



HEALTH EDUCATION FOR COMPANIONS OF HOSPITALIZED PATIENTS EDUCAÇÃO EM SAÚDE PARA ACOMPANHANTES DE PACIENTES INTERNADOS EDUCACIÓN EN SALUD PARA ACOMPAÑANTES DE PACIENTES INTERNADOS

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ABSTRACT

Objective: to report the experience of health education on the biosafety carried out to the companions of patients with infectious diseases hospitalized in a hospital of reference in infectology in the Amazon. **Method:** descriptive study, related experience type, carried out with caregivers of patients with infectious diseases at a reference unit in infectology. **Results:** 49 meetings were held with a participation register of 488 listeners. Almost all (89.6% of those interviewed) reported that they had never had the opportunity to participate in a health education program in other hospitals. The most frequent doubt of the listeners, before the biosafety teachings, was, not knowing what measures to take to avoid carrying microorganisms, existing in the hospital environment, into their homes. **Conclusion:** the data confirms the importance of providing biosecurity care to the caregivers, based on a simple and didactic language, so that knowledge becomes accessible and understandable, thus promoting positive habit changes in the hospital environment. **Descriptors:** Health Education; Health Promotion; Caregivers; Communicable Diseases; Patient Safety; Education Department, Hospital.

RESUMO

Objetivo: relatar a experiência da educação em saúde sobre a biossegurança realizada aos acompanhantes de pacientes portadores de doenças infectocontagiosas internados em um hospital de referência em infectologia no Amazonas. **Método:** estudo descritivo, tipo relato de experiência, realizado com acompanhantes de pacientes portadores de doenças infectocontagiosas em uma unidade de referência em infectologia. **Resultados:** foram realizados 49 encontros com um registro de participação de 488 ouvintes. Quase a totalidade (89,6% dos acompanhantes entrevistados) informou nunca ter tido a oportunidade de participar de um programa de educação em saúde em outros hospitais. A dúvida mais frequente dos ouvintes, antes dos ensinamentos de biossegurança, foi de não saberem quais medidas realizar para não levar microrganismos existentes no ambiente hospitalar para dentro de suas residências. **Conclusão:** os dados confirmam a importância de disponibilizar, aos acompanhantes, os cuidados de biossegurança, a partir de uma linguagem simples e didática, para que o conhecimento se torne acessível e entendível, assim, promovendo mudanças de hábitos positivos no ambiente hospitalar. **Descritores:** Educação em Saúde; Promoção da Saúde; Familiar Cuidador; Doença Infectocontagiosa; Segurança do Paciente; Serviço Hospitalar de Educação.

RESUMEN

Objetivo: relatar la experiencia de la educación en salud sobre la bioseguridad realizada a los acompañantes de pacientes portadores de enfermedades infectocontagiosas internados en un hospital de referencia en infectología en Amazonas. **Método:** estudio descriptivo, tipo relato de experiencia, realizados con acompañantes de pacientes portadores de enfermedades infectocontagiosas en una unidad de referencia en infectología. **Resultados:** fueron realizados 49 encuentros con un registro de participación de 488 oyentes. Casi la totalidad, el (89.6% de los acompañantes entrevistados) informó que nunca haber tenido la oportunidad de participar en un programa de educación en salud en otros hospitales. La duda más frecuente de los oyentes, antes de las enseñanzas de bioseguridad, fue de no saber cuales medidas realizar para no llevar microorganismos existentes en el ambiente hospitalario dentro de sus residencias. **Conclusión:** los datos confirman la importancia de ofrecer, a los acompañantes, los cuidados de bioseguridad, a partir de un lenguaje sencillo y didáctico, para que el conocimiento se haga accesible y entendible, así promoviendo cambios de hábitos positivos en el ambiente hospitalario. **Descriptores:** Educación en Salud; Promoción de la Salud; Cuidadores; Enfermedades Transmisibles; Seguridad del Paciente; Servicio de Educación en Hospital.

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INTRODUCTION

The nurse's activities are diversified, becoming a complex process, understood by caring, educating and managing. However, it has been observed that health education practices in secondary and tertiary care have been placed in the background, since working with Nursing occupies itself in other tasks, turning only to care and management services. It is believed that caring, associated with educating, directly favors health care when the family is included in the hospital environment.¹

Health education consists of a teaching-learning process that aims to promote health, and the professional in this area is the main mediator for this to occur. It should be emphasized that it is an educator who is prepared to propose strategies in order to offer paths that allow for positive changes in people / communities.² It should be noted that the educational practice in health should not only be focused on sick people, but, also, in those susceptible to changes in their state of health, such as the companion.

Caregivers or companions in the hospital environment are of fundamental importance for patient recovery, as they function as an emotional, physical support and allow for greater security in the care provided due to the existing bond between them. Their participation can be improved when relevant information that helps with care is available.³

However, there is little concern for those who care for the sick person and who do not exercise paid and / or professional activity indicated for this: the companion. Sometimes it is forgotten that it is also liable to present an imbalance in health.⁴ The exposed risk becomes even more aggravated when the sick patient has infectious diseases, where special care is needed, so as not to make their companion a new victim of the same pathology.

The hospital environment poses risks of unhealthiness to those who are constantly in contact with potentially infected fluids. In this context, there is a need for biosafety precautions capable of providing the patient, caregiver and health professional with protection against occupational hazards.⁵ A large part of accidents with biological material occurs due to the inadequate and / or ineffective use of the proposed standards, thus giving rise, to the risk that becomes even greater when in an environment of infectious diseases.

It has been evidenced the need for studies and reflections that involve the companion of

patients with infectious-contagious diseases, especially with regard to health education, since, in addition to the burden arising from the task of caring, they usually suffer wear on their physical health, emotional and social risk and is exposed to the risks of acquiring such diseases, which may turn it into a new demand for the health service.

Considering what was explained, this study arose from the need to know the profile of the patients' companions who arrived at the hospital unit and, at the same time, to transmit information to clarify any doubts about the biosafety procedures to be adopted with the patients with infectious diseases.

OBJECTIVE

- To report the experience of health education on biosafety applied to caregivers of patients with infectious diseases hospitalized at a reference hospital in infectious diseases in Amazonas.

METHOD

This is a descriptive study, a related experience, developed from the experience of health professionals in the promotion of health care for patients with infectious-contagious diseases, through health education carried out in a unit of reference in infectious diseases in the city of Manaus / AM, from January to December 2016.

The survey had the participation of 488 listeners, all hospitalized patient's legal companions. The selection of these occurred according to the following inclusion criteria: be over 18 years of age, willing to participate in the educational action, and be a hospitalized patient's companion. Companions of patients who were only under observation were excluded.

The study obtained descriptive data from the direct contact with the studied reality, mainly concerned with reporting the perspective of all participants involved in order to work on the universe of singularities, values and attitudes as a result of the research being qualitative.⁶ In addition, the purpose was to observe, describe, explore, classify and, from all systematization, be able to analyze and interpret collected data that show information about aspects related to a certain fact or phenomenon.⁷

The operationalization of the study took place in a weekly conversation, divided into six moments, with a total duration of 60 (sixty) minutes: at the first moment, the invitation to the relatives / companions took place to compose a conversation wheel in

which the chairs were distributed in order to promote face-to-face interaction. Subsequently, a semi-structured interview was conducted to verify their biosafety knowledge. In a third moment, a professional physiotherapist invited them to get up and do work exercises. In a fourth moment, with the help of the Psychology service, it was opportune to the listener to express their yearnings and if there was something to be done so that their stay in the hospital became more pleasant discussing subjects to supply the physical and spiritual necessities.

At the fifth moment, a lecture was given by nurses and other professionals from the Internal Commission on Infection Control (ICIC), presenting information on Biosafety, using posters and distributing a summarized primer of the content addressed in order to guide and direct the dialogue. At the last moment, the users were asked for suggestions to improve this activity and again applied the semistructured questionnaire to evaluate the effectiveness of the education carried out.

Regarding the ethical aspects of the work, it respected the norms and procedures set forth in Resolution No. 466/12 of the National Health Council, which regulates, at the national level, researches with human beings and procedures were performed only after approval of the protocol by the Research Ethics Committee of the Dr. Heitor Vieira Dourado Tropical Medicine Foundation (FMT / HVD), under Opinion No. 220.205 and CAAE: 12430513.5.0000.0005.⁸

RESULTS AND DISCUSSION

• Related Experience

In a period of one year, 49 meetings were held with a participation register of 488 listeners. Of these, 72.2% were of the female gender and only 27.8% were of the masculine gender. The great majority (74%) were from Manaus, the metropolitan capital of the State of Amazonas, 20% from other cities within the Amazon and 6% from other Brazilian states.

It is worth emphasizing that the prevalence of women in the practice of inpatient care is a reality present in the hospital routine.⁹ The choice of the companions is made according to family preference or need and not by personal abilities or previous experiences, as well as simply because lack of availability of male time because this is, in the majority of the families of this study, the main provider of the home.

The activities aimed at health promotion through dialogue seeking the exchange of knowledge and biosafety skills to the

companions / family members who gave care to inpatients. The caregivers / family members' interest in contributing more to care was clear, however, many questions arose mainly about measures of individual protection and correct way of hand hygiene.

When checking the age group of the participants, it was observed that the highest prevalence was between 18 to 30 years (30.2%), followed by 30 to 40 years (24.4%) and over 60 years (7, 5%). More than half of the interviewees (61.1%) had only elementary school.

This data only affirms the importance of making these caregivers available to biosecurity care, as observed by Soares and collaborators (2017), from a simple and didactic language so that knowledge becomes accessible and understandable, thus promoting changes of positive habits in the hospital environment.¹⁰

When asked how to protect themselves from contamination in a hospital environment, the most frequent response (49%) was the "prioritization of hand hygiene". This was further confirmed when, responding to the post-test, the companions answered on which of the subjects addressed in the meetings of the Health Education had no knowledge and most also answered: "the lack of knowledge of the correct way of hand hygiene."

The hands are also the vehicle of transmission of germs. This leads to reflection on the need to teach the correct way of hand hygiene not only for those who are in the health care of the patient but for all who are in contact with it. The practice of hand hygiene reduces, significantly, the transmission of microorganisms and, consequently, reduces the incidence of the preventive infections reducing the morbimortality in health services.¹¹

Hand sanitizing with alcoholic solution was the most indicated product of choice if there is no visible dirt in them, as it promotes microbial reduction, it requires less time for application and causes less irritation than cleaning the hands with soap and water, associated or not with antiseptics,¹² in addition to being easily accessed by all the companions, because, at each bed, there is an alcohol gel device to facilitate the availability.

In this sense, the selection of this educational strategy with a well-designed target was necessary to obtain positive changes of conduct. The prevention and control of nosocomial infections are linked to health promotion, which needs to direct itself at making the companions aware, so that

behaviors harmful to themselves and to patients are abandoned.

A common question to listeners before the biosafety teaching was that they did not know what measures to take to avoid carrying microorganisms in the hospital environment into their homes. When questioned through a pre-test, 43% answered that they thought they should separate the clothes used in the hospital environment from the others at the time of washing; 26% answered "not knowing what to do"; 13% answered that they would "take a shower immediately upon arriving home" and 18% answered other ways.

The profile of the expressed participants showed that 68% of them did not exchange, that is, they spent many days in the hospital environment. Due to this fact, they accumulated a great amount of dirty clothes that was taken to their own residences for washing without any special care.

One of the probable sources of infection is in hospital equipment, including clothing and uniforms, which present a 60% contamination, including bacteria resistant to different drugs.¹³ These clothes are potential carriers of possibly pathogenic microorganisms to patients and family members. In their cross-sectional study carried out through the collection of samples from uniforms used by professionals that work in the ICU, Valadares and collaborators (2017) showed that the contamination of these clothes increases progressively, according to the time of use and activities developed in the period of use.¹⁴

Correctly following the procedures required for the cleaning of clothes used in hospital environments is of fundamental importance in controlling their colonization. The procedures consist of storing them separately from clean clothes, transport in a closed container, as well as separate washing from ordinary household clothes.¹⁵

In order to guide the caregivers about their behavior in the hospital environment, so that they do not become a causative agent of cross infection, a booklet with simple language and easy to understand was created and made available to them during the meetings. It contained important information on biosafety and appropriate behavior in the hospital environment.

The use of technological resources is important in the attempt to provide support to health care, giving greater solvency and quality in care.¹⁶ Health technologies are necessary and can be grouped into: Hard technology - represented by concrete material, such as equipment, machinery,

permanent or consumer furniture; Light-hard technology - including the structured knowledge represented by the disciplines and / or different professional categories that operate in the health system involving standards, protocols, knowledge produced in specific areas; Light technology - are those produced in live work, in the act, which is expressed as the process of production of communication, relationships, links that lead to the meeting of the user with health action needs.¹⁷

The technologies developed in this study were light and light-hard. They presented themselves as an essential tool in the accomplishment of these educational actions, since they allowed the accessible communication between professionals and users, as subjects who judge and give opinions, resulting in an adoption of new positive practices in health promotion.

Participants were asked about the main measures they should take to stay protected from contamination in the hospital environment. Most respondents (49%) said they should prioritize hand hygiene and the use of Personal Protective Equipment (PPE) and 14% said they did not know how to protect themselves.

It is known that in the hospital environment the presence of biological agents is constant, but the interurrences resulting from the exposure can and should be avoided by means of individual protection measures. However, according to Sousa et al. (2016), the biological risk arising from the appearance of the consequences of the exposure is not immediate or visible to the naked eye, it can lead to dangerous self-neglect, posing a risk to health. It is pertinent to emphasize, therefore, the importance of the information / orientation about the risks inherent to the occupational exposure suffered by these companions and that they have free access to the PPE whenever it is necessary.¹⁸

Almost all of the companions interviewed (89.6%) reported never having been invited to participate in a health education program in other hospitals. This shows the need to deconstruct and reconstruct the concepts of action in Education in the Hospital Environment, working to ensure that technician assistance activities are overcome and health professionals can also return to the importance of educating in the hospital environment.

The activity was very optimistic on the part of the participants, when 99.5% answered that the knowledge acquired during the meetings influenced them to the best practices and

attitudes within the hospital environment. This analysis shows the positive contribution of a pedagogical practice based on the principle of autonomy, reflection, interdisciplinarity and integration in teaching, within the hospital environment, focused on the companion.

CONCLUSION

The analysis of the companions' conception about the health education activity carried out revealed the importance and contribution to a better understanding of the biosafety practices in the hospital environment. It should be emphasized that the group activity enables a better exchange of knowledge, experiences and living, as well as the knowledge of the health professional to the accompanying family member.

The experience demonstrates the lack of knowledge of the companion regarding the biosafety procedures adopted in the hospital environment, as well as the relevance of the health team in the education of these users, drawing a communication link between them.

The testimonies analyzed indicate the need to rethink the health professional in the field of health education, showing that these actions are directed to a process that is not contemplated in the professional practice, often limiting itself to an action that does not see the companion / family to be cared for and who also needs attention and guidance.

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Submission: 2017/10/31

Accepted: 2018/03/08

Publishing: 2018/04/01

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