



PROMOTION OF THE WELL-BEING TO THE COMPANION IN THE HOSPITAL ENVIRONMENT: NURSING INTERVENTION GROUP

PROMOÇÃO DO BEM-ESTAR AO ACOMPANHANTE NO AMBIENTE HOSPITALAR: INTERVENÇÃO DE ENFERMAGEM GRUPAL

PROMOCIÓN DE LA SALUD PARA ACOMPAÑAR EN EL ENTORNO HOSPITALARIO: GRUPO INTERVENCIÓN DE ENFERMERÍA

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ABSTRACT

Objective: to characterize the caregivers of hospitalized patients; to identify the well-being of pre and post-group companions using the classification results of nursing (NOC); to analyze the limits and possibilities of integration of caregivers to the hospital environment. **Method:** study of quantity qualitative approach, quasi-experimental technique using focus groups with 140 caregivers of hospitalized patients in medical and surgical units in general hospitals, in Niterói/RJ/Brazil, after Project approach by the Ethics in Research Protocol 0102.0.258.000-08. For the analysis of the data the was used simple of content and descriptive Technique Analysis. **Results:** the profile of the caregiver was established; the factors implied in the formation of the caregiver paper; the role of the caregiver care; reflex and nexus of the relation accompanist-caregiver; and meaning of being caregiver. **Conclusion:** there was improvement in well-being after the group intervention, and the inclusion of the caregiver in practice requires adequate of the hospital landscape. **Descriptors:** Nursing; Caregivers; Nursing Care; Nursing Assessment; Psychotherapy, Group.

RESUMO

Objetivo: caracterizar os acompanhantes de clientes hospitalizados; identificar o bem-estar do cuidador pré e pós-grupo de acompanhantes utilizando a Classificação dos Resultados de Enfermagem (NOC); analisar os limites e as possibilidades de integração dos acompanhantes ao ambiente hospitalar. **Método:** estudo de abordagem quanti-qualitativa, do tipo quase-experimental, utilizando-se da técnica grupo focal com 140 acompanhantes de pacientes internados nas unidades clínicas e cirúrgicas de um hospital geral, em Niterói/RJ/Brasil, após aprovação do projeto pelo Comitê de Ética em Pesquisa, sob protocolo 0102.0.258.000-08. Para a análise dos dados foi empregada a Técnica Análise de conteúdo e descritiva simples. **Resultados:** estabeleceu-se o perfil do acompanhante; os fatores implicados na formação do papel de acompanhante; a atuação do acompanhante no processo de cuidar; reflexos e nexos da relação acompanhante-cuidador; e o significado do ser acompanhante. **Conclusão:** houve melhora no bem-estar após a intervenção grupal, e a inclusão do acompanhante na prática requer adequação do cenário hospitalar. **Descritores:** Enfermagem; Cuidadores; Cuidados de Enfermagem; Avaliação em Enfermagem; Terapia de Grupo.

RESUMEN

Objetivo: caracterizar los acompañantes de los pacientes hospitalizados, para identificar el bienestar de los cuidadores antes y después del grupo de compañeros con los Resultados Clasificación de Enfermería (NOC), para analizar los límites y las posibilidades de integración de escolta para el entorno hospitalario. **Método:** estudio de enfoque cuantitativo y cualitativo, el cuasi-experimental, utilizando la técnica de grupos focales con 140 familiares de pacientes hospitalizados en unidades médicas y quirúrgicas de un hospital general de Niterói / RJ / Brasil, después de la aprobación del proyecto por Comité Ético de Investigación bajo protocolo 0102.0.258.000-08. Para el análisis de los datos se utilizó la técnica de análisis de contenido descriptivo y simple. **Resultados:** establecer el perfil de la compañía, los factores que intervienen en la formación de la compañía de papel, el papel del acompañante en el proceso de atención, reflejos y nexos de relación de compañerismo y el cuidador, y el significado de ser un compañero. **Conclusión:** se observó una mejoría en el bienestar después de que el grupo de intervención, y la inclusión de la compañía en la práctica requiere la adaptación del entorno hospitalario. **Descriptor:** Enfermería; Cuidadores; Atención de Enfermería; Evaluación en Enfermería; Psicoterapia de Grupo.

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INTRODUCTION

The presence of the caregiver in the hospital environment contributes for well-being of the patient, better acceptance of the treatment, shorter internment time and fortifies the relationship, therefore it involves feelings, dedication, and, above all, historicity. However, the hospital routine can make it difficult this proximity between the caregiver and its being and, of this with the health team, beyond the comment of the basic cares and in the clarification of doubts.

As half to approach the caregivers of the health professionals and to ease to the understanding of the process health-illness, a group of caregivers in the University Hospital was implemented Antonio Peter, in a philosophy of experiences. Thus, the guiding of the study was: the Escort group promotes well-being to the caregiver?

The group interaction allows to know the emotional, cultural, economic and social issues that surround the hospitalized client and his entire familiar context, which transcends the biomedical model based on eye disease in their personal and biological aspects, focusing on specialties and use the group of technologies. Fosters sharing similar stories, caregivers need to living conditions, and feel more secure and have a sense that they are not alone in confronting the problems of hospitalization won his members.

To this end, traced as goals:

- To characterize the caregivers of hospitalized patients
- To find the well-being of the caregiver pre and post-group caregivers using the Nursing Outcomes Classification (NOC)

To analyze the limits and possibilities of integrating Escort to the hospital environment.

METHOD

Study of quantitative and qualitative approach, casi-experimental taking advantage of focal group technique where group are invited to participate in the discussions of issues suggested by them, and the researcher has the opportunity to know the attitudes, behaviors and perceptions of surveyed. The landscape was the medical and surgical wards, located in the 4° (fourth), 6° (sixth) and 7° (seventh) floors of a large university hospital in Niterói, Rio de Janeiro, Brazil.

Convenience sample of 140 subjects, these companions of hospitalized person, a total 30 group meetings. Exclusion criteria were:

patient Escort sectors of pediatrics and intensive care unit (ICU), do not agree to participate in signing the consent form. The subjects were identified by the letter A, followed by its corresponding number characterization [A1,A2(...) A140].The period of data collection was conducted from August 2007 to June 2009, with the approval of Ethics Committee in Research of the Medicine College/ University Hospital Antonio Pedro (0102.0.258.000-08 protocol).

To establish the first contact between the researcher and the study subjects, the researcher was directed to inpatient units had to be companions, which individually explained the study proposal, aimed at answering Scale NOC, group formation and its purpose, in which they agreed or not to participate.

After the acceptance and signing of the consent form (TBI), patients underwent pre-test group using the Scale for Nursing Outcomes Classification 'Welfare Carer' (NOC - Nursing Outcomes Classification), in which the companions / caregivers assign a score 1-5 to items satisfaction with physical health, emotional health, with the way of life; performance of usual roles, social support, instrumental support, professional support, social relations, and the role of caregiver. The number one (1) means extremely committed and five (5) nothing comprometido.¹⁰

Finally, as a second step each passenger was asked to go to the group meeting, which took place weekly on Fridays at 13:30 in the wards of the 7th floor of HUAP.

The themes discussed in the focus group of companions were: What is to be a companion? How to be a companion? Because being a companion? Activities of companions in the hospital environment; Leisure and Self Care of companions; dependency ratio; family and social network. This resulted in an exchange of views, ideas and experiences, expressed through discourse (speech recorded on tape k7) and / or the use of projective techniques (cutting glue, crayons, modeling clay).

Until 2 days after the group occurred, these same companions were again evaluated with the same scale NOC, denominated posttest. However, this third phase the sample was 50 because not all participants were still in hospital two days after the completion of the group, getting high, preventing the completion of post-test group with all subjects. But, as the study design did not hurt, since the 50 participants were obtained heterogeneously, given the proposed objective of assessing the possible

effects post-intervention group and a random sample of convenience.

In the content analysis, we identified referral units (RU), handled and organized into categories, presented in tables.

Regarding the quantitative data obtained, the analysis was simple descriptive in which, before participating in the group attributed the accompanying notes of one (1) to five (5) to your satisfaction welfare while caregiver, resulting in a value. And then, after the group attributed these same companions a second note to the items regarding satisfaction of the welfare of the caregiver, resulting in a second

value. This comparative difference between these two values, ie, before and after the group has demonstrated the significance of the group.

RESULTS

Table 1 presents the characterization data sample, including the distribution by sex, age, marital status and education level of the participants.

Table 1. Distribution of subjects companions of hospitalized patients by gender, age, marital status and education HUAP / UFF. Niterói, 2007-2009.

Characteristics	n (%)
Sex	
Female	135 (96,0)
Male	5 (4,0)
Sex (years)	
20-29	6 (4,3)
30-39	15 (10,7)
40-49	42 (30,0)
50-59	55 (39,3)
60-69	16 (11,4)
70-79	6 (4,3)
Above 80	0 (0)
Material status	
Single	5 (3,6)
Married	129 (92,1)
Divorced	2 (1,4)
Widower	4 (2,9)
Education level	
Illiterate	5 (3,6)
Incomplete Primary School	23 (16,4)
Complete Primary School	
Incomplete High School	47 (33,6)
Complete High School	14 (10,0)
Higher School	43 (30,7)
	8 (5,3)

Of the 140 subjects, 135 (96%) are female, aged predominantly between 40 and 59 years, representing 69.3%. Marital status Married majority of 129 (92.1%), education and elementary education 47 (33.6%).

The degree of kinship wife 42 (30%), daughter 36 (26%) mother and 34 (24.6%) were more present as chaperones, compared to other bonds sister 9 (6.4%), father of 3 (2 , 1%), mother 3 (2.1%), niece 3 (2.1%), the daughter in 2 (1.4%), coined 2 (1.4%), neighboring 2 (1.4%) aunt 2 (1.4%), press 1 (0.7%), formal caregiver 1 (0.7%).

The hospital stay close to loved daytime surpassed 51.4% 33.3% Full-time night shift and 14.2%.

As for activities under the responsibility, 47 (33.5%) than caregivers also cited domestic chores; 43 (30.7%) have jobs, 24 (17.1%) care for other people as his children, spouse, grandchildren or other family member, 4 develop volunteer work in the church; 1 studies and the other 21 subjects engaged only in the care of hospitalized patients.

About respite care 67 (47.9%) rely on the help of a second person. While 73 (52.1%) of caregivers assume the responsibilities of care alone.

To assume the role of caregivers, 92 (65.7%) subjects reported changes in their routine, while 48 (34.3%) no change in day-to-day.

Regarding the difficulties caring for 66 subjects reported their absence; contrasted with 50 subjects found that difficulty as the lack of knowledge on the actions of caring. Another 14 subjects reported that their health condition makes it difficult to care for others, 8 referred to the fact that they have other activities to perform, and only 2 financial resources, stating the difficulties of transportation expenses to get from their homes to the hospital daily, sometimes seeing the condition of having to stay in hospital for this reason.

Other 92 subjects (65.7%) reported health problems, and cardiovascular and osteoarticular who stood out when

compared to respiratory, endocrine, gastric, cardiac, neurological disorders, hematological, oncological and 48 subjects (34.3%) reported not having or has a health problem, unaware.

From speeches, appeared four categories, the first, 'Factors involved in the formation of the role of caregiver in the hospital environment', resulting in a total of 615 RUs, are these: Importance of the home environment and family care (74), Support family (59), tiredness, anxiety, stress (59), carries out basic care (48), Dependency and Eco-dependence (47), accumulation activities (47), previous experience / Vocation (40), Lack of family support (40) Change in routine (39), Relay (36), new experience (32), satisfaction with the hearing aid and the professionals (29), Contribution of the team (26), Obligation to care by relatives (25), Retribution of favors, friendship (12), Caregiver formal differs from informal (2).

The desire to return to the home represented the majority of satisfying their needs or the person assisted, as there are rules and standards established in the pre-hospital environment:

You feel at home more comfortable, more familiar. Here you feel lost. (A 25)

Sometimes you will have to take a bath again and it does not because the bath is only in the morning. (A 33)

During hospitalization, the aid relationship and collaborative care goes beyond the kin ties, involves feelings, closeness and indication.

I'm here taking care of a friend of 82 years because his wife of 70 years need to manage the restaurant and the children are in Argentina. (A 84)

That my neighbor has no children, then it has to be alone in the hospital. Then I think my mother has 5 children and then it costs nothing I come stay with her. (A 77)

Concern for the welfare of beings makes the accompanying pay attention to the care put into practice by the team to ensure that assistance reaches the immediate.

Is it time? Why was not given? The remedy has not yet arrived from the pharmacy? And if you must do not come at another time? I ask all the time to not be all remedies together. (A 96)

Note that the accompanying information they received, they knew what their role, they felt less anxious and perceive the presence of the professional as essential.

I look the serum and if I see it stopped, I know I can not put my hand there because it

is not my responsibility, even though I know I have to go call. (A 91)

Previous experiences positively influenced, care is made more safely, quickly, greater knowledge, resourcefulness and preparedness.

Now I feel even more prepared because I have observed how nurses care for her, as the water exchange, as it has to deal with the patient. (A 137)

The barriers often found in hospitals give rise to the second category 'Performance of the companion in the care process in hospitals': improper conditions of the hospital environment (96), Respect, fear of medical and nursing staff, (68) Difficulties information (48), Need for comprehensive care, (45) Learning (36), Assist nursing staff (35), Spot the attention (34), Law of caregivers (28), dissatisfaction with the conduct of professionals (14), a total of 404 RU.

Sees a dissatisfaction with the accompanying physical structure that provides hospital and the claim by promoting comfort.

The escort should have a minimum of convenience, having a place to put things to freeze, a place to sleep and a bathroom. (A 71)

As the girl has spoken, it is not good to sleep in a chair is really uncomfortable neck hurts. (A 78)

In the communication process, there is fear and respect by staff.

I do my best not to disturb anybody's team, for anyone having peeve with us, you know? (A 124)

I think if we do everything right as people without asking and act with ignorance, no problem. (A 121)

Limitations established by routine hospital or patient safety issues to cause anxiety in caregivers, who understood as something negative.

Ah, do not understand why I have to withdraw at bath time. Why can not I join? (A 53)

[...] It's time to visit the doctor passes we can ask things, right? But it's time to ask her out. (A 60)

The other day I went to help and the nurse said she could not. (A 28)

Act of caring and its implications do arise the third category 'Reflection and nexus of companion-caregiver relationship in the health and welfare of both' that resulted in 235 UR. Deficits in self-care, (48) Questions (42), health problems (39), Empirical Knowledge (38), Self-Care (28), satisfaction with group work (28), Valuing culture, beliefs and values (12) .

On the health aspect, it might be noted carelessness with interfering in favor of being

on welfare, which draws attention to work interventions that can prevent the health consequences and encourage independence between the caregiver and the care receiver.

I am here since Monday and do not drink water, barely go to the bathroom and not have appetite. (A 38)

After I lost my son in a motorcycle accident I do not improve, I will not take it anymore, I have taken several medications given by doctors, who all seem to only water. (A 72)

Sleep, rest and leisure, are also essential to health, but are little valued by cares.

Tiredness I do not speak anymore! (A 40)

Here now seems to my house. (A 55)

To intervene on their health status or a second person, the companions used up their empirical knowledge, positively believing in improvement or cure.

He spent a lot of thing that the doctor prescribing for sore and nothing was good. Then I went to my backyard caught sprouts cashews, cooked and placed over the wound. Not that he's good! (A 73)

It is observed that sometimes that help other patients, but the lack of information leads to the improper actions without the protections and the knowledge.

Sometimes I see the patient's side and asking for help go there, but I do not know if I can, if it's just washing your hands, I do not know? (A 112)

In the interactive process and knowledge among caregivers and healthcare team comes the category 'Understanding the meaning of being a companion,' in which it was identified that the companion has to be present and need to feel useful, he believes in improving the clinical, but in that context experiences suffering, fear of loss and seeking refuge in religion. Love (51), Help

(44), Faith (43) Suffering (29), Honey (25), note (24), Fear (18), support (16), Concern (16), Dedication (15), Force (14), Difficulty (13), pain (11), Hope (10), Respect (10), Patience (9), Expectation (8), Wrestling (8) Encouragement (6), Joy (2) and Solidarity (2).

I think the only thing I can do is give affection. (A 51)

For our family it is sad you see your relative asking not to puncture the vein that more does not tolerate such pain. In these moments we get to say you take pro soon. (A 83)

In my case only Jesus to give me strength. I lost my sister has a month now and this is my sister's daughter who died who was with the whole body paralyzed. (A 90)

In this conflict the support of social networking is relevant, but not always the division of roles happens.

We both decided that we will not talk to our sister rebel who has to visit our mother, we will leave on her own. (A 62)

In implementing the group of companions in the hospital and consequent 'Assessment of caregiver well-being before and after group of companions from the results of nursing (NOC)', there is favorable aspects after the completion of the group.

This serves to help one another know? (A 59)

This groups so help you comfort another, you see that has someone worse than you in the same situation. (A74)

In the pre-group the first score caregiver satisfaction regarding his personal life, social, physical and psychic was smaller, already after the interaction in group a final score was improved caregiver satisfaction, shows that table 2.

Table 2. Welfare evolution of pré-and-pos-group of caregiver escorts from the results of nursing (NOC). Group of escorts in HUAP/ EEAAC/UFF. Niterói, 2007-2009

Well-being of the caregiver	Pré-group Noc	Pós-group Noc
Satisfaction with physical health	176	201
Satisfaction with emotional health	159	207
Satisfaction with lifestyle	167	183
Satisfaction with performance of roles	210	228
Satisfaction with social support	199	220
Satisfaction with support for daily activities	190	214
Satisfaction with Professional support	195	225
Satisfaction social relations	224	229
Satisfaction with role of caregiver	232	240
Satisfaction with availability for rest	150	177
Satisfaction with coping skills	175	210
Satisfaction with sharing of family care responsibilities	193	205
Satisfaction with financial resources to care	170	171
Total	2440	2710

DISCUSSION

The characterization of the study subjects suggests that caregivers are in the process of aging, and 90% among 40 families and 59 females where male participation was not

clear, the fact still attributed to cultural values and the past, in which the woman played its activities exclusively in the home, thus providing time and skills to serve the people and care, however, to socially responsible tal.11-2

These responsibilities assumed normally fall on married people, it has to be divided between being in the hospital, taking care of household chores, children, and / or other dependents, and sometimes go to emprego.¹²

This triple shift and dependent relationship between the caregiver and their loved alter the physical and mental state, and the consequences are no longer feed properly, lack of time for physical activities, lack of sleep, low fluid intake, estrangement from others family, guilt, lack of leisure and emotional imbalance opposite situation imposita.¹¹⁻¹³

The hospital setting as portrayed interferes with rest and necessary comfort to the caregiver, and the loss of privacy and decision-making, and still brings financial costs of transportation to the local¹⁴⁻¹⁶. The possibility of caring at home means choosing the most appropriate time for basic care being performed and preserve individuality, because I know the preferences of your loved, and try to adapt los.¹⁵

This perception of the family may also be related to the very position of the professionals, while reinforcing the duties, obligations and responsibilities of caregivers in hospital.^{2, 14} The lack of care can cause insecurity, discomfort, fear and doubt how to act in every situation mainly that he never assumed the role of caregiver and feels unprepared for tal.¹⁴

Care to hospitalized loved often extend to the household, such as food preparation and realization of dressings, here is enforcing the role of the nurse with the guidelines in the continuity of care, especially those caregivers who have no previous experience or the level of education hinders learning. However, this relationship often occurs distanced ie the professionals take care of the sick, but disregard the presence of family members suffering on the health of their loved one, either by removal home, or have your daily life changed, and the need for a new role of the social caregiver.

Thus, either by attendance policy actions Humanização¹⁷ National is in compliance with Ordinance 280/99¹⁸ allowing the permanence of companions in the hospital, it should be as a profession committed to the care, actions to provide welfare and guidance to acompanhantes¹⁹.

The ability to share and cooperate in the care minimizes stress and allows you to enjoy more life; since care often involves the obligation to repay favors,

feelings, values and responsibility for others in a position of dependency or partial total.^{11, 21,22} Thus, the group work can be a strategy to improve communication, promote health, encourage healthy habits, exploring different cultures and customs, contribute to behavior change and promote the socialization of knowledge in health.⁸

The subjects who participated in this study group, realized that it was not more research, but that was seeking a differential on track, guide and assist the passenger at a time that his reason and emotion were unbalanced. The principle application of the scale looked afraid, thinking it was more of a role to fill, only to meet the proposal, the receptivity just happened. Identified themselves to others, their similar stories, their difficulties, a space for listening and sharing.

At the end of the group had the prospect of improvement and strength to overcome the obstacles which were at the mercy, and the formation of a network of support among caregivers.

Quantitative results demonstrate the improvement in at least one of the items of the instrument, a difference in the quality of care that is consistent with the idea of expansion and continuation of the group.

CONCLUSION

Of the 140 subjects who participated in the escort group, the greatest were women and family affairs, or even with other health problems put a willingness to care for or follow, regardless of the bond formed and the repercussions to their way of life.

Caregivers need to be stimulated as the promotion of well-being. To this end, saw the interaction and collaboration between the family as essential. The group's proposal achieves the goal of nursing intervention with the escort. Favoring the expression of their feelings and expectations, needs, life stories, making them say and make sure their health and patients, enable the knowledge, information and physical and mental health to companions. It asserts that the group techniques are applicable and recommended practice in the hospital setting.

The nursing outcomes appear as something 'new' still in our practice, the study also comes timidly, as it has not been possible to present the data of significance, a limitation, but with the absolute descriptive analysis shows the improvement of the subjects after the intervention. This raises their use in clinical practice becomes proper, and assists in a field still sometimes arid evaluations of

nursing interventions, thus contributing to the construction of science in nursing.

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