

## 139 - COMPANION FAMILIES IN THE HOSPITALIZATION OF CHRONICAL ILL AT THE SCHOOL HOSPITAL: MEANINGS AND INSTITUTIONAL CONDITIONS

DÉBORA BRAGA ZAGABRIA  
LUCIA HELENA MACHADO DO CARMO  
MARIA TEREZA MENDES ALVES PEREIRA

Universidade Estadual de Londrina – Hospital Universitário de Londrina, Londrina, Paraná, Brasil.  
[debbz@sercomtel.com.br](mailto:debbz@sercomtel.com.br)

### INTRODUCTION

In the beginning of the 21st century, challenges appear in the contemporary society especially concerning health-sickness in the scientific, technological knowledge field in the humanization of men. Changes occurred indicating new focuses with procedures in the diagnostic and treatment of illness especially the chronically ones, which are not cure indicative, but chronically

Focuses which respond to the needs of preserving life with quality, where the temporality and territoriality and the way of being and placing it, are essential premises of the experienced processes in the treatment of the chronical diseases. Thus a new subject – the family companion – is included in the process of hospitalization and care taking joining the patient and the treatment team from the diagnosis to the chronical patient follow-up.

So, a process is evident that places the patient and the family in moments of crisis and fragilities, where the hospitalization is necessary for the treatment, considering a place of possible control of the chronical disease through clinical and surgical procedures. It is at this time that the patient and family face the hospital environment, ruled by pre-established norms and procedures and in contact with an unknown world.

So, it is necessary the preparation, the following up, and evaluation of companionship. Dibai & Cadi(2007,p.129) points out that the question of the companion is complex and does not extinguish itself in the hospital, if we think of the possibility that the companion must extend his care at home after the hospital. The chronical diseases implicate in clinical, surgical and hospitalization treatment, while there moments of worsening and improved of the disease, after that time the disease stables and the caring is conducted by the family.

The family companion as a subject pertaining the hospital treatment, experiences a process with meanings and conditions in the personal, family and hospital scope. To Lautert, Echer and Uncovsky(1998), the hospital admission is an important moment in the people's lives and frequently demands the presence of a companion. So, the objective of the study is to create a companion family support differential in a hospital institution under meanings and conditions.

The hospital admission for the chronical ill, for the personal treatment was minimized by the time in the hospital institutions; consequently the family takes over the central role of companionship and care taking bringing the experience that supports the understanding the exercise of such role.

### Material and Method

The research of quanti-qualitative nature was conducted at the Londrina University Hospital -Parana. At the male and female ward units. The subjects were from 66 ill companions of patients with chronical diseases who showed dependence, from March to August 2010. The data were collected through interviews with questionnaires that involved: personal identification of the companion, the companion and the hospital treatment, family and institutional conditions and the meanings about the accompanying. The data quanti-qualitative were organized and analyzed by the statistical method (frequency and percentual) and by the content analysis, according to the meanings and expressions. From the total 66 subjects, the majority (35%) are from Londrina, (18, 5%) from Cambé and (21, 5%) from Ibiporã that serve the region range of the University Hospital. The ages with largest concentration are from 41 to 60 years old (53, 5%) female predominant (92, 5%) which have direct relationship with the most frequent occupations (26%) housewives, (10, 5% retired) and (7, 5%) cleaners. The families companions of the patients (60, 5%) live with the patient and (48, 5%) still work, showing that they work and are companions in hospital admissions. As to education, elementary school predominates (32%) and civil status (61%) are married. The relationship between patients and companions are: daughter (30,5%), mother (24,5%, and wife (13,5%), most of them female, confirming studies previously conducted about companions and caretakers of patients, the female are predominant.

### Outcomes and Discussions

The analysis and interpretation of the results, made possible to show meanings attributed by the family members demolish that hospitalization is a place only for technical procedures, considering the individual, the feelings and the protection as a base of relationship among subjects. Subjects with potentialities, limits and knowledgements, find it important to accompany hospitalized patients. According to Gueiros (2002) the family today is attributed responsibilities, among them, social protection.

### The family conditions to accompany in the hospitalization

Accompanying the patients in the hospital by the family, besides the legal aspects, presupposes objective and subjective conditions of the family as well the institutional conditions. The family companions have already lived with the patients and during the hospitalization they stay in a full time basis, but they count on other family members to take turns. The companions report having received information about the diagnostics of the patient. As to the expenditures of the family during the hospitalization most of them say not having expenditures indicating that accompanying the patient by the family's point of view it is considered an implicit activity and natural, and the family group is responsible. Among the family members having had expenditures in the accompanying process and showed that the main expenditure was transportation and after food. The family members did not receive any financial help to accompany the hospital treatment. It was verified that the companions had previous experience in the process as well as in the activity of caretaker in a home environment and gather this with other activities besides taking care of the patient.

CONDITIONS	FREQUENCY	PERCENTAGE
Full time permanence	46	70 %
Taking turns	40	80,5 %
Getting information	57	86,5 %
No expenditures	32	48,5 %
Previous experience in Accompanying and taking care	45	68,5 %
Accompanying and working	45	68,5 %

**Picture 01: Objective conditions for accompanying in hospitalization  
Institutional Conditions**

An institutional conditional to accompany patient by the family, presupposes some parameters like: physical space destined to the family member, the accommodations available and how they present: food offered and bathrooms usage for hygiene and physiological needs. These parameters are necessary for hosting and serving the family companions. In this school-hospital the physical space where the companions are accommodated is in the wards close to the patients. There is no specific space but the same space of the patient's permanence. The male and female units present diverse characteristics, the male ward is the largest in this hospital (73 beds) and the rooms have (06) beds. Some seats are available for companion's ans. The bathroom is outside located in the hall way for the patients. During this study a specific bathroom for ladies was built for female patients companions. In the female ward (47 beds) the rooms have (03) beds and bathroom inside, but due to the physical space only one seat for companions is available. In both wards the companions stay with the patients and enough seats are not available. The accommodation conditions are evaluated in several ways; some say they are uncomfortable, disorganized\zed, evacuating them as terrible, while others evaluate them as good showing diversity. This evaluation of the unit as terrible can be associated to the physical space and the food quality. The unit bathroom of the male ward is to be used by patients only and the female companions most majorities have to go to other units to use the bathroom. The food is made by the family to the patient at his bed and there are no conditions for such thing. The hospital was not planned and has tried gradually to make possible minimum and proper conditions for the permanence of the family companion. And that coincides with the Diba and Cade's affirmative (2007, p. 121)" (...)  
in practice we have observed that the hospitals still do not have a policy turned to the insertion in their admission units.

CONDITIONS	FREQUENCY	PERCENTAGE
Stay in the wards	66	100 %
Accommodations on seats	66	100 %
Hospital Food	57	86 %
Hospital Hygiene	59	89 %

**Picture 02: Objective conditions for accompanying in hospitalization  
Meanings and Expressions of Accompanying**

On the meanings of accompanying patients under hospital treatment reported that they did so for protection and better security of the patient and also partnership with direct cares with the patient. What makes de picture of discussion on the progressive incompetence of the hospital assistance actions not meeting the subjective and sensitive needs of the patient is confirmed by Maciel e Souza (2006.3), that states that "the family companion is a source of comfort and security, a link with the team, an improvement factor of the assistance quality"

M21 "if I were in his position and did not accompany me, I would be offended"

M31: 'the patient if more tranquil"

F13: "relaxes her heart. There is nothing like having somebody known beside you"

F22: the companion worries about the health situation of the patient and being close is more tranquil".

As to the partnership in the caretaking of the patients, the family members expressed that the treatment team cannot carry out all the care needed. The presence of the family during the hospitalization, according to Pena and Diogo(2005) and the involvement in the care taking should not be seen as a delegation of responsibilities, complementation of human resources for the nursing care. In fact, the role of the team is a partnership with the family in search of the patient's improvement.

They declared:

F3: "the nurses cannot do it by themselves"

F12: "I consider it important, because the employees cannot do it and the companion contributes a lot for the exchange of roles"

They were asked if the accompanying was related to the dependence created by the chronicle disease, the family members were unanimous in reporting that the patients have specific needs that must and need to be met, besides procedures and technical care over the technical and technological apparatus incising in the subjective and sensitive while they are the patient's needs.

F5" Yes, because by herself my mother cannot use the bathroom, take a bath or eat, because she has sight problems and she does not have one leg."

M19 "Yes, because the patient cannot stay by himself"

F8 "Yes, to keep her from falling and to be close to her".

Besides accompanying the patient due to their dependence, the family members related the importance of keeping company during the hospitalization. to be able to participate and inspect and control the treatment of his patient. These attributions showed a relationship of cooperation and partnership between the families and the treatment team. His family inclusion and the participation in the treatment have a meaning role of the family as a new subject.

F7"it is good to be near him and get information".

F6 "it is important to accompany to see if my daughter is being well assisted".

### Final Considerations

The health policy when claiming the family to be responsible for the sickness-health marks the probability of the family to become a treatment subject. What favors limiting the space and the occurrence of new understandings especially in the hospitalization through the accompanying and care taking of the family? Where the subject's dialogue, they pass information, control procedures, in short, they attend the subjective demands, keeping them away from isolation and build a shared experience between the technical and the humanizing.

The right of the permanence of a companion with the patient in the hospitalization in Brazil is regulated in the legislation and regulations for some segments. But even the advances occurred in the existing legislation, the hospital institutions in most cases did not implement these social rights, this is confirmed by Franco (1988.1) and Dibai and Cadi (2007) that approaches that the hospital companion "whose presence in the hospital still is not instituted and neither its role is defined".

The companion presence need, is pointed out in several studies that show the patient in the hospitalization is away from his family environment, and the family member in the hospital institution is very important, not only because of the accompanying but also to guide him and prepare him for the case taking at home. This intention contributes to favorable reactions of the families facing the disease, facing in a positive way the changes caused by the disease and collaborating and taking proper care of the patient.

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R. Gregório Cherbat, 90  
Jardim Araxá Londrina – PR  
CEP 86061-140  
e-mail: [luciahelenamc@hotmail.com](mailto:luciahelenamc@hotmail.com)

### ACCOMPANYING FAMILIES IN CHRONICAL ILL HOSPITALIZATION AT THE SCHOOL HOSPITAL: MEANINGS AND INSTITUTIONAL CONDITIONS.

#### ABSTRACT

The chronical ill treatment is one of the challenges in the contemporenian society in the field of chemical, scientific and family knowledge. Challenges that indicate keep the patients life with quality. So, the hospitalizations are frequent and need care and companions. The accompanying is of the family that as ax new subjects of the treatment those experiences full of meanings and institutional conditions feasible with that purpose. The purpose of the study is to build a support referential of the family accompanying at the hospital institution. Quanti-Qualitative research conducted from March to August 2010 at the University Hospital of Londrina Parana, with 66 companion families of patients hospitalized in the treatment units. Data collected through interviews with questionnaire and canalized by the statistical method and by the content analysis technique. The data revealed that most of the companions are from Londrina from 41 to 60 years old female predominant... Most of the subjects live with the patient and accompany the patient on full time basis have previous experience in accompanying, together with work and to accompany they receive information on the diagnosis to the institutional conditions they stay in the wards accommodated in seats They eat and do hygiene in the hospital. The meanings attributed are related to the protection of the patient, partnership in the care taking, due to the dependence caused by the disease, keep company, participate, inspect and control the treatment.

**KEY WORDS:** family – chronical disease – hospitalization

### L'ACCOMPAGNEMENT DES FAMILLES À L'HOSPITALISATION DES MALADES CHRONIQUES À L'HÔPITAL ÉCOLE : SIGNIFIÉS ET CONDITIONS INSTITUTIONNELLES.

#### RÉSUMÉ

Le traitement des malades chroniques est un des défis de la société contemporaine dans les champs des savoirs technique, scientifique et de la famille. Ce sont des défis qui indiquent maintenir la vie du malade avec qualité. Ainsi, les hospitalisations sont fréquentes et ont besoin de soins et d'accompagnant. Cet accompagnement est délégué à la famille qui en tant que nouveau sujet du traitement vit des expériences chargées de signifiés et des conditions institutionnelles disponibles à cette fin. L'objectif de cette étude est construire une référence de soutien à l'entendement de l'accompagnement familial dans l'institution hospitalière. Il s'agit d'une recherche quanti-qualitative, réalisée pendant la période de mars à août de 2010, à l'Hôpital Universitaire de Londrina – à l'État du Paraná, avec 66 familles qui accompagnaient des malades internés dans les unités de traitement. La collecte des données fut réalisée au moyen des entrevues menées par un questionnaire et analysée par la méthode statistique et la technique d'analyse de contenu. Les données révélèrent que la plupart des familiers viennent de Londrina, ils sont âgés de 41 à 60 ans, étant principalement du sexe féminin. La plupart des sujets habitent avec les malades et les accompagnent en période intégrale, ils possèdent une expérience antérieure de l'accompagnement associé à l'activité du travail; et pour l'accompagnement ils reçoivent des informations sur le diagnostique. Quant aux conditions institutionnelles, ils restent à l'infirmerie, installés dans des fauteuils, ils mangent et font leur toilette à l'hôpital même. Les signifiés attribués sont en rapport avec la protection du malade, aux soins en société dû à la dépendance causée par la maladie, ainsi que faire compagnie, participer, suivre et contrôler le traitement.

**MOTS-CLÉ :** famille ; maladie chronique ; hospitalisation.

**FAMILIAS ACOMPAÑANTES DE ENFERMOS CRÓNICOS HOSPITALIZADOS EN HOSPITAL ESCUELA: SIGNIFICADOS Y CONDICIONES INSTITUCIONALES.****RESUMEN**

El tratamiento de enfermos crónicos es uno de los desafíos de la sociedad contemporánea, en el campo del saber técnico, científico y de familia. En este caso, el desafío significa mantener la vida del enfermo con calidad. Siendo así, las hospitalizaciones suelen ser frecuentes y requieren cuidados y acompañantes. La familia es responsable del acompañamiento que, como nuevo sujeto del tratamiento, pasa por experiencias de gran carga significativa y bajo las condiciones institucionales proporcionadas para ello. El estudio tiene por objetivo construir un referencial que suministre mejor entendimiento al acompañante familiar en la institución hospitalaria. Es una investigación cuantitativa/cualitativa realizada de marzo a agosto de 2010, en el Hospital Universitario de Londrina, Paraná, con 66 familias que acompañaban a enfermos internados en las unidades de tratamiento. La colecta de datos fue realizada por medio de entrevistas, a través de un cuestionario. Para su análisis se utilizó un método estadístico y una técnica de análisis de contenido. Los datos revelaron que la mayoría de los familiares proviene de la ciudad de Londrina, está entre los 41 y 60 años, con predominio del sexo femenino. En su gran mayoría el acompañante vive con el paciente y está junto al enfermo en período integral, cuenta con experiencia anterior como actividad laboral, y ha recibido informaciones sobre el diagnóstico. Con respecto a las condiciones institucionales, permanece en la enfermería, donde tiene a disposición un sillón, y realiza su higiene y alimentación en el propio hospital. Los significados atribuidos están relacionados a la protección del enfermo, al compartir los cuidados debido a la dependencia provocada por la enfermedad, hacerle compañía, participar, fiscalizar y controlar el tratamiento.

**PALABRAS CLAVE:** familia; enfermedad crónica; hospitalizado.

**FAMÍLIAS ACOMPANHANTES NA HOSPITALIZAÇÃO DE DOENTES CRÔNICOS EM HOSPITAL ESCOLA: SIGNIFICADOS E CONDIÇÕES INSTITUCIONAIS.****RESUMO**

O tratamento de doentes crônicos é um dos desafios da sociedade contemporânea, no campo do saber técnico, científico e da família. Desafios que indicam manter a vida do doente com qualidade. Sendo assim, as hospitalizações são freqüentes e necessitam de cuidados e de acompanhante. Acompanhamento este delegado à família que, como novo sujeito do tratamento vivencia experiências carregadas de significados e das condições institucionais viabilizadas para tal. O objetivo do estudo é construir um referencial de suporte ao entendimento do acompanhamento familiar em instituição hospitalar. Pesquisa quanti-qualitativa, realizada de março à agosto de 2010, no Hospital Universitário de Londrina – Paraná, com 66 famílias acompanhantes de doentes internados nas unidades de tratamento. Coleta de dados através de entrevistas conduzidas com questionário e analisada pelo método estatístico e pela técnica de análise de conteúdo. Os dados revelaram que a maioria dos familiares é procedente da cidade de Londrina, na faixa etária entre 41 a 60 anos, com predominância do sexo feminino. A maioria dos sujeitos reside com o paciente, e acompanham o doente em período integral, possuem experiência anterior do acompanhar, associado à atividade laboral; e para o acompanhar receberam informações sobre o diagnóstico. Quanto às condições institucionais permanecem nas enfermarias, acomodados em poltronas, realizam alimentação e higiene no próprio hospital. Os significados atribuídos estão relacionados à proteção do doente, parceria nos cuidados devido à dependência gerada pela doença, fazer companhia, participar, fiscalizar e controlar o tratamento.

**PALAVRAS-CHAVES:** família- doença crônica – hospitalização.