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Original Article

Nurses' work process in caring for people with ostomies: practices and challenges for comprehensiveness

Processo de trabalho de enfermeiros no cuidado de pessoas com estomia: práticas e desafios para integralidade

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ABSTRACT

Objective: to understand the actions taken by nurses in the dimensions of the work process in ostomy healthcare services. **Methods**: a qualitative study was carried out with 24 nurses. Data were collected using a self-administered digital form via Google Forms and analyzed using the content analysis technique, with the support of the IRaMuTeQ software. **Results:** the actions identified were organized into five dimensions of the nurse's work process. In the assisting dimension, the highlights were assessing, caring, welcoming, and guiding. In the administration dimension, the most important were managing, directing, requesting, attending to, and controlling. Predominance was given to teaching, performing, training, and guiding in the educational dimension. In the research dimension, the most frequent actions were reading, studying, researching, and participating. In the political participation dimension, guidance, discussion, and participation. **Conclusion:** the nurses' work process was heterogeneous and fragmented, with no universal actions among professionals, even in practices considered essential. **Contributions to practice:** support the reorganization of health work, including strategies to enhance care quality in services, such as individualized care flows, evaluation of self-care, and adaptation to the stoma, as well as strengthening health education and research.

Descriptors: Ostomy; Enterostomal Therapy; Healthcare Work Process; Nurse Practitioners.

RESUMO

Objetivo: compreender as ações desenvolvidas por enfermeiros nas dimensões do processo de trabalho em Serviços de Atenção à Saúde da Pessoa Ostomizada. **Métodos**: estudo qualitativo, realizado com 24 enfermeiros. A coleta de dados ocorreu por meio de um formulário digital autoaplicado via *Google Forms* e analisada pela técnica de análise de conteúdo, com apoio do *software* IRaMuTeQ. **Resultados:** as ações identificadas foram organizadas em cinco dimensões do processo de trabalho do enfermeiro. Na dimensão assistir, destacaram-se avaliar, cuidar, acolher e orientar. Em administrar, sobressaíram gerenciar, orientar, solicitar, atender, controlar. Na dimensão educar, prevaleceram ensinar, realizar, capacitar, orientar, treinar. Em pesquisar foram pesquisar, estudar, ler e participar. Na dimensão participar politicamente, orientar, discutir, participar. **Conclusão:** o processo de trabalho dos enfermeiros mostrou-se heterogêneo e fragmentado, sem ações universais entre os profissionais, mesmo nas práticas consideradas essenciais. **Contribuições para a prática:** subsidiam a reorganização do trabalho em saúde, indicando estratégias para qualificar o cuidado nos serviços, como fluxos de atendimento individualizados, avaliação do autocuidado e adaptação ao estoma, fortalecimento da educação em saúde e da pesquisa.

Descritores: Estomia; Estomaterapia; Processo de Trabalho em Saúde; Profissionais de Enfermagem.

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Introduction

Nursing is a profession whose essence is based on human care at all stages of the life cycle. Its practices encompass health promotion, protection, recovery, and rehabilitation actions, developed in a continuous and articulated manner at all levels of health care[1].

The effectiveness of this care requires the adoption of a systematized process that guides the planning and execution of nursing interventions, known as the work process. This process is structured along different dimensions, namely assisting, managing, educating, researching, and participating politically[2].

In short, comprehensive health care refers to assisting individuals at all stages of life. Managing refers to coordinating nursing resources and actions. Teaching involves training and enhancing the skills of professionals and patients. Research aims to produce knowledge that informs and qualifies practice. Participating politically means acting critically and consciously in defense of decent working and care conditions[2].

Each of these dimensions has unique and interdependent characteristics, which together give the nurse's work an identity. This identity becomes particularly relevant in specialized care contexts, where nurses need to have in-depth knowledge and work with complex patient demands[2-3].

In this context, the Health Care Services for Ostomized Persons (HCSOP) stand out, whose purpose is to guarantee comprehensive care for people with ostomies[3]. Stomas are surgically created openings that allow for communication between internal organs or structures and the external environment[4].

In HCSOP, nurses play a central role in planning and executing care, assuming technical, educational, managerial, and political responsibilities[5]. However, scientific literature has not yet described the actions carried out by nurses in detail, presenting them as isolated practices without considering them within the context of a process interconnected by the different dimensions of the work process.

Existing studies tend to focus on practices related to the dimensions of care and education, neglecting the dimensions of administration, research, and political participation, which prevents us from understanding the nurses' work process in the HCSOP, recognizing its complexity and possible challenges[5-8]. This has become an essential gap in the understanding of how nurses organize and articulate their multiple functions, identifying factors that contribute to the fragmentation of care and guiding strategies to improve specialized services.

This study aims to fill this scientific gap by identifying the actions carried out by nurses in each dimension of care in the HCSOP. It seeks to answer the following guiding question: What actions are carried out by nurses in the various dimensions of the work process in HCSOP? Considering this, the objective was to understand the actions taken by nurses in the dimensions of the work process in ostomy healthcare services.

Methods

Type of study

This is a qualitative study, reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines.

Study location

The study setting comprised 22 health care services for people with stomas. In the state of Minas Gerais, there are 58 HCSOP, which are responsible for offering specialized care to people with stomas. These services are organized into two levels of complexity. Level I provides guidance on self-care, preventing complications, and supplying equipment. Level II includes, in addition to these actions, treatment of complications, training of professionals, and coordination with other services.

Participants

The study population consisted of 58 nurses working in HCSOPs in the state of Minas Gerais. Of these, 57 were considered eligible. All 57 eligible nurses were invited to participate in the research via institutional email. However, only 24 accepted and responded to the data collection instrument, resulting in a response rate of 42.1%.

Eligibility criteria

The inclusion criteria were being a nurse and having worked in a HCSOP in Minas Gerais for at least six months. Professionals from services that provided mixed care, which also involved caring for individuals with wounds or incontinence, were excluded, as these practices could overlap with the specific actions analyzed. Only one participant was excluded from the sample.

Data collection

The snowball sampling technique[9] was used to select participants, and the criterion for closing the collection was the previously defined time frame of four months, between January and April 2025. To access potential participants, we used a list of names and e-mails *of* nurses working in the HCSOPs in Minas Gerais, provided by the State Health Department. The first participant, referred to as the "seed", was contacted by email and selected through purposive sampling, as he was a stomatherapist working in a HCSOP and was the first name on the list provided by the State Health Department.

After completing the instrument, the seed participant individually provided the WhatsApp® contacts of other professionals who met the inclusion criteria. Progressively, as each new participant responded, the first author of the study, a male generalist nurse who had previously been trained in data collection, contacted those indicated using the same application, presenting the objectives, risks, and benefits of the research, and sent the link to the form by email, which included the electronic consent form. The answers were textual, concise, and no longer than one page. Participation only took place after reading and accepting the form, a copy of which, together with the answers, was automatically sent to the e-mail address provided. To ensure anonymity, participants were identified by an alphanumeric code, consisting of the letter "P" (for Participant) followed by a number from P1 to P24.

Data analysis

Data analysis followed a thematic content analysis[10], in three phases: pre-analysis, exploration of the material, and treatment of the results with inference and interpretation. Part of the analysis was supported by the software Interface de R pour les Analyses Multidimensionnelles de Textes et de Questionnaires (IRaMuTeQ), which helped organize, code, and graphically present the textual data.

In the pre-analysis, the answers were read aloud, followed by a careful review to identify elements relevant to the study's objectives. The final corpus, comprising 24 texts, was organized into five thematic sub-corpora. The material was prepared in Notepad with the coding of sociodemographic variables, generating a .txt file that was then exported to the IRaMuTeQ software.

When exploring the material, recording units were identified based on frequency, prioritizing active verbal forms as they represent the actions described. The software's statistical resources aided the delimitation of these units. To contextualize their occurrence, the concordance tool was used, which located the corresponding textual fragments, allowing for a more contextualized reading of the data.

During the treatment, inference, and interpretation stage, the data were categorized deductively

based on the five dimensions of the work process outlined in the theoretical framework and presented in word clouds. As not all verb forms are automatically recognized, the classes "supplementary verb" and "auxiliary verb" were also activated, in addition to "unrecognized forms," to consider linguistic variations and possible lemmatization failures, and only terms with a frequency greater than 2 were considered.

Ethical aspects

The Oncoclínicas Research Ethics Committee approved the study under Certificate of Submission for Ethical Appraisal No. 85039324.9.0000.0151 and opinion No. 7,312,708/2024.

Results

A total of 24 nurses participated in the study, with the majority being female, comprising 21 professionals (87.5%). The respondents' ages ranged from 28 to 61, with an average age of 44. Regarding academic qualifications, 16 nurses (66.7%) had a specialization degree, 5 (20.8%) had a master's degree, and 3 (12.5%) had only completed their undergraduate degree. As for training in stomatherapy, 15 professionals (62.5%) had specialized, and 9 (37.5%) had not. The average time spent working in the area was approximately 22 years, with a range of 3 to 38 years.

The assisting dimension of the nurse's work process at HCSOP

The most recurrent actions in the assisting dimension were assessing (f=7), caring (f=6), welcoming (f=5), guiding (f=5), performing (f=4), listening (f=3), and preventing (f=3), as summarized in the cloud in Figure 1.

Figure 1 – Word cloud representing actions in the assist dimension. Belo Horizonte, MG, Brazil, 2025

The participants' speeches revealed that evaluation predominated as a central action in the assisting dimension of the nurses' work process. This action was directed at both clinical practice and identifying specific needs, specifically: *Assessing the stoma and skin* (P04). *Evaluate the patient's physical, psychological, social, and nutritional needs* (P13) *and assess self-care performance* (P18). The act of caring was also referred to, in analogy to direct interventions with the person with the stoma: *Caring directly for the person by developing comprehensive care* (P11). *Caring* for *the person with the stoma* (P17).

Welcoming emerged as a humanized practice in listening to and supporting patients: *Welcoming the ostomized patient at HCSOP* (P22). *Welcoming and listening to fears and anxieties about the ostomy* (P15). *Acknowledging and addressing the demands and concerns that truly matter to the person with the ostomy* (P23). Guidance, especially regarding the handling of collecting equipment, appeared as an educational action*: Advice on how to change the collecting device* (P19). *Providing guidance on device replacement and general care* (P14).

The action performing was mentioned in various contexts of care practice, primarily related to carrying out procedures and nursing consultations, such as: *Conducting consultations* (P22). *Carrying out hygiene care* (P09). *Carrying out nursing consultations* (P04).

Active listening, as expressed in the action of listening, was reported as essential for monitoring and adapting to the patient: *Listening to and monitoring the patient's adaptation and acceptance* (P02). *Listening to their demands, complaints, and doubts* (P12). Finally, the action of preventing was related to anticipating problems and complications: *Preventing complications* (P08 and P21). *Preventing harm* (P23).

The administrative dimension of the nurse's work process at HCSOP

The most recurrent actions in the second dimension analyzed were manage (f=11), guide (f=7), request (f=4), attend (f=3), control (f=3), and administer (f=3), as summarized in the cloud in Figure 2.

Figure 2 – Word cloud representing actions in the manage dimension. Belo Horizonte, MG, Brazil, 2025

The action of managing emerged, encompassing everything from supplies to protocols and teams: *Managing the team, supplies, and collection equipment* (P11). *Managing human resources* (P16). *Managing work schedules* (P21). *Managing therapeutic projects, managing nursing teams, and the health service* (P22).

Guidance was also mentioned, particularly regarding care management and the proper use of devices: *Providing advice on the type of bag to use* (P01). *Guiding on the correct use of the bag, hygiene, and care of the device* (P02). *Advising on the best time to change at home* (P09). *Advising on changing days* (P09).

The action of requesting refers to securing materials and supplies, as indicated by: *Requesting orders for materials* (P14) and requesting: *Collection equipment and adjuvants* (P23). Managing, on the other hand, appeared to be linked to managing agendas and care flows: *Managing what will be made available for the person, the care* (P05). *Manage the appointment schedule* (P23). The action of attending was related to adapting care based on the resources available: *Attending to the patient's needs according to the case* (P07). *Provide multidisciplinary care to meet the patient's needs* (P13).

Finally, control was associated with monitoring stocks, records, and deadlines: *Controlling the stock and patient register using spreadsheets* (P14). M*anaging the shelf life of products* (P04).

The educational dimension of the nurse's work process at HCSOP

The most recurrent actions in the third dimension analyzed were teaching (f=6), performing (f=6), training (f=5), guiding (f=5), training (f=4), as summarized in the cloud in Figure 3.

Figure 3 – Word cloud representing actions in the educational dimension. Belo Horizonte, MG, Brazil, 2025

The educational dimension stood out for its emphasis on building the patient's autonomy through teaching strategies and practical training. The teaching action focused on the development of self-care with the stoma and the inclusion of family members in this process: *Teaching self-care* (P01). *Teaching step-by-step on how to care for the device* (P16), as well as *training family members in care* (P09).

In turn, the action carrying out was linked to the organization of educational activities aimed at patients and the community: *Conducting health education to promote self-care* (P10). *Hold monthly groups for ostomized patients* (P12). Empowerment emerged as an action aimed at empowering the patient and their support network: *Empowering the person in self-care* (P14). *Empower the points of reference in each municipality* (P22).

Guidance, although already mentioned, took on specific educational contours, as in: *Guidance for self-care* (P18). Complementing this set of actions, the training initiative stood out as a notable learning practice: *Training in self-care during nursing consultations* (P03). Additionally, actions such as: *Training the family and the primary care and hospital teams* (P04).

Research dimension of the nurse's work process at HCSOP

The most frequently occurring actions in the fourth dimension analyzed were researching (f=5), studying (f=4), reading (f=4), and participating (f=3), as summarized in the cloud in Figure 4.

Figure 4 – Word cloud representing actions in the research dimension. Belo Horizonte, MG, Brazil, 2025

The dimension researching highlighted the involvement of professionals in incorporating scientific evidence into care, utilizing advanced technologies, and updating knowledge: *Researching the type of equipment a patient should use* (P01). *Researching stomas, keeping up to date with the care and products available* (P17). *Exploring websites and articles* (P09). *Research new lines of care* (P18).

Studying was mentioned as an individual strategy for deepening clinical knowledge, especially when faced with more complex cases: *Studying from different cases. Study about care* (P05). This behavior is reinforced by the combination of varying updating strategies: *Studying cases, participating in scientific committees, reading consensus and evidence in the field* (P06).

In addition, reading was described as an occasional, albeit relevant, practice: *I do very little, unfortunately, but I read some articles when I have doubts* (P19). Other participants mentioned the habit of seeking information from diverse sources: *Reading articles, attending events, seminars, and congresses* (P05). Participating in scientific courses and events was also reported to stay up to date: *Attending events, courses, scientific research, and keeping up to date through the courses* (P04). *Taking part in scientific research in the area* (P14).

Dimensions of political participation in the nursing work process at HCSOP

The most recurrent actions in the fifth dimension analyzed were guiding (f=5), discussing (f=4), and participating (f=4), as summarized in the cloud in Figure 5.

Figure 5 – Word cloud representing actions in the political participation dimension. Belo Horizonte, MG, Brazil, 2025

Political participation was expressed as an educational and social mobilization practice, primarily centered on guidance on the rights of people with ostomies: *Guiding on the rights and duties of ostomized patients* (P01). *Guiding on the rights of ostomized patients* (P02).

In some reports, this guidance is linked to strengthening protagonism through participation in collective spaces: *Orienting and encouraging involvement in support groups* and *seeking knowledge of rights and duties* (P12). *Encourage participation in associations and guide the implementation of Ordinance 400 and related rights* (P19).

The action of discussing was also present as an interlocution strategy between users and services: *Creating operative groups and discussing policies* (P03). *Group meetings with individuals with stomas to discuss their rights* (P04). *Discuss associations* (P05).

Direct participation in decision-making or collective spaces was mentioned as a way for professionals to become politically involved: *Taking part in a committee at the health department* (P11). *Disseminating and providing guidance on public policies aimed at people with stomas, and taking part in events and discussions in this area* (P23).

Discussion

The analysis of nurses' actions in the HCSOP revealed that, despite carrying out operational and educational practices, there was a low frequency of essential activities aimed at consolidating professional identity and ensuring comprehensive care. These activities include the systematic assessment of patients and self-care, guidance and health education for patients, prevention of complications, scientific development, and advocacy for the rights of people with ostomies.

It is noteworthy that, in the dimension of assisting, the action of caring was barely mentioned by the nurses, which shows limitations in the incorporation of essential principles of nursing practice. As caring is a central element of the profession, this indicates a distancing from the theoretical and formative references[1].

The action of evaluating was perceived as a challenge, focusing on the stoma, the patient's needs, and their capacity for self-care. This practice is fundamental, as it allows us to identify relevant clinical aspects, such as color, shape, drainage angle, possible complications, and the suitability of the collecting equipment[11].

This challenge is not limited to the findings of this study, as nurses face significant barriers in caring for individuals with a stoma, including insufficient technical knowledge and limited institutional support. In addition, the scarcity of resources and the lack of specialized training compromise the quality of care, revealing gaps in professional training and clinical practice[5,12].

It is worth noting that individuals with a stoma may experience deficits in various aspects of their care, including oxygenation, hydration, nutrition, elimination, mobility, body care, and cutaneous-mucosal integrity, among others[12]. Thus, systematic assessment is essential, as it helps reduce complications, encourages self-care, and improves the perception of quality of life[13].

The results reinforce that planned and individualized assessment should not be optional, but rather a common practice among nurses who assist people with a stoma[3-5]. To this end, it is essential to revisit the nursing process and understand its purpose in caring for this population. A needs assessment should be part of the initial stage of this process, as data collection enables the identification of affected conditions and the planning of appropriate interventions[14].

When this practice is not incorporated into the routine of nurses, as observed in this study, there is a lack of alignment with the profession's assumptions and quality care management, making it difficult to measure results. This gap makes care less responsive to unique needs[14] and compromises the application of clinical reasoning, which develops through interdependent stages[15-16].

Another relevant aspect is the evaluation of self-care performance. This action is still poorly incorporated into nurses' practice, possibly due to the lack of specific instruments to assess the self-care of individuals with ostomies[17]. The lack of standardized tools compromises the ability to monitor and intervene, making

it difficult to make evidence-based clinical decisions[18].

In this context, nursing consultation is a crucial strategy for delivering comprehensive care, as it facilitates qualified listening, systematic assessment, and individualized planning of interventions. Evidence from the "Ostomy Life Study", conducted in 17 countries, including Brazil, suggests that specialized follow-up in stomatherapy, particularly during the preoperative period, significantly contributes to the preparation and adaptation of individuals with stomas[19].

In the administrative dimension, the nurse's role in the HCSOP is central, especially in organizing and conducting activities. A study on the processes of these services revealed that, in 64.2% of the units, the nurse was solely responsible for organizing demand and attending to people with stomas; in 58.5%, they also carried out registration and data updating. The exclusive management of collecting and adjuvant equipment fell to the professional in 47.2% of the services, indicating functional overload[20].

These findings are recognized in the literature as challenges to nurses' practice, as they require the simultaneous integration of management and care dimensions[5,8,20], especially in contexts of scarce human resources and non-compliance with minimum standards, as observed in HCSOP[20]. This diverse scope of actions, although essential to the functioning of the services, can result in overload for nursing professionals.

Although there are no specific studies on the overload of nurses in HCSOP, evidence from other contexts indicates that the accumulation of administrative duties, many of which are not exclusive to nursing, generates physical and emotional strain[21-22]. In addition, when a significant part of the working day is dedicated to administrative tasks, an imbalance arises between the dimensions of care and administration, which tends to compromise the comprehensiveness of care[5,8,20].

In the dimension educating, nurses reported offering guidance to individuals and families, conducting educational groups, and training professionals from the Health Care Network, in line with HCSOP's duties[3,5]. However, these actions occurred infrequently, which can lead to complications with the stoma and peristomal skin, especially since some patients do not perform self-care correctly due to a lack of knowledge or inadequate guidance from caregivers[4,6].

Although the specialized literature reinforces the need for a comprehensive educational process, with an emphasis on content aimed at promoting the autonomy of the person with the stoma, such as the management of the collection equipment, care of the peristomal skin, nutrition, sexuality, and reintegration into social and work activities[3-4,6-7,11], there is a mismatch between these guidelines and the content primarily addressed in the educational practice of the services.

Topics recognized as essential for successful rehabilitation[3,6,11] did not appear consistently in the practices reported, suggesting gaps in the pedagogical approach of the services or a limitation of educational actions to only procedural aspects. This contrast highlights the need to broaden and systematize the content of educational actions, incorporating invisible yet fundamental themes that impact the quality of life for people with stomas.

The involvement of the family in the educational process is a central aspect of this analysis, as it reaffirms their importance in building safe, shared care. This participation is supported by Orem's Self-Care Theory, which recognizes the family as a compensatory system in the face of the individual's limitations in terms of self-care[23].

However, although some discourses show progress in recognizing the family as a partner in the educational process, caution is needed so that this involvement does not result in the undue transfer of responsibility for care, which could compromise the autonomy of the person with the stoma[6,16,23], with family support being a complementary resource, not a substitute[3,11].

It should be noted that the Health Care Network, including Primary Care and HCSOP, does not have stomatherapist nurses in all services. Thus, care is provided by generalist nurses, who do not have the same level of expertise and depend on specialized te-

chnical support from stomatherapists linked to the HCSOP[20]. When these specialists fail to incorporate educational actions into their work process, it leads to a series of omissions that compromise the quality and safety of care for people with stomas[4,7,11-13].

In the dimension researching, study and research actions were notable, utilizing scientific articles and case studies as sources to support nursing care. It should be emphasized that case studies, in addition to being a consolidated strategy in teaching and care, are a valuable tool for research in nursing care.

This approach offers a valuable connection between theory, clinical practice, and critical thinking by enabling nurses to reflect on their work in the light of evidence, experiences, and theoretical references[24]. In this context, valuing case studies implies recognizing the legitimacy of experience as a source of knowledge and reaffirming the investigative role of nurses as agents who produce knowledge in their own reality.

Another relevant aspect is that nurses working in the HCSOPs predominantly position themselves as consumers of knowledge, highlighting a significant gap: the need for these professionals also to recognize themselves and act as producers of knowledge. From this perspective, nursing research has made progress, although it still faces challenges in clearly demonstrating its specific contribution to health outcomes in a scientifically grounded manner.

Despite being recognized as essential in care systems, many nursing practices have a complex, relational, and contextual nature, which makes it difficult to measure them using traditional methods. In addition, the lack of institutional support limits the production of its own knowledge and weakens the recognition of nursing as an applied science[25-26].

Despite the challenges, research is fundamental to improving the quality of care, whether in defining national priorities, understanding nursing practices, identifying effective methods, or guiding policies aimed at providing accessible and equitable health services[25]. This reality shows that, even with access to scientific evidence and participation in academic events, professionals lack institutional support and continuing training to transform their practice into an object of study.

Regarding the dimension of political participation, the role of nurses in HCSOP was not particularly significant, with few professionals involved in such activities. When present, this was related to guidance and discussion about the rights of people with stomas, ranging from information about legal benefits and legal support to encouraging users to participate in local councils and engage in dialogue with public managers[27]. The low frequency of actions in the political dimension is worrying, especially considering that people with stomas are a vulnerable population group.

In this context, nurses must act as defenders of the rights of this population, based on an ethical commitment to advocacy. By supporting public policies, they can have a positive impact on the profession, the quality of care, and the health of communities. This does not require previous experience, but a willingness to participate in legislative, regulatory, and institutional processes that influence care at different levels. To achieve this, it is essential to understand the spheres of power, define health priorities, and articulate actions based on evidence, ethical principles, and social justice[28].

Another central element in this debate is the appreciation of support groups. These groups are identified in the literature as one of the most relevant forms of social support for people with stomas. Living with individuals who face similar situations helps to strengthen the sense of belonging, reduce social isolation, and increase confidence in facing daily challenges related to self-care, body image, and participation in social activities[29].

However, despite the recognized importance of support groups and their normative provision[3], these spaces were barely mentioned by the research participants, suggesting weaknesses in the implementation of this strategy in health services. This gap reinforces the centralization of nurses as the main, and often only, source of support in the rehabilitation process of people with ostomies.

Study limitations

This study has limitations that should be taken into account when interpreting the results. The actions described reflect the participants' reports, without guaranteeing that they are carried out on a daily basis. As these reports are written, there is potential for information and memory bias, including the possible omission of activities not remembered at the time of completion. Although the speeches constitute a legitimate source of knowledge, the findings should be interpreted with caution, since the data is restricted to the context of HCSOP nurses in Minas Gerais. Thus, the results have the potential to be replicated in similar contexts but cannot be generalized.

Contributions to practice

By highlighting a fragmented work process in the HCSOP, the results contribute to discussions and the reformulation of management policies and practices. They indicate the need to reorganize the work process, prioritizing the systematization of care, defining care and educational protocols, utilizing standardized assessment tools, and providing continuous training to professionals.

In addition, the findings highlight challenges for comprehensive care, guiding future studies developed in the HCSOP, aimed at developing strategies that effectively integrate the dimensions of the work process, with a focus on implementing care flows that consider individual needs; systematically evaluating performance in self-care and adaptation to the stoma; strengthening health education with a focus on the patient; and developing a program to encourage research in the HCSOP.

Conclusion

The results indicate that the work process of nurses working in Ostomized Person's Health Care Services is characterized by fragmented and heterogeneous actions, without a uniform scope of activities among the professionals. Client care is not the central focus of care, and actions are carried out in a poorly systematized way, without the structured application of the nursing process.

Management activities account for a significant portion of nurses' time, many of which are not exclusive to this category. Educational activities are carried out, but they do not effectively promote patient autonomy. Nurses often conduct case studies as a learning method, but typically do not engage in formal research, instead relying on evidence from other contexts.

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Authors' contribution

Conception and design or analysis and interpretation of data; Writing of the manuscript or relevant critical review of the intellectual content; Final approval of the version to be published; Responsibility for all aspects of the text in ensuring the accuracy and integrity of any part of the manuscript: Alonso CS, Silva PR, Garcia TF, Domingos SRF, Barbosa JAG.

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