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RESEARCH ARTICLE (ORIGINAL)

Nursing Intervention Program for Intestinal Stoma Self-Care: A Focus Group

Programa de Intervenção de Enfermagem para a Autocuidado ao Estoma de Eliminação Intestinal: Um Grupo Focal

Programa de Intervención de Enfermería para el Autocuidado del Estoma de Eliminación Intestinal: Un Grupo de Discusión

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Abstract
Background: Specific and systematic nursing interventions for self-care promotion positively influence the process of adapting to life with a stoma.
Objective: To analyze nurses' perspectives on a nursing intervention program for promoting self-care in people with an intestinal stoma.
Methodology: Qualitative study using focus groups for data collection. A convenience sample of nine participants was used. The COnsolidated criteria for REporting Qualitative research checklist was followed.
Results: The participants agreed with the program as a whole, recognizing its systematic organization and its content designed to promote self-care.
A subsequent analysis of the focus group meeting revealed four themes that sparked discussion among the participants: organization and resources, criteria for patient inclusion and exclusion, appropriate time of interventions, and content specifications.
Conclusion: The findings from this study contribute to the development of a nursing intervention program for promoting stoma self-care.

Keywords: self-care; ostomy; nurses; patient education as topic; qualitative research

Resumo
Enquadramento: A intervenção específica e sistemática dos enfermeiros na promoção do autocuidado influencia positivamente o percurso de adaptação à condição de viver com um estoma.
Objetivo: Analisar a perspetiva dos enfermeiros sobre um programa de intervenção de enfermagem para a promoção do autocuidado da pessoa com estoma de eliminação intestinal.
Metodologia: Estudo qualitativo com recurso ao método de grupo focal para recolha de dados. Recorreu-se a uma amostra de conveniência de nove participantes. Foi seguida a lista de verificação COREQ para relatar estudos qualitativos.
Resultados: Os participantes manifestaram a sua concordância com a globalidade do programa, valorizando a sua organização e conteúdos direcionados para a promoção do autocuidado.
Da reunião de grupo focal emergiram quatro temas que geraram discussão entre os participantes (organização e recursos, critérios de inclusão e exclusão de clientes, momento certo para intervir e especificações dos conteúdos).
Conclusão: Os resultados obtidos com esta investigação contribuem para a definição de um programa de intervenção de enfermagem para a promoção do autocuidado ao estoma.

Palavras-chave: autocuidado; estomia; enfermagem; educação de pacientes como assunto; pesquisa qualitativa

Resumen
Marco contextual: La intervención específica y sistemática del personal de enfermería para promover el autocuidado influye positivamente en el proceso de adaptación a la condición de vivir con un estoma.
Objetivo: Analizar las perspectivas de los enfermeros sobre un programa de intervención de enfermería para la promoción del autocuidado de la persona com estoma de eliminación intestinal.
Metodología: Estudio cualitativo que utilizó el método de grupo focal para la recogida de datos. Se utilizó una muestra de conveniencia de nueve participantes. Se siguió la lista de comprobación COREQ para la elaboración de informes de estudios cualitativos.
Resultados: Los participantes expresaron su conformidad con el programa en su conjunto, valorando su organización y contenidos dirigidos a promover el autocuidado.
De la reunión del grupo focal surgieron cuatro temas que generaron debate entre los participantes: la organización y los recursos, los criterios para incluir y excluir a los clientes, el momento adecuado para intervenir y las especificaciones de contenido.
Conclusión: Los resultados obtenidos de esta investigación contribuyen a la definición de un programa de intervención de enfermería para promover el autocuidado de los pacientes estomaterapeutas.

Palabras clave: autocuidado; estomía; enfermería; educación del paciente como asunto; investigación cualitativa

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Introduction

A stoma is the result of a surgical procedure performed to treat cancer, inflammatory diseases, or other conditions such as trauma or diverticulitis (Müller et al., 2020). In Portugal, the number of individuals with intestinal and urinary stomas, including colostomies, ileostomies, and urostomies, was estimated to be 19,793 in 2021 (Dias et al., 2024).

Stoma creation can have positive repercussions, such as reducing symptoms and improving quality of life. However, in most cases, the impact is detrimental on physical, psychological, and social levels (Cengiz et al., 2020). The experience of this event is influenced by several factors, with stoma care skills being the most frequently mentioned in the literature (Soares-Pinto, Queirós, Alves, Carvalho et al., 2022).

Systematic nursing interventions, from the preoperative period to follow-up after discharge, contribute significantly to the development of self-care skills, promoting adaptation, preventing complications, and improving the quality of life with a stoma (Millard et al., 2020).

The available evidence on the most effective methods to promote stoma self-care skills and positively influence the experience of patients eligible for stoma creation is still limited and poorly systematized (Soares-Pinto, Queirós, Alves, Carvalho et al., 2022). To address these limitations, a nursing intervention program was developed for people with an intestinal stoma, following the recommendations of the Medical Research Council for the development of complex interventions (Skivington et al., 2021). The program is grounded in two previous studies: a literature review on nursing interventions that promote intestinal stoma self-care (Soares-Pinto, Queirós, Alves et al., 2022) and a qualitative study that interviewed nurses and people with a stoma to explore the experience of life with a stoma and the most relevant information for developing self-care skills at different stages of the perioperative period (Soares-Pinto, Queirós, Alves et al., 2022).

Assessing the extent to which the intervention is suitable for the context is essential to understanding its success or failure, the reach of its desired outcomes, and its transferability between contexts (Skivington et al., 2021). Therefore, it is essential to adapt the evidence to the professional and organizational context, identifying barriers and facilitators to its applicability. In this sense, this study aimed to analyze nurses' perspectives on a nursing intervention program to promote self-care for patients with an intestinal stoma.

Background

Promoting self-care skills in people with a stoma is a fundamental part of the nurse's intervention. As regards perioperative nursing interventions, the structured education of patients with a stoma can positively impact quality of life, length of stay after stoma creation, knowledge and self-efficacy, and cost-effectiveness (Cengiz et al., 2020). An intervention is considered complex when it integrates multiple components, requires specific skills from professionals and patients, and necessitates flexible implementation (Skivington et al., 2021). A nurse's intervention in promoting stoma self-care is complex because it results from several components coming together. These components include the sociodemographic, clinical, and treatment aspects of the person undergoing stoma creation; the personal, organizational, and cultural aspects of the professional administering the intervention; the contexts in which the intervention is implemented; and the outcomes that emerge from it.

The Nursing Intervention Program for People with an Intestinal Stoma (PIPE-EI) was developed to formalize nursing knowledge on promoting stoma self-care. It is a structured, innovative approach to promoting stoma self-care. The program integrates educational resources, including the APPOstomia® smartphone app and informational brochures. It also provides a set of tools for training healthcare professionals involved in the care process. This ensures uniformity of interventions and effectiveness in teaching and promoting stoma self-care. PIPE-EI is designed for individual application and includes six modules addressing topics such as ostomy knowledge, self-monitoring strategies, complication management, condition integration into daily life, and follow-up after hospital discharge.

Research question

What are nurses' perspectives on the acceptance, feasibility, and applicability of implementing a nursing intervention program aimed at promoting self-care for people with an intestinal stoma in different contexts?

Methodology

A qualitative, exploratory study was conducted using the focus group method, following the methodological guidelines established by Krueger and Casey (2014). The study also adhered to the COnsolidated criteria for REporting Qualitative research (COREQ) checklist (Tong et al., 2007).

The sample consisted of seven nurses working in hospitals of four districts in Portugal and two faculty members from a nursing school in northern Portugal.

Inclusion criteria for clinical practice nurses were as follows: advanced competence in stomatherapy, as defined by the Portuguese Nursing Association (Regulamento da Competência Acrescida Diferenciada e Avançada em Estomaterapia, 2019). Selection criteria for nursing faculty included holding a PhD, experience in caring for individuals with a stoma, and experience with or published research in the domains of self-care and stomatherapy.

The principal investigator was acquainted with the participants through his workplace or previous interactions at congresses and conferences. Participants were contacted in person by the principal investigator at stomatherapy congresses or by email or telephone via a Portuguese asso-

ciation in the field of stomatherapy and a nursing school in northern Portugal. All invited participants agreed to take part in the study. The sampling process was purposive, aiming to include nurses and nursing faculty with current or past experience in caring for patients eligible for stoma creation in preoperative, hospitalization, and outpatient consultation settings.

The selection of participants was informed by institutional dynamics and geographical area (rural/urban), given the specific nature of local populations and resources.

The focus group, which included nine participants and the first two authors, was conducted via videoconference (Zoom®) on April 28, 2022, and lasted 100 minutes. The first author assumed the role of session moderator, while the second author was responsible for ensuring equitable participation and taking notes (Krueger & Casey, 2014). The first author was a nurse working in stomatherapy consultations, with a doctoral degree in Nursing and training in qualitative research methods. All participants were granted an equal opportunity to express their opinions.

The participants' sociodemographic information was collected individually through an online questionnaire.

The analysis and discussion of the PIPE-EI followed a script based on the following topics: relevance, clinical applicability, organization, methods and resources for implementing interventions, and time and frequency.

The meeting was audio recorded and transcribed in full in Portuguese and will be destroyed within a maximum of 5 years.

To ensure adherence to the principle of data minimization, a series of technical and organizational measures were implemented, and any data capable of identifying the participants was excluded. Each participant was assigned an alphanumeric code, beginning with "P" and followed by a sequential number (P1, P2, P3, . . .), assigned in chronological order of participation in the focus group, without association with any information that would link it to their identity. The material analyzed was thus anonymized, and all assumptions inherent to the principle of data protection were respected.

The study was approved by the Health Ethics Committee of Universidade Católica Portuguesa, under opinion no. 168.

In the focus group, the ethical principles of research were ensured. Informed consent was obtained in writing, and the objectives, procedures, possibility of withdrawal without prejudice, and authorization for audio recording were clarified.

The data underwent content analysis in accordance with the method outlined by Bardin (2015), employing the categorical analysis technique. Data analysis was performed immediately after the focus group meeting, and NVivo software, version 1.3, was used for data management.

The transcripts were returned to the participants to collect comments or corrections, but there were none.

Results

The focus group included nine participants. Table 1 provides a summary of their demographic and professional characteristics. The majority were female, with a mean age of 48 years, ranging from 37 to 62 years. The mean number of years of experience in caring for individuals with a stoma was 17 years, ranging from 6 to 31 years.

Table 1

Participants' characteristics

Demographic and professional characteristics (N = 9)	*n* (%)	Mean	Range; *SD*
Age	-	48	37-62; 8.1
Gender			
Female	8 (89%)	-	-
Male	1 (11%)	-	-
Qualifications			
stomatherapy nurse	6 (77%)	-	-
Nursing faculty	2 (22%)	-	-
Nurse specialist	100% (9)		
Years of experience as a nurse	9 (100%)	25.9	15 - 40; 8
Years of experience in stomatherapy	9 (100%)	16.7	6 - 31; 8.4
Years of experience as nursing faculty	2 (22%)	19.5	17-22; 2.5
Stomatherapy setting		-	-
Stomatherapy consultation	3 (43%)	-	-
Hospital surgery department	1 (14%)	-	-
Stomatherapy consultation and hospital surgery department	3 (43%)	-	-

Note. *n* = Number; % = Percentage; *SD* = Standard deviation.

The data from the focus group were organized into five topics that were deemed the most relevant to developing the nursing intervention program: frequency and quantity of interventions, program resources, inclusion criteria, appropriate time of interventions, and content specifications.
Participants highlighted the program's six-module structure as facilitating its implementation in different contexts due to the model's flexibility. This organization allows individuals to be included at any stage of the self-care skills development process, providing a versatile and personalized intervention.

Frequency and quantity of interventions
Participants considered the frequency and quantity of interventions proposed throughout the different modules to be feasible and representative of reality in many cases. Regarding the appropriate time of interventions in Module 1, it was clear that they should ideally begin before surgery. "Starting this awareness process is crucial. If the person is informed in advance, even if only a few hours beforehand . . . , postoperative recovery is much easier" (P5). The need to adjust the amount and type of information to avoid anxiety was also emphasized. No changes were suggested for the frequency or quantity of interventions in the following modules, although it was acknowledged that the quantity may vary depending on the context.

Program resources
Resources such as brochures, the APPOstomia® app, available in Portugal, and websites with reliable information were discussed. With regard to websites, participants warned of the potential conflict of interest in websites developed by the industry, so it was agreed to refer to all brands. As for the use of brochures, these can be provided by the ostomy product industry or created by nurses, although they are not validated. Participant P4 stated, "We have feedback (brochures) from many patients, but it is not a concrete, objective assessment, and that should be done."
Although APPOstomia® is owned by an ostomy appliance laboratory, it was developed on a scientific basis, ensuring impartiality and accuracy (Soares-Pinto et al., 2023). Participant P4 said that APPOstomia® "is a little different (from industry websites), the content and contact is done by APECE stomatherapy nurses."

Inclusion criteria
Initially, the ability to put on a Tupperware lid was considered a criterion for inclusion in the program to highlight potential autonomy. However, participants rejected this criterion because adhesive stoma appliances do not require this hand skill.
Similarly, the ability to cut a circle was rejected because there are pre-cut baseplates and moldable baseplates that do not require this skill. Participant P5 stated, "In terms of physical ability, we can overlook cutting a circle because there are pre-cut baseplates. The same goes for putting on a Tupperware lid . . . stoma adhesives . . . ."
The only criterion defined was the potential for autonomy in self-care, which would be assessed based on the available appliances and the person's needs.

Appropriate time of interventions
The presence of abdominal drains and pain can hinder stoma self-care training and should therefore be considered when determining the appropriate time for intervention. However, participants felt that these factors should not delay the start of the intervention. Participant P2 noted that "it can cause teaching and instruction to start too late, too close to discharge . . . ." Similarly, participant P9 noted that " . . . a drain should not delay training in self-care."
Regarding pain, the group agreed that it directly affects patients' ability to retain information and willingness to learn. Thus, training should begin once the pain is under control, even if it has not completely subsided. Participant P5 noted that "being pain-free is a bit utopian. In many situations . . . even long after hospital discharge, they [patients] still have some pain, but if the pain is controlled and does not inhibit learning . . . ".
"Getting up after surgery" is not a prerequisite for starting training since developing self-care skills involves cognitive aspects as well as practical ones. Therefore, teaching can begin regardless of a person's mobility as long as they can retain the information. Participant P9 explains, ". . . when we are working on knowledge mastery, I don't need the person to get up."

Content specifications
The definition of program content sparked discussion about population characteristics and available resources, particularly regarding stoma appliance replacement frequency, adhesive remover use, and bowel irrigation.
Participants' appliance replacement frequency varied, reflecting differences between the national context and what has been reported in the literature. International evidence supporting decisions about stoma appliance replacement frequency is inconsistent because it depends on the type and characteristics of materials marketed in each country or continent. "In the United States . . . the material . . . is designed to last a week . . . and in Europe, it is not" (P4).
In Europe, participants agreed that two-piece appliances should be replaced by the third day during the first six weeks, followed by replacement every four to five days. Continuous monitoring of the peristomal skin is necessary to identify signs of complications. One-piece appliances should be replaced daily or, at most, every two days. When replacing the stoma bag, assessing the baseplate and skin integrity allows adjusting the replacement frequency according to the patient's individual needs. Participant P5 emphasizes that "it is more important to assess the integrity of the baseplate when changing the bag . . . ."
The systematic use of adhesive remover was emphasized as an essential practice for preventing peristomal skin injuries. Although not mandatory, participants reinforced the recommendation to use it on all appliances, regardless of the duration of use, to minimize skin trauma and en-

sure greater patient comfort: "it no longer makes sense to remove the appliance without the remover . . . " (P4). Regarding bowel irrigation, participants advocated for an early approach with theoretical training during hospitalization and practical training after discharge under the supervision of a stomatherapy nurse. This ensures that patients develop the necessary skills to perform the procedure safely and effectively: "when they [patients] leave the hospital . . . they are not yet able to handle all the materials, just changing the bag and baseplate makes them anxious, let alone handling the appliance . . . ."

Final intervention program

The results of this study were incorporated into the final intervention program, which is available for free on the ResearchGate® platform (http://dx.doi.org/10.13140/RG.2.2.34288.57603). The program can be used freely for clinical or academic purposes, with the only requirement being that its use be communicated to the first author.

Discussion

The sample consisted of nine participants, which aligns with Krueger and Casey's (2014) recommendation that the ideal group size be between five and ten participants to allow for productive discussion. The homogeneity of the sample in terms of age (mean of 48 years, standard deviation of 8 years), professional experience (mean of 17 years, standard deviation of 8 years), and roles positively impacted group dynamics, promoting balanced, topic-focused interactions (Krueger & Casey, 2014).

Overall, participants validated the structure and content of PIPE-EI, emphasizing its applicability in various contexts; however, some areas sparked debate.

The discussion of the results is presented across four topics that emerged from the content analysis: 1) frequency and quantity of interventions, 2) program resources, 3) appropriate time of interventions, and 4) content specifications.

Frequency and quantity of interventions

Regarding the frequency of interventions, it became clear that patient preparation should begin in the preoperative phase with an intervention by the stomatherapy nurse before surgery. The literature confirms the benefits of preoperative interventions, especially their ability to reduce complications and anxiety while improving quality of life (Wongkietkachorn et al., 2018). Although it is difficult to define a universal timing, there is a consensus that the appropriate time of the intervention should be tailored to the patient and context (Soares-Pinto, Queirós, Alves et al., 2022).

Program resources

Regarding resources and accessories relevant to self-care training, the use of websites, mobile phone applications, and brochures was discussed. The use of digital platforms and information technologies to enhance knowledge, skills, and self-monitoring and interpretation capacity has grown. However, access to these resources is inequitable, with lower levels of access in lower socioeconomic strata, lower levels of education, and inland areas of the country (Pimentel, 2018). Therefore, print information remains essential if its content is validated and appropriate for the target population.

The literature widely refers to providing written health information as a strategy capable of facilitating the promotion of stoma self-care skills (Soares-Pinto, Queirós, Alves, & Carvalho, 2022), and it is the strategy most referred to by participants. However, this written material (e.g., brochures) is not always evaluated for suitability for the target population or the objective it aims to address. Therefore, it is not often used effectively by patients (Lampert et al., 2016).

Therefore, strategies such as written materials must be developed through rigorous processes and validated for suitability (Lampert et al., 2016).

Appropriate time of interventions

Regarding the right time to start the nursing intervention in promoting stoma self-care, and considering the scope of the program and the wide variability of factors and conditions that influence the patient's availability, the major aspects defined regarding the appropriate time of interventions are ensuring that the patient is prepared, available, and in pain control (Wen et al., 2019).

Content specifications

Given the variability of recommendations between associations and guidelines, the frequency of stoma appliance replacement was one of the topics discussed. For instance, the Association of Stoma Care Nurses UK (2016)suggests replacing the baseplate two to three times per week, whereas the United Ostomy Associations of America, Inc. (2024)recommends that the baseplate be worn for several days, depending on adhesive effectiveness and user comfort, with replacement typically occurring every three to four days..

The evidence does not explicitly differentiate the characteristics of the appliances by region, though factors such as climate and humidity may affect the performance of the materials.

Colostomy irrigation reduces odors and flatulence, improving quality of life, and should be offered to eligible patients (Boutry et al., 2020). Despite the lack of consensus on the ideal time to begin teaching this technique, an early introduction is valued. Data from this study allowed identifying relevant aspects for planning this training process.

Developing stoma self-care skills requires gradual adaptation. Over time, patients integrate routines related to stoma care, nutrition, and peristomal skin hygiene, which facilitates autonomous management of their condition (Capilla-Diaz et al., 2019).

This study has two limitations. First, there was no second round of validation after the focus group, which could have enriched the data. Second, the group was homogeneous, which, although it fostered cohesion, may have reduced the diversity of perspectives. Nevertheless,

the depth of the discussions and the consensus reached support the robustness of the results in relation to the proposed objectives.

Prior to this study, there was little evidence on structured intervention programs for people with an intestinal stoma, particularly in the context of nursing in Portugal. This study contributes to filling this gap by proposing a program based on scientific literature, the perspectives of nurses, and the experiences of people with a stoma, and validated by experienced professionals.

The program has implications for clinical practice, supporting nurses in promoting self-care and systematizing interventions. Future research studies should evaluate its effects on health outcomes and its applicability to other contexts and populations.

Conclusion

This study analyzed the relevance and clinical applicability of a nursing intervention program for people with an intestinal stoma.

Participants agreed with the program as a whole, valuing its organization and content aimed at promoting self-care. The frequency and quantity of interventions, program resources, inclusion criteria, appropriate time of interventions, and content specifications were discussed, including frequency of appliance replacement, systematic use of adhesive remover, and bowel irrigation. This discussion aligned the scientific literature with the participants' perspectives.

The results of this research contribute to nursing knowledge, particularly in stomatherapy, by helping define a program of nursing interventions to promote intestinal stoma self-care.

Nurses can apply the program to their clinical practice, which could be a first step toward systematizing care for patients with an intestinal stoma. This would also contribute to the development of nursing indicators attesting to nurses' relevance in interdisciplinary health teams caring for this patient population.

Author contributions

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