



Critical unveiling of people with stomas: the continuing health education program in action*

Desvelamento crítico da pessoa estomizada: em ação o programa de educação permanente em saúde

Develamiento crítico de la persona ostomizada: programa de educación permanente en salud en acción

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ABSTRACT

Objective: To present the critical unveiling of the Itinerary of Freirean Research in the care of people with stoma. **Methods:** A qualitative study in health linked to the methodological framework of Freire, which includes obtaining and analysis of data in dialogical circles, comprising three dialectical moments, intertwined in an interdisciplinary manner: thematic research, coding and decoding, and critical unveiling. This occurred in the period between April 2009 and February 2010, with an irregular number of participants, in the auditorium of the President Vargas Specialized Reference Unit, in the city of Belém / PA (Brazil). **Results:** Inadequate training of health professionals was one of the most relevant topics generated, and unveiled the necessity of implementing a program of continuing education on the care of people with stoma. **Conclusion:** The proposed unveiling constituted a life experience so that these people with stomas were enabled to “read the world” and thus know and walk towards the transformation of their reality.

Keywords: Ostomy/nursing; Health education; Learning; Nursing research

RESUMO

Objetivo: Apresentar o desvelamento crítico do Itinerário de Pesquisa Freireano na atenção à pessoa estomizada. **Métodos:** Estudo qualitativo em saúde articulado com o referencial metodológico de Freire, que compreende a obtenção e análise dos dados nos círculos dialógicos, constituído por três momentos dialéticos, interdisciplinarmente entrelaçados: investigação temática, codificação e decodificação e desvelamento crítico. Ocorreu no período de abril de 2009 e fevereiro de 2010, com número irregular de participantes, no auditório da Unidade de Referência Especializada Presidente Vargas, no Município de Belém/PA. **Resultados:** A deficiente qualificação dos profissionais de saúde foi um dos temas geradores mais relevantes, sendo desvelada a necessidade de implantação de um Programa de Educação Permanente na Atenção à pessoa estomizada. **Conclusão:** O desvelamento proposto constituiu uma vivência para que essas pessoas estomizadas habilitem-se a “ler o mundo” e, assim, conheçam e caminhem rumo à transformação de sua realidade.

Descritores: Estomia/enfermagem; Educação em saúde; Aprendizagem; Pesquisa em enfermagem

RESUMEN

Objetivo: Presentar el develamiento crítico del Itinerario de Investigación Freireano en la atención a la persona ostomizada. **Métodos:** Estudio cualitativo en salud articulado con el referencial metodológico de Freire, que comprende la obtención y análisis de los datos en los círculos dialógicos, constituido por tres momentos dialéticos, interdisciplinariamente entrelazados: investigación temática, codificación y decodificación y develamiento crítico. Se llevó a cabo en el período de abril del 2009 y febrero del 2010, con un número irregular de participantes, en el auditorio de la Unidad de Referencia Especializada Presidente Vargas, en el Municipio de Belém/PA. **Resultados:** La deficiente calificación de los profesionales de salud fue uno de los temas generadores más relevantes, siendo develada la necesidad de implantación de un Programa de Educación Permanente en la Atención a la persona ostomizada. **Conclusión:** El develamiento propuesto constituyó una vivencia para que esas personas ostomizadas estén habilitadas para “leer el mundo” y, así, conozcan y caminen rumbo a la transformación de su realidad.

Descriptor: Estomía/enfermería; Educación en salud; Aprendizaje; Investigación en enfermería

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INTRODUCTION

In 2003, the Brazilian Ministry of Health Secretary of Health Work and Education Management established the “Education and development policy for the SUS: routes for permanent education in health”, which received approval from the National Health Council⁽¹⁾.

Its main goals include the promotion of interaction among health management entities, teaching institutions, social control entities and health care services, besides the organization of Permanent Education Hubs in Health, currently Integrated Teaching and Service Commissions, across the Brazilian territory⁽¹⁾.

Permanent Education can be considered a catalyst towards transformation in health for workers, users and other citizens, contributing to enable them to take an active stand towards the control of the personal, socioeconomic and environmental factors affecting the health sector⁽²⁾.

Hence, it advances through the possibility of subjects’ emancipation, as it implies that the investigation of the problem departs from the subjects; ostomized people in this study, as well as the decision to solve them. Actions to transform reality also emerge from the subjects themselves⁽³⁾.

With a view to promoting a transformation in the reality of ostomized people in Belém/PA, we concentrated on the concept of the educator Paulo Freire’s liberating education as that dialogical education which, as an awareness-raising process, moves towards the construction of a society free from oppressing and oppressed people⁽³⁻⁵⁾.

In that perspective, dialogical circles were experienced, a space in which the aim is to reflect on reality itself and, thus, it could be decoded, known and critically unveiled. These circles represent an indescribable experience of research that departs from the “form” of research methods to enter into the life history of ostomized people.

Ostomized people are people with a stoma, a term deriving from Greek whose meaning is the artificial opening of an internal organ on the body surface, surgically created, and whose denomination depends on the organ that will be externalized. Among its causes, tumors and injuries by firearms or white arms predominate. Stomas can be temporary or permanent⁽⁶⁾.

As soon as the physician informs the need for a surgery to create a stoma, all necessary procedures have to be initiated with a view to successful surgical treatment⁽⁷⁾. Health service users are entitled to receive information on any and all procedures that are to be performed, mainly concerning adequate pre and post-operative orientation, as well as correct information about the purchasing and use of stoma equipment and

aids, necessary to preserve organic functions, and about community resources.

Although hospitalization units provide ostomized patients with orientations, these are neither precise nor sufficient, which reveals one of the main demands in the ostomized population: having a trained team at their disposal for care delivery at health services in their housing area, where problems arising after the creation of the stoma can be solved⁽⁸⁾.

The question that guided the research was: How do ostomized people critically unveil reality inside dialogical circles? Thus, the goal of this research was to present the critical unveiling of the Freire’s Research Itinerary with ostomized people in Belém/PA.

METHODS

This qualitative health research, articulated with Freire’s Research Itinerary⁽³⁻⁹⁾, was developed in three phases. Although each of these overlaps with the others and has its own characteristics, they are mutually interdependent and are epistemologically called: Thematic Investigation, Coding/Decoding and Critical Unveiling.

In view of the study aim, it should be clarified that, according to Freire, critical unveiling represents awareness gaining about the existential situation, divided among the participating subjects, which permits another perspective and leads to transformative action⁽³⁾. For this study phase, four consecutive meetings were needed to unveil the most problematized generative theme.

Chairs were placed in a circle at the center of the room to enhance looks and the exchange of looks among all participants, without any distinction. The dialogical circle constitutes a dynamic space for learning and knowledge exchange, which permitted the encounter of the research subjects to debate on situations of collective interest.

Thirteen ostomized patients accepted the invitation to participate in the research, complying with the following inclusion criteria: over 18 years of age and able to come to the place of study, besides not being a board member of the Pará State Association of Ostomized People (AOPA), avoiding any form of constraint.

In subsequent dialogical circles, the number of participants was irregular, with a mean number of four people in each. The scientific rigor of Freire’s Research Itinerary does not restrict the integration of other people outside this circle, with a view to participating in the data collection process for this research method.

The dialogical circles were held at the auditorium of the Specialized Referral Unit (URE) Presidente Vargas, the headquarters of the AOPA, in Belém/PA, between April 2009 and February 2010. The following instruments and procedures were used: observation,

field notes and seven dialogical circles. Activities were registered through digital recording and photographic records of some dynamics that took place; the first dialogical circle was audio and video-recorded.

The subjects themselves processed data analysis in each study phase in the process of coming and going, characteristic of the method's dynamic nature, mediated by the researcher and guided by Freire's theoretical-methodological framework. This permitted the expression of conceptions related to the previously defined generative theme or others that emerged from the data, with a view to clarifying the most latent aspects, making them more visible.

The research project was submitted to the Ethics Committee for Research Involving Human Beings at *Universidade Federal de Santa Catarina* and received a favorable opinion (No. 286/2008).

RESULTS

As the final phase of Freire's Research Itinerary, critical unveiling permitted the consolidation and socialization of ideas, which became imbricated in the dialogical process and enabled each participant to critically understand his/her daily reality in order to transform it.

In the dialogical circles, among the grouped and validated generative themes, the most problematized one was health professionals' deficient qualification. Coding and decoding signaled that: the physician does not have time to give orientations, but only to perform the surgery; the physicians only informs that a bag will have to be used; the people awake after the surgery and are confronted with the collector bag fixed to their abdomen; difficulty to handle the equipment after hospital discharge; peristomal skin complications due to inability to use the equipment; nursing professionals do not know how to handle stoma equipment.

[...] at some hospitals, there are nurses who don't even know how to clean the bag, does not know how to place the bag... (Boto).

When I found myself in that situation I spent one night wet! (Cutia).

The guiding axis of the dialogue was based on the need for better orientation before and after the surgery to create the stoma. Coding/decoding evidences that ostomized people do not receive the orientation needed before and after the surgery in a dialogical way, causing difficulties to adapt to this new reality and, thus, extending the rehabilitation period.

One of the demands of ostomized people is care before and after the surgery. (Boto).

Ostomized people express their perception of professionals' involvement with their health problem and affirm that it takes place through a hierarchical relation, without dialogue, without privileging each user's needs during surgical treatment.

[...] I think that, if the physicians and the nursing team called the family and the person to be operated on and showed how the person would get [...]. (Lírio).

Another theme that was problematized inside the dialogical circle revealed that, during the hospitalization, there is no planning for orientations or educative actions towards ostomized people. The participants reflected on the need for "systematic, individual, contextualized and mainly humanized explanation" by professionals. The dialogue process inside the circle gradually unveiled the need for investments with a view to better qualification of the health professionals involved in care delivery to ostomized patients.

[...] At almost all hospitals, there are nurses who do not know what ostomized is and there are physicians who do not know either [...]. (Lírio).

When reflecting on their own reality, the people are able to unveil that health professionals should obtain knowledge on what a stoma is and on care delivery to ostomized patients. In that dialogue, other relevant themes emerge: this user's reinsertion in society, difficulty to get out-of-home treatment (OHT) and lack of information about the right to Social Security (INSS) benefits granted to ostomized people with an initial tumor diagnosis.

[...] There should be training really, with nurses, psychologists, I mean... to be able to orient... to know what they're doing, right? (Vitória-Régia).

The opportunity to be heard and together suggest actions to transform the experienced reality enabled the participants to collectively unveil the proposal to set up a Permanent Education Program on care delivery to Ostomized People at public and private hospitals, for health professionals and involving ostomized people.

This unveiling resulted from a collective strengthening process in a dialogical space in which the participants were able to reflect on their reality and suggest an educative proposal to improve care delivery to ostomized people.

DISCUSSION

The spontaneity of the dialogue that emerged inside the circles and the way people got involved and moved along autonomously during the entire process were surprising. The opportunity to envisage the themes and their developments at each encounter facilitated reflections mediated by reality. Although the unveiling demanded four consecutive meetings, it developed naturally. As a theme emerged, its coding, decoding and unveiling could be observed. Some points obviously needed to be recovered and elaborated in further depth for the sake of a better validation of the theme.

In liberating education, educators serve as facilitators, enhancing dialogue among the subjects, consolidating the relation between educator and student, unveiling reality, transforming it, characterizing praxis, which constituted the democratic construction of learning⁽³⁾.

The syntheses produced in the dialogical circles were fundamental because they disclosed the understanding, meanings and conflicts experienced, which should be operationalized in daily practice at health services⁽¹⁰⁾.

The unveiling in this study pictures deficiencies in the education process and health professionals' need for updated knowledge, including nurses, in the city where the research was developed.

Despite their experience in care delivery to ostomized people, nurses need to develop their action strategies adequately with a view to reaching their goal⁽¹¹⁾. Thus, it is not enough to simply inform ostomized people about what procedures need to be accomplished, but mainly to assess whether the health service users decoded the information the professionals provided or not.

In this discussion, we turn to specialized Stomal Therapy education in Brazil, officially established in 1990, when the Specialization Course in Stomal Therapy Nursing was set up at the University of São Paulo School of Nursing (EEUSP). This initiative definitively contributed to improve care, teaching, research and advice/consulting, besides encouraging the creation of the Brazilian Stomal Therapy Association (SOBEST)⁽¹²⁾.

Committed to the education process, the Brazilian Stomal Therapy Association (SOBEST) has invested in the professional recycling of Stomal Therapy nursing specialists or stomal therapists (ST), defined as persons with knowledge, specific training and skills for care delivery to ostomized people, with acute and chronic wounds, fistulae and urinary and anal incontinence⁽¹³⁾, with a view to improving the spe-

cialty and contributing to transform and qualify their health practices. SOBEST's effective actions include its technical-scientific events, involvement in the formulation of public policies, publication of the journal *Estima* – the only specialized Stomal Therapy journal in Latin America so far.

Today, there are almost 613 ST's in Brazil, three of whom in the North, equitably distributed between the States of Acre, Pará and Tocantins*. The need for health care ostomized people feel reflects the small number of Stomal Therapy Nurses in the region, which probably contributed to the unveiling of this study.

Investment in professional education goes beyond professionals themselves, benefitting health institutions, which will have even more qualified specialists and trained nurses, and mainly the population, which will get better nursing care. This education has mainly taken place at *lato sensu* graduate level in stomal therapy⁽¹⁴⁾.

Nursing professionals should get to know the reality of these people and their caregivers, with a view to the availability of care that goes beyond physiological needs and guarantees emotional support, orientation, respect and help towards a new way of life, with a view to greater autonomy for ostomized people and their relatives⁽¹⁵⁾.

Nurses working with people with chronic conditions, especially ostomized patients, should include them at the center of the holistic and globalized care process, consider them as active agents, participants in the rehabilitation process, eliminating the passive image of mere care receivers, so that educative action takes form in a reflexive way, within these clients' cultural universe, whom learning is shared with⁽⁷⁾.

With a view to ostomized people's active involvement in their limit situations, it is fundamental for them to feel they are part of the education process. They are responsible for investigating the generative themes, seek coding and decoding and, thus, become agents of change through a dynamic attitude towards reality. In that sense, the dialogical circles permitted praxis on this group of people's experience.

The use of the educator Paulo Freire's philosophical and pedagogical principles enables ostomized people to broaden their awareness of reality, their decision-making skills and their ability to relate with the world, practicing their freedom through knowledge and information access⁽¹⁶⁾.

Furthering group spaces for knowledge exchange, reflection, analysis and assessment of reference frame-

* Information obtained through a telephone consultation to SOBEST in December 2010.

works that orient practices contributes to distinct modes of the care process and Permanent Education processes in health, which should be prepared through attitudes and dialogical behaviors⁽¹⁷⁾.

We conceive the unveiling of reality as a collectively constructed process in which dialogue constitutes the catalyst of action and reflection.

Studies have appointed the need for investments in continuing/permanent education for professionals involved in care delivery to ostomized people^(6,18-20). One of the criteria for the organization and implantation of Care Services for Ostomized Patients is the development of Permanent and Continuing Education actions for Health Professionals in the Unified Health System (SUS), with a view to guaranteeing the quality of care delivery. This type of initiative gains importance and should be multiplied in response to ostomized patients' needs and demands concerning better training for health professionals, unveiled in this study.

In care practice, the care process is continuously influenced in function of the use of new technologies or distinct organizational demands. In fact, continuing education has become essential to guarantee the quality of nursing and other professions⁽²¹⁾.

By problematizing the generative theme on health professionals' deficient qualification and unveiling a Permanent Education Program, the study participants reveal the creative potential constructed inside the dialogical circles. The results evidence that people manage to develop critical awareness, reflecting on reality when a space is offered for this action.

The critical unveiling in this study emerged through a proposal in which subjects themselves commit to praxis. People were willing to participate in the development of the program with health professionals. This perspective that arises inside the circle points towards the construction of the dialogical relation with a view to incorporation into users' reality, overcoming the empirical and theoretical reality present in the professionals' discourse. That is how eminently reflexive liberating education leads to a constant act of unveiling reality.

FINAL CONSIDERATIONS

This study presented the unveiling achieved in Freire's Research Itinerary with a group of ostomized people in Belém/PA. The proposal to set up a permanent education program on care delivery to ostomized people emerged from the dialogue process, considered based on the difficulties experienced concerning the entire process involved in surgeries to create stomas.

The dialogue revealed that these people experience different adaptation periods before rehabilitation; that they express their needs and demands regarding surgical treatment. Participation in the decision process on how to deliver care to people going through the same experiences was relevant, not only for the group participants, but for the facilitator herself as, to the extent that dialogue occurred, she could feel she was part of the group and that they were co-responsible.

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