ORIGINAL ARTICLE *DOI: 10.4025/cienccuidsaude.v17i2.39289*

THE HEALTH PROFESSIONAL EXPERIENCE ON THE OTHER SIDE OF CARE[1]

Nayra Michele Anjos Amorim*
Francisca Georgina Macedo de Sousa**
Ana Maria Ribeiro dos Santos***
Henriqueta Ilda Verganista Martins Fernandes****
Maria do Céu Aguiar Barbieri de Figueiredo******

ABSTRACT

The objective of understanding the meanings that health professionals attributed to experiments to be patient or companion arising from illness or hospitalization. Descriptive study of qualitative approach conducted with 17 participants using unstructured interview for data collection and analysis for the interpretation of the same theme in light of uncertainty in Illness -Theory of Michel. Twelve interrelated themes have been identified with the assumptions of the theory and inserted into a conceptual diagram. The framework of stimuli was represented by themes: Markers of professional experience in the process of illness and hospitalization; Award for relations strategies of care; Assistant professional appreciation for the recognition of care practices. Care disqualifiers: producing insecurity, anxieties and uncertainties; Adversity-professional escort: stigmatization and commitment of care; Better not to know mark Cognitive assessment. As *coping* mechanisms themes: meanings and feelings inherent in being an escort and the other side of caution that converged on the adaptation. The patient experience/escort was permeated by uncertainties that were exacerbated by the condition to be health professionals. This allowed understand that appropriate attitudes and behaviors in the care they provide minimization of uncertainty impacting positively on the treatment and recovery of health.

Keywords: Uncertainty. Hospitalization. Nursing Theory.

INTRODUCTION

The disease causes the individual feelings of "less" value, fragility, of abandonment, of reliance on care, in prison to the bed and submission to the limitations caused by the symptoms of the disease and the treatment(1). When the disease combines hospitalization, the body is emptied of symbolism by medical intervention. In this process the "subject tends to feel increasingly invaded and away from you, your place to be" (2:148). Therefore, the ill individuals live experiences, more often than not, are negative for represent threats to life, combined with feelings of frustrations, anxieties and uncertainties(3).

Health professionals routinely assume the role of caregiver be. However, at some point in life can take the condition of being careful or have a family member recipient of assistance in health that he, professionally, he's used to play. A condition of being a caregiver to be cared by illness and/or hospitalization or of a family member, was defined as a phenomenon to be understood by the investigation.

According to the theory of uncertainty in Illness of Michel the experience of disease can be permeated with uncertainty, which in your time, you can influence the adaptation to specific time and thereby exacerbate a fragility and psychosocial instability. This theory deals with the uncertainties, anxieties and doubts of his own sick, their caregivers and families about a health problem, on your acute or chronic phase(4).

When you do not know what the future, uncertainty in illness presents itself as cognitive State, in which the individual is unable to assign a meaning to the events related to it. Experiencing the new situation, individuals used the uncertainty to raise resources and counter mechanisms and adaptation, desired result at the end of the process(4). It should be noted that the uncertainty can influence the adaptation to specific time and thereby exacerbate a fragility and psychosocial instability.

Uncertainty in illness refers to the inability to determine the meaning of the events related to the disease, assigning values to objects and events,

[1]Derivative of Master's Dissertation of Health Professional to Companion and Patient: On the other side of care linked to the Graduate Program in Nursing of the Federal University of Maranhão / UFMA.

*Nurse, Master of Nursing. E-mail: nayramichelle@hotmail.com
**Nurse, PhD in Nursing, Leader of the Study Group and Research in Family, Child and Adolescent Health – GEPSFCA/Federal University of Maranhão – UFMA.. E-mail: fgeorginasousa@hotmail.com
***Nurse, PhD in Sciences, Adjunct Professor, Federal University of Piauí /UFPI. E-mail: anamrsantos@hotmail.com
****Nurse, Doctor of Education. Adjunct Professor of Nursing School of Porto / Portugal. Member of the Research Center for Health Technologies and Services - CINTESIS –Universityof Porto/Portugal. E-mail: ildafernandes@esenf.pt
*****Nurse, PhD in Nursing Sciences, Professor at the Nursing School of Porto, Portugal. Integrated Researcher at CINTESIS, University of Porto / Portugal. E-mail: ceu@esenf.pt

definitive and predict, with precision, the results. Reflects a cognitive Act neutral until they are certain their implications[4]. Almost always not well tolerated, the uncertainty in illness is generally characterized as an important stressor and people – or most of them-are seeking ways to reduce this uncertainty and/or learn methods that facilitate dealing with it, such as social resources and professionals[4.5].

From these implications, the uncertainty can be interpreted as positive or negative turning into two thoughts: opportunity or threat. The fear of the unknown, the failure and lack of communication, information and other factors not manifested in illness, in particular in the treatment and/or hospitalization are stressors and, in these cases, the uncertainty represents a danger to the State of health of the patient and your people. In these situations, a greater knowledge of the disease can subsequenciar depression, wasting and not therapeutic adhesion, in that it's better not to know[5]. The form of interpretative moment experienced and intrapsychic developed strategies can reduce the uncertainty, if evaluated as an opportunity. In this sense, should culminate in adapting to the situation.

On the above, the problem of the present research was bordered by the experience of the health care professional in patient condition or as family sick date from the following question: How health professionals experience/ experienced the experiences of patient or family relations date of care established by the health-disease process and hospitalization? To reply you defined as objective: understand the meanings that health professionals attributed to experiments to be patient or companion arising from illness or hospitalization.

METHODS

This is an exploratory and descriptive study of qualitative approach which used the uncertainty in Illness theory of Michel, as theoretical.

The participants were selected according to the criteria: be professional and have experienced a process of hospitalization due to some health problem or any family. The methodological technique used to capture of the participants was the snowball, which provides a set of potential contacts in order to better understand the given theme and is effective to construct sampling in qualitative research[6]. Following the snowball technique initial participants indicated new participants that, in similar form, have experienced the condition of patient or family date of illness and hospitalization. Seventeen (17) health professionals (Nurses, physical therapist, physician and Nursing techniques) constituted as participants.

Data collection occurred between the months of December2014 to April 2015, whose production was supported by the unstructured interview not directed mode recorded by electronic device, with the permission of the participants and guided by the question: describe your experience when subjected to the care of health professionals because of illness and hospitalization or when accompanied in this family condition.

All of the terms on which treats the 466/2012 Resolution of the National Health Council (CNS) were inevitably followed. Obtained approval from the Ethics Committee and research at the Federal University of Maranhão, with the opinion number 866,679 and the participation of the researched officialized by means of signature, in two ways, the informed consent-TCLE.

The speeches were transcribed and analyzed according to the precepts of the thematic analysis[7], operated in three stages: in pre-analysis, detailed readings of interviews were held and set the *corpus* of analysis in then be organized and formulated hypotheses; on the exploration of the material the identification of significant words and expressions and grouping of the raw data for a total of 626unidades of sense; In step of processing and interpretation of the results were constructed twelve[12] issues by agglutination of the nuclei of meaning. For this step, the assumption of the TID[4.5], in which the human being is considered to be an open system, which influences and is influenced by internal and external issues that can be producers of imbalance and stress and, Consequently, uncertainty facing a new situation. Later, the themes built on research were interrelated with the concepts and structural elements of the TID and inserted into a conceptual diagram.

RESULTS

The theory of Uncertainty in your conceptual structure has three components: the background influencing uncertainty; the cognitive assessment of uncertainty and *coping* strategies to deal with it. These components make it possible to assess the uncertainty as a threat or as an opportunity, producing a State of deals and adapting to the situation, being the last one, the expected condition.

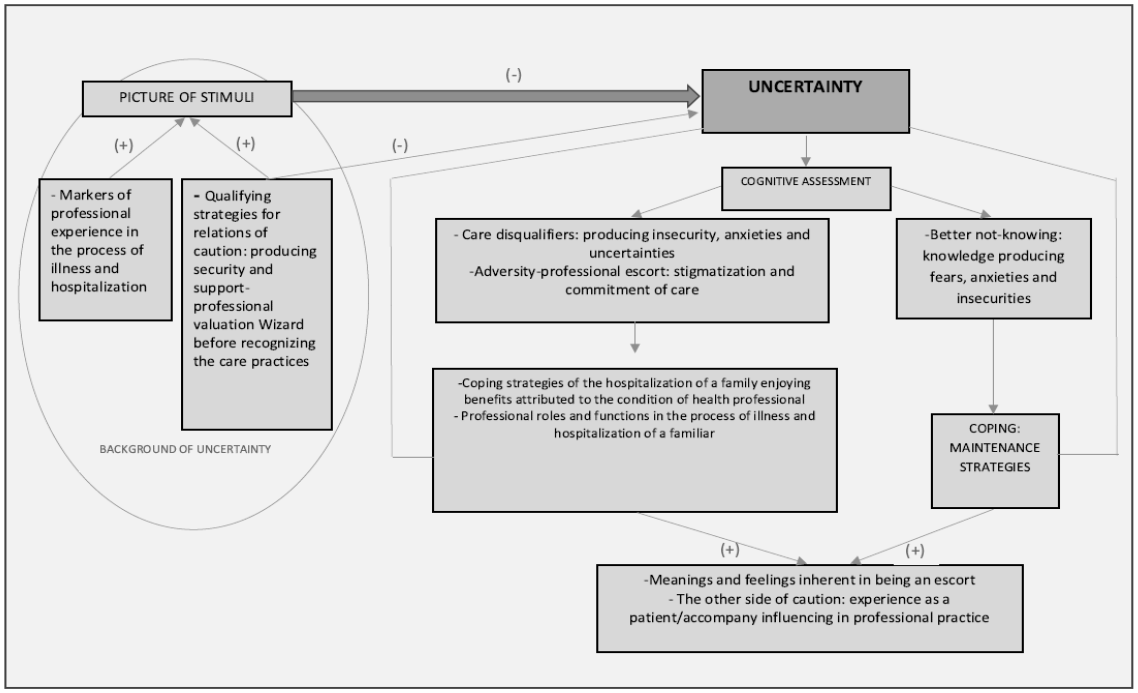
In the conceptual diagram of the TID, the uncertainty is a process that interfaces the painting of

stimuli, the cognitive assessment and adaptation.

The painting above the perception of stimuli and uncertainty refers to the stimuli perceived by the individual able to influence it with implicit relationship with the cognitive abilities inherent to the individual's perceptions, to familiarity with the events and relationship between the expected, the experienced and hospital related events. It concerns the understanding of the existence of symptoms beyond the normal state of health and the atypical concepts that may suggest the installation of the disease. Familiarity with the events concerning recognition of a usual situation or already experienced while new treatments or procedures are able to generate uncertainties.

The framework of conceptual structure of stimuli TID appears as a background to the uncertainty and was defined by the following themes: markers of Professional Experience in the process of Illness and Hospitalization; Qualifying strategies for relations and enhancement of professional care assistant before recognition of care practices. The experiments experienced by healthcare professionals in patient condition or family date were expressed in 12 subjects constructed from an analytical exercise and then supported the theoretical framework of TID and inserted in the diagram that reveal the assumptions of conceptual uncertainty in illness.

Figure 1. Articulation of the themes with the assumptions of the TID of Merle h. Michel



Theme 1. Professional experience of the markers in the process of Illness and Hospitalization

The illness and hospitalization experienced by health professionals, appears to place him in a surprising event that involves on the one hand fear, insecurity and anxiety, and on the other, is delimited by the knowledge that makes it possible to identify risks, complications, consequences and improvements. In this way, the patient or health professional as an escort can analyze the information received from the health team and compare them to the current condition.

There are times when being sick or being sick, family escort seems to compromise the reason, discernment and scientific knowledge by putting it in a dichotomic clash: be patient, be familiar/companion and be professional. It is possible that prevails the emotion rather than reason following the emergence of feelings of vulnerability and fragility in the face of the process of illness. May show loss of professional paper, overlapping the family role, since the emotional ties are stronger and more important than the technical skills and scientific knowledge.

Front of the experienced, the health professional in patient condition or an escort, leaves prevail either behavior and affection, let it stand out the familiar posture, sometimes subjective. In others, makes use of technical and scientific knowledge in an attempt to

preserve and guarantee the life. Assuming this stance, he analyzes, identifies risks, condemns errors, disputes and conduct, if necessary, intervenes. The feeling of uncertainty, insecurity and concern prevails the professional attitude, observant, attitudinal and criticism.

Theme 2. Award for relations Strategies of care.

In this theme, the care was described as a product of the intersection of technical and relational human dimensions. Were qualifiers, dispense care attention based on the watchful eyes and listen, in appreciation of the complaints of the patient and family's Companion, in dialogue, in horizontal relations harmonious existence, human, with proximity, personhood and involvement. Subjective attitudes and treat the neighbor as I would like to be treated were recognized as potential strategies and, above all, effective care. Experiencing the familiar paper escort, professional recognizes that care involves the patient, the date and the family dimension should be this valued health care practices. The view of this, the Professional determines that technical, procedural actions, added to the subjective attitudes, reflected in an effective care attitude.

Theme 3. Assistant Professional appreciation for the recognition of care Practices

With regard to the area of health, nursing was scored as the profession that acts forcefully in the provision of care, having as object and practice your product. Highlighted that nursing is temporally and with the assistant closest to the patient. In this sense, workers who play your role with appreciation of life, respect and responsibility, have your value recognized. Likewise, the dedication, the commitment and the commitment of the professionals promote your recognition and appreciation for those who experience illness and/or hospitalization.

The Cognitive Evaluation as conceptual dimension of the TID is defined as the ability of an individual information processing. Anxiety, fatigue, disease diagnostics and some treatments, for example, can reduce the cognition, hinder the insight and perception of pattern of symptoms, exacerbating uncertainty. The relationship between expected and experienced also causes uncertainty. It is clearly noticeable when the individual shown prepared for certain therapy, however, different pipes are adopted. Were inserted in Cognitive Assessment seven themes: care Disqualifiers: producing insecurity, anxieties and uncertainties; Professional adversities/Companion: stigmatization and commitment of care; *Coping* strategies of the hospitalization of a parent; Taking advantage of benefits attributed to the condition of health care professional; Dealing with family pressure: Professional-is chosen; Professional roles and functions in the process of illness and hospitalization of a parent; Better not knowing: knowledge producing fears, anxieties and insecurities.

Theme 4. Care Disqualifiers: producing insecurity, anxieties and uncertainties.

This theme was delimited by dissatisfaction with regard to the dialogue between the professionals and assistants who experience the process of illness/hospitalization, characterizing it as inadequate, inappropriate and sometimes absent. These situations are creating suffering and anguish that combined with the insensitivity, the impersonality, the distance and the lack of interest by the complaints of the patient have been characterized as care disqualifiers. Bureaucratic barriers to the completion of the admission of the familiar in sector compatible with their clinical needs, involving structural conditions and organizational aspects of health care institution were also revealed as the disqualifiers Watch.

The dissatisfaction arising from treatment, were identified as real and prone to conflicts between patients/escorts and professionals and assistants result in impairment of the process of care and injury of interactions. This condition leads to a situation of crisis and disruption of service, as well as increase anguish and uncertainty of the affected by the disease. Added to these issues, the probability of iatrogenic causes the healthcare professional, patient or as family theme date their occurrences and report afraid in the face of the identification of errors, negligence, imprudence, malpractice attorney and Assistant professional negligence. To witness them, experience dissatisfactions and afflictions, feeling of indignation and revolt. Afflictions, suspicions and insecurities were nurtured by suspicions about the quality of the vocational training of health workers and the media disclosure of errors inherent in the practice of care.

Theme 5. Professional Adversities/Companion: stigmatization and commitment of care.

Not to accept any kind of care, in a few moments, the health professional identifies, justifies their placements and take actions. However, this fact is not always satisfactorily received by workers. Some members of the teams were described as austere, suspicious and aggressive when dealing with patients

and accompanying persons known to be health professionals. So, the patient or companion fears that your recognition as health professionals can be interpreted as a threat and intimidation. As a defense and in an attempt to relieve tensions, suppresses her own professional identity, avoids complaints, requests and reviews. Evidence-if not always the fact the patient or escort work in the area of health is positively accepted by third parties, because the professional experience, which gives technical and scientific knowledge, can sound like a threat by the person who pays care.

Theme 6. Better not to know: knowledge producing fears, anxieties and insecurities.

The ability to identify signs of worsening, of danger and risks in the hospital, the patient-professional escort has heightened feelings of anxiety, uncertainty, insecurity and fear. The experience and knowledge which gives the condition of health care professional allows you to identify errors and failures in health care and recognize careless attitudes. This condition causes it to be invaded by concerns and that it would be better "not to know", so would be spared the exacerbation of feelings generated by specific knowledge.

Theme 7. *Coping* strategies of the hospitalization of a member of the family.

The trial of anguish inherent to the experience of hospitalization can undermine both the patient as your familiar. Circumstantially, some strategies are comfort mechanisms, facilitating *coping*, which added to watch qualifiers are producers of security to help you endure the suffering in the face of illness and hospitalization.

The search for control against the menacing can be classified into two categories: the confrontation centered on emotion and focused on the problem. The first derives from protective and defensive processes, in which the individual attempts to regulate his own emotional response and to face the problem, is able to manifest attitudes of avoidance and denial. The second, centered in problem, characterized by efforts directed to your amendment, or directors and/or improvement of the relationship between people and the environment. One way or another, the management and the change in the situation of insecurity are producing adaptation to reality. However, the two ways of *coping* are interrelated and can be used simultaneously on the same event. Another *coping* strategy on illness and hospitalization refers to spirituality as Strengthener and middle sponsor support and resilience.

Theme 8. Enjoying Benefits Attributed to the condition of health professional.

The theme suggested to have free access to the familiar sick, ease in acquiring information, witness surgery, meet professionals in the various sub-areas of health and they can turn to, discuss with the health care team the therapeutically and perform procedures and direct care if characterized as benefits of the condition to be health professionals. Take advantage of these benefits configured in guarantees to act with some freedom in the evaluation of problems and the search for solutions.

Theme 9. Dealing with family pressure: Professional is the chosen one.

The family usually chooses the familiar health professionals as an escort. For the family, he is qualified to recognize risks, understand and discuss with other professionals' Diagnostics/prognostics and act to solve problems. In this way, the trader acknowledges his own ability and imposes itself to your constant presence, is believed to be the only one able to intervene, if necessary. Because of these situations, sometimes he blames himself when the result is unwanted. These demands leading in all-purpose-physical and emotional wear-one that assumes the role of escort, causing overload.

Considering the opportunities in search for information and the possibilities of participatory attitudes in conduct and procedures, which the family elects the health professional as an escort. It trusts and his snake decisions.

Theme 10. Professional roles and functions in the process of Illness and hospitalization of a family member.

Two categories cover professional functions arising from illness and hospitalization process-support for the patient and family and technical supervisor of care. Nevertheless, it is challenged to exercise emotional control to keep your family organized emotionally and to demonstrate confidence and security. As an escort with the list as your duty to protect the family, and this can take two forms of behavior: a commitment to expose the reality of clinical picture, to rid it of risks, to guide you and provide clarification and guidance on the routines and procedures (how they are made, what, what). In this role, questions, requirements and collections care practices are frequent. If necessary, upon the finding of irregularities and risks, carry out

interventions. In situations where perceive threats to the integrity and health of the familiar sick, are capable of breaking institutional rules, don't expect likely actions of professional assistants and take informed attitudes for knowledge.

However, when emotion overcomes rationality, some professionals flee your role of connoisseur and suppress the reality in an attempt to numb the pain, worry and the suffering.

Coping strategies is the third component of the TID. Through this process the people – or most of them-are seeking ways to reduce the uncertainty and/or learn methods that facilitate dealing with her. In this sense, it is expected a State of deals and adaptation and two are possible sheds: the uncertainty as an opportunity or as a threat. Therefore, the *coping*, is the outcome for the uncertainty in the conceptual model of the TID. Were inserted in this component two themes: meanings and Feelings inherent in being an escort and the other side of caution: experience as a patient/accompany influencing in professional practice.

Theme 11. Meanings and Feelings inherent in being an escort.

On the specifics of the individual who tried and experienced the process of illness and hospitalization can be evaluated in different ways and have different meanings. For some, when uncertainty is perceived as aversive and event associated with the negative psychosocial outcomes, experience is marked by distress/anxiety. For others, when cognitive performance and confrontation were satisfactory, the experience may mean learning and acquiring new skills and behaviors.

Theme 12. On the other side of caution: the experience as a patient/accompany influencing in professional practice.

Uncertainty is an important component of the experience of the disease while *coping* strategies enable adaptation and reflects an evolutionary process that can change with the time and during the course of the disease. The experience of health care professionals in patient condition/escorts, allowed a redirect the look of own labour practices that, to realize the fragility of life, valued with greatest vehemence, life of third parties. In this sense, the adjustment is magnified in the form of seeing, feeling and act on behalf of others.

DISCUSSION

The uncertainty experienced by healthcare professionals in patient condition or date is dependent on some constituent factors[4] so-called stimulus frame, evidenced in the subject markers of professional experience in the process of illness and hospitalization. In it were revealed elements that influence the cognitive ability of the individual involved, especially the suspicion and perception of specific clinical symptoms, the familiarity with the event and the relationship between what is expected, what is experienced and the events related. In this sense, the understanding of the event that presents itself is dependent on the individual's cognition, determining the ability of information processing and understanding of the situation[4], that is, these stimuli compose and structure a schema to understand the cognitive events, in an attempt to assess and justify what is presented.

When there is an inability to determine the meaning of events, assign final values to them and to accurately predict the results, the uncertainty. The encounter with the condition, a mixture of interpretations and behaviors manifested. Right now, the health professional, provided an escort or patient, finds himself astonished for judging have been the victim of an unexpected and unimaginable situation.

To identify signs and symptoms of disease, as well as references and/or worsening of the clinical picture of convalescent-inherent ability to knowledge about disease and its manifestations, has increased the threshold of uncertainty about the diagnosis, ducts prognostic and therapeutic, in accordance with which presupposes the TID. Familiarity with the events and the coherence between what is expected and what you experience on the illness, for your time, can influence the degree of uncertainty. The recognition, on the part of the individual according to the experienced and the perception of congruence between the expected and the experienced are able to ease her; While the unfamiliarity and the mismatch between what you wish and facing the maximize[4]. To the health professional, the familiarity with the pathology, the environment, the people involved, as well as the identification of a care compatible with the requirements of condition that presents itself, reveal themselves as reducers of uncertainty. There is, thus, stability and reliable design, whereas can be acquired a secure understanding of related events[5]. On the other hand, the opposite happens when the individual is faced with the unknown and with a dispensing of care practices in discrepancy with the actual needs.

The framework of stimuli also suffers interference

structure providers, since they help the individual to interpret it. Are represented by an authority figure[4], in this case, health care assistants, social support and education. The themes ' award Strategies for relations of care "and" professional valuation Wizard before recognizing the practice of care "address the ability of these service providers structure in influencer threshold of uncertainty.

The health workers responsible for the care are authority figures and of credibility, whose professional experience is estimated by the patient and by your family and with which people can obtain substantial information about disease States own or a relative[4.5]. Can, therefore, intentionally help individuals and families on structuring in relation to hospitalization, assisting in the interpretation of the events of the disease – causes, intensity and duration of symptoms-educating and providing clues about the physical aspects treatment effectiveness and expectations.

It is important to note that the social support helps, particularly, in decision-making and, consequently, the reduction or enlargement of the range of uncertainty[4]. However, in the absence of such support, it is the responsibility of professional assistants also provide social support adopting humanistic care behaviors. In this sense, personhood, the host, appropriate forms of treatment, the effort, the commitment, the provision of information and holistic attention proved as qualifiers of the care. The professional who has recognized your work like this importance and the value of your caregiver. These skills soften fears and dissatisfaction. To this end, professionals should establish relationships and affective exchanges aiming to dialogical, especially meet the needs and actual conditions of the families[8] and patients, glimpsing the integral care signed in appreciation and inclusion the family, as well as the bonds of closeness and affection and help against the impending demands[9]. Therefore, realize that received attention from the team in the health care process, controls and minimizes voltage afflictions, generating satisfaction and highlighting the care[10].

Although the uncertainty often is directed to a negative event, it reflects a cognitive Act neutral by that, added to the stimuli, that determine implications arise. In this perspective, several factors inherent in the uncertainty pervade the multiple facets of the process of illness and hospitalization and are configured as a threat. Two themes have shown this concept: care Disqualifiers: producing insecurity, anguish and uncertainty and Adversity-professional escort: stigmatization and commitment of care. The speeches which allowed the construction of these topics scored the diagnostic uncertainty, and the barriers in communication (expressed in ambiguity, on inconsistency, lack of information and feedback on the part of professional assistants) and were characterized as uncertainty enhancers. In short, the communication barriers associated with detachment and impersonality in relations, coldness and inattention (10), provide sense of frailty and disability are dissatisfaction and stress generators[11] being characterized as careless attitudes.

Despite the importance of the health care provider to help the individual to learn about your symptoms, problems, diagnostic and therapeutic capabilities, many have reported dissatisfaction with the process of communication, especially about how and what kind of information is shared with them and the difficulties of communication when patients and providers prioritize different concerns.

The submission to a purely technical environment with unknown routines, suspicious of the quality of the training of health workers, as well as the fear of iatrogenic, neglect and stigmatization were able to exacerbate uncertainty. On the other hand, in circumstances where knowledge makes the situation even more negative, maintain the State of uncertainty is preferable and is seen as a positive event[4]. Such parameter is well exemplified in the theme Better non-saber, in which knowledge is producer of fears, anxieties and insecurities. In other words, not knowing is better than wondering. To come across the situation, the individual assesses and determines a value to the uncertainty experienced as a result of the process of illness and hospitalization, i.e. If it is seen as a negative or positive event, as a threat or an opportunity[4.5].

In both aspects and aiming to control the uncertainty, it is necessary to adopt *coping* mechanisms or *coping* strategy to deal with difficult situations enabling the adjustment to cope with the demands arising from stressful situations and adapt to adverse circumstances[12]. In General, the *coping* "motivates people, groups and communities to seek viable, sustainable solutions, creating empowerment, strengthening and resilience"[13:136].

When the uncertainty is interpreted as positive, the *coping* strategies acts as maintainer able to sustain it. However, when perceived as a threat, the *coping* strategies that mobilizing amortize acts[4]. Mobilizers *coping* strategy shall be the surveillance, direct action and prevention. The themes of *coping* strategies of the hospitalization of a relative, taking advantage of

benefits attributed to the condition of health professional, dealing with family pressure: the professional and professional roles and functions in the process of illness and hospitalization of a familiar, about these strategies.

Surveillance is intrapsiquicamente encouraged by high degree of uncertainty and be aware about the threats, is one of the effective means to your control[4]. For the professional-patient or professional-escort, assure healthcare workers is justified by the mistrust as care practices. This considered, where necessary, direct interventions, using for this inherent knowledge. The condition of health professional also acts as an important value, intrinsically related to the obtaining of facilities and advantages.

Is considering opportunities in search for information and the possibilities of participatory attitudes in conduct and procedures, which the family elects the health professional as an escort, in which trust and his snake decisions. Have someone reliable driving the whole process contributes to the confrontation of the situation. The finding of cuidativas practices, correct, free of risks, together with the social resources involving family support and mobilize support uncertainty, easing her and are vital for dealing with the uncertainty and *coping* of the moment experienced[4].

Uncertainty is an important component of the experience of the disease and dramatically affects the adaptation, however, when *coping* strategies in any successful assessment, adaptation[4]. In this process, the spirituality was revealed as an important strategy to deal with the uncertainty in illness, as Aviva hopes, mobilizes and generates positive expectations, works as a moderator and mediator of woes and fears providing confidence, strengthening and hope[14].

Individuals to reassess what's important in their lives and their values. Appreciate the fragility of life and become more aware of your fleeting. This view was reached by the participants of the study. According to the theme on the other side of caution: experience as a patient/accompany influencing in professional practice, the experience of health care professionals in patient condition or family escorts, allowed a redirection of their own labour practices and seems to value, with greater vehemence, life of third parties. In this sense, the adaptation is extended in the form of seeing, feeling and act on behalf of others.

Given the specificities of the condition of the individual who experienced and lived through, the process of illness and hospitalization can be evaluated in different ways and have different meanings. In this context, is inserted into the meanings and feelings theme inherent in being an escort. For some, when uncertainty is perceived as anaversive event and associated negative psychosocial outcomes, experience is marked by the emotional or psychological distress, anxiety and depression[4]. For others, whose cognitive performance and confrontation were satisfactory, the experience means learning, as well as opportunity for reflections and rearrangements of thoughts, judgments and behaviors.

FINAL CONSIDERATIONS

Considering the odds some interpretative elements can direct the understanding of uncertainty as a threat or opportunity. Therefore, strategic mobilizers are needed to deal with the situation. In accordance with the assumptions of the TID, living with uncertainty is harbinger of a new sense of order and to adapt to a new environment depends on the peculiarities experienced and internalized by each individual.

The survey results revealed that perceptions of vertical relations in detriment to horizontal relationships, commitment of patient communication process/escort/professional, errors and the risk of iatrogenic characterized, for the recipients of healthcare, reckless attitudes. On the other hand, spare attention, concern, responsibility, involvement, closeness, providing concise information, subjective practices, transfer of security, reliability and emotional support were characterized as care effective. That is, the careless exacerbates uncertainty, while careful to reduce. So, the uncertainty can be a significant event for the evaluation of health services and professional performance. Increased levels of uncertainty can report deficiencies and dissatisfaction about health practices. Therefore, the quality of service requires appropriate attitudes and behaviors of professionals who must turn to greater physical comfort and the passenger/psicoemocional patient, so be patient and/or hospitalized is the least traumatic possible. Through support, information and security, for minimizing uncertainties, positive influence in the treatment/recovery of the health of the individual and range than it is for all expected: health and/or conscious adaptation to new condition.

Finally, it is worth mentioning that the research contributed to rethink practices, evaluate and modify the organization of healthcare systems and improve professional practices and postures in the sense of welcome and respect values, beliefs and expectations

that are unique to each human being. Revealed the expression of the experiences of health care professionals in patient condition or escorts to hospitalized relatives, however, the expansion of paths to new discussions require further studies in order to reinforce what on the other side of care and result in adjustments of a careful attention to individual needs and singularities directed, holistic and, therefore, human.

It is believed that his results will allow reflection of those involved and will provide duct work qualification, directing them to greater involvement and commitment in the process of care based on careful and competent human health.

O PROFISSIONAL DE SAÚDE DO OUTRO LADO DO CUIDADO SEGUNDO A TEORIA DA INCERTEZA NA DOENÇA

RESUMO

Objetivou-se compreender os significados que profissionais de saúde atribuem às experiências de ser paciente ou acompanhante decorrentes de adoecimento ou hospitalização. Estudo descritivo, de abordagem qualitativa realizado com 17 participantes utilizando-se entrevista não estruturada para coleta de dados e análise temática para interpretação dos mesmos à luz da Teoria da Incerteza na Doença de Michel.Foram identificados doze temas inter-relacionados com os pressupostos da Teoria e inseridos em um diagrama conceitual. O Quadro de Estímulos foi representado pelos Temas: Marcadores de experiência profissional no processo de adoecimento e hospitalização; Estratégias qualificadoras para as relações de cuidado; Valorização do profissional assistente pelo reconhecimento de práticas de cuidado. Desqualificadores do cuidado: produzindo insegurança, angústias e incertezas; Adversidades do profissional-acompanhante: estigmatização e comprometimento do cuidado; Melhor não saber demarcaram a Avaliação Cognitiva. Como mecanismos de *coping* os temas: Significados e sentimentos inerentes ao ser acompanhante e do outro lado do cuidado que confluíram para a adaptação. A experiência de paciente/acompanhante foi permeada por incertezas que eram exacerbadas pela condição de ser profissional da saúde. Isto permitiu compreender que adequadas atitudes e comportamentos no cuidado proporcionam minimização de incertezas influenciando positivamente no tratamento e recuperação da saúde.

Palavras-chave: Incerteza. Hospitalização. Teoria de Enfermagem**.**

EL PROFESIONAL DE SALUD AL OTRO LADO DE LA ATENCIÓN SEGÚN LA TEORÍA DE LA INCERTIDUMBRE EN LA ENFERMEDAD

RESUMEN

El objetivo fue comprender los significados que profesionales de salud atribuyen a las experiencias de ser paciente o acompañante resultante de enfermedad o hospitalización. Estudio descriptivo, de abordaje cualitativo realizado con 17 participantes utilizando entrevista no estructurada para recolección de datos y análisis temático para su interpretación a la luz de la Teoría de la Incertidumbre en la Enfermedad de Mishel. Fueron identificados doce temas interrelacionados con los supuestos de la Teoría e insertados en un diagrama conceptual. El Cuadro de Estímulos fue representado por los Temas: Marcadores de experiencia profesional en el proceso de enfermedad y hospitalización; Estrategias calificadoras para las relaciones de cuidado; Valoración del profesional asistente por el reconocimiento de prácticas de cuidado. Descalificadores del cuidado: produciendo incertidumbre, angustias e inseguridad; Adversidades del profesional-acompañante: estigmatización y compromiso del cuidado; Mejor que no se sepa demarcó la Evaluación Cognitiva. Como mecanismos de afrontamiento (*coping*) los temas: Significados y sentimientos inherentes al ser acompañante y Al otro lado del cuidado que confluyeron para la adaptación. La experiencia de paciente/acompañante fue acompañada por incertidumbres que eran agravadas por la condición de ser profesional de la salud. Esto permitió comprender que actitudes adecuadas y comportamientos en el cuidado proporcionan disminución de incertidumbres influyendo positivamente en el tratamiento y la recuperación de la salud.

Palabras clave: Incertidumbre. Hospitalización. Teoría de Enfermería.

REFERENCES

1. Hoch AL, Costa EPC, Oliveira MAMO. A vivência da família de pacientes hospitalizados com doença crônica: a perspectiva do principal cuidador. RIES.2015; 4(1):39-55. Disponível em: file:///C:/Users/pse/Downloads/333-2837-1-PB.pdf.
2. Barreto RA, Santana JPC, Linhares JS, Rollemberg MRBS, Andrade, SBC. A arte de grupos de discussão sobre a hospitalização. Estudos de Psicanálise. 2015; 43:145 – 52. Disponível em: http://pepsic.bvsalud.org/scielo.php?script=sci_arttext&pid=S0100-34372015000100015.
3. Santos LF, Oliveira LMAC, Barbosa MA, Siqueira KM, Peixoto MKAV. Reflexos da hospitalização da criança na vida do familiar acompanhante. Rev.Bras Enfer, 2013; 66(4):473-8. doi: http://dx.doi.org/10.1590/S0034-71672013000400002.
4. Michel MH. The measurement of uncertainty in illness. Nurs Res1981;30(5):258-63. Available in: https://journals.lww.com/nursingresearchonline/Citation/1981/09000/The_Measurement_of_Uncertainty_in_Illness.2.aspx.
5. Michel MH. Uncertainty in Illness. Journal of Nursing Scholarship.1988; 20(4):225-32. doi: https://doi.org/10.1111/j.1547-5069.1988.tb00082.x.
6. Vinuto J. A amostragem em bola de neve na pesquisa qualitativa: um debate em aberto. Temáticas 2014; 22 (44):203-20. Disponível em: https://www.ifch.unicamp.br/ojs/index.php/tematicas/article/view/2144.
7. Minayo MCS. Pesquisa social: teoria, método e criatividade. 29. ed.

Petrópolis, RJ: Vozes, 2010. Disponível em: https://wp.ufpel.edu.br/franciscovargas/files/2012/11/pesquisa-social.pdf.

8. Ilha S, Dias MV, Backes DS, Backes MTS. Vínculo profissional-usuárioem uma Equipe da Estratégia Saúde da Família. Cienc. Cuid. Saúde. 2014; 13(3): 536-62. doi: http://dx.doi.org/10.4025/cienccuidsaude.v13i3.19661.

9. Xavier DM, Gomes GC, Salvador MS. The family caregiver during the hospitalization of the child: coexisting with rules and routines. Esc Anna Nery Rev Enferm. 2014; 18(1):68-74. doi: http://dx.doi.org/10.5935/1414-8145.20140010.

10. Silva RC, Barros CVL. Comunicação terapêutica relacionada ao cuidado humanizado e a segurança do paciente em unidade hospitalar. Rev. Saúde Ciências em Ação 2015; 1(1):13-25. Disponível em: http://revistas.unifan.edu.br/index.php/RevistaICS/article/view/110.

11. Oliveira MA, Soares E. Communication in the interpersonal relationship nurse/patient with an indication for kidney transplant. Rev. Cienc. Cuid. Saude. 2016; 15(4):647-54. doi: http://dx.doi.org/10.4025/cienccuidsaude.v15i4.29365.

12. Umann J, Guido LA, Silva RM. Stress, *coping* and presenteeism in nurses assisting critical and potentially critical patients. Rev. Esc. Enferm. USP.2014; 8(5): 891-8. doi: http://dx.doi.org/10.1590/S0080-623420140000500016.

13. Juliano MCC, Yunes MAM. Reflections on the social support network as a mechanism for the protection and promotion of resilience. Ambiente & Sociedade. 2014; 17(3): 135-154. doi: http://dx.doi.org/10.1590/S1414-753X2014000300009.

14. Santos WJ, Giacomin KC, Pereira JK, Firmo JOA. Enfrentamento da incapacidade funcional por idosos por meio de crenças religiosas. Ciênc. Saúde Colet.2013; 18(8):2319-28. doi: http://dx.doi.org/10.1590/S1413-81232013000800016.

Corresponding author: Francisca Georgina Macedo de Sousa. Rua dos Sabiás, 12 Condomínio Porto Alegre Apartamento 1004. São Luís – MA Brasil CEP: 65075-360. Telefone: (98) 9982159674. E-mail: fgeorginasousa@hotmail.com

Submitted: 03/09/2017
Accepted: 29/06/2018