



CAREGIVERS OF HOSPITALIZED ADULTS FROM THE PERSPECTIVE OF THE NURSING STAFF

O ACOMPANHANTE DO ADULTO HOSPITALIZADO NA ÓTICA DA EQUIPE DE ENFERMAGEM EL ACOMPAÑANTE DEL ADULTO HOSPITALIZADO DESDE LA PERSPECTIVA DEL EQUIPO DE ENFERMERÍA

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ABSTRACT

Objective: to know nursing professionals' opinion about caregivers of hospitalized adults. **Method:** descriptive exploratory study with a qualitative approach. The data were obtained through interviews with 13 members of the nursing staff of a public hospital of a small city and subjected to thematic content analysis. The research project was approved by the Research Ethics Committee, Protocol n°. 615,617. **Results:** caregivers are not always well accepted by the nursing staff, although it is recognized that they relieve patients' pain and anguish and even help in the healthcare provided. The negative perception is influenced by the fact that some caregivers create frictions during the procedures, do not help in the care provided, and require information about the health condition of the patients. **Conclusion:** the nursing staff exhibits discrepancies concerning the presence of caregivers of hospitalized adults. **Descriptors:** Adult; Nursing Staff; Healthcare Standards; Hospitalization.

RESUMO

Objetivo: conhecer a opinião do profissional de enfermagem sobre o acompanhante do adulto hospitalizado. **Método:** estudo exploratório descritivo com abordagem qualitativa. Os dados foram obtidos por meio de entrevistas com 13 integrantes da equipe de enfermagem de um hospital público em município de pequeno porte e submetidos à análise de conteúdo, modalidade temática. O projeto de pesquisa teve a aprovação do Comitê de Ética em Pesquisa, Protocolo n° 615.617. **Resultados:** nem sempre este acompanhante é bem aceito pela equipe, embora se reconheça que ele alivia o sofrimento e angústias do paciente e até ajuda nos cuidados. Interfere na percepção negativa o fato de alguns criarem atritos durante a realização de procedimentos, não ajudarem na realização de cuidados e exigirem da equipe informação relacionada ao estado de saúde do paciente. **Conclusão:** a equipe de enfermagem apresenta divergências sobre a presença do acompanhante do adulto hospitalizado. **Descritores:** Adulto; Equipe de Enfermagem; Padrão de Cuidado; Hospitalização.

RESUMEN

Objetivo: conocer la opinión del profesional de enfermería acerca del acompañante del adulto hospitalizado. **Método:** estudio exploratorio descriptivo con enfoque cualitativo. Los datos fueron obtenidos a través de entrevistas con 13 miembros del equipo de enfermería de un hospital público de un municipio pequeño y sometidos a análisis de contenido temático. El proyecto de investigación fue aprobado por el Comité de Ética en Investigación, Protocolo n° 615.617. **Resultados:** no siempre este acompañante es bien aceptado por el equipo de enfermería, aunque se reconozca que alivia el dolor y la angustia del paciente y hasta ayuda en la asistencia prestada. La percepción negativa es influenciada por el hecho de que algunos acompañantes crean fricciones durante la realización de procedimientos, no ayudan en la asistencia prestada y le exigen al equipo informaciones sobre el estado de salud de los pacientes. **Conclusión:** el equipo de enfermería presenta divergencias acerca de la presencia del acompañante del adulto hospitalizado. **Descriptores:** Adulto; Equipo de Enfermería; Nivel de Atención; Hospitalización.

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INTRODUCTION

Hospitalization generates a change in the bio-psycho-socio-spiritual factor of human beings that require individual healthcare, attention, and information pertaining to what is being carried out. The patients experience an unknown process which causes fear and insecurity and ends up hindering the treatments.¹ This situation tends to be very delicate in the life of any individual due to the lack of an embracing atmosphere, change in daily routine, and family estrangement. Caregivers are also affected by others' hospitalization. They feel helpless, insecure, anxious, and doubtful about the situation. However, when they are with the patients, there is a mutual feeling of help and companionship, providing trust and security to the hospitalized patients who, by having a person that accompanies them, become calmer and reassured.²

The National Humanization Policy was created to promote the rights of hospitalized patients. This policy ensures pregnant women and those who have recently given birth, children, individuals with special needs, and older adults the permission to be accompanied by a caregiver in the hospital environment, without requiring prior authorizations.³ However, the gap in this policy is that there is no right for hospitalized adults to be benefited by caregivers. That is a concession granted by the institutions through a negotiation between users and the staff, which may become exhausting. The authorization is almost always granted only in cases in which the adults need help to perform basic activities of daily life, and it is closely related to the shortage of professionals in the institutions. In these cases, the needs of hospitalized individuals are not taken into consideration, because the priority is to resolve the institutional issue and not to promote a better emotional care for the patients.^{3,4}

Caregivers are seen as necessary for treatments, because they contribute in healthcare provided and assist in the adaptation of the patient to the hospital unit. The presence of persons who are close to the patients are undoubtedly beneficial, because they convey emotional and psychological support, security and protection, thus facilitating the period of hospital experience. However, it is necessary that the nursing staff understands the importance of these caregivers as companions of the patients and not as another employees composing the staff.⁵

It is worth noting that most caregivers are usually a family member of hospitalized adults and that the admission is a singular and difficult process. Anguish and fear are some of the feelings aroused, both for the patients and the caregivers. These feelings are worsened when the information about the treatments and the chances of recovery are rare and unclear. This fact causes mistrust and insecurity to the family members, since they do not understand the health condition of the the patients and imagine that everything they are going through is painful.⁶

In this context, the nursing staff that is more present in the inpatient unit for 24 hours a day should perform as a healthcare facilitator and understand the weaknesses of the patients, what they are feeling, and how they are experiencing that situation. In addition, they should clarify concerns and make the period of hospitalization more human.⁶ When this relationship with caregivers and users is established, the nursing staff can share responsibilities and encourage the individuals to understand their needs, in addition to enabling and encouraging caregivers and patients to achieve the goals that will make progress and mutual satisfaction possible.⁷

It is necessary that all nursing professionals recognize caregivers as part of the healthcare process, making it the least traumatic as possible, because the presence of someone known or a family member provides well-being to hospitalized patients.¹ Caregivers help constructively in the recovery of the patients and lead to the feelings of competence, personal achievement, love, and solidarity. Since caregivers contribute at the moment of greatest weakness of the patients, they function as interceptors between the users and the health team, in addition to being indispensable for patients' recovery and healthcare continuity after hospital discharge.⁸

Despite the evidence shown the literature that caregivers are healthcare facilitators—individuals who help in the treatment of hospitalized patients—in practice this is not always recognized.¹ The presence of caregivers may not only interfere with the process of healthcare organization in the nursing environment, but also with the answers of the health team associated with the needs of sick individuals. Thus, we defined the following research problem: Do nurses feel that the presence of caregivers of hospitalized adults is problematic for nursing care? As a way of answering this question, the goal of the study was to know the opinion of

nursing professionals about the presence of caregivers of hospitalized adults.

METHOD

This is a descriptive exploratory study with qualitative approach⁹ conducted in a municipal hospital of the metropolitan region of Maringá, State of Paraná, Brazil, which provides low- and medium-complexity healthcare to the local population. This institution had 23 inpatient beds, two nurses' stations, and 30 employees, of which three were nurses and 11 nursing technicians. The choice of this scenario is due to the fact that the majority of the patients admitted to this unit features acute or chronic diseases that require complex healthcare, which is why the presence of caregivers is common.

The whole nursing staff was invited to participate in the study. However, one nurse did not take part in the aforementioned research due to being part of the group of researchers, thus totaling a sample of two nurses and 11 nursing technicians. All the participants were informed about the goals of the research and invited to participate ensuring anonymity. It was explained that they could withdraw from the research at any time and that there would be no financial value involved. For the identification of the participants, we used the letter N for nurse and T for nursing technician, followed by an ordinal number corresponding to the order of participation in the interviews, for example, N1.

The data were collected by one of the researchers in each work shift depending on the availability of the employees in October 2013. The interviews were carried out individually in the nursing room. The data were obtained through semistructured interviews which were audio-recorded with the prior consent of the participants. Subsequently, we proceeded with an instrument prepared by the authors. It contained questions relating to demographic (age, sex) and working (training time, length of professional experience) data, and five leading questions, namely: (1) What is the perception of the nursing staff about caregivers of hospitalized adults? (2) How does the insertion of caregivers into nursing praxis take place? (3) In your opinion, what is the role of caregivers? (4) In which situations are caregivers accepted by the nursing staff? and (5) When are they rejected?

The interviews had an average duration of 30 minutes and, immediately after completion, they were transcribed in full in order to be subsequently subjected to content

analysis.¹⁰ We followed the following steps: pre-analysis; exploration of the material; and processing of results. Initially, we ordered the data gathering all the material obtained in the data collection and, subsequently, we performed a first reading to obtain a general perception of the content. Then, we proceeded with a long and exhaustive step classifying the data through coding and decomposition procedures to identify the essence of the main ideas and points in common in order to define the categories. In the final step of the analysis, we accessed and treated the empirical material so that it was meaningful and valid.¹⁰

In order to ensure the principles of the Helsinki Declaration revised in 2000 and Resolution 466/2012 of the National Health Council, we obtained authorization from the Municipal Health Department. We also obtained approval from the Standing Ethics Committee for Human Subjects Research of the State University of Maringá, State of Paraná, Brazil, with submission certificate for ethics assessment No. 25187414.0.0000.0104 and Opinion No. 615,617.

RESULTS

All the participants were female, two nurses and 11 nursing technicians. The average age of the nurses was 28 years and that of nursing techniques 46 years (ranging between 32 and 57 years). The average training time of nurses' was two years and that of nursing techniques six years.

With respect to marital status, ten were married, two were single and one was divorced. The average working time of the nurses in the hospital was two years and that of the nursing technicians was four years. The teams were divided into Daytime I and II, with three nursing technicians and one nurse per day, and Night I and II, with two nursing technicians and one nurse per night. Only one of the participants had another employment.

Two categories emerged from the analysis of the data. They were called: (a) Caregivers help, but sometimes they disturb; and (b) Acceptance and rejection of caregivers.

♦ Caregivers help, but sometimes they disturb

This category groups the reports that show the differences in opinions about caregivers. These divergences occur because the professionals had had positive and negative experiences. In this way, some professionals perceived that the persons who were with the patients managed to promote security and comfort:

[...] they bring the security and embracement that the patients need, they are seen as support for the healthcare provided to the patients, an expression of assistance [...] (N1)

[...] The caregivers comfort the patients, calm them down, because we have many patients to provide care for and then they help calm the patients down. Because every patient becomes very stressed by being hospitalized, then they give additional support for treatment adherence [...] (N2)

The professionals mentioned situations in which the caregivers provided security and embracement to weak patients, helping in treatment adherence and providing support during hospitalization. However, in some cases, the caregivers demonstrated their anxieties and concerns during invasive procedures and healthcare practices and that behavior tended to hinder the healthcare provided to patients:

[...] in my opinion, I think that the patients who are hospitalized have to be alone; therefore, the caregivers only disturb, they do not help; in fact, they end up asking more questions than the patients; sometimes they interfere with the treatments of the patients; sometimes the patients have to stay hospitalized more days; then, the caregivers demand that the patients are already well and need to go home; they do not wait for the medical assessment, you know; we have to respect the medical procedure, you know [...] (T8)

The negative experiences lead the professionals to position themselves against the possibility of the patients having a caregiver. The reports of the nursing staff show that, when the caregivers are willing to cooperate with the staff, their insertion is well accepted. According to the discourse of the participants, some differences were evident, for example:

[...] they help by collaborating with us [...] (T10)

The participants reported that the caregivers were hardly included in the healthcare provided within the context in which the staff worked:

[...] here, I think it's too little; they demand from us; they say that this is our obligation, that we have to be doing this or that to the patients, not them; they are there just to be companions, just to be watching; but for helping, they do not help at all; they think it's not their duty, but ours, the role of nursing [...] (T8)

For the professionals assessed, the caregivers were the individuals responsible for helping the patients, but they often ended up being complacent and not helping the staff:

[...] Sometimes, because sometimes they think that by being here their function has finished, but it's the other way around, you know; we need them to be there helping [...] (T11)

According to the reports, it can be observed that, from the perspective of the nursing staff, the role of caregivers is to provide support to the nursing staff. For the professionals, caregivers should be involved in the healthcare provided and support the nursing staff:

[...] in my opinion, they should take care of the person who is right there, in case this person feels sick, calls us; do you understand? Or sometimes, if necessary, even bath the patients, help bathing the patients, help in changing the clothes, because I don't think that the caregivers have to be there to take care of patients by themselves [...] (T13)

[...] They have to be there, to see what the patients want, to call us, they have to be there [...] (T12)

[...] like an assistant, to tell us when the medicine is over, if the patients have a fever, if the patients are feeling sick [...] (T10)

Other members, however, considered the caregivers as individuals who were there to take care, to promote biopsychical support to the patients:

[...] reassure the patients, leaving them more secure and also in user embracement, that's how I see [...] (N2)

In this sense, another nursing technician emphasized the importance of the caregivers for the patients:

[...] talking with them, being a companion, talking, keeping them busy, so that they don't get stressed, wishing to go away, to be spending time [...] (T10)

On the other hand, another nursing technician stressed that caregivers should be involved in healthcare provided to the patients:

[...] being present, you know; because they already coexist with the patients; they already know the patients' habits; they already know the patients' ways; since the patients are like that, the caregivers should be more present; and the patients become more distressed, because staying in the hospital is hard enough and, if a family member who is there is attentive, affectionate, the situation becomes easier for us [...] (T12)

♦ Acceptance and rejection of caregivers

From the experiences that the nursing staff reported, it was possible to identify a duality of feelings. In some situations, the caregivers

helped and contributed in the healthcare provided and, in those cases, they were well accepted by the staff:

[...] they are well accepted, when they really come to contribute to patients' safety and comfort, when they leave the patients quiet [...] (E1)

[...] They are not rejected in any situation, sometimes we say: hey! you're here to watch [...] (T9)

When that situation did not happen, the interviewees stated that in some cases the caregivers disturbed, they interfered with the service and disrupted the routines. In those cases, the interviewees described the caregivers as a nuisance:

[...] when they are not a companion, they end up not staying at bedside and contributing to the patients' well-being... when they don't calm the patients down [...] (E2)

[...] Many caregivers mistreat us with words, do you understand? They want us to say what the patients have, and that's physicians' function, therefore we can't say anything, then there is that situation. Then some people and we often prefer that the caregivers don't stay, because they are terrible, you know [...] (T12)

From a technician perspective, one of the participants reported her ideological stance:

[...] They are rejected when the patients walk around and manage to be doing all this, there's no need of caregivers, then the caregivers end up disturbing [...] (T11)

DISCUSSION

The discourse of the participants showed the major points of view expressed by the nursing staff, which demonstrated positive and negative perceptions about the caregivers relating to their presence during the hospitalization of adult patients. It is likely that the fact of not being assured by law, as in the case of children and older adults hospitalization, the presence of caregivers of adult patients create a considerable number of expectations in the members of the nursing staff which are not always achieved.

We observed that some interviewees had a technician view regarding the profession dedicated to meet the physical and biological needs of the patients. This is the result of training with great appreciation of the hospital-centric model. In addition, it was evident that, throughout the professional life, the perception about caregivers was often guided by personal experiences. The nursing professionals who faced conflicts with patients or caregivers exhibited more

difficulties to accept well the presence of the caregivers.

Nursing still features the hegemonic biomedical paradigm, which shows a trend to appreciate the technician approach to healthcare to the detriment of the individual and emotional aspects of the patients. However, there has been a change in these behavioral patterns, with greater appreciation of holistic healthcare, humanization, and the promotion of self-care as indicators of quality healthcare. Thus, it is essential that the nursing staff is technically and scientifically trained, respecting the principles of safety, promoting the proper management of the units, and focusing on self-care.^{11,19}

Nursing also exhibits numerous barriers with regard to the right of adult patients to have a caregiver. This fact occurs because the nursing staff is inserted in a complex and stressful environment, possesses a limited view regarding healthcare, and performs the activities in a compartmentalized manner. There are several studies addressing caregivers of children, pregnant women and older adults; however, the approach for adult patients is limited and faces several challenges due to not being included in the National Humanization Policy.^{1,3,12}

A study conducted in a philanthropic hospital with the nursing staff showed that the professionals demonstrated that the structural factor influenced considerably on the acceptance of caregivers. The authors highlighted that the inadequacy of the physical area for rest and sanitation, and lack of professional preparation of the health staff to help the caregivers were some of the obstacles that undermined healthcare quality during their stay in hospital.¹³

In general terms, the professionals seek the resolution of the immediate problem. They aim at achieving goals and activities and, sometimes, do not seek alternatives and improvements to meet the needs of the hospitalized patients and their caregivers. Therefore, healthy relationships between the staff, patients, and caregivers are undermined.¹²

In situations in which the nursing staff is unable to create a relationship with caregivers, they are perceived as unnecessary for healthcare, or only as individuals who are just evaluating the procedures performed. The discourse of the participants showed that the caregivers were required by the professionals if they were helping to reduce the burden of the staff with patients, mainly with respect to procedures that require more time, such as personal hygiene. This way, in

cases in which the caregivers did not have to perform basic healthcare, the nursing staff tended to reject them.

Studies have demonstrated that patients consider that nursing care is strictly technical, in which the main goal is to carry out the prescribed procedures and without any personal involvement with them. This type of behavior is many times explained by the shortage of professionals and patients' own experience in the hospital environment.¹⁴

The present study made it evident that the nursing staff perceived the caregivers as being supportive of the care provided, but these professionals did not take into account the subjective needs, in which patients and caregivers need to share the burden of hospitalization. This way, it is possible to note the distancing between professionals and users, which occurs as a means of self-protection and absence of affective relationships.

The interviewees agreed that caregivers also hindered the process of patients hospitalization due to the fact of being very demanding and/or evaluators of the work performed by nursing. In this way, it is worth mentioning that hospitalization is a shocking event for both the patients and their families, because the latter are faced with an unknown and scary reality full of uncertainties in which their family member is inserted. However, when the family members realize that various technological resources are being used and how the health team seeks the recovery of the patients, they feel more secure.⁸

On the other hand, some respondents also mentioned situations in which the presence of the caregivers benefited the patients, especially when the latter exhibited greater emotional, physical and biological fragility. The caregivers who are present, share the suffering, and motivate the hospitalized patients are usually well accepted by the nursing staff.

The family members experience rewarding moments when they realize that the patients are recovering; however, they also feel anguished, with a whirlwind of emotions that reveal ambiguous feelings. When the caregivers stay for a prolonged period of time in the institution, the nursing staff considers them the most demanding and questioning individuals, because they perceive how the patients are evolving. Therefore, the caregivers start providing some care procedures which belong to the function of the nursing staff.^{8,16}

We emphasize that the nursing staff should have a broader perspective about the role of caregivers during the hospitalization of adult individuals, understanding that their insertion in care provided will be possible if there is coexistence and dialogue. Having a caregiver should transcend the rights recommended; it should be something enjoyable for the nursing staff and everyone else involved in this process.

In order to provide comprehensive care to patients and their family members, new strategies for improvement of the difficulties faced by them should be taken into consideration. The nursing staff should inform the patients and their caregivers about the treatments that will be performed, in order to alleviate the fear and the real or imaginary threats experienced by the families. At the same time, caregivers should also be next to the patients, supporting and comforting them.¹⁷

It is necessary to understand the importance of interpersonal relationships in humanitarian healthcare, the reasons for hospitalizations, and allow caregivers' involvement in the hospitalization and their participation in healthcare provided and decision making. Both the nursing staff and those hospitalized should use strategies to perceive that therapies involve subjective factors relating to mutual decisions and choices.⁸

The role of the professionals should be a mediator between the relationships and promote them between the professionals, users, and caregivers. Also, they should promote the integration of users with the hospital environment by adapting and adjusting them to the real situation. The nurses and the other members of the staff should review their care practices, promote the humanization of healthcare, and turn the hospital into a less stressful and more welcoming environment for caregivers and patients.^{11,18}

The nursing staff will only be able to create a relationship with the patients and the caregivers through communication, empathy, and by meeting patients' needs. Nurses and nursing technicians who spend more time with patients—when compared with other health professionals—are responsible for ensuring that the needs expressed by the patients are met at any stage of life.¹⁹

Taking the families into account in the care provided is a huge challenge; however, it is necessary to remedy this resistance. The nursing professionals are the closest individuals to hospitalized patients and their

caregivers and, due to this fact, they have more ability to identify and understand the needs of both of them. The dialogue between the parties is essential, so that the family members are not only seen as information seekers.²

This way, the professionals can promote the consolidation of affective relationships. They should perform with affection during the care provision, addressing words of comfort, listening and showing solidarity with the situation that the family members are experiencing. They should also worry about minimizing caregivers' feelings of insecurity, distress and anxiety, thus promoting a humanized care.¹⁷

With respect to this need of the nursing staff to provide information, it is observed that the staff should invest even more in the communication process, since it will subsidize effective and efficient care provided to hospitalized patients. It is clear that users and institutions satisfaction can be achieved by strengthening the feelings, values and attitudes that they have toward one another.⁸

It is essential that caregivers stay with the users and that this permanence is recognized as a right. Thus, the hospital environment, all members of the health team and, especially, the nursing staff should adapt themselves to embrace and facilitate the presence of new actors, thus leading to healthcare humanization.¹⁸

It is possible to note the absolute necessity of implementing strategies by the nursing staff, from continuing education—which will provide aid for professionals to meet the subjective demands of patients, family members, or caregivers—to the flexibility in visiting hours, as well as providing clarifications to the family members or other caregivers emphasizing the care being provided, the change of procedures, and the reasons for such practices. This way, it may be possible to create a relationship with the families and improve the care provided to the patients, valuing the care that involves the affection and love reinforced by family ties.^{4,20}

We point out that when the nursing professionals provide care to patients and caregivers in a humanized manner, everyone perceives the intrinsic feelings that they develop in healthcare performance. This can be reflected in the satisfaction, the fight against the diseases, and the mechanisms that can be used to overcome it.²¹

CONCLUSION

The present study revealed that, from the point of view of the nursing staff, the roll of caregivers was to promote the care provided to hospitalized adults. However, the nursing staff had disagreements about how this insertion should occur. For the nurses, caregivers helped in the emotional and psychological aspects. They were companions and performed as facilitators between the nursing staff and the patients, and also helped in basic care. On the other hand, most nursing technicians regarded caregivers as responsible for meeting the basic needs of the patients. They had a very technicist conception with respect to this relationship.

It is important that the professional staffs include the caregivers into their care plans, empowering these subjects to provide care after hospital discharge; however, without considering them as an extension of nursing praxis.

We suggest that further studies should be conducted addressing the topic discussed in the present study, since the results obtained revealed the importance of inserting the caregivers of hospitalized adults and, especially, the reformulation of the National Humanization Policy that does not offer a legal right to these patients.

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