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NURSING CARE AND THE COMPANIONS OF HOSPITALIZED PATIENTS: ETHICAL IMPLICATIONS

CUIDADOS DE ENFERMAGEM E OS ACOMPANHANTES DE PACIENTES HOSPITALIZADOS: IMPLICAÇÕES ÉTICAS

ATENCIÓN DE ENFERMERÍA Y LOS ACOMPAÑANTES DE PACIENTES HOSPITALIZADOS: IMPLICACIONES ÉTICAS

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ABSTRACT

Objective: to identify the ethical implications for the nurse with regard to the care procedures assigned to the companions during hospitalization. **Method:** this is an exploratory study with a quantitative approach carried out within the period from May to July 2010. The sample consisted of 70 companions, with a mean age of 35.9 years, as well as a predominance of female individuals and low school education. The study was approved by the Research Ethics Committee, under the CAAE 0034.0.102.102-10. Data were collected through a form with closed semi-structured questions and statistically analyzed using the software *Statistical Package for the Social Sciences (SPSS)*, version 15. **Results:** the care procedures assigned to the companions by the nurse within the hospital environment were: saline solution replacement (70%); administration of oral medicines (62.3%); wound dressings (40%); exchange of bedding linens (22.8%); oral feeding (28.9%); and bath in bed (39.0%). **Conclusion:** the nurse is subject to legal implications in her/his professional practice when she/he assigns care procedures without a legal basis. **Descriptors:** nursing care; ethics; bioethics; family.

RESUMO

Objetivo: identificar as implicações éticas do enfermeiro quanto aos cuidados atribuídos aos acompanhantes durante a internação hospitalar. **Método:** trata-se de estudo exploratório com abordagem quantitativa realizado no período de maio a julho de 2010. A amostra foi de 70 acompanhantes, com idade média de 35,9 anos, predominância do sexo feminino e baixa escolaridade. O estudo foi aprovado pelo Comitê de Ética em Pesquisa, sob o CAAE n. 0034.0.102.102-10. Os dados foram coletados por meio de um formulário com questões semiestruturadas fechadas e analisados estatisticamente pelo programa *Statistical Package for the Social Sciences (SPSS)*, versão 15. **Resultados:** os cuidados atribuídos aos acompanhantes pelo enfermeiro no ambiente hospitalar foram: troca de soro (70%); administração de medicamentos por via oral (62,3%); curativos (40%); troca de roupa de cama (22,8%); alimentação oral (28,9%); e banho no leito (39,0%). **Conclusão:** o enfermeiro encontra-se sujeito a implicações legais em seu exercício profissional quando atribui cuidados sem respaldo legal. **Descritores:** cuidados de enfermagem; ética; bioética; família.

RESUMEN

Objetivo: identificar las implicaciones éticas del enfermero en cuanto a los cuidados atribuidos a los acompañantes durante la internación hospitalaria. **Método:** esto es un estudio exploratorio con abordaje cuantitativo realizado en el periodo de mayo hasta julio de 2010. La muestra fue de 70 acompañantes, con edad media de 35,9 años, predominancia del sexo femenino y baja escolaridad. El estudio fue aprobado por el Comité de Ética en Investigación, bajo el CAAE 0034.0.102.102-10. Los datos fueron recogidos por medio de un formulario con cuestiones semi-estructuradas cerradas y analizados estadísticamente a través del programa *Statistical Package for the Social Sciences (SPSS)*, versión 15. **Resultados:** los cuidados atribuidos a los acompañantes por el enfermero en el ambiente hospitalario fueron: cambio de suero (70%); administración de medicamentos por vía oral (62,3%); curativos (40%); cambio de ropa de cama (22,8%); alimentación oral (28,9%); y baño en la cama (39,0%). **Conclusión:** el enfermero se encuentra sujeto a implicaciones legales en su ejercicio profesional cuando atribuye cuidados sin respaldo legal. **Descriptor:** atención de enfermería; ética; bioética; familia.

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INTRODUCTION

The nursing professionals' actions should be based on the values of the profession and its Code of Ethics, to ensure people's health promotion, protection, recovery, and rehabilitation, respecting the ethical and legal precepts. Thus, the ethical principles and values should guide our decisions when carrying out daily activities.¹

In the care practice within the hospital setting, the presence of family members as companions of patients has become important in the performance of routine care procedures and they are often confused with the caregivers.

The presence of a companion contributes to the establishment of a link between the team, the family, and the sick person. However, most of the people supporting ill patients are not caregivers (a fact observed in this study) and, therefore, they deal with a great difficulty due to the many responsibilities that at, certain moments, are imposed on them which do not correspond to their role, besides the lack of support and adequate guidance to develop the care procedures.

Regarding ethical and legal issues, it's important to mention that the nursing profession is regulated by Law 7498, enacted on June 25, 1986, and the Code of Ethics of Nursing, formerly ruled by the Resolution Cofen 240/2000, repealed by Resolution 311/2007.

The theme proposed for this study has not been often addressed, so it requires a closer look on the kind of interaction established between caregivers and members of the nursing team in the hospital locus. Therefore, there's a need for thinking through the ethical implications that assigning nursing care procedures to caregivers may pose to the practice of these professionals.

In this sense, the nurse faces another challenge in her/his professional practice. Besides providing assistance in order to restore the client's health, she/he needs to establish a supervision and guidance relationship to the companion, with the aim of determining its actual role as a being who participates in the care provision.

Therefore, this study aims at identifying the ethical implications for the nurse with regard to the care procedures delegated to companions during hospitalization.

METHOD

Exploratory study with a quantitative

approach carried out in the neurological (88 beds) and neurosurgical (36 beds) outpatient units of a large public hospital in Recife, Pernambuco, Brazil. The sample consisted of 70 companions who agreed to participate in the research, within the period from May to July 2010. Data collection was performed after the approval by the Research Ethics Committee of Hospital da Restauração, in accordance with the Resolution 196/96, from the Brazilian Ministry of Health, which addresses researches involving human beings, under the CAAE 0034.0.102.102-10.

The theoretical framework adopted was the Code of Ethics of Nursing Professionals in Brazil, restructured and approved by the Brazilian Federal Council of Nursing (Cofen), which constitutes a public statement for the professional's ethical improvement, expressing moral issues, values and goals of nursing. This code takes into account, especially, the population's need and right to nursing care, the interests of both the professional and her/his organization. It's focused on the clientele and assumes that nursing professionals are allied to the users in the struggle to provide a high quality care, risk-free and available to all people. The principle of respect for the human being is regarded as the basic value of this code. Others, such as autonomy, beneficence, veracity, confidentiality, loyalty, privacy, fairness, competence, and responsibility give support to this basic value.

Considering the study's proposal, the selected subjects were those who stayed, at least, five days along with the hospitalized patient. After their identification, the interview form was applied, which consists of two parts: the first concerning the identification of the socio-demographic profile and the second related to the nursing care procedures delivered by companions during hospitalization.

In data analysis, descriptive statistics techniques were used, through absolute and percentage distributions, besides statistical measures: mean, median, standard deviation, variation coefficient, minimum and maximum values, and inference statistical techniques using Pearson's chi-square test or Fisher's exact test, when the conditions to use the chi-square test were not observed. The margin of error adopted for the statistical tests was 5.0%.

The software used for entering data and obtaining statistical calculations was the Statistical Package for Social Sciences (SPSS), version 15.

RESULTS

In this study, of the 70 subjects interviewed, 87.1% were female and 12.9% were male. Regarding age, 40.0% were aged 30-39 years, 32.9% were aged 40 years or over, and 27.1% had up to 29 years. Among the participants in the sample, the predominant level of schooling was complete Primary Education (40.6%), followed by incomplete Primary Education (33.3%), and Secondary and Technical Education (26.1%). The most frequent degrees of kinship of companions were: child (30.0%), spouse (22.9%), brother/sister (15.7%), and mother (10.0%). Regarding the distribution of companions, according to the period along with the patient, it was found that 81.4% of them were

with the patient from the first day of hospitalization within 24 hours, although 46.4% said they were replaced.

Concerning the care procedures assigned to companions, one sees, in Table 1, that nurses were in charge of assigning those care with a greater complexity, such as tube feeding (43.5%); administration of oral medicines (62,3%); saline solution replacement (70%), administration of nebulization (33.3%); relief drilling (100%); and discard drainage (44.4%). However, the low complexity care procedures were performed by the patient's own will, like bath in bed (39%); oral feeding (57.8%); exchange of bedding linens (64.9%); temperature check (53.3%); and spray bath (80%).

Table 1. Distribution of care procedures assigned to companions of patients hospitalized in the neurological and neurosurgical outpatient units of a large hospital in Pernambuco, according to the professional who assigned these care procedures. May to July 2010.

Variable	N ⁽¹⁾	Nurse		Companion		Nursing technician		Angiography professional		Nutritionist		Not informed	
		n	%	n	%	n	%	n	%	n	%	n	%
• Bath in bed	41	16	39,0	16	39.0	5	12.2	—	—	—	—	4	9.8
• Wound dressing	10	4	40.0	5	50.0	—	—	1	10.0	—	—	—	—
• Oral feeding	45	13	28.9	26	57.8	3	6.7	—	—	—	—	3	6.7
• Tube feeding	23	10	43.5	6	26.1	2	8.7	—	—	5	21.7	—	—
• Administration of oral medicine	53	33	62.3	4	7.5	14	26.4	—	—	—	—	2	3.8
• Exchange of bedding linens	57	13	22.8	37	64.9	6	10.5	—	—	—	—	1	1.8
• Saline solution replacement	10	7	70.0	30.0	—	—	—	—	—	—	—	—	—
• Administration of nebulization	3	1	33.3	—	—	2	66.7	—	—	—	—	—	—
• Temperature check	15	6	40.0	8	53.3	1	6.7	—	—	—	—	—	—
• Relief drilling method	1	1	100.0	—	—	—	—	—	—	—	—	—	—
• Discard drainage (probes and drains)	18	8	44.4	4	22.2	1	5.6	—	—	—	—	5	27.8
• Handling of equipments	—	—	—	—	—	—	—	—	—	—	—	9	100.0
• Change in decubitus	9	—	—	2	22.2	3	33.3	—	—	—	—	4	44.4
• Urinary device	3	—	—	1	33.3	2	66.7	—	—	—	—	—	—
• Spray bath	10	1	10.0	8	80.0	—	—	—	—	—	—	1	10.0
• Administration of medicines via tube	1	1	100.0	—	—	—	—	—	—	—	—	—	—
• Condom placement	—	—	—	—	—	—	—	—	—	—	—	1	100.0
• Thermotherapy	—	—	—	1	100.0	—	—	—	—	—	—	—	—

⁽¹⁾ Number of care procedures delivered during follow-up.

In Table 2 one observes that 70.1% of companions did not receive training to perform the care procedures listed in Table 1

and 85.5% were not observed by nurses when delivering care.

Table 2. Distribution of companions of patients hospitalized in the neurological and neurosurgical outpatient units of a large hospital in Pernambuco, with regard to the training and supervision provided by the nurse. May to July 2010.

Variable	n	%
• She/he received some training to perform the care procedures mentioned above?		
Yes	20	29.9
No	47	70.1
Total ⁽¹⁾	67	100.0
• She/he is observed by the nurse when delivering care?		
Yes	10	14.5
No	59	85.5
Total ⁽²⁾		

⁽¹⁾Information not available regarding three respondents.⁽²⁾ Information not available regarding one respondent.

DISCUSSION

Through these results, one can observe that low schooling becomes an aggravating factor: 40.6% of the sample under study had only Primary Education. It's known that people with more years of formal education have a better logical reasoning and a higher ability to perform more complex functions, such as receiving and transmitting medical and nursing advice. It's important to know the education level of companions, since they are those receiving the information and guidance from the health staff, and health education is very closely connected to people's learning ability.² A study by Laham³ hypothesizes that the schooling level may have an influence on the feelings of companions/caregivers, as low learning might turn the understanding about what happens to the patient more difficult.

Another fact observed was the predominance of the companion without substitution who remains in the hospital for 24 hours straight. Thus, the companion is overloaded and exposed to the stress inherent to the hospital environment. She/he is at risk of developing physical illnesses, besides decreased attention, irritability, and impaired decision-making capacity, something which can interfere with the ability to understand the hospital's policies, routines, and procedures that might seem logical and rational to the staff.⁴

Regarding the delegation of care procedures, one sees that, in less complex tasks, the initiative, most of the times, came from the companion her/himself. However, more complex activities were delegated by the nurse, except the application of wound dressing.

In this regard, we stress that Law 7.498/86, in its article 13, paragraph c, states it's an assistant's function to provide hygiene and comfort care procedures to the patient. It adds in article 15 that the activities listed in article 13 of that Act, when undertaken in health institutions, public and private ones, as well as in health programs, can only be performed under the nurse's guidance and supervision.⁵ It's relevant to mention that, in its article 2, Law 7.498/86 states that: "Nursing and its Auxiliary activities can only be practiced by persons legally authorized and registered in the Regional Nursing Council with jurisdiction in the area where this practice occurs".⁵

Concerning the delegation of nursing care procedures to the companion, studies revealed that nurses believe the family can act properly with regard to those for the

maintenance of life, such as: feeding, hygiene, comfort, and mobility.^{6,7} However, this situation demands some caution and attention, since the nursing care procedures delivered to the hospitalized patient are the staff's duty, therefore, they should not be delegated to companions, regardless of their complexity.⁸

Studies point out that there seems to be in the minds of nurses an almost exclusive concern with the consequences for the patient, as though she/he alone could suffer them. Although it's indisputable that she/he is the most vulnerable one, given the very condition that led her/him to be hospitalized, these consequences reach far beyond the patient. They affect, besides the patient, the professionals, the family members, the health institutions, and the society.⁹

The care procedures delivered by companions are intriguing and they portray that, in addition to activities regarded as less complex, there are activities which go beyond the informal knowledge and they compromise the accountability and visibility of nursing. The family member's participation, during hospitalization periods, may be promoted by providing relevant information on the possibilities of participation in the care planning, decision-making, and assessment.⁸

Given these considerations, it's crucial to think through the ethical and legal implications for nursing. In this regard, it's noteworthy that the Code of Ethics, in accordance with Resolution 311/2007, in its art. 17, claims that one should: "Provide appropriate information to the person, family, and community about the rights, risks, benefits, and complications involved in Nursing Care".⁵

However, it's worth recalling that the family member's presence, during hospitalization, and her/his participation in the provision of care should not be regarded as a delegation of responsibilities or as a supplement of human resources for nursing care. In fact, the team's role involves a partnership with the companion in the quest for improved care⁸, so that she/he understands the activities performed by the nursing team and, through this understanding, can collaborate to her/his patient's recovery.

Devaluation of care is part of a process of nurse's alienation and loss of autonomy, since caring for people historically constitutes the essence of the nursing practice. The attempt to rescue the role of caring in nursing means, thus, recovering or reconstructing the professional autonomy of nursing.¹⁰

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In this context, the Law of Professional Nursing Practice (Law 7.498/86) establishes the duties of nursing professionals, and that this practice constitutes a way to measure the responsibility of professional acting based on the technical, ethical, political, or relational competences of each one. According to this legislation, the nurse is in charge of the management of nursing actions, through the care systematization when planning, executing, assessing, and discussing the results of nursing conducts proposed along with her/his team. Moreover, according to this legislation, the nurse may delegate certain tasks to the nursing technician or assistant, under her/his supervision, when they aren't actions which should be performed by the nurse her/himself.¹¹

According to this law, to delegate nursing activities does not necessarily imply avoidance of accountability due to the fact these activities were delegated. The nurse is responsible for assessing the competence of the other members of her/his team and she/he should delegate something only when the other professional is competent, legally and technically qualified for the safe provision of this activity to the patient, in order to avoid, through this attitude, that the patient experience any harm due to a mistaken decision or the lack of proper assessment of the risks involved in the delegated activity.¹² Given the above, we found no legal support to justify the practices undertaken by companions in the hospital locus.

These parameters are essential in any organization which seeks to benefit users and professionals. However, they have no value without commitment of every individual or in case they aren't allowed to reflect.¹⁴

One experiences a moment aimed at the patient's safety in nursing, i.e., one seeks to perform procedures with a minimum risk for the hospitalized patient. However, there are care procedures which pose risk to the patients when performed by companions.

Let's imagine the risks posed to the patient when care procedures are performed by companions who have no competence to do that, besides low education. Hence the importance of rethinking the ethical implications for nurses with regard to care procedures assigned to companions during hospitalization.

Training and observation of the fulfillment of care procedures assigned did not occur, according to a large part of the population interviewed. This represents an absence of the use of education as a way of caring.

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Education activities should be part of the institutional goals and attract the interest of all professionals, in order to prevent situations involving risks to the patient's safety and physical and/or moral integrity. According to the current legal-ethical norms ruling the nursing practice, nurses should evaluate, in a judicious way, the risks to which patients are exposed, and they also should inform the persons concerned with regard to the existence of these risks, in order to prevent them, by means of education actions involving health institutions and the commitment of everyone to the prevention measures.¹

CONCLUSION

It was observed, in this study, that there was a predominance of female companions, with low education level and full time spent with the patient in the hospital environment. The low complexity care procedures, most of the times, were fulfilled by the companion on her/his own initiative, while the high complexity ones were predominantly delegated by the nurse. There was a low percentage of training or supervision from nurses to companions during the delivery of care procedures.

Therefore, data reveal how the nurse is subject to legal implications with regard to her/his practice when she/he acts without a legal basis. It's a must that nursing professionals hold knowledge on regulatory standards of professional practice, as well as professional rights and duties that lead them to think through their practice and the provision of a high quality nursing care.

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