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RESEARCH

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SOCIODEMOGRAPHIC, EMPLOYMENT AND HEALTH CHARACTERISTICS RELATED TO PATIENTS SUBMITTED TO TELEMONITORING IN A STOMATHERAPY CLINIC

Características sociodemográficas, laborais, de saúde relacionadas a pacientes submetidos à telenfermagem em estomaterapia

Características sociodemográficas, laborales y de salud relacionadas con los pacientes sometidos a teleenfermería en una clínica de estomaterapia

Catarina de Melo Guedes¹ 

Norma Valéria Dantas de Oliveira Souza¹ 

Fernanda Henriques da Silva¹ 

Carolina Cabral Pereira da Costa¹ 

Eloá Carneiro Carvalho¹ 

Rafael Seabra Polidoro Cardoso¹ 

ABSTRACT

Objective: to identify the sociodemographic and occupational health characteristics of people undergoing telenursing in a stomatherapy clinic. **Method:** quantitative, descriptive, cross-sectional and documentary research, carried out in a public health institution in the city of Rio de Janeiro. **Results:** users aged between 50 and 60 years (34.79%); browns (61.96%); men (55.44%); residents of the city of Rio de Janeiro (69.56%); work under a CLT regime (32.39%); were absent from work at least once in the last 12 months (40.85%); do not work at night (81.63%); 18.37% work at night, 55.85% do not rest or sleep, and they justify the lack of night rest due to the high work demands. They have a chronic disease (79.75%); are hypertensive (60.31%); do not have disease as a result of work (53.96%). **Conclusion:** the need for a deeper understanding of health care practices was evidenced, considering the impact of individual characteristics on the health-disease process.

DESCRIPTORS: Enterostomal therapy; Nursing; Telenursing; Telemonitoring.

¹ Universidade Estadual do Rio de Janeiro, Rio de Janeiro, Rio de Janeiro, Brazil

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Corresponding Author: Catarina de Melo Guedes, E-mail: catacatamg@hotmail.com

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RESUMO

Objetivo: identificar as características sociodemográficas, laborais de saúde de pessoas submetidas à telenfermagem em uma clínica de estomaterapia. **Método:** pesquisa quantitativa, descritiva, transversal e de caráter documental, realizada em uma instituição pública de saúde no município do Rio de Janeiro. **Resultados:** usuários com idade entre 50 e 60 anos (34,79%); pardos (61,96%); homens (55,44%); moradores do município do Rio de Janeiro (69,56%); trabalham sob regime celetista (32,39%); se ausentaram do trabalho ao menos uma vez nos últimos 12 meses (40,85%); não trabalham à noite (81,63%); 18,37% possuem trabalho noturno, 55,85% não descansam ou dormem, e justificam o não descanso noturno pelas altas demandas laborais. Possuem doença crônica (79,75%); são hipertensos (60,31%); não apresentam doença como consequência do trabalho (53,96%). **Conclusão:** evidenciou-se a necessidade de um maior aprofundamento de práticas de atenção à saúde considerando o impacto das características individuais no processo saúde doença.

DESCRITORES: Estomaterapia; Enfermagem; Telenfermagem; Telemonitoramento.

RESUMEN

Objetivo: identificar las características sociodemográficas y de salud ocupacional de personas en teleenfermería en una clínica de estomaterapia. **Método:** investigación cuantitativa, descriptiva, transversal y documental, realizada en una institución de salud pública de la ciudad de Río de Janeiro. **Resultados:** usuarios con edad entre 50 y 60 años (34,79%); marrones (61,96%); hombres (55,44%); residentes de la ciudad de Río de Janeiro (69,56%); trabajar en régimen CLT (32,39%); se ausentó del trabajo al menos una vez en los últimos 12 meses (40,85%); no trabaja de noche (81,63%); El 18,37% trabaja de noche, el 55,85% no descansa ni duerme, y justifican la falta de descanso nocturno por las altas exigencias laborales. Tienen una enfermedad crónica (79,75%); son hipertensos (60,31%); no tienen enfermedad como consecuencia del trabajo (53,96%). **Conclusión:** se evidenció la necesidad de una mayor profundidad de las prácticas de atención a la salud, considerando el impacto de las características individuales en el proceso salud-enfermedad.

DESCRIPTORS: Estomaterapia; Enfermería; Telenfermería; Telemonitorización.

INTRODUCTION

Stomal therapy is a specialty of nursing that has as its object of care people with skin lesions of various kinds, with stomas, urinary and anal incontinence, as well as those who have fistulas, drains, catheters, and probes.¹ In the context of wounds, there are many recurrences; in stomas, there is the need for systematic guidance for people to be able to self-care safely; and in incontinence, dietary guidance, pelvic exercises, among other guidelines are also necessary. In this sense, it is important to develop various strategies so that people in a stomal therapy situation can feel supported, welcomed, and be able to develop self-care autonomously.²

In this context, telemedicine, telemonitoring, telehealth, or teleconsultation are considered to be care strategies that add value, because it is a tool that connects telecommunication technology with health care. It aims to provide advantages in user care, since it reduces the need for physical proximity, especially when it comes to people who have difficulties in physical movement or financial capacity.³

The channels used by telehealth care can be telephone or video calls, also known as facetime. In this way, many people who are sidelined from health care or who need reinforcement in self-care orientations can receive assistance also at a distance.²

In particular, distance monitoring has been gaining prominence with the covid-19 pandemic, highlighting the Resolution issued in March 2020 by the Federal Council of Nursing, which

authorizes and regulates telehealth as a way to combat the pandemic caused by the new coronavirus (Sars-Cov-2).⁴

The identification of socio-demographic, labor and health factors is crucial in the process of assisting the population, since it contributes to the choice of the best treatments, cost reduction and, consequently, better results.⁴ Therefore, four spheres of factors that influence the individual's life and the way care affects him/her appear: the environment, work, education and lifestyle. Regarding the relevance of tracing the socio-demographic, work and health characteristics of patients submitted to teleentering, it is inferred that individual characteristics affect in different ways the evolution and outcome of treatment, as well as the health-disease process of individuals.⁵

Telecare developed in the context of stomal therapy offers support, teaching, and seeks to maintain frequent contact with the user, generating a closer bond between patient/family and professional. This care strategy also contributes to reducing injuries, besides encouraging users to continue with their interest in health care, avoiding recurrences of the pathological processes and complications resulting from lifestyle habits, treatments, and the lack of knowledge about the health-disease process.²

Thus, it is of fundamental importance to know the user's profile so that the care plan can be faithful to the reality in which that individual is inserted, planning the best strategy and achieving the right result for the user. Moreover, understanding stomal therapy as a specialty that addresses problems generated or influenced by various causes, such as family income, education, place of residence, chronic and autoimmune diseases, thus, mapping the

sociodemographic, labor and health characteristics is relevant to contribute to the resolution of the problems of users.

Thus, the objective of this study was to identify the sociodemographic, labor, and health characteristics of people submitted to telehealth care in a stomal therapy clinic.

METHOD

This is a quantitative, descriptive, cross-sectional, documentary research conducted at a Stomal Therapy Nursing Clinic, located in the municipality of Rio de Janeiro, belonging to the health complex of a public university, which has offered telecare for individuals with stomal therapy demands since 2018 through an extension project.

The materials used in this study were medical records of users of the clinic undergoing telenfermagem. The inclusion criteria of the sample were: medical records of users in stomal therapy situation, who had active care in the year 2020, older than 18 years old and of both genders. The time frame referring to the year 2020 was due to the fact that this year was the beginning of the Covid-19 pandemic, a time when social isolation was predicted, a fact that increased the strategy of this distance care.

As an exclusion criterion, we defined records of individuals who had abandoned treatment, and who were telemonitored with drains, probes, and catheters, because the number of these individuals was irregular in terms of follow-up by telemedicine.

The data collection technique was carried out using a form containing the following variables: age, sex, race, residence, family income, work conditions, health history, and sleep/rest conditions.

The data collection period was from December 2021 to January 2022, using an Excel® spreadsheet, and 218 medical records were selected that met the inclusion and exclusion criteria. However, the researchers only had access to the 92 medical records that were digitized, because the others were retained at the institution for this procedure.

The content collected through the form was analyzed by the simple statistical technique and presented in tables, which later allowed analysis of the variables based on the theoretical support of the study.

This study met the recommendations of Resolution 466/2012 of the National Health Council/Ministry of Health (BRASIL, 2012), which deals with the regulatory standards involved in research with human beings, this research was a cutout of a macro-research entitled "Creation of Mobile Application and Software for Telemonitoring in Nursing in Stomal Therapy", which obtained approval by the Research Ethics Committee (CEP) of the State University of Rio de Janeiro on September 13, 2019 under CAAE number: 18068819.9.0000.5282 and opinion number: 3.573.933.⁶

RESULTS

The presentation of results was organized starting with the exposure of sociodemographic data, followed by labor data, and finally health data.

The following table characterizes the reasons that led the users to be submitted to teleentering; thus, of the 92 medical records analyzed, incontinence was the most frequent, with 28 (30.43%) of the medical records; followed by 24 (26.09%) users with vasculogenic ulcers, and the least frequent was gastrostomy with only one medical record (1.09%).

The descriptions of the characteristics related to the socio-demographic profile are listed in the following table. It presents information regarding the age of the patients, as well as regarding the declaration of skin color, gender, and place of residence.

The most frequent profile, regarding sociodemographic characteristics, is the one between 50 and 60 years of age, represented by 32 (34.79%) medical records; 57 (61.96%) are of mixed race; 51 (55.44%) are men and 64 (69.65%) are residents of the city of Rio de Janeiro. On the other hand, the medical records of patients aged between 20 and 30 years configured the least frequent profile with five (5.43%) units. Regarding skin color, only one (1.09%) is yellow, 41 (44.56%) are women and 28 (30.44%) live outside the city of Rio de Janeiro.

From the labor standpoint, it was not possible to obtain data regarding the net family income and how many people in the family environment depended on this income due to the lack of records in the evaluated medical records.

Table 1 – Distribution of medical records by reason for telenursing. Rio de Janeiro, RJ. Brazil. 2022. (n = 92)

Etiology	n	%
Incontinence	28	30,43
Ulcers	24	26,09
Neuropathic Wound	12	13,05
Traumatic wound	8	8,70
Pressure Injury	7	7,60
Colostomy	6	6,52
Ileostomy	4	4,35
Surgical wound	2	2,17
Gastrostomy	1	1,09
Total	92	100

Source: Database of medical records records from the MV* system.

*MV is the software system used by the stomal therapy clinic for the medical records.

Table 2 – Sociodemographic profile of patients with active and digitized medical records. Rio de Janeiro, RJ, Brazil, 2022. (n = 92)

Social Profile	n	%
Age		
50 to 60 years old	32	34,79
40 to 50 years old	22	23,91
30 to 40 years old	21	22,83
60 and older	12	13,04
20 to 30 years old	5	5,43
Skin Color		
Brown	57	61,96
Black	19	20,65
White	15	16,30
Yellow	1	1,09
Indigenous	-	-
Gender		
Male	51	55,44
Female	41	44,56
Place of residence		
Rio de Janeiro Municipality	64	69,56
Other	28	30,44

Source: MV system medical record database.

It was possible to verify that the most prevalent employment relationship was the labor contract with 23 (32.39%) medical records, followed by eight self-employed and eight cooperative workers, both with 11.27%. It was found that most of the medical records had no information regarding absence from work in the past 12 months (n=42), and that 29 reported being absent at least once in the past 12 months, presenting a percentage of 40.85%.

Moreover, of the 71 (100%) patients who reported employment, it was observed that 49 (69.01) specified whether they worked at night or not, where nine (18.37%) reported some nocturnal work activity and 40 (81.63%) had no work at night.

It was found that among the nine (100%) nighttime workers, five (55.55%) could neither rest nor sleep, three (33.33%) could only rest without sleeping, and only one (11.11%) reported being able to sleep a few hours. The reasons reported for not having a rest schedule during the night shift were related to the high demand for work, but also revealed the lack of employees, inadequate place for rest or not being allowed by the labor organization.

Regarding the health profile of the analyzed population, it is worth noting that, of the 92 (100%) medical records analyzed, 79 (85.86%) had information about pre-existing diseases, their chronicity and which ones in specific. Thus, it was possible to notice that 63 (79.75%) of the medical charts analyzed presented the existence of comorbidities, and only 16 (20.25%) did not. Thus, it was found that there were 38(60.31%) users with hypertension, followed by 22(34.92%) with diabetes mellitus, and in a minority, three(4.77%) records had both diseases

Furthermore, of the 63 (100%) medical records that declared having a chronic disease, whatever it might be, 34 (53.96%) considered that their disease was not a consequence of their work, and 29 (46.04%) declared that their disease was related to their work.

It was not possible to relate the presentation of chronic diseases with financial status, since the medical records did not

have information about net family income and the number of people in the family environment who depended on this income.

DISCUSSION

The sociodemographic, health, and work characteristics of this study were shown as important factors to be considered in the care of the person in a situation of stomal therapy.⁷

Regarding the sociodemographic aspects, it was found that 34.79% were between 50 and 60 years old, contrary to scientific evidence that indicates the predominance of the age range of patients who attend a stomal therapy service being over 60 years old.¹ Regarding gender, there was no significant difference between men and women, confirming the need for the planning of care to be comprehensive and respecting the gender specificities.⁸

Regarding skin color, a study that discusses the number of black and mulatto users of the Unified Health System (SUS) in 2003 was about 20% higher than the total of white users, and in 2008 this percentage difference remained.⁹ In this study, even though it was conducted more than 10 years ago, this percentage difference is still present, showing that the SUS is mostly used by the black and mulatto population. This corroborates the fact that Brazil is a miscegenated country, a contributing factor to the increase in the brown population in this last decade.¹⁰

In analyzing the place of residence, it was found that the findings of the present study are in line with those found in the literature, where 64% presented as their place of residence the city of Rio de Janeiro, the same place as the stomal therapy clinic, while another study presented a percentage close to this research, with 59%.² These results are aligned with the regionalization, one of the organizational principles of SUS, which seeks to ensure the right to health through equitable access of the population.¹¹

It is known that most of the world's population makes work their source of subsistence. When studying the complexity of

work and its repercussions in human life, it is clear that work exerts changes in various areas of the subject's life, especially in his health.¹²

From this perspective, information was gathered about the employment status of the surveyed population, where most of them are employed under a labor contract, i.e., they are covered by their labor rights. This factor promotes a decrease in the onset of certain diseases when compared to informal workers, because there is a big difference in salaries between formal and informal workers.¹³

However, not far away appeared the workers in the "others" category, comprising those who do not have a signed work card. They may have a worse quality of health, hindering access to medicines and good nutrition, since most of them have lower incomes than the formal workers.¹⁴

As for the absence from work due to health issues, it was possible to observe that this study showed higher rates than another research, which captured an absenteeism rate due to illness of 22%. In the present study, the percentage of approximately 40% was obtained due to the complexity of the diseases related to stomal therapy, which are often factors that hinder movement and require rest for healing.¹⁵

Another factor that influences health is night work, because it can lead to health problems such as insomnia, fatigue, dissatisfaction, and tiredness. Often, night work generates problems in the subject's family, since due to the daytime rest, the family becomes distant, causing anxiety and other social problems besides health problems, and if there is no daytime rest, sleepiness may occur in the workplace, causing occupational stress.¹⁶

Some factors that compromise work breaks for those professionals who work at night are: inadequate staffing, inappropriate places to rest, too many tasks to be accomplished, and the dynamics of work organization, which does not allow work breaks.¹⁷

In addition to the health impacts caused by the work characteristics, the underlying diseases are conditions that precede the clinical picture that can contribute to other health problems. Of the 80% of medical records analyzed where there was information about the presence of comorbidities, 60% had systemic arterial hypertension, and 30% diabetes mellitus, which coincides with another study, where 33% of patients with diabetes mellitus and 47% with arterial hypertension were found.²

When relating the health issues related to stomal therapy and work activities, about half of the analyzed medical records showed that patients believe that these diseases have been caused directly or indirectly by their work.

In this sense, it is known that the complex dimensions of work affect the worker's health, where the physical discomfort is caused as a consequence of interference in the body's proper endocrine-metabolic development, this being the product of psychosomatic disease. This disease is caused by a psychic load originating from sensations such as fear, dissatisfaction, or even anxiety, frequent feelings in the economically active population.¹⁸

Hypertension can affect the health condition related to stoma problems since, due to the high pressure, there is microvascular

damage and, in the long run, it constitutes circulatory impairment. Thus, the access of tissue regeneration factors is hindered, resulting in inefficient tissue regeneration.¹⁹

In parallel, the diabetic neuropathy is a complication of diabetes mellitus, which causes the loss of the protective sensitivity of the skin and visual impairment, and thus, the individual becomes more susceptible to injury, increasing the demands of stomal therapy.²⁰

As for the limitations of the study, we highlight difficulties in data collection, since it was expected that the medical records had information about the client's family income, which made it impossible to fill in some questions of the research form. In addition, it was expected that the 218 medical records of people who underwent telehealth care would be available; however, a significant portion of the records were not available for information collection, which resulted in a smaller number of records for analysis. Furthermore, it is noteworthy that the sample is not enough to allow the generalization of the results found, being important to conduct other studies.

IMPLICATIONS OF THE STUDY

It is noteworthy that this study is relevant and has assertive implications for nursing care, since individual characteristics affect in different ways the evolution and outcome of treatment and the health-disease process of individuals.

Moreover, it is emphasized that the present study has positive implications for nursing education, since topics related to stomal therapy and telenursing are little covered in undergraduate courses.

Another implication of this study is for the practice of nursing in stomal therapy in the clinic, since the professionals who work there will be able to know in greater depth the profile of the assisted clientele and, thus, plan care with a view to the individuality of this population, allowing comprehensive nursing care.

CONCLUSION

In this study, it was found that the group of medical records analyzed presented factors that promote problems related to stomal therapy. Thus, regarding the sociodemographic characteristics, this study shows that most patients who had their records analyzed were close to the elderly, brown, male, and residents of the city of Rio de Janeiro.

Regarding their working conditions, most of them are in the world of work with a labor contract, but not far from those who have informal jobs, which are close to the percentage in this study. There are also those who for some reason were absent from their jobs and who do not work at night. However, it was also shown that there are a number of people who work at night and do not rest.

In terms of health conditions, most of them have pre-existing diseases, especially high blood pressure, as well as a large number

of those who have diabetes mellitus, and believe that these are a consequence of their work activities, as well as family background.

It is hoped that this study can encourage other studies in different scenarios that assist people in stomal therapy situations, broadening the discussion in this area and contributing to the production of knowledge about the specialty and about telemonitoring. In addition, we emphasize the importance of a comprehensive anamnesis and complete record in the medical records, so that one can systematically and comprehensively apprehend the sociodemographic, labor, and health characteristics to better guide the nursing process.

REFERENCES

1. Paczek RS, Inês A, Perini GP, Aguiar GPS, Rosalba E. Perfil de usuários e motivos da consulta de enfermagem em estomaterapia. *Rev. enferm. UFPE on line*. [Internet]. 2020 [acesso em 19 de julho 2022];14. Disponível em: <https://doi.org/10.5205/1981-8963.2020.245710>.
2. Sousa NVDO, Carvalho EC, Santos DM, Silva PAS, Nascimento BO, Soares SSS, Farias SNP. Profile of patients assisted by telemonitoring in a nursing clinic in stomatherapy. *Research, Society and Development*. [Internet]. 2020 [cited 2022 jul 19];9(11). Available from: <https://doi.org/10.33448/rsd-v9i11.10201>.
3. Nilson LG, Maeyama MA, Dolny LL, Boing AF, Calvo MCM. Telessaúde: da implantação ao entendimento como tecnologia social. *Revista Brasileira de Tecnologias Sociais*. [Internet]. 2018 [acesso em 19 de julho 2022];5(1). Disponível em: <https://doi.org/10.14210/rbts.v5n1.p33-47>.
4. Conselho Federal de Enfermagem (Brasil). Resolução COFEN N° 634, de 26 de março de 2020. Ed. Brasília: COFEN; 2020. Disponível em: http://www.cofen.gov.br/resolucao-cofen-no-0634-2020_78344.html.
5. Nascimento BO, Souza NVDO, Santos DM, Silva PAS. Telemonitoramento em enfermagem para clientes em situação de estomaterapia: experiência inovadora para o processo ensino-aprendizagem. *Interagir*. [Internet]. 2018 [acesso em 19 de julho 2022];26. Disponível em: <https://doi.org/10.12957/interag.2018.39668>.
6. Conselho Nacional de Saúde (Brasil). Resolução n°. 466, de 12 de dezembro de 2012. Diretrizes e Normas Regulamentadoras de Pesquisas Envolvendo Seres Humanos. Disponível em: http://bvsms.saude.gov.br/bvs/saudelegis/cns/2013/res0466_12_12_2012.html.
7. Carmo, ME, Guizardi FL. O conceito de vulnerabilidade e seus sentidos para as políticas públicas de saúde e assistência social. *Cad. Saúde Pública (Online)*. [Internet]. 2018 [acesso em 19 de julho 2022];34(3). Disponível em: <https://doi.org/10.1590/0102-311X00101417>.
8. Rolim TCA, Pereira ADA, Ferreira CLL, Silva FP. Pessoa com Estomia no município de Santa Maria/RS: características sociodemográficas e clínicas. *Disciplinarum Scientia Saúde*, [Internet]. 2021 [acesso em 19 de julho 2022];22(2). Disponível em: <https://periodicos.ufn.edu.br/index.php/disciplinarumS/article/view/3830>.
9. da Silva SM, Dantas TP, Pereira N da S, Alves CCG, de Sousa FC, Gadelha NA dos S, Alencar AMPG, Moreira DAA, da Silva FP, Leite GM da S, Sampaio LRL. Perfil clínico das pessoas com feridas atendidas pelo ambulatório de enfermagem em estomaterapia: Epidemiological profile of people with wounds attended by Nursing Ambulatory in Stomatherapy. *Rev. Enferm. Rev. Enferm. Atual In Derme*. [Internet]. 2020 [cited 2022 jul 19];92(30). Disponível em: <https://doi.org/10.31011/reaid-2020-v.92-n.30-art.683>.
10. Silva ZP, Ribeiro MCSA, Barata RB, Almeida MF. Perfil sociodemográfico e padrão de utilização dos serviços de saúde do Sistema Único de Saúde (SUS), 2003-2008. *Ciênc. Saúde Colet.* [Internet]. 2011 [acesso em 19 de julho 2022];16(9). Disponível em: <https://doi.org/10.1590/S1413-81232011001000016>.
11. Instituto Brasileiro de Geografia e Estatística [homepage na internet]. Conheça o Brasil—População cor ou raça [acesso em 24 out 2022]. Disponível em: <https://educa.ibge.gov.br/jovens/conheca-o-brasil/populacao/18319-cor-ou-raca.html#:~:text=De%20acordo%20com%20dados%20da,1%25%20como%20amarelos%20ou%20ind%C3%ADgenas>.
12. Carvalho ALB; Jesus WLA; Senra IMVB. Regionalização no SUS: processo de implementação, desafios e perspectivas na visão crítica de gestores do sistema. *Ciênc. Saúde Colet.* [Internet]. 2017 [acesso em 19 de julho 2022];22(9). Disponível em: <https://doi.org/10.1590/1413-81232017224.30252016>.
13. Areosa J. O mundo do trabalho em (re) análise: um olhar a partir da psicodinâmica do trabalho. *Laboreal*. [Internet]. 2019 [acesso em 19 de julho 2022];15(2). Disponível em: <https://doi.org/10.4000/laboreal.15504>.
14. Stehling MA. A precarização e a informalidade no mercado de trabalho brasileiro. [Graduação em Ciências Econômicas]. Minas Gerais (Brasil): Universidade Federal de Ouro Preto; 2011. [acesso em 19 de julho 2022]. Disponível em: https://monografias.ufop.br/bitstream/35400000/2117/6/MONOGRAFIA_Precariza%3a7%3a3oInformalidadeMercado.pdf.
15. Cunha RR, Bezerra PD, Pinto I do SM, Ramos EMLS, Silva CO da, Ferreira SRM. Perfil sociodemográfico e clínico de crianças com estomia atendidas em um serviço de referência, Belém-PA. *ESTIMA*. [Internet]. 2017 [acesso em 19 de julho 2022];15(4). Disponível em: <https://doi.org/10.5327/Z1806-3144201700040005>.
16. Santos FL, Castanheira JS, Mota MS, Brum AN, Barlem JGT, Paloski GR. Perfil de usuários de um serviço de estomaterapia: análise de cluster. *Esc. Anna Nery*.

- [Internet].2022 [acesso em 19 de julho 2022];26 Disponível em: <https://doi.org/10.1590/2177-9465-ean-2021-0307>.
17. Abreu N, Baldanza R, Serqueira I, Silva R. Trabalho em Turnos Noturnos: Implicações na Qualidade de Vida Profissional e Pessoal dos Trabalhadores. *Revista Gestão & Tecnologia*. [Internet]. 2012 [acesso em 19 de julho 2022];12(3). Disponível em: <https://doi.org/10.20397/2177-6652/2012.v12i3.445>.
 18. Moriguchi CS, Alem MER; Coury HJCG. Sobrecarga em trabalhadores da indústria avaliada por meio da escala de necessidade de descanso. *Braz. J. Phys. Ther.* [Internet]. 2011 [acesso 19 de julho em 2022];15(2). Disponível em: <https://doi.org/10.1590/S1413-35552011000200011>.
 19. Bellusci SM. Doenças profissionais ou do trabalho. Senac, 2017. Disponível em: https://www.google.com.br/url?sa=t&rct=j&q=&esrc=s&source=web&cd=&cad=rja&uact=8&ved=2ahUKEwjvxO65y_j6AhW2lZUCHRxpD_UQFnoECBAQAQ&url=https%3A%2F%2Fbooks.google.com%2Fbooks%2Fabout%2FDoen%25C3%25A7as_profissionais_ou_do_trabalho.html%3Fid%3DtA5ADwAAQBAJ&usg=AOvVaw2fFkRWWZisi7oraGxTTSdI.
 20. Sampaio LRL, Santos ACC dos, Dantas TP, Nascimento LNA do, Castro ME de Barros ET da S, Neto MA da C, Albuquerque TR de. Perfil clínico e epidemiológico de usuários de serviço especializado de estomaterapia com amputação por neuropatia diabética. *Saúde (Sta. Maria)*. [Internet]. 2020 [acesso em 19 de julho 2022];46(2). Disponível em: <https://doi.org/10.5902/2236583448293>.