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RESEARCH

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A vivência de enfermeiras na condição de familiar acompanhante*

The experience of nurses as an accompanying family member

La vivencia de enfermeras en la condición de familiar acompañante

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ABSTRACT

Objective: To describe the experience of nurses in the condition of the hospitalized patient's family companion. **Methods:** Qualitative study conducted with nine nurses working in a public and teaching hospital, in the South of Brazil. The data was produced by Dynamics of Creativity and Sensitivity and analyzed by the presuppositions of discourse analysis in its French chain. **Results:** From the analysis of the data produced the following themes emerged: the professional knowledge as intervening factor: from frustration to confrontation; being a nurse, being in the accompanying condition and decision making and; the challenges of nursing in the accompanying condition. **Conclusion:** The experience as an accompanying family member had repercussions on the "professional self" and the "family self", provoking considerations both in the professional life and in the nurses' personal life, which triggered reflections and modifications in their praxis.

Descriptors: Caregivers; Hospitalization; Nursing; Nurses.

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RESUMO

Objetivo: Descrever a vivência de enfermeiros na condição de familiar acompanhante de paciente hospitalizado. **Métodos:** Estudo qualitativo realizado com nove enfermeiras que atuam em um hospital público e de ensino na região Sul do Brasil. Os dados foram produzidos por meio de Dinâmicas de Criatividade e Sensibilidade e analisados seguindo os pressupostos da análise de discurso, em sua corrente francesa. **Resultados:** Da análise dos dados produzidos emergiram os temas: o conhecimento profissional como fator interveniente: da frustração ao enfrentamento; ser enfermeiro, estar na condição de acompanhante e a tomada de decisões e; os desafios do enfermeiro na condição de acompanhante. **Conclusão:** A vivência como familiar acompanhante repercutiu ambiguidades ao "eu profissional" e o "eu familiar", suscitando ponderações tanto na vida profissional quanto na pessoal das enfermeiras, o que desencadeou reflexões e modificações em suas práxis.

Descritores: Cuidadores; Hospitalização; Enfermagem, Enfermeiras e Enfermeiros.

RESUMEN

Objetivo: Describir la vivencia de enfermeros en la condición de familiar acompañante de paciente hospitalizado. **Métodos:** Estudio cualitativo realizado con nueve enfermeras que actúan en un hospital público y de enseñanza en la región Sur de Brasil. Los datos fueron producidos por medio de Dinámicas de Creatividad y Sensibilidad y analizados siguiendo los presupuestos del análisis de discurso, en su corriente francesa. **Resultados:** Del análisis de los datos producidos surgieron los temas: el conocimiento profesional como factor interviniente: de la frustración al enfrentamiento; ser enfermero, estar en la condición de acompañante y la toma de decisiones e; los desafíos del enfermero en la condición de acompañante. **Conclusión:** La vivencia como familiar acompañante repercutió ambigüedades al "yo profesional" y al "yo familiar", suscitando ponderaciones tanto en la vida profesional y en la personal de las enfermeras, lo que desencadenó reflexiones y modificaciones en sus praxis.

Descriptores: Cuidadores; Hospitalización; Enfermería, Enfermeras y Enfermeros.

INTRODUCTION

From the 1990s in Brazil, the companion role in the hospital has been recognized as a facilitator and accelerator in the restoration of health and rehabilitation.[1] This understanding converges with the concept of Enlarged Clinic, proposed by the Ministry of Health, which calls for comprehensive care, recognizes the importance of social support network and expands the autonomy of the user, family and community.[2]

The permanence of the patient's companion in the hospital has proved itself fundamental and, thus, widely encouraged by public health policies that recognize its importance in the dynamics of care. In this perspective, according to Laws No 8.069/90, No 10.741/03 and No 11,108/05[3-5], the child and adolescent, the parturient and the elderly, respectively, are entitled to companion during the hospitalization period. Regarding the adult patient, the National Humanization Policy recommends the presence of a companion, but in general, he/she enjoys this award according to the releases granted by the institution.[1,6]

The hospitalization process can determine changes in the patient routine and estrangement from family and friends, which affects the individual and the family structure. In light of this, the length of stay tends to create stress and cause loss of control, insecurity and blame on individuals involved.[7]

In this context, the presence of the companion is highlighted since it may become a source of support, especially emotional, for the patient, which favors the reduction of symptoms of anxiety and social isolation, frequent manifestations in hospitalization process. It is observed that attitudes and behaviors of caregivers influence the success of treatment and contribute to the recovery and rehabilitation.[7-8]

Thus, the companion is constituted as a link between the healthcare team and the patient, and sets up also as team ally in the search for a singular service. In addition, individuals who follow their family in hospital may collaborate in conducting basic care and observations, such as communicating the health team about changes in the patient's condition.[2]

Despite this thematic signal advances with a view to recognition of meritorious accompanying family member during hospital, it was also observed numerous barriers imposed by health teams. Often, due to the fact that they are embedded in a complex and stressful environment, coupled with the limited vision care and compartmentalized activities, wish to attest companion as unnecessary care, or just as an evaluator of the procedures performed.[9]

In accordance with the evidence in the literature, the task of being companion involves many challenges and feelings, including fear, worry, anxiety, impotence and insecurity.[9,10] These challenges and feelings are related to the unknown reality, frightening and uncertain, where his/her family is inserted.[11] However, when evidencing a family companion as a professional who has a high degree of literacy in health, it is weighed up its presence in the context of care, and it is believed to be a valid signal of heterogeneities that can interfere with the process of organizing and learning the health answers associated with the needs of your family.

Therefore, recognizing the admission process as a singular moment to patients and caregivers and that takes influence of the various factors and actors that tangent care, it was defined as research problem: how nurses experience the condition of accompanying family member in the hospital? In order to answer this question, the objective of the study is: to describe the experience of nurses in the condition of the hospitalized patient's family companion.

METHOD

This article results from a qualitative, descriptive study, developed in a public teaching hospital, located in the state of Rio Grande do Sul. Nine nurses who worked in various units and who met the following selection criteria participated:

being a nurse and having experienced the condition of patient accompanying family member in hospital after their training.

Participants were selected through technical snowball technique. In this technique, access to participants requires knowledge of people who can locate individuals who address the criteria set out in the study.[12] Thus, contact with the first guest happened naturally, because there was prior knowledge about her experience as a companion of a family member in hospital. After his acceptance, she reported three new possible participants, which triggered thus the "snowball" technique. Subsequently, it was performed with the indicated contact person and so on.

The data were produced using the Sensible Creative Method (MCS),[11] by performing two Dynamics of Creativity and Sensitivity (DCS) of the "Stitching Stories", in March and June 2011, with the participation of five and four nurses, respectively, in each of the dynamics. The meetings took place in a place close to the work of the participants, valuing comfort and privacy, and each had an average duration of 90 minutes.

The development of DCS occurred in five times.[13] The first one was for the preparation and organization of the environment, reception of the participants by the researcher and research assistants. In the second phase were presented the purpose of the study and stated the issue of generating debate: How was your experience as a companion during your family's hospital stay? The third time corresponded to the achievement of individual work grounded in the question referred, in which nurses described their stories regarding their experience as a family companion, in text form. In the fourth moment, there was the socialization of individual artistic productions, followed by collective analysis in which the generating themes were coded, discussed and decoded into subtopics. On the fifth moment, occurred the synthesis and validation of the data, with the recoding of topics and subtopics.

For the interpretation of the data, we used the speech analysis in its French chain. The discourse analysis seeks to understand and interpret the language of the subject in relation to its social and historical world, ie, a connection between the said and unsaid, using the symbolic objects of sense.[14]

The ethical aspects of the research followed the Resolution 196/96 of the National Health Council, revoked by Resolution 466/12, which provides the rules and guidelines on human research. The study was approved by the Research Ethics Committee of the Federal University of Santa Maria, CAAE No 23081.020161/2010-42. In order to preserve the identity, the participants were identified with the letter "E" followed by the cardinal number in ascending sequence.

RESULTS AND DISCUSSION

The participants were nine nurses, aged between 26 to 56 years old. The professional performance period was of four to 30 years. As for the family ties of nurses with patients, they were granddaughters, sisters, mother and daughters. The follow-up ranged from two days to ten months.

The experiences of the nurses in the condition of outpatient companion family were portrayed and problematized within the dynamics. The organization and analysis of data produced permitted to state the themes: the professional knowledge as intervening factor: from frustration to confrontation; being a nurse, being in the accompanying condition and the decision making; and the challenges of nursing in the accompanying condition.

The professional knowledge as intervening factor: from frustration to confrontation

The professional nurses in the study demonstrated a close relationship between scientific knowledge and expression of feelings, enhanced by family ties, to experience the prism be accompanying. The situation of being in the condition of accompanying family member being a nurse signals feeling of powerlessness:

> *"You being companion... it is not easy and mainly be companion knowing what will happen in evolution, with that condition! It is a family member of yours!"* (E5)

> *"It was like this when my father was hospitalized, trying to do all we had to do but he didn't make it. That's when you see how bad it is to know things and cannot do anything."* (E6)

The feelings of inadequacy and inability manifested result, perhaps, due to the scientific knowledge held in relation to pathology, in the clinical picture that your family has, which can denote suffering to a loved one and the expected prognosis, elucidating that the reversal of pathology is not always possible. The speeches of nurses also reveal that the anxieties triggered by the evolution of the pathology tend to be expressed in a different way when acting as an professional or accompanying family member, which corroborates the performance that the professional, in some situations, chooses to assume: not to do use of empathy.[15-16]

The concern for the other splurge threat to the omnipotence of health professionals, recognizing that it is not always possible to provide healing for the sick suffering, causing disappointment because of their expectations and constructs of care.[17,18] So, not realizing the fragility of others can present itself as a professional shield needed to not impact with the suffering of others and maintain emotional control, to understand what the actors involved are feeling and experiencing at that time.[19]

From this perspective, the experience of being a nurse acting as a companion can be expressed in two distinct periods: the first, the dissociation of "professional self" and "family self" and in the second, the inability to dissociate them.

> *"I suffer a lot. It's a load! A load because it is a fine line between the professional and the family. You want to be cold, deal with the day to day. Not that we are cold on a daily basis. Is not it! But what will I be now: a family member or a professional?"* (E7)

> *"In my case, I acted with my mother as a nurse, not as a daughter at the time. Once I got there and I helped, I put her on the bed and she was intubated and all, then I collapsed!"* (E8)

The relationship between the "professional self" and "family self" is connected by setting the uni-duality of the human being[20], however, the performance in the condition presented confuses roles in elucidating professional performance in the care of a family. Thus, the professional construct is shown as intervening factor and cause turbulence to participants. The anguish expressed in the speeches may be associated with feelings of "being professional" with their values, ideas, relationships and emotions[21], which shows the tangency of work and family spheres. Thus, the option of operation using derived skills and abilities of professional practice respond to the behavior used in situations of suffering and pain before the person being cared for, sometimes denotes thus prevalence of "professional self" as a way of facing reality.[22]

You can see in the the practice of the nurse, regardless of the care models, individual or collective, that assistance ultimately manifests as phenomenal expressions of a system of beliefs and values related to health, disease, life, death and the various other issues which they are concerned.[23]

Another speech reinforces the idea of the influence of professional knowledge in the condition of accompanying family member, reflecting on the potentiation of feelings of concern before a planned clinical picture.

> *"[...] respiratory issue complicates everything. I knew that her picture was getting worse, but it was distressing me because she needed that procedure. She had to eliminate fluid, she was holding fluid, she had edema and everything."* (E1)

In general, the companion is layman and needs information about what is happening to their family, diagnosis, forms of treatment and care needs.[1] However, when it is the nurse in the accompanying condition, it is joint the theoretical and practical knowledge of the patient's care needs and also previous experience on the clinical outcome. In this situation, the nurse itself has a position to assess and determine the severity of the patient's condition, although it may not be clear of the situation, as a function of bonding and kinship, emotional involvement is present. These are some factors that, combined with the feeling of helplessness, generate insecurity, anxiety, worry and fear.

> *"Sometimes this fear, this anxiety, it surpasses knowledge. Insecurity is due to have the knowledge. Then you forget everything."* (E9)

> *"We go to a point of knowledge, hence the emotional and all that, comes all together there."* (E7)

Decoupling the professional and personal performance shows up as imperative and is supported in the speeches of the participants. Feelings of anxiety and concern of the nurses prevail, interfering in the identification of health (or care) needs of the family member, impact coming from the emotional involvement fostered by the family link.

Despite showing differentiation for specific skills when compared to a layman companion, it is observed that it is not always possible to overcome ranches granted to the inability of the companions who do not have professional training in the health area. In addition, when playing the role of an inpatient family member, feelings such as fear and insecurity may arise, which often result in uncertainties about the conduct and treatment to be followed.[24]

Being a nurse, being in the accompanying condition and decision making

Decision-making is characterized as a knowledge and practice inherent in human beings in the developing of their activities and experiences, however, this process is influenced by experiences lived by each individual.[25] The knowledge of nurses can generate interference in the process of care provided to their families, when the "professional self" expresses based on their skills and abilities.

> *"[...] the time was passing, the "nosy" here (she) had to manifest? So, I asked if I could do it and said, "Look! if you do not... " and identified myself, 'I'm a nurse. I'm offering to pass (the probe) since you are not finding the responsible professional'. - 'No! You cannot! You cannot because it's military hospital. you can't in military hospital, it has hierarchy, has [...] '-'I know, so you provide to do what has to be done. Otherwise, I will make other arrangements."* (E1)

> *"[...] he was without oxygen and I took the pressure device and looked BP (Blood Pressure), it was 20 for 12. Then the nurse said I could not be doing that and I said I could! I screamed! I yelled at him and said I could! 'You are not doing anything with my father, he's having*

a stroke!' And then people realized my vocabulary, that I was understanding what was happening." (E8)

Accompanying persons/families often undergo the health team's decision, in view of the unknown world, in which they exercise less power, and also to trust and believe in her knowledge and ability. Thus, the team's relationships with families there seems to be an asymmetry of power and, invariably, the team seeks to impose their opinions to families, putting them on certain domination. This fact associated with the vulnerability found in the hospital facilitates the submission of families to the team.[26]

The aegis granted to deponents by the knowledge, skills and professional skills suggests implicate in the assessment of clinical-care behaviors played by the health team, causing, as a result, power relations, buoyed by different social place that each one occupies in that space. The health team clashes with the family companion nurse, who reveals dissatisfaction with the lack of agility and maximum resources, seems to confuse and to fear the professional staff.

It was identified in this study, according to the Code of Ethics of Nursing Professionals [27], failure of part of the duties and responsibilities of the nursing team professionals, when participants report that they observed careless situations, which features negligence. The ethical issues regarding the relationship, communication mode, and attention to patients and their families were conducted improperly by the nursing staff, in the view of the accompanying nurses who participated in this study.

The person accompanying among all his roles can act also as a participant in care of low complexity. This participation has not the purpose of replace the companion role of nursing or other health care team, but their presence and participation can be valued, to wrap it up in care, observing its limits and potential.[28]

The question of nurses as family companion seems to be viewed as a situation that emerges gaps to the prism of the relationship team/companion, raising discussions and elaborations of strategies for a care practice that meets the needs and wishes of users and caregivers, in which the professional can accommodate or negotiate care actions.

The deficiency or absence of clarity and characterization of what a companion is can constitute a problem for the acceptance of their presence in the hospital. Therefore, it is important that the nursing staff include and recognize the companion in their care plans.[29]

On the other hand, knowledge in the health of family caregivers can create security and tranquillity on the attitude to be taken with your family:

"But there's something that we as professionals ... until you decide, take action like not wanting more intervention, you know? An intubation or an important business as a hemodialysis, dialysis. Until the time you decide, it is ... because within your people (family), so ... you are the one that has more knowledge. Once you decide, it gives you peace. It gave me a peace, so, you know? When I arrived, I was quiet. I felt so safe to have the knowledge." (E4)

Scientific knowledge has given the nurse safety in decision making, both for the patient and his family. It seems to be the necessary condition to take initiative and assume certain behaviors and attitudes. This perspective supports study pointing knowledge as fundamental and prior to the care process.[30] Empowerment thus shows up as elementary for decision making, making clear when the caregivers/companions are properly exploited, they become able to cope with greater security challenges posed by the act of caring.[31]

The challenges of the nurse in the accompanying condition

When the nurse, often by necessity, must remain working and accompanying a family member who is hospitalized, passes to face challenges, for experiencing such a situation of ambiguity. Concurrently discuss such activities can demarcate debt demands that both situations require, ie, work and be companion. In this context, the nurse may have different feelings as: responsibility, concern, helplessness, overload and insecurity.

"Even so, if I have to hospitalize, I even think so... My mother who now have a private health plan. I think I would hospitalize here (hospital where she works). But this time I would accompany her. Because I kept working. I have not stopped working, I did not feel so... I gave her completely to my colleagues and I regret it." (E8)

"I also regret. And I always say to those who have family, if he is ill, you have to accompany. Be brother, father, uncle, you have to accompany. I also have not stopped working, never. It is a mistake that we do. I think we think you can do everything, work, take care, we assume. But being a companion is another experience that also helps to help improve our being professional, makes you rethink some things we do." (E6)

It is identified in the nurses' discourse aspiration to be close to their hospitalized family, signaling the presence of uni-duality importance of family/professional. In this condition, she may waive exclusive attention and monitoring grounded in their scientific knowledge, which minimizes feelings of guilt and charging, which can come from you or from other family members. Discoursing, in addition, to be familiar companion, it often requires abolition of many activities, including professional occupation.

The caring for and being familiar companion of patient involves feelings of affection, attachment, pleasure but also enhances feelings of charging, monitoring for the promotion

and maintenance of health, considering care as an intrinsically particular activity.[32] The reflections that come to be companion may have repercussions beyond the personal side and family relationships, and also tangent professional conduct and rethink some practices.

In the dialogical movement it is intoned other circumstances, experience the accompanying condition in the same scenario in exercising their work activities, resulting in favorable and unfavorable situations.

> *"So it was here on the floor "x" (where she worked). All this, I was in charge of coordination, where I was overloaded with things and dealing more with it! And suddenly it was also a kind of an escape for me, you know! I have this other work of mine, but I'll have to get involved too and will be more difficult for me. So I could not leave at that time. And I was always here! So it was the way...I was in here and I was in the room once in a while! So I was here morning, noon, and night, and I could be there with her, I would just pass there."* (E7)

In her speech, mention related to the overload of activities performed by the nurse, who acts as an employee of the institution and also began to play the accompanying family function stands out. Although there are increased responsibilities, the family of hospitalization in the same institution seems to favor the maintenance of the professional activities of the nurse, which shows up as a refuge and at the same time take care and surveillance, which reduces the front concerns to the family member illness.

The accompanying family members, in general, report changes in work routine, leading in some cases abdication of their work activities to favor staying with the family being in hospital, viewed as a moral duty to their relative.[33] The need to care for, to be by the member and carry out their work activities is surpassed by professional front hospitalization of their family in their own work environment. This perspective strengthens the logic of being-together, but it does not require the disruption of work activities and thus it takes away the suffering that would be caused by this disruption. It signals to the well-being of those involved positive impact in developing capacity to balance the demands of the disease with other responsibilities.[33]

The care to a family, whether at home or in the hospital environment, is a task not always planned or discussed by all family members and usually falls on a member of the nuclear family, often covertly indicated by its components.[34]

Meanwhile, it is also revealed the challenge of becoming reference when some member of the family gets sick.

> *"And they (relatives), if someone is sick, is to me that they call to, anyway. Then they put that responsibility on us. It was very difficult for me."* (E8)

> *"But something like that, I think everyone feels that you being a health professional, you are the reference for the patient and family."* (E3)

> *"[...] It was the first child birth. In the second one, I was running. It was cesarean, but I had to be from the beginning, because I was the nurse."* (E4)

The nurse with their technical and scientific knowledge of the health field becomes the person "chosen" among family members to develop the role of main caregiver who needs hospital care or other care. However, as reported by the participants, this may be of physical overload, mental and emotional, the burden when assuming. The accumulated responsibility of care to a family member commits resting in favor of careful person and results in physical and emotional distress of this family.[35]

The different challenges of nurse in the accompanying condition of a family member point to the need for further discussions to understand the experience of being caregiver in this context. The experience of being familiar companion in hospitalization process does not refrain the nurse of her "professional self", and may result in reflections and modifications of their professional practice.

CONCLUSION

The experience of being a nurse acting as accompanying family causes ambiguity of feelings. The professional knowledge makes arouse feelings of powerlessness by associating scientific knowledge of the disease with the clinical picture of the family member. However, one sees at the same time, nurses are reassured by the experience, which can help in decisions to be taken to recover the family's health.

In addition, it is stood out in the study, the challenges of participating in reconciling professional activity and the accompanying role. By moving away to practice, the desire to be close to their hospitalized family remains. It also carries the sense of physical and emotional burden in the face of multiple activities performed in the accompanying and professional figure, concomitant to the responsibilities assigned by other family members.

The professional being does not decouple the accompanying situation, their knowledge and experience involved in caring for your family. The experience as companion reflected both in professional life and in personal nurses, prompting reflections and possible changes in their practices. The emphasis given to nursing education does not guarantee technical or emotional skills to handle the situation of illness and hospitalization of a family.

It is for the health staff, especially the nurses who work in hospitals, rethink and discuss strategies to enhance the knowledge and competence of professional colleague who is accompanying the family situation, trying to make the safest and most effective care. This professional, for being closer to

the hospitalized family, can collaborate to identify signs and symptoms of the disease and in making decisions regarding the treatment and rehabilitation of the patient.

This study has limitations, since voice has given only to professional nurses who work in one institution. It is considered to be relevant broaden perspectives to other realities and also listen to male nurses because it is understood that the male companion has its peculiarities that must be investigated.

It is possible to highlight from this study the need for consideration of a space for dialogue to maintain/establish viable relations between relatives accompanying nurses and health professionals, involving positively on the quality of care and patient care.

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