10- REVELATIONS ON THE ACCOMPANING PROCESS IN PATIENTS UNDER TREATMENT AT A SCHOOL HOSPITAL

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Accompanying patients being taken care of, during treatment, is a human way to express and to be sustained where relations are established and effective actions guaranteeing the presence of the companion and the identification of what is done. So, the experience of accompanying carries the patients and family individual needs as co-responsible in the treatment. In the beginning because of affectivity bonds, obligatory and reciprocity are built during life. Another issue comes from the struggle and conquer as to the identification and The search of rights that emphasized the public life environment, expressing the right for citizenship and configurates and accompanies senior patients, children and adolescents, supported by the supported by the Senior, Children and Adolescent Regulations.

The sum of the showed needs and which materialized by the family when accompanying the treatment is also indicated by the specific deliberation/regulation of the hospital Internship Unit. It makes possible/ make real to the patients under treatment to be accompanied when hospitalized.

To Laulert; Echer; and Unicovsky (1998)" the hospital internship event is an important thing in the lives of the people and that in many occasions demands the presence of a companion.

Approaching this issue, from the experiences of the family companions that through revelations identify what it is to accompany, the configuration of developed actions, the establishing of new actions and relations and that makes the family member to react as participant in the treatment.

The research is of quantitative and qualitative nature, exploratory mode, developed in 2008 at the University Hospital of Londrina, with adult patients' companions at the treatment units totaling 79 subjects.

The data collection was made through interviews conducted with questionnaires approaching the companion and the accompanying process.

The quati-qualitative data presented, were organized and analyzed by the statistical method of frequency and percentage marked by the largest incidence of the answers and by the content analyzes technique; revealing the secrecy and expressions of the research subjects.

TIME SPENT BY THE COMPANION AT THE HOSPITAL

The time is from 1 to 5 days totaling 43 companions; in the sequence is also significant the period from 6 to 20 days with 25 companions. They are significant time periods, considering the actions taken during the accompanying and so needing to be a clear process prepared to really serve the fragility to be accompanied.

From the total of companions, it is significant their full time period (42%), also in the morning and afternoon (39%). The full-time is non-stop stressing the permanence with the patient, which is relevant for both.

TAKING TURNS

During the sick accompanying , 57% of the companions count of taking turns with family members, and those are most supportive are: brothers, sons, mother, wife; although it is very significant the percentage of companions(40%) who **do not take turns** and stay all the time with the patient. They are generally: wives (36%), daughter (19%), mothers (18%), and sisters (4%). This revelation indicates the lack of responsibility and retribution of family members, based on destruction of relationships and by the amount of family members that is today marked by a significant small number of people.

Information on the Right of Accompanying

	Number	%
YES	53	67%
NO	26	33%

Accompanying 67% of the family companions began the process with information that accompanying is a right and informed the attending team: nurses (27%); doctor (9%); social worker (3%); also the hospital regulations which are informed partially at the time of internship, especially to the senior and adolescents, which adds the legislation of the Senior Regulation (4%) and demands of the family (4%). It is important to point out that 19% of the total companions have no knowledge of the right of accompanying, as it shows as follows:

Sources of Information on the Rights of Accompanying

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Source	Number	%
Nursing Professionals	21	27%
Doctor	07	9%
Social Worker	02	3%
Hospital Norms	02	3%
Senior Regulations	03	4%
Family`s Demands	03	4%
No Information	15	19%

The information as strategy and socialization result from different ways which are predicted like in the case of the Senior Regulation, hospital norms through contributions of professionals and the attendance team, as well as the family as a generator of the rights search and better conditions facing the adversities of life.

For the companion to do the work of accompanying during the treatment at the hospital" it is necessary that the taking care is orientated and prepared from the beginning". (SILVA, 2007, p.04)

ORIENTATIONS FOR ACCOMPANYING

Orientations for Accompanying

	Number	%
YES	30	38%
NO	49	62%

In the accompanying process, 62% of the companions, showed not to receive guidance about what they would experience and execute in the accompanying, while 38% of them, did receive guidance. Among them 26% were informed by the doctor who focused guidance concerning the sickness, while the nursing team (13%) gave information about the care taking. According to Laulert, et al."To assist the subject properly, it is necessary to have the support of the team". (1998, p.122).

The contents informed by the health team, focused the sickness and the care taking. As to the sickness, the developments, seriousness, the process, the treatment, the surgical risks and medication. As to the care taking, the orientations were the patients care, the dressings, the medication, feeding incentives, the hygiene and movement and the procedures of protection as wearing apron, hygiene and sterilization, which straightens the need of hospital regulations.

While being approached on the activities done during the accompanying, they are in consonance to the guidance received on the sickness and treatment cares as expressed.

CONTENT OF THE RECEIVED GUIDANCE

Sickness (34%)
· Explanation of the sickness and its developments
· Risk factor of the sickness and surgery
· The medication
· The sickness process
· The seriousness of the sickness

Guidance (29%)
· What dressing to be made
· Medication to be taken
· Wear apron
· Incentivate the feeding
· Rest
· Bathing need
· Moving need
· Hygiene and sterilization

The accompanying was subsidized by two issues which are inherent and needed, i.e., to know about the sickness, what it causes and the care when accompanying the patient, and the needs of the care tasking team.

Activities Conducted by the Companion at the Hospital

Activities	Frequence	Percentage
Feeding	72	91%
Hygiene	63	80%
Physical Mobility Help	21	26%
Bed Procedures	14	18%
Medication	10	13%
Treatment Procedures	05	6%

Among the activities done with the patient by the companion at the hospital, predominate the activities related to feeding (81%), higyene (80%), physical mobility help (26%) and in bed (18%). These activities characterized the Daily Life Activities (DLA), and resulting of the treatment process.

The content expressed by the companions show that during the activities mentioned above, they complement or create the roll of daily direct cares necessary and dispensed to the patient.

It is important to point out that the activities made by the family members are composed of procedures that are shown through its developments and specifications:

·Feeding: "serve in the moth water and food"(S1;9;20;28;37;38;39;54;62)

·Medication: "give medication" (S: 2;13;17;22;27;32;34;36;68;76)

·Hygiene: "taking to the bathroom; give shower; dry; change the patient;personnal hygiene; clean the basin " (S: 11;12;25;26;27;30;31;32;59;60;61;63;69;70;72;74)

·Physical Mobility Help: "get off bed; get up;sit down; walk; massage" (S:2;7;13;16;25;33;42;50;53;62;66;67;70;79)

·Bed Procedures: "lift the bed; fetch the serum; change sheets; change position; cover the patient"(S: 4;13;14;22;26;34;37;39;52;55;56;69;70;74)

·Treatment Procedures: "make dressings; medication; remove electrodes; hold the inhaling device;" (S: 5;9;23;34;39;41;44;74;79)

It is important to point out that some of the activities mentioned by the companions are constituted essentially of the technical body and the companions many times without any training nor orientation have their function identified as collaborator/ partner.

Silva (2007) in his study about the hospitalized adult patient's companion sees the family as partner and that their

participation is important for their recovery.

The partnership that gains importance as the activities are developed that demand time, ability and unpretentiousness, which certainly, without the companion it would be entirely of the technical team. We may question that generally for individual natural aspects, feelings and shame the patient gains a lot with the family companionship that makes so many activities with bigger benefits for the hygiene. It also important the need to train and prepare for such activities, once the patient is physically and psychological vulnerable. When they are approached about the preparation, the answers proved that the non-preparation was bigger.

THE IMPORTANCE OF ACCOMPANYING

91% of the companions said that it is important to accompany the sick under treatment. Accompany while an experience showed expressions of affection, trust and safety to the patient during the treatment, but also gave to the unknown world – the hospital – an overload of activities that caused tiresome, physical and psychological exhaustion. The revelations are related to the hospital as and unknown world that causes insecurity and difficulties in handling with rules originated from the treatment and the patients' ways of life.

THE EXPERIENCE OF ACCOMPANYING

The experiences that the companies had during the hospitalization were qualified as good (47%) and normal (40%) for possibility the companionship “in loco” of the treatment, give safety to the patient in the hospital environment and psychological and emotional support, to help have company with the patient, among others, according to the testimonies bellow:

·“Close accompany of the evolution of the treatment identify irregularities at the hospital” (S11, S13, S19, S21, S25, S29, S33, S36, S40, S55, S62).

·“Quality of the nursing team service” (S2, S5, S42, S43)

·“Provide security to the patient” (S17, S58)

·“Psychological and emotional support” (S58)

·“Help and keep company to the patient (S6, S10 s47, S48, S51, S56, S59, S76, S77, S78)

Dibai and Cade show that companions when experience the process reveal difficulties, needs and demands. And so they title themselves important for giving emotional support in their daily needs and follow the evolution of the assistance becoming inspectors of the work developed by the professional team.(2009, p.89)

However the difficulties were also revealed, as follows:

·“Away from the family” (S20, S21,S25,S27,S39,S67,S79)

·“Physical and emotional exhaustion and anxiety (S6,S10,S17,S19,S20,S27)

·“Causes pain in the body” (S62,S44)

·“The patients' way of life” (S6,S7,S11)

·“Taking turns difficulty” (S44, S54)

The physical space provided to the companions was considered good (56%) and reasonable (28%). The concept of reasonable is because of the uncomfortable accommodations, the atmosphere is hot and tight, sleeping on chairs. Evolutions resulting the companion to stay in wardens with 6 beds using sofas and chairs in the hall according to expressions of the subjects.

·“Uncomfortable accommodations” (s1,s6,s12,s14,s15,s19,s39,s40)

·“Sleeping on chairs” (S6,S12,S14,S15,S19,S39)

·“Hot and tight environment” (S14, S17, S46, S47, S50, S49, S54)

As to the food, among the subjects (78%) answer the research at the hospital which confirms the full time period referring to the availability and hosting conditions for the companions.

According to the Regulation nº 830/00 from the Secretary of Health, the “public hospitals hired for the Only Health System, it is obligatory the availability of means which allow the presence of companions for patients over 60 years old through the payment of the daily rate of companions, through Hospital Internship Authorization which includes two meals to the companion, which can be made at the cafeteria or warden, according to the availability of physical area. Currently the value of the daily rate paid to the hospital institutions is R$8,00 (eight reais). So, for the hospital structure accompanying the patients has expenses, however to the family it causes only expenses.

THE ACCOMPANYING

The process of accompanying is a mix of individual and collective experience. Individual when taking individual care of the patient and collective to develop actions which makes the somatory of a process where different subjects have diversified and complementary functions and develop social experiences marked by a route made of objective and subjective aspects, but that undoable have revealing marks of an uncommon process in an unknown scenario and rigid norms and procedures, and expressed by the patient's way of life, that carries with him a complex world of conditions, meanings and expressions concerning the sickness and the treatment.

The accompanying justifies itself in justifications that occur in social rights regulations, to the requests of the team, the family or the patient. However the presence of the companion has been assured through the obeying of the specific legislation that guarantees to the segments of the society like the child, adolescent, disabled, senior citizens the right to have a companion in issues health affected.

The presence of the companion with the patient at the hospital, is justified by the expressions of feelings, stay together to avoid social isolation, but also containing social control , when the society/institutions and health services, choose as important and family inherent: the accompanying of their sick, show confidence and security and follow the treatment.

At the same time, the family also acquires security visualizing the treatment process “in loco” because being in a hospital environment does not see it as a complex/unknown world, and when discovering this world and identifying the functions of accompanying assures the functions culturally attributed to the family members.

This way, the family treats the set of factors (objective and subjective) as a complementary (objective and subjective) as a complementary experience of the health services. In the level of subjectivity it is expressed through the recognition and valuing the feelings, emotions, support, companionship, but in the objective level, it is the execution of operational and practical tasks related to the patient's care. We verified that the family companion has besides these tasks has executed technical functions which belong to qualified professionals like prescribing medicine, removing electrodes, hygienist the basin, fetch and control the serum, changing the sheets among others. To these functions we may question if it has been initiative of the family, neglect or omission of the health services or a transfer of attributions of the hospital unit treatment for the family. According to the foreseeing of the the Public Health is a responsibility of the State and the civil society, to assure health to the population (Law nº 8080/90.

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REVELATIONS ON THE SICK COMPAGNION UNDER TREATMENT PROCESS AT A SCHOOL HOSPITAL

The process accompanying under treatment causes changes in the personal, professional and social life of the sick and family. The companions at the hospital are required to stay and dedicate and integrate the team to attend the demands created by the treatment process. So, the companion acquires new experiences and relations which co figurate and identify his role in the hospital context. The goal is to present the revelations in the process of accompanying the sick by family members. It is a qualitative research developed in 2008 at the men's ward at the University Hospital in Londrina with 79 companions ofInterned patients. The data collecting was carried out by interviews conducted with objective and subjective questionnaires and the content analysis technique. The companions stayed at the hospital in average 20 days (73), full time (65) taking turns (45). They reveal the companionship while it occurs to favor expressions of affect, confidence and security of the patient as well as accompanying the treatment. Family members express difficulties like the overwork that causes anxiety physical and emotional fatigue. The revelations are directly related because the hospital is an unknown world which causes insecurity and difficulties handling the norms and rules from the treatment involving the patients ways of living.

KEY WORDS: Living; Accompanying Process, Family

INFORMATIONS SUR LE PROCESSUS D'ACCOMPAGNEMENT DE MALADES EN TRAITEMENT DANS UN HOPITAL-ECOLE.

Le processus pour accompagner les malades pendant la période d'hospitalisation produit des changements dans la vie personnelle et sociale du malade et des familiers. À l'hôpital, on exige que les accompagnants y restent et se dédient au malade et ils passent à intégrer l'équipe pour répondre aux exigences occasionnées par le processus de traitement. Ainsi, l'accompagnant construit de nouvelles expériences et relations humaines qui forment et identifient son rôle dans le contexte hospitalier. L'objectif est présenter les informations sur le processus d'accompagnement de malades par des familiers. C'est une recherche qualitative, développée en 2008, à l'Unité Masculine de l'Hôpital Universitaire – HU – à Londrina, comptant 79 accompagnants de malades hospitalisés. Les données ont été obtenus au moyen d'entrevue, menée par un questionnaire ayant des questions objectives et subjectives et par le technique d'analyse de contenu. Les accompagnants sont restés à l'hôpital environ 20 jours (73), pendant une période intégrale (65) en alternance (45). Ils divulguent l'accompagnement en tant qu'expérience de vie qui favorise les expressions d'affection, de confiance et de sécurité au malade, ainsi que l'accompagnement du traitement. Les familiers expriment des difficultés comme le fait d'être surchargés, ce qui produit l'anxiété, la fatique physique et émotionnelle. Les informations sont directement en rapport étant donné que l'hôpital est un monde inconnu qui cause l'insécurité et des difficultés à user les normes et les règles qui découlent du traitement et qui comprennent aussi les façons d'être des malades.

MOTS-CLÉS: expérience de vie; processus d'accompagnement; famille.

REVELACIONES DEL PROCESO DE MONITOR DE PACIENTES EN TRATAMIENTO EN EL HOSPITAL DE ESCUELA

El proceso de acompañar pacientes durante la hospitalización, causa cambios personales, profesionales y sociales en la familia. A Los acompañantes,en la hospitalización es necesaria la permanencia y dedicación, y pasan a integrar el equipo para atender las demandas generadas por el sistema de tratamiento, de esta forma el acompañante construye nuevas experiencias y relaciones que dan forma e identifican el papel del mismo en el contexto hospitalar.El objetivo es presentar las revelaciones del proceso de acompañar enfermos por familiares. Es una investigacion cualitativa desarrollada en año de 2008, en la unidad masculina del HU de Londrina, com 79 acompañantes de pacientes internados.La recopilacion de datos ocurrio a traves de entrevista realizada por un cuestinario con preguntas objetivas y subjetivas , y por la técnica de analisis de contenido. Los acompañantes permanecen em el hospital por aproximadamente 20 dias (73),en período integral (65) con reemplasos (45). Revelan el acompañar como vivencia, por dar oportunidad a expresiones de afecto , confianza y seguridad al paciente, asi como el seguimiento del tratamiento. Familiares relatan dificultades como la sobrecarga , lo que genera ansiedad, y el cansancio físico y emocional.Las revelaciones estan directamente relacionadas por ser el hospital un mundo desconocido que causa incertidumbre y dificultades en el manejo de las normas y las reglas relacionadas con la manipulacion y tambien las formas de ser de los pacientes

CLAVES: Experiencia, Proceso de Acompañar, Família

REVELAÇÕES DO PROCESSO DE ACOMPANHAR DOENTES EM TRATAMENTO EM HOSPITAL-ESCOLA

O processo de acompanhar doentes no período de internamento provoca alterações na vida pessoal, profissional e social do doente e familiar. Aos acompanhantes, na hospitalização, é exigido a permanência e dedicação, e passam a integrar a equipe para atender as demandas geradas pelo processo de tratamento. Desta forma, o acompanhante constrói novas experiências e relações que configuram e identificam o papel do mesmo no contexto hospitalar. O objetivo é apresentar as revelações do processo de acompanhar doentes por familiares. É uma pesquisa qualitativa desenvolvida no ano de 2008, na Unidade Masculina do HU de Londrina, com 79 acompanhantes de pacientes internados. A coleta de dados se deu através de entrevista, conduzida por um questionário com questões objetivas e subjetivas, pela técnica de análise de conteúdo. Os acompanhantes permanecem no hospital em média 20 dias (73), em período integral (65) com revezamento (45). Revelam o acompanhar enquanto vivência por oportunizar expressões de afeto, confiança e segurança ao paciente, bem como o acompanhamento do tratamento. Familiares expressam dificuldades como a sobrecarga, que gera a ansiedade, cansaço físico e emocional. As revelações estão diretamente relacionadas por ser o hospital um mundo desconhecido que causa insegurança e dificuldades no manejo de normas e regras decorrentes do tratamento englobando também os modos de ser dos doentes.

PALAVRAS-CHAVES: Vivência; Processo de Acompanhar; Família.

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