

## The perspective of nurses on the companion in the ICU in times of COVID-19

*La perspectiva de las enfermeras sobre el acompañante en la UCI en tiempos de COVID-19*

*A perspectiva dos enfermeiros sobre o acompanhante na UTI em tempos de COVID-19*

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### Abstract

The aim was to know the perspective of nurses in relation to the presence of a companion in the ICU in times of COVID-19. This is an exploratory research with a qualitative approach, carried out in the ICU of a Hospital located in the city of Florianópolis. Eight nurses from the unit participated. Data collection took place online through a semi-structured questionnaire instrument, via Google Forms. It highlights the benefits of the presence of a companion in the ICU and the harm that their absence causes to the hospitalized patient. Difficulties can be found in the implementation of strategies, such as: limited structure, non-compliance with protocols and nurses' work overload. The companion transforms the ICU environment, reduces delirium and depression rates for patients and stress for the nursing staff. Professionals experience a period of pressure, which makes them feel guilty about the patient's pain process without the family's face-to-face assistance currently. The companion in the ICU brings several benefits to the patient, but it is observed that humanization in the ICU still consists of many taboos and barriers to the creation of strategies and protocols, in relation to the companion's stay. The nurse is extremely important in this process.

**Descriptors:** Intensive Care Unit; Humanization in Assistance; Nursing; Pandemic; COVID-19.

### Resumen

El objetivo fue conocer la perspectiva de los enfermeros en relación a la presencia de un acompañante en la UCI en tiempos de COVID-19. Se trata de una investigación exploratoria con abordaje cualitativo, realizada en la UCI de un Hospital ubicado en la ciudad de Florianópolis. Participaron ocho enfermeras de la unidad. La recolección de datos se realizó en línea a través de un instrumento de cuestionario semiestructurado, a través de Google Forms. Destaca los beneficios de la presencia de un acompañante en la UCI y el daño que su ausencia ocasiona al paciente hospitalizado. Se pueden encontrar dificultades en la implementación de estrategias, tales como: estructura limitada, incumplimiento de protocolos y sobrecarga de trabajo de las enfermeras. El acompañante transforma el entorno de la UCI, reduce las tasas de delirio y depresión de los pacientes y el estrés del personal de enfermería. Los profesionales experimentan un período de presión, que los hace sentir culpables por el proceso de dolor del paciente sin la asistencia cara a cara de la familia en este momento. El acompañante en la UCI aporta varios beneficios al paciente, pero se observa que la humanización en la UCI aún consta de muchos tabúes y barreras para la creación de estrategias y protocolos, en relación a la estancia del acompañante. La enfermera es extremadamente importante en este proceso.

**Descriptorios:** Unidad de Terapia Intensiva; Humanización en Asistencia; Enfermería; Pandemias; Infecciones por Coronavirus.

### Resumo

Objetivou-se conhecer a perspectiva dos enfermeiros em relação à presença do acompanhante na UTI em tempos de COVID-19. Trata-se de uma pesquisa exploratória de abordagem qualitativa, realizada na UTI de um Hospital localizado na cidade de Florianópolis. Participaram 8 enfermeiros da unidade. A coleta de dados ocorreu por meio online através de instrumento questionário semiestructurado, via Google Forms. Evidencia-se os benefícios da presença do acompanhante na UTI e os malefícios que sua ausência acarreta ao paciente internado. Dificuldades podem ser encontradas para a implementação de estratégias, como: a estrutura limitada, o não cumprimento de protocolos e a sobrecarga de trabalho dos enfermeiros. O acompanhante transforma o ambiente da UTI, diminui o delirium e índices de depressão aos pacientes e o estresse a equipe de enfermagem. Os profissionais vivenciam um período de pressão, do qual os faz sentir culpados pelo processo de dor do paciente sem a assistência presencial da família neste momento. O acompanhante na UTI traz diversos benefícios ao paciente, porém observa-se que a humanização em UTI ainda consiste em muitos tabus e barreiras para a criação de estratégias e protocolos, em relação a permanência do acompanhante. O enfermeiro tem suma importância nesse processo.

**Descritores:** Unidade de Terapia Intensiva; Humanização na Assistência; Enfermagem; Pandemias; Infecções por Coronavirus.



## Introduction

The Intensive Care Unit (ICU) emerged due to a high need to concentrate professionals specialized in a certain area, as well as to gather technological resources to promote comprehensive and continuous care for the critical patient. The creation of the ICU represented a visible milestone for the entire intensive care hospital community in the 20th century. Currently, it significantly contributes to the recovery of patients with the most diverse pathologies, considering the application of the correct treatment<sup>1,2</sup>.

A place for the care of critically ill patients who need special care together with the use of high technology, the ICU consists of a highly specialized and interdisciplinary team, which has a fundamental role in the patient's recovery<sup>3</sup>.

Popularly known as a place where life cycles have a beginning or an end, it itself brings the idea of a cold place with little approximation between professionals and patients, thus favoring a look of threat on the part of family members. In addition, a combination of the seriousness of the case with the uncertainties established over the length of hospitalization leads the family to a state of fear<sup>4</sup>.

This sector ends up being seen as a space without humanization by family members and hospitalized patients, especially because it is a unit where a more invasive treatment takes place, surrounded by technologies. In this context, family members often distance themselves from the patient, which makes the hospitalization process more painful for them<sup>5</sup>.

In addition, the units have a closed structure, with regulations restricted to visits, which limits the participation of family members in the care process. Visiting hours are generally short, with nursing's main challenge being its flexibility<sup>6</sup>.

Traditionally, it was believed that the presence of a family member in an ICU would bring risks to the patient, such as: infection, noise, stress, among others. Currently, a recent study demonstrates the benefits of the presence of a companion not only for the patient, but for all professionals who have contact with them, one of them being the short-term recovery<sup>7</sup>.

However, studies show that the companion in the ICU transmits safety and comfort, encourages the improvement of the environment in a less tense place, increases the quality of the environment in which the patient is found. The presence of a companion can also help with some necessary routines during hospitalization, such as the time of feeding a lucid patient and promoting the reduction of confusion and disorientation, in addition to further supervising the work performed by the nursing staff<sup>8,9</sup>.

The care practice with a focus on the humanization of care, which considers the opinions, feelings and desires of users and their families, is extremely important for the qualification of care. However, it still faces several challenges to be implemented. Therefore, a government strategy was developed through the National Program for the Humanization of Hospital Care (PNHAH) in 2001, later modified to the National Humanization Policy (PNH), in 2003<sup>10</sup>.

In the state of the Federal District, Law No. 6,366/2019 was published, which provides and authorizes the permanence of a companion for each patient hospitalized in the ICU, whether in a public or private hospital, whose force began on the 1st of December 2019. The Law also provides that if there is any evidence of justifiable risk to the patient, the removal of the companion may be required. However, in the other states of Brazil, there is still no legislation in force regarding the presence of the visitor in the ICU<sup>11</sup>.

However, profound changes influenced humanized care, especially regarding ICU admissions. In 2020, the population of all countries on the planet suffered from the SARS-CoV-2 pandemic, which causes the disease called COVID-19. Many countries have adopted more restrictive measures to contain the virus, preventing contact and circulation between people, promoting deep reflections on humanization and the companion together with hospitalized patients, preventing the presence or permanence of family members with the patient for safety reasons the family and the population. It is up to the nurse and his team to promote new strategies and new technologies to reduce this distance, maintaining more humanized care, as far as possible<sup>12</sup>.

The theme addressed in this research aroused our attention during the disciplines in which the difficulties of implementing humanized practices in sectors that demand complex care such as the ICU were discussed. Thus, based on the interest in humanized care, we sought scientific information and found a gap in knowledge on this topic, which makes the research of great relevance to the field of nursing.

It is believed that the presence of a companion for the patient admitted to the ICU is essential for the humanization of care. The nurse is the professional of the health team that works in direct patient care, and the leader of the nursing team, which can contribute to the link between humanization and the technological environment of the ICU. Given the above, the guiding question is: What is the nurses' perspective on the presence of a companion in the ICU in times of COVID-19? The objective was to know the perspective of nurses in relation to the presence of a companion in the ICU in times of COVID-19.

## Methodology

This is an exploratory research with a qualitative approach. The objective of exploratory research is to describe or make known a certain subject that is still little known, at the end of the research the individual knows more about the subject, thus being able to create their own hypotheses<sup>13</sup>.

The research was carried out in a hospital center in the city of Florianópolis, Santa Catarina, in the adult intensive care unit specialized in urgent and emergency cardiology care, which later expanded its structure and started to provide hospital care. The ICU currently has 32 beds in addition to modern equipment for continuous monitoring and life support, combined with a highly specialized and multidisciplinary team.



The intensive care unit has 19 nurses, of which 12 signed the Informed Consent Term, however, only eight answered the questionnaire for this study. Inclusion criteria were being nurses in the adult ICU of the study hospital for more than six months, providing direct care to patients admitted to the ICU, and having experience with a companion in the ICU. Exclusion criteria were being on vacation, days off, certified during data collection or not answering the questionnaire within the established time.

The sample was performed by data saturation. Data saturation consists of a phase or point of qualitative data analysis, in which the researcher verifies that no new factors arise or that there is a large repetition of them and may conclude the research after the existence of these factors<sup>14</sup>.

Participants were instructed on the research objectives, methodology, inclusion/exclusion criteria for participants, the terms of responsibility and ethics committee, the main deadlines for collecting information and analyzing the responses. Also at that time, the nursing manager was asked to contact the nursing professionals participating in the research via e-mails to receive the invitation to participate.

Data collection took place online through a semi-structured questionnaire instrument. The instrument was applied via Google Forms, where participants answered the questionnaire anonymously, quickly, and safely. The time for filling it out was 20 minutes, between September and October 2020, which was elaborated in accordance with the objectives of the study and contemplating the questions for the characterization of the participants, age, academic background, professional qualification, time of work in nursing and subjective issues that met the research objective.

The methodology used for data analysis was through content analysis that reflects a grouping of methodological instruments in an uninterrupted improvement, which can be applied to different discourses<sup>15</sup>. According to Bardin<sup>16</sup>, the process involves three steps: pre-analysis; exploration of the material; data processing and interpretation.

The research was based on ethical rigor in line with the principles and guidelines of Resolution No. 466, of December 12, 2012, of the National Health Council, which concerns research with human beings, respecting the principles of autonomy, not maleficence, beneficence, justice, and equity, among others, and aimed to guarantee the rights and duties that concern research participants, the scientific community and the State<sup>17</sup>.

Data collection for the research took place after approval by the Research Ethics Committee of Paulista University under Opinion No. 4,216,636. All participants were informed that their participation in the survey is voluntary and that they can withdraw from the survey at any time, without any prejudice. To ensure anonymity, the participants were identified by codes, such as nurse 1 called N1, then nurse 2 called N2 and so on. The data collected were for the exclusive use of the research and will be stored by the main researcher for five years.

## Results

Based on the data acquired in this research, it was possible to verify the nurses' perspective on the presence of a companion in the ICU in times of COVID-19.

Data collection was carried out in September and October of 2020, with eight nurses, this being the study population. Initially, the analysis was carried out based on the characterization of the participants. As for the characterization of the participants, it can be observed that eight (100%) nurses had more than six months of experience and specialization as a professional qualification. Regarding age, it was identified that three (37.5%) were aged less than or equal to 30 years, three (37.5%) were between 31 and 40 years old and two (25%) were equal to or less than 41 years old.

For a better understanding of the subjective results of the research, an analysis was carried out, which arose with careful reading of the textual data and with the rereading for greater understanding of the content, a view of the whole as well as of the present particularities was obtained. From the identification of the body of the text, it was organized by relevant themes to start the categorization process. The categorization took place simultaneously through the interview script and by relevant themes, resulting from the grouping of ideas or expressions, around a comprehensive thematic concept, bringing the research results closer to reality. From the thematic analysis, four categories were established, named: The companion as the main author of the patient's emotional support; Benefits and difficulties for nurses regarding the presence of a companion in the ICU; Changes in assistance during COVID-19; and Strategies for resolving the difficulty of the companion's presence in times of COVID-19.

### The companion as the main author of emotional support to the patient

The first category listed concerns the nurses' understanding of the presence of a companion in the ICU as the main source of psychological and emotional support for hospitalized patients.

During hospitalization in an ICU, nurses play a fundamental role in making this process less painful through new strategies. The professional must seek continuing education to promote an update in protocols, through its scientific basis. When asked about the meaning of the companion's presence and its benefits to patients, the participating nurses reported that the caregiver helps with emotional issues, safety, and results in greater adherence to treatment.

*"Most patients who stay with companions benefit from emotional support, although the mainly nursing team is super present, the family plays a key role in this support for the patient [...]" (N4).*

*"Better understanding of the illness and treatment process, connection with pre-hospital life, emotional support for the period faced, reduction of anxiety and occurrences of delirium/disorientation [...]" (N7).*



*"For some patients it is very important, in case of Alzheimer's, old age or some type of terminality, to be able to remain calm and understand what is happening to them, where they are and the importance of being there [...]" (N5).*

*"Extremely important due to the age of the patients, many are disoriented and in the presence of the family they calm down [...]" (N2).*

The prevalence of the contribution of the companion's presence to emotional support is evidenced through the reports exposed in these categories. It is noted that the companion can influence and motivate the patient to adhere to the treatment, especially when the patients are elderly and/or have some significant mental disorder. The presence of a companion is essential for the patient admitted to the ICU so as not to mischaracterize or disconnect from their family and social environment, thus making the family a means of contact and connection with life outside this environment.

*"[...] connection with pre-hospital life [...] Reception [...], bridge with pre-hospital life" (N7).*

It is understood that the companion has a connection role between the patient's reality before and after their hospitalization, also scoring their help for the family and professionals present in the hospitalization process.

### **Benefits and difficulties for nurses regarding the presence of a companion in the ICU**

This category seeks to understand the benefits and difficulties faced by nurses in relation to the presence of a companion in the ICU. The professional must understand the companion's rights and duties to guide him/her and promote humanized, quality care without harming ethical and moral principles. It is necessary for the companion to be welcomed to elucidate relevant guidelines on patient care and safety protocols, thus favoring their safe and responsible insertion in this context.

*"It helps with patient safety, support in relation to the emotional side, the patient 'feels' in a more familiar environment [...]" (N4).*

*"Decrease in delirium, help with basic needs [...]" (N1).*

*"Keep patients calmer and more confident in their treatment. Warn about something that may be happening that has passed by us and the companions themselves to be more relaxed about the treatment and be able to reassure other family members who are at home [...]" (N3).*

*"Reduction of delirium and disorientation of patients generating less need for sedation and shorter hospital stay for the patient; Creation of a bond between the companion and the team, generating a better understanding of the patient's needs and, at certain times, better communication with family members; Adjustment of more frequent behaviors due to the presence of the companion and greater transfer of information, making the vision of care clearer and more precise [...]" (N7).*

With the reports presented above, we can observe some pertinent benefits regarding the presence of the visitor in the ICU for nurses, such as: assistance in the basic needs

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of patients, greater tranquility about the treatment and the promotion of communication and, consequently, the bond of companion, patient, and Nursing team. Furthermore, some difficulties may be encountered by professionals for the inclusion of companions, as can be seen from the following reports:

*"The biggest difficulty is related to patient safety. Hand hygiene, not offering "hidden" food and the issue of awareness regarding not handling any type of equipment that may pose a risk to the patient [...]" (N4).*

*"Many family members feel obliged to be companions with patients in the ICU when requested, when they do not have any neurological changes. Showing irritability, impatience in permanence. They do not respect rules such as: entry and exit times; exclusive stay in a single bed; prohibited to walk in the ICU; hand washing at the entrance and exit of the ICU; do not touch the equipment, changing oxygen parameters, ventilators and infusion pumps; lack of emotional control [...]" (N6).*

*"Failure to follow up by the companion of the rules and norms for follow-up, which can cause a break in the bond and difficulties in the relationship between the team and the companion [...]" (N7).*

*"Anxiety, fear of the unknown, questions about routines, treatment and behaviors [...]" (N3).*

The greatest difficulty expressed by the nurses in the study was in relation to the internal protocols of the ICU, which are often broken by companions. The actions that stand out are handling equipment restricted to the ICU staff, lack of hand hygiene, breaking the stay restricted to the patient's bed. There is a great need to train the health team to promote a better relationship with the caregivers to facilitate the understanding of patient safety based on the observance of protocols.

### **Changes in care during COVID-19**

During the SARS-CoV-2 pandemic, there were several changes in the daily life of the hospital environment, not being different in the care provided by nurses in the ICU. When asked if the study hospital was receiving companions in the ICU, seven (87.5%) of the nurses informed that they were not receiving companions and one (12.5%) informed that they were receiving companions. With this difference in the responses of nurses working in the same unit, it can be observed that there are some exceptions for allowing the companion to enter the ICU environment in times of COVID-19, as shown in the following reports:

*"In times of COVID, the companion's stay in the ICU was suspended. In some patients, the companion is released, after prior evaluation and consensus with the medical team [...]" (N1).*

*"Follow-ups were suspended and visits very restricted. Medical bulletins sent by phone, and we make the use of cell phones more flexible for the patient, so that when lucid and oriented, they can keep in touch with family members [...]" (N7).*

*"COVID does not have a companion; only after the precautionary time has passed [...]" (N2).*

Through the information collected from the nurses, a considerable impact can be seen in the disruption of the



companion's presence in the ICU in times of COVID-19. The only information that family members receive about the patients' diagnosis is through the medical bulletins that are available over the phone. In some cases, the telephone is also available to the patient to make contact through video calls.

### Strategies for the presence of a companion in the ICU during COVID-19

Professionals who are willing to develop strategies for the companion's stay in the ICU, in a safe and effective way. According to the professionals, this decision should be something together with the other professionals present in the ICU, and education should be promoted for the companions about how to get around in a restricted unit and possible adaptation difficulties.

*"I believe it should be a group decision. Doctor, nurse, psychology, to see the real need of the companion at this time of pandemic [...]" (N3).*

*"Evaluation of patients who would benefit most from the presence of a companion, education of companions to fully follow the rules, clothing for companions [...]" (N7).*

*"Visual guidelines on how to behave, use of PPE, in addition to the standard precautionary guidelines in contact with the patient [...]" (N8).*

From these strategies, the impact that the SARS-CoV-2 pandemic causes during the hospitalization of a patient in the ICU can be reduced. Guidance such as the use of EPIS and standard precautions, as well as risk protocols, must be provided to companions if their presence is allowed. The institution's rules and protocols must also be demonstrated, as well as the strategies that are being taken to reduce the feeling of absence by patients.

*"Follow-ups were suspended and visits very restricted. Medical bulletins sent by phone and we make the use of cell phones more flexible for the patient, so that when lucid and oriented, they can keep in touch with family members" (N8).*

The presence of companions in the ICU during COVID-19 was interrupted by security measures, favoring the creation and reconsideration of protocols established by health institutions. The medical bulletin strategy and the flexibility of the cell phone to the patient were highlighted in the study hospital.

### Discussion

Based on the results obtained during this research, the main points covered by this study will be discussed in this section. The discussion begins with the broader considerations about the research site, followed by the discussion of each theme that are interconnected with each other, as demonstrated above.

The study hospital has a structure of high technology and quality in the ICU environments, as well as a qualified workforce for their respective functions. The structure of an environment influences the care provided and, consequently, the patient's recovery, the environment must be in constant improvement to generate a positive

impact for both patients and professionals. The ICU that is the focus of this study is the only one in the city of Florianópolis that allows companions in their daily lives and during the pandemic there are restrictions, but with flexibility in the permanence of companions, as well as in other institutions in the international scenario<sup>18,19</sup>.

Currently, nurses suffer constant emotional pressures and excessive workload, always aiming for a positive result that can lead to the development of depression. They often deal with limitations in the care setting, thus hindering continuing education and the development of new professional qualifications<sup>20,21</sup>.

The reduced number of nurses and other members of the nursing team caused by the leave caused by the suspicion or confirmation of cases of COVID-19 has greatly accentuated the stressors already determined by the current scenario of hospitalization of patients with COVID-19. There is a change in the work scenario, in the work processes and in the specific care protocols instituted<sup>22</sup>.

The stress faced by nurses goes beyond routine reasons, the use of PPE in COVID-19 times causes interpersonal problems due to the difficulty of communicating, considering that they cover a good part of the face, leaving only the eyes visible. The nursing team often feels guilty about seeing the patient without the companion during the interaction process, resulting in an immediate impact on their mental health<sup>23-25</sup>.

Ethical dilemmas are faced by professionals regarding admission to the ICU, moral conflicts and the high number of patients who evolve to death. These factors make this process even more difficult and contribute to the opposite view of the permanence of companions<sup>26,27</sup>.

The physical and emotional stress that professionals experience at this time makes them even more susceptible to low immunity as well as poor diet due to the short break, which can result in a significant increase in complications related to COVID-19, one of the barriers to non-contamination is the resistance of the organism emerging from immunity, which is impaired by the high stress rate<sup>28,29</sup>.

This research showed the benefit of the presence of a companion in the ICU as already pointed out in previous studies. The companion can change the environment and reassure everyone around them, reduce delirium rates and facilitate the care process through the interpretation of information for families, received from nurses. The companion has other unique and individual benefits, such as better acceptance of the health process by the patient<sup>30,31</sup>.

In patients who have a terminal condition, companions can promote a less painful process, transmitting information and clarifying doubts of the family and the individual in this state<sup>32</sup>.

Nurses and their entire team should always seek to guide both the companion and the patient regarding the procedures performed, such as sedation. The patient is often in a critical condition that requires this action, it is up to the professional to clarify doubts, so that the companion can play the role of a reassuring agent and a safe presence<sup>33</sup>.



The greatest difficulty encountered by professionals in relation to the presence of a companion in the ICU is related to non-compliance with established protocols, such as hand hygiene. This fact makes it even more worrying, as in addition to transmitting routine infections, it can aggravate the pandemic context in which we are experiencing<sup>34</sup>.

In many health protocols, the prohibition of the entry of food into a hospital environment is evidenced, due to the risk that can be generated through this action. With the companion, care tends to be greater, as they have direct contact with the patient, which may impact the therapy provided by care professionals<sup>35</sup>. It is observed in this study through the speeches that this concern is real, thus becoming a considerable factor of concern.

There is also the difficulty of complying with regulations about the non-handling of health equipment by the patient, the change can abruptly interfere in the recommended treatment for the patient. The institution should promote teaching strategies to minimize this factor and emphasize the importance of following standards and protocols for care throughout its scope<sup>36</sup>.

In view of the notes found in this study regarding the spread of SARS-CoV-2 through the presence of companions in the ICU, different suggestions were reported on how to reduce the emotional impact caused to the patient regarding the absence of companions and mitigate the risks for infection by COVID-19. In some cases, after a discussion by the health professionals of the study ICU, the companion was released to alleviate the suffering, understanding the high impact of their presence on the patients. It was up to the nurse as manager and health promoter to rethink strategies to reduce distancing and thus make the process less painful for the patient<sup>37</sup>.

In this context, some strategies used showed that they can promote the connection between the patient and family members, without exposing the health of both to contamination by COVID-19. One of the strategies adopted internationally was virtual family visits through a mobile application, which resulted in psychological support during situations in which the patient felt weakened by the distance. The family and companions showed gratitude for the professionals who developed this strategy<sup>38</sup>.

The nurse has the role of manager, thus emphasizing their decision-making, which must be an ethical, moral, respectful, and continuous process based on evidence. In the ICU it is no different, the nurse must always seek decision-making that does not generate negative impacts on care, thus respecting the objective of creating protocols on this topic<sup>39</sup>. As can be seen from the information provided in the nurses' answers, decision-making must be in conjunction with the multidisciplinary team, with the objective of promoting benefits to the patient and the team in the unit.

### Final Considerations

With this study, it was possible to establish an overview of the presence of companions in the ICU during COVID-19 and its beneficial aspects, as well as the difficulties encountered by professionals working in this sector. Furthermore, strategies capable of promoting humanization in this incipient time in which we experience were found in the literature, such as: the positive impact of virtual visits and emotional support to the patient, care, and assistance in the process of death and clinical care support by telephone.

During this research, the benefits and difficulties encountered in the presence of a companion for the nurse and the patient were elucidated. It was translated that the companion has a significant impact on the reduction of adverse events resulting from emotional problems, thus favoring the pro-diagnosis, resulting in a better clinical evolution of the patient.

The companion present in the ICU has been the object of variable discussions by health professionals, but not related to the benefits they promote themselves, but about the difficulty of managing their presence, as well as establishing a relationship of help in the diagnostic care processes and treatment.

Thus, it is observed that humanization in the ICU still consists of many taboos and barriers to the creation of strategies and protocols, in relation to the companion's stay. The professional nurse has an extremely important role in breaking these protocols that make the presence of the companion in the ICU unfeasible, for the promotion of effective care with a holistic perspective, respecting the individuality of each individual and the limits established by the health institution.

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