significant increase in the offer of specialization courses. However, it is necessary to emphasize the concern with the expansion of the job market for enterostomal therapist nurses, whose formation has been growing at a speed that does not seem to be accompanied by the number of vacancies for the specialty, regardless of the region in which they are working.

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REFERENCES

1. Stevens PJE. Development of enterostomal therapy as an international nursing specialty. In: Gill-Thompson NN, Erwin-Toth P, Krasner DL, editores. Enterostomal therapy nursing: Growth & evolution of a nursing specialty worldwide: A Festschrift for Norma N. Gill-Thompson. 2a ed. Cambridge: Cambridge Publishing, 2012. p. 75-81.
2. Thuler SR, Boccara de Paula MA, Silveira NI (orgs). Sobest: 20 anos. Campinas: Arte Escrita, 2012.
3. Santos VLCC, Cesaretti IUR. Assistência em estomaterapia: cuidando de pessoas com estomias. 2ª ed. São Paulo: Ateneu, 2015.
4. Associação Brasileira de Estomaterapia: estomias, feridas e incontinências (Sobest). Cursos credenciados [website]. [cited 10 set 2019]. Available at: <http://www.sobest.org.br/texto/64>.

5. Cruz EMTN. A complexidade da escolha da especialidade. *Revista USP*, 1998;3:16-8.
6. Santos VLCC. A bolsa na mediação estar ostomizado-estar profissional: análise de uma estratégia pedagógica [tese]. São Paulo: Escola de Enfermagem, Universidade de São Paulo; 1996.
7. Boccara de Paula MA, Santos VLCC. O significado de ser especialista para o enfermeiro estomaterapeuta. *Rev Latino-Am Enfermagem*, 2003; 11(4):474-82. <https://doi.org/10.1590/S0104-11692003000400010>
8. Santos FOF, Montezeli JH, Peres AM. Autonomia profissional e sistematização da assistência de enfermagem: percepção de enfermeiros. *Rev Min Enferm*, 2012;16(2):251-7.
9. Santos VLCC. Ensino especializado de estomaterapia no Brasil: 1990- 1995. *Rev Latino-Am Enfermagem*, 1998;6(3):43-54. <https://doi.org/10.1590/S0104-11691998000300006>
10. Kirchof ALC. O trabalho da enfermagem: análise e perspectiva. *Rev Bras Enferm*, 2003;56(6):669-73. <https://doi.org/10.1590/S0034-71672003000600016>
11. Melo LP. Enfermagem como uma ciência humana centrada no cuidado. *Rev Min Enferm*, 2016;20(e979):1-7. <https://doi.org/10.5935/1415-2762.20160049>
12. Santos AG, Monteiro CFS, Nunes BMVT, Benício CDAV, Nogueira LT. O cuidado em enfermagem analisado segundo a essência do cuidado de Martin Heidegger. *Rev Cubana Enferm*, 2017;33(3).
13. Teixeira AKS, Menezes LCG, Oliveira RM. Serviço de estomaterapia na perspectiva dos gerentes de enfermagem. *ESTIMA, Braz J Enterostomal Ther*, 2016;14(1):3-12. <https://doi.org/10.5327/Z1806-3144201600010002>
14. Fortuna CM, Mishima SM. A pesquisa de enfermagem e a qualificação da assistência: algumas reflexões. *Rev Eletr Enf*, 2012;14(4):740-2.