



THE CONDITION OF THE ELDERLY AS HOSPITALIZED PATIENT: SPEECH OF COMPANIONS

A CONDIÇÃO DO IDOSO COMO PACIENTE HOSPITALIZADO: DISCURSO DE ACOMPANHANTES

LA CONDICIÓN DEL ANCIANO COMO PACIENTE HOSPITALIZADO: DISCURSO DE ACOMPAÑANTES

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ABSTRACT

Objective: to analyze the understanding of companions on the condition of the elderly as hospitalized patient. **Method:** qualitative field research conducted with 15 companions of hospitalized elderly. The data were produced through semi-structured interviews and submitted to thematic content analysis. The research project was approved by the Research Ethics Committee, CAAE 03636112.8.0000.5183. **Results:** two categories emerged << Person who is in aging process >> and << Patient in need of humanized care from the companion and the nursing staff >>. **Conclusion:** the companions understand aging, sometimes as a natural process, sometimes as difficult and sad phase, that causes dependence and worthlessness. The presence of the companion, permeated of attention, responsibility, love and gratitude, and a nursing care founded on good communication and exchange of information between staff, caregivers and patients contribute to improve the condition of the elderly as hospitalized patient. **Descriptors:** Companion; Elderly; Hospitalization.

RESUMO

Objetivo: analisar a compreensão de acompanhantes sobre a condição do idoso como paciente hospitalizado. **Método:** pesquisa de campo de natureza qualitativa, com 15 acompanhantes de idosos hospitalizados. Os dados foram produzidos mediante entrevista semiestruturada e submetidos à análise de conteúdo temática. O projeto de pesquisa foi aprovado pelo Comitê de Ética em Pesquisa, CAAE 03636112.8.0000.5183. **Resultados:** emergiram duas categorias << Pessoa que está em processo de envelhecimento >> e << Paciente que necessita de assistência humanizada do acompanhante e da equipe de enfermagem >>. **Conclusão:** os acompanhantes compreendem o envelhecimento, ora como processo natural, ora como fase difícil, triste, que causa dependência e inutilidade. A presença do acompanhante, permeada de atenção, responsabilidade, amor e gratidão, e uma assistência de enfermagem alicerçada de uma boa comunicação e troca de informações entre equipe, acompanhantes e pacientes contribuem para melhorar a condição do idoso como paciente hospitalizado. **Descritores:** Acompanhantes; Idoso; Hospitalização.

RESUMEN

Objetivo: analizar la comprensión de acompañantes sobre la condición del anciano como paciente hospitalizado. **Método:** investigación de campo de naturaleza cualitativa, con 15 acompañantes de ancianos hospitalizados. Los datos fueron producidos mediante entrevista semi-estructurada y sometidos al análisis de contenido temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, CAAE 03636112.8.0000.5183. **Resultados:** surgieron dos categorías << Persona que está en proceso de envejecimiento >> y << Paciente que necesita de asistencia humanizada del acompañante y del equipo de enfermería >>. **Conclusión:** los acompañantes comprenden el envejecimiento, sea como proceso natural, sea como fase difícil, triste, que causa dependencia e inutilidad. La presencia del acompañante, permeada de atención, responsabilidad, amor y gratitud, y una asistencia de enfermería basada de una buena comunicación e intercambio de informaciones entre equipo, acompañantes y pacientes contribuyen para mejorar la condición del anciano como paciente hospitalizado. **Descriptor:** Acompañantes; Anciano; Hospitalización.

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INTRODUCTION

Human aging is a result of a biopsychosocial and cultural process that creates complex demands and requires different care of professionals who assist the elderly. It is a stage of life with its own characteristics and values, in which many changes occur in the individual, both in the organizational structure (metabolism, biochemical balance, immunity, nutrition, functional mechanisms) such as in the emotional and intellectual conditions and in the communication itself.¹

Like every stage of human life, aging has an existential dimension that modifies a person's relationship with time, generating changes in their relations with the world and with their own history.²

During hospitalization, the functional capacity of the elderly can be impaired and lead to dependence because it is a complex event that occurs in a moment of weakness, in which the elderly is taken from their environment and from their family and social life and transferred to a strange environment.³

Hospitalization, for the patient, is experienced as a world separation process. The hospital stay interferes directly into their routine as it implies the detachment from family and hampers their independence and causes fears about the disease and the treatment.⁴

Care for the elderly in the hospital environment involves the participation of professionals, students of the health area and the accompanying person (whether it is a family member or not), who arises in this scenario as another component to collaborate with the health team in the care for the hospitalized elderly.

The presence of the companion for the hospitalized patient (in the case of this study, for the elder), who in most cases is a family member, increasingly appears as a necessity when seeking the continued provision of home care and reducing the hospital stay.

The presence of the companion during the hospitalization of the elderly was guaranteed by the Ministry of Health, through Ordinance No. 280 of April, 7, 1999, by considering that the companion can help to improve the elderly's quality of life.⁵

Study shows that elderly submitted to therapeutic care in hospitals have improved quality of life in the presence of a family member or friend accompanying, since the patient feels safe and supported during the

disease, hospitalization and treatment process, being assisted in their recovery.⁶

In a study on the difficulties faced by the family during the hospitalization of a family member, it was found that on the one hand, the companions feel good to be on the side of those they love. On the other hand, like the elderly, they also suffer changes in their daily lives, as they find a strange environment, with predetermined schedule, institutional protocols; they feel physical discomfort (generated by the lack of a suitable place to rest), stress, anxiety, fear and anguish on the clinical picture of the elderly. These aspects generate changes in the life and in the health of the entire family and can harm the elderly care during hospitalization.⁷

Therefore, we emphasize the importance of the nursing staff, whose job is to meet the needs of patients and caregivers, helping them to understand, to accept and to cope with the disease, the treatment and the consequences that this new situation imposes on family life.⁷

The theme of the hospitalized elderly is widespread in the literature; however, there are few studies that address the condition of the hospitalized elderly in the view of companions. Moreover, in our care practice in a hospital environment, we realize that situations such as discontinuity of care, conflicts between caregivers and patients, little involvement of family and abandonment of hospitalized elderly patients are common. Therefore, it becomes important to develop studies to examine the understanding of companions on the condition of the hospitalized elderly.

That said, this study aims to analyze the understanding of companions on the condition of the elderly as hospitalized patients.

METHOD

This is a field research with qualitative approach, developed at the Medical Clinic Unit of the University Hospital Lauro Wanderley (HULW) at the Federal University of Paraíba - Campus I, located in the city of João Pessoa, PB.

Study participants were 15 companions of hospitalized elderly, selected by the following criteria: be found in the location selected for the study at the time of data collection; voluntary agreement to participate in the study; and written consent through the Informed Consent Form.

The production of data was carried out from March to May 2014, through semi-structured interview and with an MP3 player

used for recording. We presented the following question for the companions << How do you understand the condition of the elder as hospitalized patient?>>

The answers were transcribed verbatim and analyzed according to the steps of categorical content analysis technique proposed by Bardin: pre-analysis, exploration of material and treatment of results. Pre-analysis aims to organize the initial ideas, leading the analyst to develop indicators that underlie the final interpretation; exploration of material leads the analyst to perform various readings and to group the initial ideas, making then the categories and their subcategories emerge; and the treatment of results is the moment when the researcher performs the inference or interpretation and presents the data in categories.⁸ The testimonies of the study participants were referred by the convention (A1), corresponding to the first testimony, and so on.

The study met the procedures recommended by Resolution No. 466/2012 of the National Health Council, with regard to research with human beings, with the approval of the Research Ethics Committee of the Health Sciences Center of the Federal University of Paraíba, registered under number CAAE 03636112.8.0000.5183.⁹

RESULTS AND DISCUSSION

Among the fifteen companions of seniors who participated in the study, it was noted the predominance of women, 86.6% (13). With regard to age, 26.6% (4) of them are in the age group from 18 to 28 years old, 6.6% (1) is from 29 to 39 years old, 33.3% (5) from 40 to 50 years old and 33.3% (5) from 51 years old and older.

With regard to the degree of kinship of those accompanying the hospitalized elderly, 46.6% (7) are children (including five women and two men), 13.3% (2) are wives, 13.3% (2) are granddaughters and 26.6% (4) have no degree of kinship.

The analysis of the answers of the study participants resulted in the identification of two thematic categories: person who is in the aging process and patient in need of humanized care from the companion and the nursing staff.

◆ Discursive category 1 - Person who is in aging process

In this category, it was evidenced the understanding of the companion regarding the aging process, which was described as a natural process of life. This can be observed in the following speech fragments:

It is a natural process, that I hope it has a happy ending. If everyone had the good fortune to reach these ages, it would be nice. (A1)

It's something natural in life. (A7)

It is a natural process; we all have to go through this aging process. (A8)

It is a process of life that everyone goes through it: we are born, we grow up and we grow old. This is a natural process. (A9)

The aging process was described by caregivers as natural, therefore, inherent to the human condition. Corroborating the listed testimonials, the research emphasizes aging as a process accompanied by physical, psychological and social changes. These changes are natural, gradual and general, and may be noticed at an earlier or more advanced age and in a lesser or greater degree, according to the genetic characteristics of each individual and, especially, to the way of life of each person.¹⁰

In the social imaginary, aging appears as a process that develops with wear, increasing restrictions and physical and social roles losses in a trajectory that ends with death. These losses are treated only as health problems, expressed mostly in the appearance of the body.¹¹

The speeches of the companions also highlighted the need for the elderly to have a better quality of life, as it can be seen in the following testimonies:

We will all reach old age [...]. I take good care of the elderly because I know I'll get to that stage too. I have a father who is blind and I would like everyone to treat him well. (A3)

It's something that will happen; everybody, one day, will go through it. I hope I go well. (A5)

We must have a good quality of life in order to age well. (A14)

The person, increasingly, gets older and, therefore, needs to be treated well, to have people at their side. The elderly need a lot of family participation, so they do not feel despised [...]. We need to have a healthy life. (A15)

Respondents report that healthy aging is associated with a good quality of life, and that the elderly need to be treated well and have the participation of friends and family.

Since the global scenario points to an increasing number of elderly in the population and that they may present multiple chronic diseases that can cause dependence, this century will be marked by new care needs. The aging process means to prolong life, to fight against an early death and to keep existing.¹² In addition, aging is characterized by physical, psychological and social changes that affect each individual in a unique way.¹³

These changes, however, can be mitigated

through appropriate interventions, promoting a better quality of life to individuals in this age group. Maintaining well-being and/or dealing with the illness are constant experiences in the lives of those facing the aging process, which is why it is necessary to stimulate actions to promote health in order to maintain the independence of older people and to promote a so-called healthy aging.¹⁴

In old age, the quality of life is associated with autonomy and independence, and the absence of these factors is determinant to a negative quality of life. In addition to health, other factors such as income, lifestyle, religion and family, interfere with quality of life.¹⁵

Other companions express an understanding of aging that distinguishes it from youth: aging as a sad process that brings dependence and worthlessness, and youth as a phase that brings joy, happiness and satisfaction.

I think it [the aging] is a sad process, for everything we are going through; I would not like to reach that age. (A4)

I find it very sad, I am very afraid. Afraid of my old age because of the things I see [...] if I could, I would never grow old. (A6)

Unfortunately, it is very sad, youth brings a lot of joy, happiness, satisfaction [...] and old age brings dependency, uselessness. (A11)

It is a process that makes the person more dependent of others. (A10)

Each day is getting harder to reach old age, because of lack of care and delayed treatment of diseases. (A12)

The experience of caring for elderly family members contributed that the companions built an understanding of aging as a sad stage, with loss of youth, that promotes dependency and hopelessness, and thereby they developed fear of the own aging. This experience also allowed them to consider the condition of being old as difficult as A12 says. "*Each day is getting harder to reach old age, because of the lack of care and delayed treatment of diseases*". This speech, in a sense, serves to denounce the health care that is directed to the elderly in public health services, which is considered poor, given that the elderly becomes more dependent on professional care and therefore requires more health care, especially the hospitalized elderly.

Among seniors who require more health care are those with chronic diseases, which when associated with other diseases can generate strong impacts on the quality of life of the elderly, leading them to depend on hospital care to recover their health.¹⁶

Moreover, diagnoses related to sadness, lack of motivation and social isolation are

factors associated with low self-esteem, which influence the degree of dependence of the hospitalized elderly. Low self-esteem is associated with the development of chronic diseases and loss of ability to walk, which significantly affects their quality of life. Thus, the actions that are designed to encourage self-care and participation in decision-making directly or indirectly affect the quality of life and the welfare of the elderly.¹⁷

◆ Discursive category 2 - Patient in need of humanized care from the companion and the nursing staff

In this category, the companions' testimonies showed that the care provided by them to the hospitalized elderly are performed as a form of returning care, in which feelings of love, gratitude and concern are the most cited, as it can be seen:

What helps me is that I like to take care of her [...] it is the love. (A2)

Feeling of a deep love. I like to take care of her, to always be there when she needs me. (A8)

Feeling of affection. It is a relative, a family member, who took care of the children and of everyone and now it's the time to give back. It is our turn to give back what she has done for us. (A9)

Feelings of love, affection. After all he did for his children, now have to do double for him. (A14)

Feeling of concern [...] I have other brothers, but I am the one who comes here. Today, I know he's monitored; my concern is going out tomorrow and not having someone so that he is not alone. (A1)

Feeling of love for my father. And also sadness to see him sick, dependent. (A4)

The statements quoted above reveal, on the one hand, positive feelings of love, gratitude and pleasure in caring for the elderly and on the other, negative feelings of sadness and concern for the condition of the elderly as sick and dependent person.

Feelings of love and gratitude expressed by companions directed at the elderly relative are configured as a recognition of the dedication that they have demonstrated to the children during life and that, at the present time, the repayment for such dedication is materialized in the form of a jealous care, with expressions of affection, constant presence and satisfaction to be caring for someone so special.

Corroborating the statements listed in category two, study finds that, through the utterances of family members, the care exercised by them becomes pleasurable due to the existing emotional ties that are strengthened in opportunity of repayment.¹⁸

The feeling of concern is related to the continuity of monitoring of the hospitalized elderly, to prevent they feel isolated, and the feeling of sadness is related to the health condition of the elderly, for they are ill and dependent of care and attention.

The process of hospitalization is a challenge not only for the patient but also for the whole family, who feels distressed by the situation of their family member, who is in critical condition and doubts about his/her disease and his/her prognosis generates a sense of concern.¹⁸

The elderly need a greater demand of care due to their greater vulnerability, to low homeostatic reserve and to reduced ability to respond to different types of stress.¹⁹

Therefore, in the practice of care, affective and emotional aspects need to be linked to the moment in which each subject of this relationship is involved. Caring for elders mobilizes feelings, behaviors and gestures of caregivers interacting with the being who receives care.²⁰

Participants have also expressed a sense of moral duty and responsibility in monitoring their elderly family members that, at the moment, are in the condition of hospitalized patient. Let us listen to the testimonies, following:

Obligation. We have to come take care of him. (A1)

She has always taken care of us; it's time for us to take care of her. (A2)

I leave everything at home and come take care of him. (A4)

He is fragile and we have to give full attention. (A7)

Responsibility. He's my father and I have to take care of him. (A10)

I feel obliged to take care of him and to do my best to make him feel good and not feel a useless person for being sick, [...] to encourage him to tackle his own problem. (A11)

He is my father; I have to do the best for him. (A14)

The sense of moral duty and responsibility were described by caregivers as selflessness, dedication, attention, encouragement, recognition and repayment for the care received from their parents and commitment with care in pursuit of providing welfare and maintaining the autonomy of the elderly. Study carried out with companion family members pointed out that "the family is the system that supports and cares for its members and when coming across a disease situation, it structures itself to take care of their loved one." It is highlighted that this type of care goes beyond a simple imposition or obligation. It is generated at will and is

caused by emotional and blood ties existing between the companion and the hospitalized patient, which can generate various feelings, including gratitude.⁷

It is observed in the statements that those companions adopt a conscious attitude in the care of their elderly family, which is maintained by strong affective ties, causing them to put this care in the order of priorities in their daily lives.

In this context, it is noteworthy that the feeling of love is essential when caring of the other, since this feeling comes first, permeating the other activities in the care provided to the other, whose fundamental elements are the affection, respect and responsibility.²¹

The statements also emphasized the importance attributed by companions to their presence during the process of hospitalization of the elderly relative, as it can be seen in the following report:

The companionship, we have always been very close. I would not let him alone in no time. (A7)

What makes it easier is the thought that if we are here, it is better because by taking a companion along, care gets easier. (A10)

It is observed in these speeches that there is a companionship relationship, where the companion already has an affective bond with the elderly relative, which facilitates the provision of humanized care. Furthermore, the presence of the companion in the hospital has been described as necessary to ensure the most efficient and effective professional care.

Study emphasizes the importance of the bond between companions and elderly patients, as this causes that the companion has greater possibilities to help, to accept, to listen to the family member and even to help the health team regarding the patient's uniqueness. Moreover, even when the disease is the same, each patient will deal in a different way, and the proximity of the companion may operate as a link between the patient and the health care team.²²

Another important point highlighted in the testimonies of companions was nursing care. They reported that they are well assisted by nurses and that the quality of such assistance also extends to the hospitalized elderly, which can be observed in the following testimonials:

The assistance of the nurses is great, I have no complaints. (A1)

The nurses are great, very helpful, whenever we need, they always come without a face, with the greatest care. (A5)

I find it very good. I see the routine at the ward and I see all the care, affection. Whenever we need, they're always here. (A7)

Nursing care is very important; they always come, evaluate and check the pressure. (A9)
If I were to give a grade, I would give ten! I have always had a lot of support, both for him and for me, as I also have many health problems. (A11)

The care provided is good. The nursing care provided to him has been great. (A14)

These statements show that the nursing staff is active, present and interact satisfactorily with the companions and the elderly. This highlights the value of communication in nursing practice. Study claims that communication corresponds to a basic instrument of comprehensive nursing care and is considered essential for an effective and efficient care and also essential for humanized care.²³

The nurse's role is crucial in promoting quality of life and successful aging. The elderly are patients who usually need extra care and attention when compared to younger patients, since they tend to get sick and to be dependent and/or slow in performing functional activities. Study points out that in the view of the family, a nursing team is always present when demonstrates that has interest and commitment towards the patient. Actions such as these contribute to consolidate the humanization in hospitals.²³

Study conducted with nurses involved in providing care to the hospitalized elderly found that these professionals also show concern in ensuring the presence of the elderly's companion during the hospital stay and their autonomy, although noting that in some situations the elderly have difficulty to decide on their care.²⁴

On this theme, research highlights that there is a growing number of elderly who need special care provided by health professionals. Therefore, care for the elderly should be based on the maintenance of their health status, focusing in an active life expectancy aimed at the functional independence and autonomy.²⁵

CONCLUSION

This study has highlighted the understanding of companions on the condition of the elderly as hospitalized patients from their experience in accompanying their elderly relative. It could be understood that, for companions, the aging process, on the one hand, was considered a natural process of life and that requires a good quality of life. On the other, it was compared to youth, which is a phase that brings joy, happiness and satisfaction, and aging as a phase that causes sadness, worthlessness and dependence.

Before the testimonies obtained, it was noted that although the perception of companions on aging is negative, the feelings that cause them to be always present, accompanying their elderly relatives during the hospitalization process, are of love and gratitude, demonstrated in the form of repayment to care that one day they received from their elderly relative.

The assistance provided by the nursing team for the elderly was described by caregivers as comprehensive and humanized, as professionals are always present in patient care and also in supporting companions.

The statements showed the importance of communication and exchange of information between the nursing staff and the companions as a basic tool for comprehensive health care, making it a vital element to effective care to elderly patient.

The study pointed out that the companion's presence is relevant in daily monitoring of hospitalized elderly, since it allows a better relationship between patient and staff and brings them the sense of welcome, making the patient more confident in that hospitalization process.

The results of this study suggest an improvement from the perspective of care to hospitalized elderly, as it enables nursing professionals a broader reflection on the participation of companions in the care of their family members, helping those caregivers, through health education actions, to become allies of the nursing staff in order to offer a comprehensive and humanized care to elderly patient during the hospitalization process.

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