

## The importance of the hospital visit for the child with cancer and his companion



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### ABSTRACT

The hospital visit, in addition to being a noble mission, is an act of fraternal charity with patients. Hospitalization creates a disruption of the individual's daily activities, depriving him of the

accommodations of his home and forcing him to submit to different routines, with strangers. However, in these situations that generate discomfort and fear, the visit of a volunteer from the Gacc Support House (BA), in addition to the affective and emotional aspect, can contribute to a reduction in the degree of anxiety of the patient.

**Keywords:** Volunteer, Patient, Companion, GACC Support House – BA, Hospital.

## 1 INTRODUCTION

The hospital visit, in addition to being a noble mission, is an act of fraternal charity with patients.

Hospitalization creates a disruption of the individual's daily activities, depriving him of the accommodations of his home and forcing him to submit to different routines, with strangers. However, in these situations that generate discomfort and fear, the visit of a volunteer from the Gacc Support House (BA), in addition to the affective and emotional aspect, can contribute to a reduction in the degree of anxiety of the patient. Therefore, it is necessary to face with great responsibility the visit to the patient, because the disease generates a physical and emotional imbalance and the volunteers, in addition to relatives and friends, can offer affective security through the visit. Initially, the visitor should always be someone that the patient wishes to receive and that in this way can collaborate for its faster evolution. The patient presents a great emotional instability compromising, in some situations, even the family structure. Therefore, the work of a volunteer visitor should be well oriented and can positively result in the emotional health of the patient. Thus, a programmed orientation is important, so that in this way our voluntary service can achieve its main objective, which is the social, emotional and spiritual support to the hospitalized patient. In this context, every visit should cause in the patient a sense of fraternity and spiritual comfort, helping him to recover his identity that may be "confused" in the hospitalization process. However, there are studies indicating that a negative aspect of the visit may arise, that is, the patient's pain may be increased when he realizes the suffering that his family is also going through. In this case, the patient may often feel "guilty" and thus no longer wish to receive



visitors. However, it is worth mentioning that, like the patient, the family also It can go through various emotional states such as anxiety, denial, fantasy and many others. The role of the hospital visitor is fundamental in supporting the patient to mitigate the crisis and seek the best adaptive way to cope with this new situation. There are specific situations in which the intervention of professionals of Psychology and Social Work is necessary, because the patient and family, together, tend to go through a new process of disorganization, suggesting the need to seek a new structure, and even their own identities within that system, and will have to deal with new realities. Adapting to the limitations, now permanent, requires in a challenging way, a new point of family balance.

## 2 GOALS

- 1- Visitation by volunteers from the Casa de Apoio ('GACC-BA') should promote well-being for patients who, in addition to physical suffering, live with psychological distress, loneliness and low self-esteem.
- 2- To provide emotional and technical training for GACC-BA volunteers to carry out the work of visiting and caring for patients and their families who are facing crises as a result of their illness.

## 3 METHODOLOGY

Volunteers from GACC-BA will be selected to visit hospitalized patients who are staying in our Support House. Theoretical and practical classes will be administered to the volunteers, with discussion and report of the visits. The supervision will be given by the psychologist of the Institution.

The Hospital Visitation Project is divided into four modules:

- I - The Patient, His Feelings and His Needs
- II - The Visitor, His Function and His Activities
- III - The Visit, Its Rules and Its Practice
- IV - The Benefits, to the Patient and Family, to the Hospital and Community.

### 3.1 HELPING THROUGH THE ART OF LISTENING

Listening is an art that can be developed. The principles listed below, if put into practice, will help you grow in the art of listening and, consequently, in the ability to help others.

Notice the tone of voice. What emotional state does it reveal? A low voice, a monotone speech, can indicate emotional depression. Speaking quickly, in an agitated manner, can become an extreme depression. Speaking quickly and aloud can indicate the effect of drugs.

You might say:

"From your voice, I get the impression that you're very..." If the person cries while speaking, allow him this privilege



## 3.2 PAY CLOSE ATTENTION

### 3.2.1 Standards for listening

- Listening is a process. It's not speaking. You need to identify with the person speaking.
- Show compassion and acceptance, even if your personal convictions are different.
- The person is presenting a problem that seems to him insoluble. Accept her state of confusion and help her observe the different aspects of the problem: its origin, who is involved in it, possible solutions, etc.
- Show friendship and interest. The problem is big. Take the load with the person until they can take it on their own.
- When contemplating someone suffering, remember that negative emotional reactions can be detected by the patient and their family members. Without affectations, try to find out what your tone of voice and your facial expression and your gestures are communicating.
- Focus on meeting the needs of that person before you. It is no use talking about the other or yourself.
- Do not want to force the sick person to feel joyful, nor discourage him. Act naturally, because if you feel at ease he will be more likely to be at ease.
- Do not give the impression of being in a hurry, nor delay until you tire the patient. Find the exact duration for each situation.
- Do not try to move a sick person, in bed or out of it. Call the nurse if he wishes. · Be aware that the effects of pain and medication can alter the patient's behavior or receptivity from one moment to the next.
- If you yourself are sick, do not make visits.
- Use the resources of religion without constraints, but intelligently. Don't hurt the sensibilities of an atheist, agnostic, or communicant of another religion.
- The starting point for your work is the situation and state in which the other person finds himself.
- Your contribution to the therapeutic process is unique and necessary, even if you don't always feel that way.
- Sometimes the person tries to lessen the problem. This can reveal a lack of confidence in your help or a lack of self-esteem. Sometimes the problem does not seem serious to us, but we must recognize that it is serious for the person who is suffering from it.

## 3.3 GUIDELINES FOR HOSPITAL VISITS

- Staying in hospital can be an isolating and dehumanizing experience - Privacy and illness are important considerations that need to be respected. Remember that throughout



hospitalization, the patient's room is their place to sleep. This space should be treated with the same respect as your home. Don't hesitate to ask if you're not sure what's appropriate or what might disturb the patient. Even so, be careful not to interfere with any treatment or isolation requirements, remember that an infection you didn't even notice could be fatal to a patient with immunodeficiency.

- Be kind to the hospital staff and respect the established rules.
- Make sure that your visit helps the patient in a way that is meaningful to them at the time. Ask for suggestions if you have any doubts. The simple willingness to spend time with someone in hospital is a precious gift. The length of your visit should be appropriate to the patient's situation. Don't take too long. Several visits can be less tiring for someone who is very ill. Longer visits help pass the time for active patients confined to a bed or room in a hospital bed or room in a prolonged hospitalization.
- Ask the patient/family what time is best for a visit. You may be able to keep them company at a time when family members are unable to do so.
- Silent presence and silent listening are powerful ways of supporting someone who is ill. Watch for signs of fatigue or discomfort.
- Activities can become splendid amusements. A picnic or birthday party in the lobby can revive the sick. Whether it's a private occasion shared with family or an open invitation to the entire floor, be sure to inform the hospital staff of all the arrangements. Careful plans may need to be put together according to the patient's history.
- A little creativity almost always goes a long way in making the occasion a very special memory for everyone involved.
- Keeping in touch with family and friends is important for those hospitalized. When, however, you are sick and suffering, the smallest task is a sacrifice – no matter how much you wish otherwise.
- If possible take the patient for a visit outside the hospital. Sun and fresh air can be therapeutic. This will help long-term care patients stay in touch with nature and the world outside the hospital.
- Take time to discuss the patient's points of interest. You're giving him an opportunity to interact with the world outside of his hospital bed. They are also reinforcing their individuality and purpose, things that are easily lost during a prolonged hospitalization.

### 3.4 PRACTICAL STANDARDS FOR HOSPITAL VISITATION

- Do not enter any room or apartment without first knocking on the door.
- Check for any express sign of: "no visits"



- Always respect the pre-established time for your performance. · Notice if the light is on and the bedroom door is closed. If so, wait for the patient to be seen by the nurse or doctor before you enter.
- Be careful with any equipment around the bed. Avoid bumping into the bed or sitting on it.
- Assess the situation as soon as you enter, so that you can act objectively as to the type and duration of the visit. (If the patient is willing, unwell).
- Try to put yourself in a position at the visual level of the patient, so that he can talk to you without effort. In rooms where there are more sick, Greet others, but focus on the one you want to talk to.
- Speak in a normal tone of voice. Don't whisper to other people in the room. If the person doesn't already know you, introduce yourself clearly.
- Leave the initiative of the handshake with the patient and do it clearly.
- Give priority to the care of doctors and nurses, as well as at mealtimes, leave the room.

### 3.5 DEVELOP THE ABILITY TO EVALUATE EMOTIONS

In common language, there are words that express various emotions: conviction, disturbance, irritation, joy, happiness. The tone of voice in which they are uttered gives them a greater meaning than the dictionary cannot define. It is up to us to evaluate this emotional content of the communication.

### 3.6 REFLECT THE EMOTIONS YOU ARE PERCEIVING

It is necessary to provide the interviewee with a "reflection" of the emotions he is transmitting. The person will be satisfied if you reveal that you understand what their problem is. This is not just repeating what the person has already said, literally, but reflecting their feelings in our own words.

## 4 RESULT AND CONCLUSION

Visits "make hospitalization easier" because they promote "comfort" and help the patient relax. They help patients "get better faster" and increase patients' readiness to return home" because they help them feel more hopeful. In an age of high-tech medications, brief hospitalizations, and brief contacts with doctors and other health care professionals, volunteers offer one of the few opportunities for patients to discuss their personal and emotional concerns.



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