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Meanings of the Hospitalized Person in the Experience of Hospitalization: Implications for the Safety Care

Sentidos da Pessoa Hospitalizada na Vivência da Internação: implicações para a Segurança da Assistência

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Abstract
This study aimed to understand the meaning and reveal the meanings of the hospitalization experience and the safety of care for hospitalized patients. The methodology of qualitative nature with a phenomenological approach based on the theoretical-philosophical-methodological framework of Martin Heidegger, was used. Eleven patients who experienced hospitalization in a general hospital in the interior of Minas Gerais State were interviewed. The phenomenological interview was based on the following guiding questions: 1) How is your hospitalization experience? How do you perceive security-oriented actions with your care? The essential structures that allowed the construction of the Units of Significance emerged: To be hospitalized is to be away from the family, to be well cared for, with care and affection, to have the help of the roommate and Security is to have the daily medical visit and caring nurses. The interpretative understanding reached the unveiling of the senses that are configured in the routine of hospitalization as a domineering care in the hospital environment and contributes to bring up the need to improve communication as a way to make it an active agent of promoting its safety, demonstrating the need to be present and clarify what is security so that it receives effective, liberating and authentic care.
Keywords: Safety; Patient; Nursing; Phenomenology.

Resumo
Este estudo teve como objetivo compreender o significado e desvelar os sentidos da vivência de internação e da segurança da assistência para o paciente hospitalizado. Utilizou-se a metodologia de natureza qualitativa com abordagem fenomenológica, balizada no referencial teórico-filosófico-metodológico de Martin Heidegger. Foram depoentes 11 pacientes que vivenciaram a internação em hospital geral no interior de Minas Gerais. A entrevista fenomenológica se baseou nas seguintes questões norteadoras: 1) como está sendo a sua vivência de internação? Como você percebe as ações voltadas para a segurança com o seu cuidado? Emergiram as estruturas essenciais que permitiram a construção das Unidades de Significação: Estar hospitalizado é estar longe da família, ser bem atendido, com cuidado e carinho, ter a ajuda do colega de quarto e Segurança é ter a visita médica diária e enfermeiros atenciosos. A compreensão interpretativa alcançou o desvelamento dos sentidos que se configuram no cotidiano da internação como um cuidado dominador no ambiente hospitalar e contribui para trazer à tona a necessidade de melhorar a comunicação como forma de fazê-lo agente ativo da promoção de sua segurança, demonstrando a necessidade de estar presente e esclarecer o que é segurança para que receba o cuidado efetivo, libertador e autêntico.
Palavras-chave: Segurança; Paciente; Enfermagem; Fenomenologia.

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Introduction

Patient safety, today regulated by Ordinance 529, April 1, 2013[1] and RDC 36 of July 25, 2013[2], became a priority in health institutions, it is understood that the damage caused to patients goes far beyond what the media shows, and its application is possible through risk management.

In Brazil, through the migration of the rural population to the cities, the routine of life and the usual modes of health care were left aside, in the way of living in the city. Between 1860 and 1880, the idea of delivering part of the work of caring in the family home environment to someone who would take care of doing so in a more appropriate place, such as the hospital, began to establish itself, initiating new institutions and new occupations[3].

Historically, Brazilian health policy was founded on a "hegemonically fragmented rationality, generally curative, hospitocentric and medicocentric, centered on the individual"[4] with the prevalence of the logic of private interests, mainly from the autocratic regime after 1964. With the movement of sanitary reform and the promulgation of the Constitution of 1988, there was an attempt to rupture with this bourgeois instrumental rationality in the context of the State and, more particularly, in health policy.

Since its emergence, hospitals have been undergoing several changes, mainly aiming at improving the quality of care. Great technological advances have occurred and in parallel with these, new forms of reorganization and restructuring have been made necessary in these institutions[5].

The historical milestone of the movement for quality was from 1951 onwards, with the creation of Joint Commission Accreditation of Hospitals (JCAH), with the mission of assisting international health organizations in improving quality and safety. In the decade of 1960, through the performance of the JCAH, the American hospitals were able to reach the minimum standards initially recommended and the Joint began to modify the degree of demand. Thus, in 1970, the "Accreditation Manual for Hospital", containing standards considered excellent quality, with a view also to processes and outcomes of care[6].

The concern with the quality of care and the safety of the patient in health institutions has arisen globally. Increasing numbers of damage caused to the person and the growing number of lawsuits related to errors in assistance have led the government to rethink the way health has been developing in Brazil. Recent studies have shown that the incidence of adverse events (AEs) in Brazil is high. The occurrence of this type of incident in the country is 7.6% (84 of 1,103), of which 66.7% are considered preventable[7].

According to the World Health Organization (WHO), patient safety is the "reduction, to an acceptable minimum, of the risk of unnecessary harm associated with health care". Still defining concepts, there is an incident as an "event or circumstance that could have resulted in unnecessary damage to health" and damage as "compromising the structure or function of the body and/or any effect of it, including Illness, injury, suffering, death, disability or dysfunction, thus being physical, social or psychological"[8].

In the various health professions, human error can occur due to isolated factors or multiple associated factors, whether inherent to the patient's own institutional, financial and structural resources, as a physical plant, materials or equipment, in addition to human factors, such as lack of knowledge and skills[9].

Mistakes are more common than you can imagine. An adverse event that evolves to death represents the tip of a iceberg that hides a number of other minor adverse events including almost errors[10]. The safety culture, still little worked in the institutions, and the fear of notifying errors cause the underreporting of the events, making it difficult to identify, causing more preventable damage to the patient.

Although the movement in favor of patient safety has its initial milestone at the end of the

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twentieth century, by publishing the report of the Institute of Medicine, in the United States, which revealed the high mortality rate in the United States resulting from errors in health care, many medical and nursing personalities were concerned, because in the nineteenth century the English nurse Florence Nightingale, in addition to revolutionizing nursing and teaching, "encouraged changes in care, in order to improve patient safety, with his analysis of the conditions of English hospitals"[11].

Nursing, as an integral part of the multidisciplinary team in the hospital environment, is characterized by the constant presence in the daily life of human existence, acting from minimum procedures, stimulating physiological needs, even in the most complex, as the maintenance of the of life in contexts of intense care[12], with ethical and professional commitment to perform them safely and adequate to the needs of hospitalized patients, aiming to achieve the best results, because these are principles that qualify nursing care and differentiate it from too[13].

Hospitalization is seen by patients as an unpleasant experience, which requires adaptations to the changes in their routine, because it relates with a feeling of loss, regardless of the length of hospitalization. The patient sees himself being exposed to a cold, impersonal and threatening environment, different from his usual, by a necessity that leaves him no choice, in a climate of expectation and fear[14].

In the experience of hospitalization, the patient goes through a hospitalization regime in which his autonomy, individuality and humanity are forgotten or left aside. There is no participation in the decision of their care, even if there is a judicious assessment of their health needs by the health team. The hospital routine prevails in the hours of treatment, rest, hygiene and food, not even the decision on alternatives of care can be chosen[15].

The interest in studying the theme on the safety of hospitalized patients emerged from the observation regarding the non-inclusion of the hospitalized person in the promotion of their own safety within the hospital institutions, a place destined for health care and not of cause damage.

At the time of the academic period, with the deficiency of information to the patient about their treatment and their stay within the hospital, as well as experiencing the implantation of the patient's safety service within a hospital unit, we began to question about what information the patient knows about his care, treatment, procedures, medications and how he feels within the institution, since thinking about care is to think safety, there is no way to dissociate these two attributes so related. In this sense, it is necessary to listen what patients have to report about the care provided to them and about their satisfaction, in an attempt to establish a simple care and quality, being also a chance to construct a result indicator that points to managers some decision paths of transformations and innovations[16].

Thus, the objective of this study was to the meaning and unveil the meanings of the hospitalized person in the experience of hospitalization and in the perspective of the safety of care.

Method

For the development of the study, were chose to use the methodology of qualitative nature, based on phenomenology, using the theoretical-philosophical-methodological framework of Martin Heidegger[17]. The scenario was a general public hospital of medium size, located in a city of Zona da Mata Mineira that serves exclusively the clientele of the Unified Health System (SUS) and is a reference for the region. In 2013 he received the certification of hospital accreditation at level 2 by an accrediting institution accredited by the National Accreditation Organization (ONA).

The research project was registered in the Brazil Platform and forwarded to the Research Ethics Committee of the Federal University of Juiz de Fora (CEP/UFJF), considering ethical issues, according to resolution No. 466/2012 of the

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Ministry of Health and was by the opinion of No. 1.404. 545[18].

Eleven hospitalized patients, in the months of March to May of 2016 and the interviews ceased when it was observed the approximation/congruence of the speeches. The interview was developed during phenomenological meetings, in the patient's own bed, due to the limitations of locomotion that they presented, at a singular moment between the researcher and the respondent. And because it occurs in the presence of a companion or another patient in the infirmary, it was irrelevant, because the presence of another person inside the infirmary proved to be a positive factor.

The testimony was recorded on digital media (Smartphone) Guided by the questions: 1) How is your hospitalization experience? How do you perceive security-oriented actions with your care? Would you like to say something else? The field diary was also used, in which the non-verbal expressions of the participants, expressed in gestures or expressions, were carefully recorded after each interview.

The inclusion criteria were: being hospitalized in clinical specialties Medical and surgical, hospitalized for at least two days, being 18 years of age or older and both the sexes. And the exclusion ones: patients without psychoemotional conditions to express themselves. The selection of participants was intentional, after having access to the hospital bed map, provided by the nurses to identify the patients who had the hospitalization period exceeding 48 hours.

The interviews were recorded and codified, identified with the letter E plus numbering that goes from 1 to 11, according to the order of accomplishment, in order to ensure the anonymity of the participants. After the transcription of the testimony the analysis was performed by means of attentive readings to highlight the essential structures and subsequent organization of the units of meaning that express the meanings of the being-there-patient in view of the experience of hospitalization, from the perspective of assistance security.

In the first methodical moment, it was sought to explain how the patient meant the experience of hospitalization, from the perspective of the safety of care and, in the second moment, the interpretation of the meanings expressed.

Results

Eleven participants were interviewed, of both sexes, being 5 females and 6 males, aged between 25 and 63 years, schooling ranging from incomplete 1st degree to complete superior, Catholic majority and single marital status. Of these 11 participants, 7 work and 4 do not. The hospitalization time varies from 5 to 40 days, in the General Surgery (7) and Clinical Medicine (4) specialties.

After immersion in the testimonies and field diary, it was possible to identify the essential structures that caused the understanding of meanings and grouped in Signification Units (SU), composing the phenomenological discourse, demonstrating that the experience of hospitalization and safety of care for patients, meant: "being hospitalized is to be away from the family "," be well attended with care "and" affection is to have the help of the roommate "and "safety is to have the daily medical visit and caring nurses".

Being hospitalized is being away from the family, being well attended with care and affection and having the help of the roommate

> *"With much homesick, but they comfort, pass special affection, be careful with food, be careful with your good humor. There was a day that she (the doctor) arrived 1:00 in the morning to take a catheter from my spine, because it had given an infection and she did it with great care and much affection. So this is very important"* (E1).

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"I'm sad away from my family, my children, my husband. In a deep sadness. Ever since the day I got here, I've been treated well. The nurses always take care, they never gave me up, they always treated me very well. I'm making new friends, meeting new people here in the bedroom" (E2).

"Since I got here I can't complain, being treated well. People are attentive, unfold and within the possibilities treat us in the most humane way. I got a date with my daughter yesterday, because I was in surgery, but today she won't be able to stay, she has the hospital rules. I am aware that the companion gives greater security. Here one helps the other when there is need for help" (E3).

"I feel good here, I am well treated [...], careful, caring they take care well" (E4).

"I just want to be well attended to and know that the operation is good. When it comes to people, they even have a very good human part. My colleague next door took me in the bathroom and helped me" (E5).

"Both nurses and physicians are very good, caring, caring, everything I needed they responded to quickly. My colleague here who helped me. When he came, I was helping to lower the chair, up the chair, help in the bathroom" (E6).

"I was well received. We see what is happening in the day-to-day, lack of care. At first I was very anxious, my pressure went out of control, because we want to see everything sorted out. Then I was reassure, talking to the other patients, the professionals give us strength. So the worry goes a little bit [...], decreasing" (E7).

"It's good for me, because like this, the care I have in here. They are always so, they are very attentive" (E8).

"I get a little anxious because we drop the family, the family of us at home, then we are a little anxious. He's here with a date with me and he's finding it very good" (E10).

"They're very thoughtful. There's a clerk I love. You have the night that I love too. They talk to us, they have affection with us, even I am already good" (E11).

By signifying the experience of hospitalization, patients report that being away from home and family causes sadness, anguish and anxiety, but that the attention and affection of the team, especially physicians and nurses, make them feel well attended. They report that they feel somewhat alone, signaling the need for a professional to spend more times in the room, but that having the presence of a companion or other roommates is important, compensating this care.

The care and affection of physicians and nurses are very important for patients during hospitalization, to the point of causing comfort and overcoming because they are away from home. Being well attended, being well treated, having the attention of professionals, knowing that the operation is good, although they understand that

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the professionals unfold, within the possibilities of the hospital, to treat them in the most humane way possible. To respond promptly to the needs of patients reflects the characterization of good care.

The participants expressed solidarity with their roommates and when a bad situation happens, they think like it is with them. They refer satisfaction by meeting new people in the room and helping the colleague when there is need, compensating for mutual help. The conversation between patients, provided by the environment of a collective infirmary, reassures them and reduces concern. And those who had companions in the hospitalization experience reported that their presence conveyed greater security, even knowing that there are rules for their permanence.

Safety is to have the daily medical visit and attentive nurses

> *"I'm nervous, but confident. My doctor is very good, I trust my doctor, very professional [...]. The nurses are very careful, the care is excellent. I do not see at any time they dealing with patients without glove, without taking care, always climbing the grill of the bed, always guiding, always helping people in the bathroom, helping in the bath [...], Exchange, does not leave urinate, cleans your poop, is excellent [...], Informs all the remedies I'm taking, every day at the time it comes it speaks which remedy, all over again [...]. So I feel very safe here"* (E1).

> *"The doctors came here, the nurses tried to do the best we could, the doctor comes here every day in the morning. I complained to her that I was not able to poop, she already passed remedy PRa Me, you're going to take a urine test. So far they've been taking very good care of me. Every time they apply the medication. The doctor comes here every morning, talks to me. She explains everything right"* (E2).

> *"I can not complain because the doctors have already passed all the possible information, on Friday now will come a boy specifically to give the correct directions in the way we have to treat, in my case, the procedure for using this scholarship. The nurse has the care, I have until congratulating her, all the medication that she gives me she says the name of the medication and what for is giving me the medication. Being super well-treated"* (E3).

> *"Good because doctors give more attention here N, at least I see them gives good attention to us here, is careful too. Bath too, I bathe at the time I want [...]. Oh, this is good! The nurses I talk to, medicine at the right time, give the medicine straight, take the medicine straight. I get the medicine all right"* (E4).

> *"My doctor arrived 6:00 in the morning to answer me. I've made a lot of friends with the nurses, I've been here more than 30 days. Here the nurse of the day and the night is very good, super helpful. But, in some lack sometimes hygiene, will put a device on your finger, had to sterilize [...], to measure your temperature, sterilize the thermometer. Sometimes I'd mess with him, put a probe in him with a glove and then open the medicine*

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for me to take" (E6).

"With me, thank God, it ran all within the right time" (E7).

"The nurses are very attentive to the patient. In fact, anyway, all of them, from the biggest to the smallest, from the caretaker to the doctor, are very attentive, are very careful" (E8).

"The nurses are all good people too, all right [...]" (E9).

"I think the nurse is very helpful and very good. If it wasn't God's first, then the doctors and I were here today giving you this deposition. I feel very safe, because in the case here it is first God and then the Professionals" (E10).

"The doctor came here and another employee measured pressure, looked at everything. They bring the medication, give me the bath, all quiet. I never needed it, but when you need it is in that system there (room bell) that calls" (E11).

The participants reported that the medical visit every day in the morning is important to feel safe and need it to feel confident in the treatment and attendance to their complaints. They refer that nurses are very attentive, assist in care such as bathing, feeding and measuring pressure.

The aspects of hygiene are remembered as fundamental for the safety of care, referring to the use of gloves as safety care and the lack of exchanging them from one patient to another as something that bothers them. They emphasize that taking the medications at the right time and having information about them influences the feeling of security experienced by the interviewees, so they know how to reference the name of the medication and its performance.

The information that is provided by physicians or nurses increases the level of confidence in the treatment. The explanations about the state of health, care and medications were revealed as the most present in the patients' experience.

The lack of functional safety equipment, such as the room bell and the support of serum with wheels, were reported as complicating factors for safe care. The path between the acquisition of a material and the realization of the procedure is seen as something bureaucratic, which compartments the assistance.

Discussion

From the meanings expressed in the testimonies, which is the comprehension of the participants, it was possible to walk to the interpretation of the senses, leaving the ontic sphere and walking to the ontological, with the possibility of unwinding the phenomenon[17]. Thus, the patients announced, through their experience of hospitalization, the senses experienced in front of hospitalization and the safety of care.

In its daily life, the being remains in a contextual reality, involved in unpredictable situations or in the face of facts that surprise him, regardless of his choice. In this context, being hospitalized is not a choice, it is given as factual, but the way the fact of hospitalization is perceived and faced, it will fit in an individualized way to the "being-there-hospitalized-patient" and the professionals of the team[17], especially those of nursing and roommates, because they are important for him to overcome and understand himself as beyond what he himself did not understand.

The "being-there-hospitalized-pacient" mode"[17] to be hospitalized is to be away from the family, the affective bonds of affection and attention. Thus, they transfer this lack of affection

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to people around them, such as health professionals, especially to the nursing staff who remain longer close to him and his roommates. In this context, hospitalization is seen by patients as an unpleasant experience, which requires adaptations to the changes in their routine, because it relates with a feeling of loss, regardless of the length of hospitalization. The patient sees himself being exposed to a cold, impersonal and threatening environment, different from his usual, by a necessity that leaves him no choice, in a climate of expectation and fear[14].

In the experience of hospitalization, the patient goes through a hospitalization regime in which his autonomy, individuality and humanity are forgotten or left aside. There is no participation in the decision of their care, even if there is a judicious assessment of their health needs by the health team. In this sense, giving voice to patients to apprehend their perception about the care received becomes an important tool for improving the care provided. The assessment of patient satisfaction has been adopted by health institutions as a strategy to obtain a set of perceptions related to the quality of care received, with which we acquire information that benefits the organization of these services[19].

Nursing, as an integral part of the multidisciplinary team in the hospital environment, is characterized by the constant presence in the daily life of human existence, acting from minimal procedures such as stimulating physiological needs, even in the most complex, such as maintaining life in contexts of intense care[12]. But the hospital routine prevails in the hours of treatment, rest, hygiene and food, not even the decision on alternatives of care can be chosen[15].

The participants, in the "being-there-with-the-professionals" mode, highlighting the nursing team, unveiled the care received during hospitalization through the Occupation, the way these professionals occupy themselves with the care of techniques and procedures to approach them. Occupation is the way to be busy with what is at hand. They realize that they are cared for because they receive food, medication, hygiene, in the hospital routine. However, this concern is also concerned, because the occupation with food and clothing, when treating the diseased body, is pre-occupation[17].

The attention and affection they expect to receive from the team during hospitalization is transferred to the roommate when they perceive that, due to the hospital routine, the professionals do not realize this expectation. They occupy themselves in helping others as a way of seeking help for themselves. The need to hear and speak is present in the experience of hospitalization. Thus, the way in which patients are treated during hospitalization determines for them the quality of the hospitalization experience, being a positive experience when they are treated in an educated and careful manner, and negative when they are treated in a harsh way.

The ethical and professional commitment of nursing to perform the procedures safe and adequate to the needs of hospitalized patients, aiming to achieve the best results, are principles that qualify nursing care and differentiate it from the other[13].

Safety is an important dimension of quality, defined as the right of people to have the "risk of unnecessary harm associated with health care reduced to an acceptable minimum"[8]. However, patient safety is a legal responsibility of nursing in guaranteeing integral care. Regarding nursing care, it is characterized by the reduction of the risk of unnecessary damage associated with health care. It is a fact that the error situation may occur in the daily care of nursing, whether by incompetence, negligence, imprudence, omissions and, that these errors often do not depend on the excellence of the qualification of the health professional[20].

The safety of the care received by the patients is unveiled by the patient through the ambiguity, in which they think they understand what security is when they don't understand it. In Heideggerian phenomenology, ambiguity occurs when "everything seems to have been understood,

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captured and discussed authentically when, in the background, it was not"[17]. By disregarding the sense of safety of care as having the presence of the physician daily demonstrate that they do not recognize safety in the molds placed by tradition, for what is put by science through standardization, and may point a failure in the communication and clarification of this term during hospitalization.

By recognizing the safety actions employed in their care, the patients unveiled the bankruptcy by repeating the technical terms that are said by the team and signifying the use of gloves or the absence of them as something indispensable for their safety in the hospital environment. When referring to the need to sterilize the thermometer between the use of one patient to the other, it was evidenced "as a possibility of understanding everything without having previously appropriated the thing" [17].

Nursing is directly related to the realization of events that are associated with the occurrence of errors in health practice, since it is the closest profession and is present in the experience of hospitalization of patients. Thus, "nursing practice should be centered on care, backed by knowledge, dialogue, the establishment of satisfactory interpersonal relationships, based on attitudes and skills in promoting a safe environment"[21:315]. Thus, the quality associated with safety becomes an essential strategy for the excellence of care to be provided.

In the mode of "being-with" the nursing professional, they expect to be well attended, with affection and attention, which are often not returned due to the work routine that the institution imposes, thus unveiled a mode of "pre-occupation" with the patient, in the sense of do for them basic care such as personal hygiene, food and medication. However, this form of occupation does not account to meet all the needs of the patient, forming a gap between the technical care imposed by the hospital and the expectations arising from the hospitalization of the patient[17].

During the interviews, at some point the safety items were cited, not even the identification of the patient who is visible to him through the identification bracelet, demonstrating the fragility of the implantation of the patient's safety service in institution. The mode of "a lot of speak" [17], it was possible to be unveiled when participants used technical terms to describe their health status or to demonstrate the importance of using gloves for care. The fact that they reproduce the speech of the professionals converges to a distance from reality, because they do not really understand what safety is.

Hermeneutic phenomenology[17], as interpretive understanding of the "being-there-hospitalized-patient", it reached the unwinding of the senses that are configured in the theoretical-philosophical framework as "occupation and concern", "ambiguity and talk" and "being-with", taking on a dominating care in the hospital environment.

Conclusion

Nursing, as the team that most remains in contact with the patient, needs to be responsible, because at the same time that it is the most present team, it is also the responsibility for the application of most patient safety protocols, demonstrating the need to turn to the patient in order to explain the protocols and bring the patient to self-care, as an active participant in the prevention of risks during his/her experience of hospitalization.

The patient does not conceive the safety of assistance in conducting procedures within the techniques, according to norms and protocols established, simply because for them assistance and safety are inseparable. It is also necessary for nursing to make reflections about the communication between the health professional and the patient during the hospitalization period, in order to avoid the risk of incidents and adverse events. By giving the voice to the patient means to include him in the process of promoting his own safety, creating another barrier in the chain of error prevention.

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The use of Heidegger's phenomenology as a method of this study enabled the unmasking of meanings that were hidden in other researches, valuing the patient's safety with its applicability in practice. It emerges, therefore, the need for extensive discussions in the field of education regarding the need to sensitizing future nurses about the importance of their role in the experience of hospitalization of patients and their signification of the safety of care received. One should rethink the therapeutic communication to access this patient and include it in the promotion of its safety.

It is believed that new technologies associated with the use of increasingly specific safety protocols are necessary to improve the safety of care, but the proximity of the professional-patient relationship is still shown as important in his/her experience of hospitalization. It is necessary to be present and clarify to the patient what is safety for him, so that he receives effective, liberating and authentic care.

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