

ORIGINAL ARTICLE

ROLE OF THE COMPANION IN HOSPITALIZATION: NURSING PROFESSIONAL'S PERSPECTIVE*

PAPEL DO ACOMPANHANTE NA HOSPITALIZAÇÃO: PERSPECTIVA DOS PROFISSIONAIS DE ENFERMAGEM

PAPEL DEL ACOMPAÑANTE EN LA HOSPITALIZACIÓN: PERSPECTIVA DE PROFESIONALES DE ENFERMERÍA

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ABSTRACT

Objective: to know the meaning of the role of the companion of the hospitalized person from the perspective of nursing professionals. **Method:** this is a qualitative, descriptive and exploratory study in a hospital institution, with 19 nursing professionals, and data was collected through recorded semi-structured interviews. It was used the technique of Content Analysis in the Thematic Analysis modality for the data organization. **Results:** a theme was defined, called Companion: the aid that should not bother, composed of three subthemes: Expected act of the companion: extension of the nursing staff; Code of conduct: do not differ from the nursing staff and determinants of companion: the real and the hidden. It was understood that, from the perspective of nursing professionals, the companion should perform the function of assisting the team, but without interfering in their activities, and that this perspective influences the decision to allow the companion to stay in cases not provided for by the legislation. **Conclusion:** discrepancies about the role of the companion between the mid-level and the higher-level professionals are noticed and there is a need for reflections about the meaning of this role. **Descriptors:** Hospitalization; Nursing Service, Hospital; Caregivers; Nursing; Nursing care; Qualitative Research.

RESUMO

Objetivo: conhecer o significado do papel do acompanhante da pessoa hospitalizada na perspectiva dos profissionais de enfermagem. **Método:** trata-se de estudo qualitativo, descritivo e exploratório em uma instituição hospitalar, com 19 profissionais de enfermagem e se efetuou a coleta de dados por meio de entrevistas semiestruturadas gravadas. Utilizou-se a técnica de Análise de Conteúdo na modalidade Análise Temática para a organização dos dados. **Resultados:** delimitou-se um tema, denominado Acompanhante: o auxílio que não deve incomodar, composto por três subtemas: Agir esperado do acompanhante: extensão da equipe de enfermagem; Código de conduta: não divergir da equipe de enfermagem e Determinantes do acompanhar: o real e o oculto. Apreendeu-se que, na perspectiva dos profissionais de enfermagem, o acompanhante deve desenvolver a função de auxílio à equipe, porém, sem interferir nas suas atividades, e que esta perspectiva influencia a decisão de possibilitar a permanência do acompanhante nos casos não previstos pela legislação. **Conclusão:** percebem-se discrepâncias acerca do papel do acompanhante entre os profissionais de nível médio e os de nível superior e evidencia-se a necessidade de reflexões acerca do significado deste papel. **Descritores:** Hospitalização; Serviço Hospitalar de Enfermagem; Cuidadores; Enfermagem; Cuidados de Enfermagem; Pesquisa Qualitativa.

RESUMEN

Objetivo: conocer el significado del rol del acompañante de la persona hospitalizada desde la perspectiva de los profesionales de enfermería. **Método:** este es un estudio cualitativo, descriptivo y exploratorio en una institución hospitalaria, con 19 profesionales de enfermería, y los datos fueron recolectados a través de entrevistas grabadas semiestructuradas. Se utilizó la técnica de Análisis de Contenido en la modalidad de Análisis Temático para la organización de datos. **Resultados:** se definió un tema, llamado Acompañante: la ayuda que no debería molestar, compuesto por tres subtemas: Acto esperado del acompañante: extensión del personal de enfermería; Código de conducta: no difieren del personal de enfermería y los Determinantes del seguimiento: lo real y lo oculto. Se entendió que, desde la perspectiva de los profesionales de enfermería, el acompañante debe realizar la función de ayudar al equipo, pero sin interferir en sus actividades, y que esta perspectiva influye en la decisión de permitir que el acompañante permanezca en casos no previstos por la legislación. **Conclusión:** existen discrepancias sobre el rol del acompañante entre profesionales de nivel mediano y superior y la necesidad de reflexionar sobre el significado de este rol. **Descriptores:** Hospitalización; Servicio de Enfermería en Hospital; Cuidadores; Enfermería; Atención de Enfermería; Investigación Cualitativa.

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*Article extracted from the Undergraduate Thesis << Meaning of the role of the companion in a hospital unit: the nursing professional's view >>. Federal University of Alfenas. 2016.

How to cite this article

Brito MVN, Ribeiro DE, Lima RS, Gomes RG, Fava SMCL, Vilela SC, et al. Role of the companion in hospitalization: perspective of nursing professionals. J Nurs UFPE on line. 2020;14:e243005 DOI: <https://doi.org/10.5205/1981-8963.2020.243005>

INTRODUCTION

It is known that hospitalization is an experience that impacts the routine of hospitalized people and that, in addition to the care needs arising from the impairment of biological functions, the sick also express the desire for companionship.¹

It is admitted that with hospitalization feelings of uncertainty, fear and anxiety are present and, in this context, the permanence of the companion is described as capable of providing emotional support, security and protection, as well as contributing to the maintenance of bonds to cope with the disease, the restoration of health and the quality and humanization of care.²⁻⁴

Bill 4996/2016 is currently being processed, which aims to ensure the right of the companion for persons admitted to public and private health services.⁵ However, it is observed, so far, that, despite the benefits of the presence of the companion, this right is guaranteed only to specific audiences: elderly; children and adolescents; people with disabilities and parturients.⁶⁻⁹

It is noteworthy that, for people who do not fit these specific profiles, the authorization of companions to stay in a hospital environment is not recognized in Brazilian law, and the decision is often up to the nurse, who assesses the need, considering mainly, the degree of patient dependence.^{2,10}

The follow-up is configured as a concession that is permeated by negotiations with the hospital institution, which are influenced by the conditions of the unit and the need for the companion to act in order to meet the demands of the nursing professionals involved in care, in detriment of the benefits it could provide to the sick in the hospitalization process.¹⁰⁻¹

Thus, it appears that there are gaps in the setting of hospital institutions in the definition of what is a companion, since different roles are attributed to this figure: staying with the hospitalized person; minimize deficiencies in the number of nursing professionals to meet the needs of care; observe the conduct of the nursing staff and ensure the safety of care, and also contribute to the recovery of the hospitalized person.¹⁰

It is evaluated that, by recognizing the companion as an important element in inpatient units, studies on the theme may favor a better reflection on professional practice, providing subsidies for the management of nursing care.

Given the above, the following questions are asked: for nursing professionals, what is the role of the companion during hospitalization?

OBJECTIVE

- To know the meaning of the role of the companion of the hospitalized person from the perspective of nursing professionals.

METHOD

This is a qualitative, descriptive and exploratory study, conducted in a general philanthropic and medium-sized hospital, located in a municipality in the southern region of Minas Gerais (MG), Brazil.

It is clarified that the follow-up process in the researched institution occurs in compliance with the following conditions: the companion must be between 18 and 60 years old and be of the same sex as the user; the hospitalized person must be over 60 years old and, in the case of a younger age, the companion is allowed only if there is medical and / or nursing determination.

For the selection of participants, intentional sampling was used, according to the eligibility criteria: being a mid-level or higher level nursing professional; with experience in the hospital area of at least 6 months, and working in an inpatient unit of medical and surgical clinic intended for hospitalization of patients by the Unified Health System (UHS).

To participate in the study, 23 nursing professionals were invited. Four refusals were obtained, totaling 19 participants: four (21.05%) nurses and 15 (78.94%) nursing technicians.

Data was collected by the main researchers between February and March 2016, at the institution, through individual semi-structured interviews recorded in audio. To this end, an interview script was used that addressed the guiding questions: 1) What do you understand by the companion of an inpatient? "; 2) For you, what activities should the companion do in this institution? and "3) What are the rules for the patient to have a companion during hospitalization in this institution?.

To verify the understanding of the guiding questions, a pilot test was conducted with five nursing professionals from a different sector from the one selected for the research, and these interviews were excluded from the data analysis process. Based on the pilot study, the interview script was adapted to better understand the participants.

For the organization and analysis of the data, the technique of Content Analysis in the Thematic Analysis modality was used, a method that, through reflexive analysis, seeks the identification of themes that consist of significant patterns in the data set.¹²

Six phases recursively went through: 1) Familiarization with the data: it is the transcription of the data, repeated reading and

searching for the initial coding ideas; 2) Generation of initial codes: this phase seeks to identify the codes that consist of the elementary segments of the data; 3) Search by themes: is intended for the classification of codes into themes and subthemes, linking them to the extracts of the corresponding interviews; to improve the understanding of the relationship between the themes and the subthemes, a thematic map is elaborated, considering that, in this process, the themes are elaborated with the active participation of the researcher and do not do without their worldview and biography; 4) Review of the themes: refinement phase, in which the coherence of the themes is observed by reading the fragments of the testimonials linked to each theme and their validity, comparing themes and subthemes, with a view to verifying internal homogeneity and external heterogeneity; 5) Definition and naming of the themes: the themes are named according to the core concepts they translate, and 6) Production of the report: the elaboration of the manuscript.¹³

The research project was approved by the Research Ethics Committee, according to CAAE number 49340815.0.0000.5142 and opinion number 1.365.952. The study participants were asked to give their consent by signing the Free and Informed Consent Term (FICT) and, to preserve privacy and anonymity, the nurses were coded with the letter "E" and nursing technicians with the letters "TE" followed by Arabic numerals.

RESULTS

After analyzing the data from the interviews, the theme Companion: the aid that should not bother, consisting of three sub-themes: The expected action of the companion: extension of the nursing staff; Code of conduct: do not differ from the nursing staff and determinants of companion: the real and the hidden. The theme and subthemes were represented in a thematic map (Figure 1).

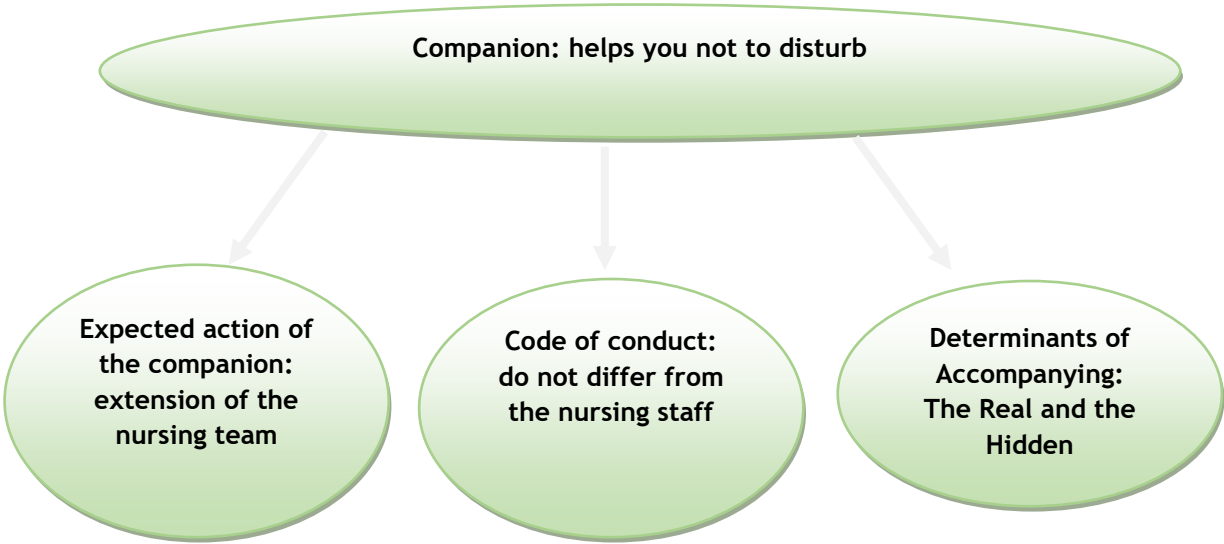


Figure 1. Thematic map. Alfenas (MG), Brazil, 2016.

DISCUSSION

Under the theme Companion: the aid that should not bother, that, from the perspective of nursing professionals, the companion should develop the function of assisting the team, but should act so as not to interfere with their activities. It was observed that, for the interviewees, the way in which the role of the companion is constituted refers to the determinants and possibilities that allow the subject to be in the hospital environment at the interface with the nursing staff. It was also noticed that actions that deviate from what the team expects from this element are assumed as interferences in a consolidated work process that is difficult to modify.

It is inferred that this perspective also influences the right of the companion in cases not provided for by.

It is added that each subtheme allowed the understanding of one of the aspects of this construction of the companion's meaning through which the nursing team seems to guide their own conduct in the relationship with this subject.

The subtheme expected action of the companion: extension of the nursing team, the actions that the nursing team expects the companion to perform. In this sense, the roles of observation and assistance in the development of less complex care activities, such as hygiene care and food, were emphasized, as illustrated in the following excerpts from the interviews.

[...]Pay close attention to his reactions, if he is sleeping well, if he can fall out of bed, or eaten. Look at what he needs at the moment and call us anytime he needs it [...]. Sometimes you have a diet that you must order in the pantry, let us know. If he urinates, sometimes we are busy and don't see, he calls and we trade. Or sometimes talk, distract your head a little [...]. (TE-5)

[...]help change a diaper or go to the bath, because sometimes there is no time to do everything, because there are days that we have six patients alone [...]. (TE-10)

[...]I understand that this escort would be useful for looking at the patient. To collaborate with the issue of not getting up, not losing access [venous], for him to treat the patient according to prescription and need. I find it interesting, too, to help with food [...], to help in a patient change process. Take to the bathroom when the patient is already walking. It is the look of the familiar. (TE-12)

In the literature, the companion is described as a support figure between the sick person and the health institution, whose involvement in care contributes to patient safety and to the planning and continuity of care after hospital discharge.¹⁴⁻⁵

However, it should be questioned to what extent these support actions may represent the transfer of responsibility for activities whose performance is incumbent upon nursing professionals.¹⁶

It is pointed out as an impediment, in the Code of Ethics of Nursing Professionals (CENP), Chapter III - Prohibitions, Article 92, that nursing professionals delegate to their caregivers, activities whose development is their responsibility, which corroborates the need for reflections on the expected action of the companion.¹⁷

It is noteworthy that the disparity between the responses of mid-level and higher level nursing professionals regarding the meaning and role of the companion was observed. While nursing technicians attributed to the companion the development of less complex care actions, nurses tended to give them an emotional supportive role to assist the sick person in facing the hospitalization process.

[...]the companion is to give psychological support, to support bedside, talk, chat, read a book, distract the patient [...], without giving support, as if they were the technicians [...]. (E-1)

[...]The escort is very important. From the family, a person he has contact with daily, so that gives a security, because during hospitalization, it's all very strange for him [...]. (E-3)

These notes reveal the inconsistency between the elements of the nursing team regarding the role of the companion. It is suggested that nurses, believing that it is not the scope of the companion to provide direct care to patients, reproduce an institutional discourse, which is based on the legal sphere, in relation to the possible ethical and legal actors that derive from it. On the other hand, it is pointed out that mid-level nursing professionals predominantly conceive the companion as someone who can act as a

watchman and collaborate with less complex routines and care.

Similar results were identified in a study conducted with nursing professionals of a hospital in the state of Paraná, Brazil, in which nurses pointed out the companion as an important element to provide emotional support and companionship, and as a facilitator between the team and the hospitalized person, while the nursing technicians assigned him the responsibility for caring for the sick person's basic needs.²

The following is the subheading Code of conduct: do not differ from the nursing staff. Although it was described as an aid element, contradictorily, the nursing team seems to assume that the companion, even if assisting in the spaces that the team determines, should not intervene in the hegemonic logic of the work already established.

When the companion does not correspond to the expectations elaborated by the nursing professionals, it is understood as an element capable of hindering the development of care activities.

[...]follow without interfering in the conduct, right? I think it's the only thing he can't do [...]. (TE-2)

[...] there is a companion who goes from room to room leading to contamination of one another and interferes greatly in the conduct of the professional, influencing other patients and family members. (TE-8)

[...]he disturbs the patient. It makes the patient more agitated, more nervous. Talks a lot! (TE-11)

[...] It is not simply sitting on the side and not helping [...]. (TE-12)

[...] Because there are companions who stay here and do not support the patient [...] (E-1)

The non-compliance with the expectations of professionals in the statements that report the companion as someone who intrudes, who does not help the nursing team and also who only follows up is detected.

However, it is considered if the behaviors considered as interferences or interferences do not consist of manifestations related to the role that the patient and the companion themselves believe should be developed during hospitalization. In this sense, it is described in a study that the sick person expects the companion to act in order to promote their safety during hospitalization, assist in personal activities and act as a spokesperson, communicating with the nursing team, aiming at a better understanding of their clinical condition.¹⁸

There are other studies in the literature that corroborate the perception that the companion may disturb nursing professionals, in line with what was identified in this subtheme. It is pointed out that, when dealing with an inpatient who has

no physical limitations and who is able to exercise self-care, the companion may be rejected because he or she is considered someone who disturbs.² It is also understood that caregivers can be seen as uncomfortable in situations where they are scared or anxious, when they question nursing professionals and, equally, when they interfere with the care process.¹⁹

It is noteworthy that, in the study setting institution, the nursing staff did not report the provision of guidelines, as well as the use of instructional materials that include information for caregivers about their stay in the hospital environment. It is understood, therefore, that they perform their role without having knowledge about the local norms and routines, which can result in the violation of the expectations elaborated by the team and, consequently, lead them, even if unintentionally, bothering professionals.

In this sense, it is accepted that the lack of communication and guidance about the norms and functions of caregivers in the hospitalization constitutes a factor that hinders their relationship with nursing professionals.²⁰

Therefore, it is relevant to sensitize nursing professionals about the insertion of the companion in hospital units and the establishment of effective communication with them, aiming to build a respectful relationship that establishes them as partners in the care and recovery of the sick person.²¹

The following describes the accompanying determinants: the real and the hidden. In this, it was verified that the follow-up process was based on two aspects: the one recommended by the legislation (the real one), and the informal one (the hidden one), which was mainly determined by the clinical conditions of the patient and agreed by the multiprofessional team.

It is inferred that the perception of professionals influences the right of the companion in cases not provided for by law or bylaws, given that, in these cases, the presence of the companion is authorized or denied by health professionals, especially doctors and nurses.

The determinants of follow-up in nursing professionals' statements are exemplified when they describe under what conditions are allowed companions.

[...]confused patients, difficulty moving, visual or hearing difficulty, and patients who have depression. All these types are criteria [...] (E-1)

[...] what the UHS recommends: up to 18 years and after 60 years [...] (E-3)

[...]Nursing is instructed to observe the patient who evades this rule [legal aspects] to see if he needs it. Because we have a very weak patient who really needs a companion, so Nursing evaluates and is released without any problem for the companion to stay. You have terminal

cancer patients under 60, you have special people with some kind of syndrome, you are abstinent ... so it's always interesting to be with someone in your family [...] (E-4)

[...]when he is unconscious [...] (TE-3)

[...] more complicated surgeries [...] (TE-7)

It is noteworthy that, even if there are legal provisions regulating the right to stay of the companion, there are also cases in which the access of the companions to the hospitalized person is subject to the assessment made by the professionals of the patient's condition. It is known that this duality of conceptions can lead to situations in which caregivers may not be allowed to stay with patients clinically considered stable and not dependent when they do not fit the legislation and, on the other hand, the institution may use these informal mechanisms to require caregivers when practitioners' readings of the patient's clinical condition so dictate.

In this sense, it is confirmed that the conceptual gaps in monitoring, situations not foreseen in the legislation and the complexity of the relationships established in the inpatient unit can contribute to the responsibility of the companion for the development of activities that are not within his / her competence or, for which they do not have the technical or emotional preparation, even because the definition of the person who will play the role of escort commonly occurs because of availability, and not because of skills or experiences in care.^{16,22}

In view of the above, it is pointed out that, despite its importance, from the perspective of nursing professionals, the follow-up process may not consider as a priority focus the desires of the sick person and the companion themselves, which denotes the need to promote reflections on care practices in hospital institutions.

CONCLUSION

It was observed that the companion was perceived as an element that should develop the function of assisting the team, but without interfering in their activities. There was a duality with regard to their role: while mid-level professionals tend to conceive that the caregiver should be responsible for assisting the patient with low complexity care, considering a scenario of high care demands, higher education professionals believe that it provides the patient with emotional support and companionship, as well as facilitating the recovery process. It is estimated that both actors seem to convey their notions from the space they occupy in the nursing work process.

The need is detected for nursing professionals to seek to look at the companion in the hospital context in a broader way, as a person endowed with will and uniqueness. Therefore, it is necessary to establish dialogical care spaces that allow the insertion of this subject in the Nursing

work process, in addition to vertical and plastered meanings.

A limitation of this study is the discomfort observed by participants when giving an interview during their work hours, participating in a recorded interview, as well as addressing the theme, which may have influenced the duration of the capture of testimonials and the naturalness of the answers. It is also admitted that the study only portrays the reality of the scenario in which it was developed.

Therefore, further studies on the subject are suggested, focusing on the different actors involved in the hospital follow-up process in public and private institutions, in order to foster reflections that may provide subsidies for the management of nursing care in hospital units.

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Submission: 2019/11/01

Accepted: 2019/12/12

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