



Research Article

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## Systematization of the Experience of Social Actors in the Accompanying Family Strategy in a Hospital, Lima-Peru

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### Abstract

The objective of the study was to reveal the systematization of the experience of the social actors involved in the development of the Accompanying Family Strategy in level II and III hospitals of the Almenara Benefit Network in Lima, analyzed from the qualitative paradigm, through systematization of approach experiences dialectical hermeneutic. 27 social actors participated with whom we worked on semi-structured interviews and group discussion. A field diary was applied and a documentary analysis form was carried out that allowed the experience to be reconstructed. The results obtained on the Accompanying Family strategy emerged nine categories: 1) learning to care; 2) family disposition for training the primary caregiver; 3) institutional commitment at all levels. About obstacles; 4) Accompanying Family Strategy, investment, resources and attitudes make the difference. Placing proposals, 5) logistics management with budget honesty and 6) celebrating strategic alliances. Concerning the impact; 7) constructed learning; 8) EsSalud empowers the family and interdisciplinary team and 9) continuity of the experience. It was concluded that it contributes to social transformation in favor of well-being and healthy aging, recommending continuing the development of the Strategy, successful, although not free of contradictions. contributes to social transformation by strengthening family ties, promoting a culture of intergenerational care and reducing the institutionalization of older people. 5) logistics management with budget honesty and 6) celebrating strategic alliances. Concerning the impact; 7) constructed learning; 8) EsSalud empowers the family and interdisciplinary team and 9) continuity of the experience. It was concluded that it contributes to social transformation in favor of well-being and healthy aging, recommending continuing the development of the Strategy, successful, although not free of contradictions. contributes to social transformation by strengthening family ties, promoting a culture of intergenerational care and reducing the institutionalization of older people. 5) logistics management with budget honesty and 6) celebrating strategic alliances. Concerning the impact; 7) constructed learning; 8) EsSalud empowers the family and interdisciplinary team and 9) continuity of the experience. It was concluded that it contributes to social transformation in favor of well-being and healthy aging, recommending continuing the development of the Strategy, successful, although not free of contradictions. contributes to social transformation by strengthening family ties, promoting a culture of intergenerational care and reducing the institutionalization of older people. It was concluded that it contributes to social transformation in favor of well-being and healthy aging, recommending continuing the development of the Strategy, successful, although not free of contradictions. contributes to social transformation by strengthening family ties, promoting a culture of intergenerational care and reducing the institutionalization of older people. It was concluded that it contributes to social transformation in favor of well-being and healthy aging, recommending continuing the development of the Strategy, successful, although not free of contradictions. contributes to social transformation by strengthening family ties, promoting a culture of intergenerational care and reducing the institutionalization of older people.

**Keywords:** Strategy- Family Companion- Systematization-Experience-Social Actors

## 1. Introduction

In Peru, initiatives that incorporate the family in the process of supporting hospitalized patients are carried out in EsSalud; motivated by the urgency of ensuring the integrity of the patient while they remain in the healthcare facility, while promoting the serenity and security essential in the health recovery process. Historically, since 1994, as a result of adverse events that occurred in a highly complex healthcare center with disabled adult patients, the first provisions were enacted authorizing the participation of accompanying family members in hospitals. (EsSalud, 2015).

However, integrating care in its instrumental and sensitive dimensions, while hospitalization lasts and then, at the patient's home, represents a permanent challenge (Waldow & Pereira, 2020). The Accompanying Family Strategy is an initiative that can play a significant role in the social transformation, well-being and healthy aging of older people. This strategy involves the active participation of the family in the care and support of their elderly members, especially those who may require hospital care due to health conditions or physical limitations associated with aging.

In this sense, the education of family members has become a crucial aspect; Many patients are assisted in the acute stage and, however, still require many care activities after discharge and return home; These patients suffer from chronic conditions, with marked comorbidity, that not all family members can assume due to their work obligation or health situation, requiring the training of one of their members as a caregiver, which facilitates the recovery process or support. permanent in satisfying needs for food, mobilization, transfer and disposal, among others. Along these lines, the experience as a nurse coordinator of health strategies at the national level and strengthened by performance in the field of Public Health, (EsSalud, 2020) and it is considerably developed by promoting the involvement of the social actors participating in the Accompanying Family Strategy, the Strengthening Plan is validated with the commitment of the nursing managers in the services of the Almenara Assistance Network, mainly in the Health Service Provider Institutions (IPRESS): Grau Emergency Hospital III, San Isidro Labrador Geriatric Clinic Hospital, Vitarte Hospital, Aurelio Díaz Ufano Hospital and Ramón Castilla Hospital.

In hospitalization of adults, vulnerable patients/dependents due to age, comorbidity or advanced disability, the concern and interest of family members, in having passes to enter hospitalization and participate in activities such as: feeding the patient, supporting ambulation, care in the treatment and prevention of falls among others. This situation shows that family members need to learn how to care when the patient returns home. Thus, given what was observed, reflection and dialogue was generated among nurses about the need to carry out educational activities to help the family care for their patient.

In this sense, professional care and the care provided by the accompanying family member represent modalities within the Health System, endorsed by the General Health Law. (Ministry of Health [Minsa], 1997) and National Quality Policies (MINSA, 2009), so it is unavoidable to worry about the way in which both dialogue, get closer, build solutions and integrate efforts. However, in practice, managers, bosses and supervisors do not always accept the participation of the family caregiver; They need passes to enter, reclining chairs when they spend the night, hygienic services when the patient's stay in the hospital is prolonged, and to silently observe the performance of the health team's personnel, aspects that are generally desired to be avoided.

In particular, in the support provided by the family caregiver, there is extensive documented experience in patients with different conditions. (Andrade Reis et al., 2017; Cifuentes-Patiño, 2019; Cipolletta et al., 2018; Hahn-Goldberg et al., 2018). However, regarding the Strategy developed in EsSalud, there is recognition of the work of the nursing professional, but the experience of the social actors involved is unknown, including the experience of primary caregivers, it has not been established if articulation of efforts is achieved, knowledge and results among social actors, elements that would perhaps allow the introduction of some innovations.

This reality represents the central focus of the inquiry from the comprehensive perspective. While some researchers have delved into the individual meaning of the experience, the set of

activities carried out or not carried out during the execution of the Accompanying Family Strategy contains in itself innumerable aspects of knowing how to care, learning and managing socio-economic conditions. , policies and cultures for it to be effective and due to its breadth and complexity, it cannot be known in a disconnected way, isolated between social actors, unrelated between family and institutional efforts and therefore, it requires ordering the different elements of the experience from the communication of social actors, prioritize their objectives, interests and expectations, reconstruct the experience,(Jara, 2018).

The accompanying Family Strategy is initially carried out at the Guillermo Almenara hospital limited to pediatric and geriatric services, progressively extending to level II hospitals and even polyclinics, although partially and without full consensus about its value on the part of managers and administrators, thus revealing the existence of contradictions that are not unknown in nursing management but are assumed with great perseverance with firmness and clarity, given the manifest and hidden needs of the family, so the analysis of the systematized experience It is considered the ideal scenario for all results-oriented management(Ariza Ruiz et al., 2022). For all these reasons, the objective is proposed to be the systematization of the experience of the social actors involved in the development of the Accompanying Family Strategy in level II and III hospitals of the Almenara Benefit Network in Lima. The study will allow us to understand the dynamics of family support from the perspectives of the various actors in healthcare practice to improve conditions to benefit the quality of the services provided to the patient.

## 2. Methodology

It was an investigation according to the qualitative method, framed in the socio-critical paradigm, based on the knowledge of the experiences lived by the social actors who participate in the Accompanying Family Strategy, and the analysis of the context in which they are carried out. The approach compatible with the object of study was the systematization of experience; This approach considers experience as a fundamental part of dynamic social processes that develop in permanent change, in a complex and sometimes contradictory way. The reconstructed process of articulation-systematization of experiences required knowing the experiences according to the social actors and ordering them according to research objectives and backbones of the experience, these were defined a priori. in line with the objectives of the study and with the purpose of guiding some core components of the experience. The axes of systematization were four:

- The type of knowledge built in the experience of the primary caregiver during their training in the Strategy, the permanence in the hospitalization of the sick family member and their performance at home.
- The critical assessment of the areas of change and facilitating or limiting elements in the operational processes carried out during the development of the Strategy by the management staff, the nursing professionals and the primary caregiver.
- Institutional participation integrating the strengthening of efforts of the actors: validation, logistical support and commitment of the director of the IPRESS and Heads-coordinators of the nursing service in the experience.
- The impact of the experience for the sustainability of the Accompanying Family Strategy in EsSalud and the alternatives proposed by social actors.

### 2.1 Participants

It should be noted that the study subjects were made up of the management staff of EsSalud of the Almenara Deconcentrated Network, today the Management of Benefit Services level II III. Among them, directors, head nurses or coordinators, family caregivers and nurses responsible for the strategy. The codes assigned to the identification of social actors include: managers, which groups directors and heads of nursing (AS1-9); nurses responsible for the strategy (AS10-18) and primary

caregivers (AS19-27). The total number of participants was 27, who had experience in the accompanying family strategy.

Among the social actors, the age groups of 32 to 59 years predominated with 24 participants and only three corresponded to the group of 60 or more; adult population in the productive stage. There were 23 females and only four males. The education in the group of primary caregivers is distributed equally between secondary, technical and higher education; Regarding occupation, of the total caregivers, only four participants did work outside the home, three were dedicated to family work and two were students; Regarding relationship, six had a very close blood relationship: son, wife, brother and three, with less proximity.

The technique of participant observation was used and a semi-structured interview was necessary to recover the experience. The latter were recorded and lasted between 40 to 60 minutes, coordinating their execution via telephone and virtual, when it was not possible in person. For data collection, the consent of all actors was obtained and dates and times for the interviews were scheduled. Each interview lasted an average of 40 minutes, during which nine important aspects were discussed: 1) Learning to care, among facilitating elements. 2) Family disposition for training the primary caregiver. 3) Institutional commitment at all levels. Regarding obstacles, 4) Accompanying family strategy, investment, resources and attitudes make the difference. Placing proposals, 5) Logistics management with budget and category honesty. 6) Celebrating strategic alliances. Concerning the impact. 7) Constructed learning. 8) Essalud empowers the family and interdisciplinary team and the category. 9) continuity of experience.

For the application of the instrument, it was analyzed and validated by nursing professionals. Furthermore, it met the quality criteria (a) Credibility, (b) Transferability, (c) Reliability and Confirmability, and (d) Reflexivity (Korstjens & Moser, 2018).

The study was authorized by the ethics committee of the Universidad Peruana Unión and the ethical principles and the application of informed consent were taken into account throughout the research process.

### 3. Results and Discussion

#### 3.1 The experience

As a result of the process followed, relevant aspects are extracted from the Systematization of Experience carried out in the Implementation of the Accompanying Family Strategy:

##### 3.1.1 First moment: Starting point (2010-2014)

The social actors responsible for the institutional management and care of hospitalized patients in IPRESS of the Red Deconcentrada Almenara (RDA), began the initiative to guide family members, upon detecting a lack of knowledge of the care of the vulnerable/dependent patient upon returning home. after hospital discharge.

It was the Nursing professionals who aimed to create awareness of the need to learn care and decided to involve the interdisciplinary team, document the experience initiated to propose in strategic instances, the formalization of the Strategy in the Institution.

##### 3.1.2 Second moment: Reconstruction of the experience (2015-2018)

EsSalud, through the team that carried out the previous initiative, formalized the required technical support, until achieving the issuance of directive N°004-Gerencia General EsSalud-2015, under the protection of Resolution N° 990-GG-EsSalud-2015(EsSalud, 2015). This document establishes the foundations, processes, method and instruments for the implementation of the Accompanying Family Strategy, as well as the monitoring and evaluation guidelines.

The directors of the IPRESS of the Almenara Deconcentrated Network, Deputy Management of Patient Care Control, heads of nurses, coordinators and nurses responsible for the Strategy, deployed immediate efforts to disseminate and implement the directive, the team responsible for promoting the strategy, also involving psychologists, nutritionists and geriatric or internist doctors.

To this end, IPRESS staff were intensively trained at the three levels of care: Grau, San Isidro Labrador, Vitarte, Aurelio Díaz Ufano and Ramón Castilla hospitals, polyclinic staff and Primary Care Centers, facilitating coordination. and better coordination of efforts.

In the development of this stage, the family actively participated, showing their commitment to choosing a caregiver who was the subject of training during the patient's hospitalization and continuing their care at home.

### 3.1.3 Third moment: the point of arrival (2013-2018)

Since more than 8 years have passed since the execution of the initial initiative, it was decided to reveal the main achievements, learnings, facilitating elements, identified obstacles and the proposals of the social actors who participated in the Accompanying Family experience, with emphasis on the period 2013-2018, in which it was part of the Strategy from the management of the Care Control Sub-Management of the Almenara Deconcentrated Network.

Overall, it was interesting at this stage to answer the questions of the axes of the systematization carried out: What was the type of knowledge built during the training of primary caregivers? What critical assessment of the EFA Implementation experience do the participating social actors make? What were the results of institutional participation? And finally, what is the impact of the Strategy for its possible sustainability in the Institution? What proposals do the participants formulate for the future?

Macro Categoría	Categoría	Subcategoría
Impulsores de la Estrategia	Aprendizaje del cuidado	* Transición hospital-hogar * <u>Negociación interdisciplinaria</u>
	Disposición de la familia: entrenamiento del cuidador primario	* Cuidar con conocimiento * Cuidado del cuidador
Elementos facilitadores	Compromiso institucional a todo nivel	* Políticas de calidad * Competencia profesional * <u>Involucramiento</u>
	Estrategia como inversión, recursos y actitudes hacen la diferencia	* Infraestructura/equipamiento * Potencial humano * Resistencia
Propuestas / rutas	Gestión logística con énfasis en el sinceramiento presupuestal	* Potencial calificado/ factor del éxito * Calidad en los procesos
Impacto	Aprendizajes construidos en la experiencia	* Conocimiento práctico * Escuchar al paciente/familia * Conocimiento comprado
	EsSalud empodera a la familia y al equipo interdisciplinario	* Satisfacción asegurado / derecho habientes * Cultura organizacional fuerte
	Continuidad de estrategia	

Figure 1: Responses reflected in the following categories:

Taking into account the axes of the systematization carried out, the critical assessment made by the social actors involved in the experience, regarding the violation of obstacles and good use of the facilitators; In response to the objectives and nature of the research carried out, the relevance of the results is presented, including aspects of the need that gave rise to the response obtained and then, the processes identified as necessary based on the alternatives proposed by the participants. The categories found are addressed in their analytical dimension.

**a. Category: Learning to care**

The strongest driver for the launch and officialization of the Strategy was the need for learning care, a category related to the institutional context of EsSalud: expanded coverage in care for the insured population, policies to solve the increase in demand, through early discharge. Decision that, since these were vulnerable older adult patients, evidenced the need for continued care at home (EsSalud, 2016).

The transition from hospitalization to home carries risks and complications that the patient's family anticipates. The responsibility towards its members leads it to express openly and repeatedly, the lack of knowledge of the care to be carried out and to express, in turn, feelings of fear and refusal to transfer the patient to their home. Behavior that was observed and motivated nursing professionals to negotiate problems and solutions with other members of the interdisciplinary team. The following testimonies illustrate this need:

*The need to train the family to continue providing care to patients at home was clear...many patients still used devices such as feeding tubes, urinary tubes, and some had wounds in the sacrum and heels. More knowledge was necessary (AS1)*

In the group discussion, some nursing professionals stated:

*We have made good progress in this initiative; The need is also felt by the interdisciplinary team at EsSalud, patients and families. If we continue to insist, we will be heard, it is important to continue with enthusiasm and preparing AS2)*

The increase in life expectancy also has effects on the possibilities of suffering from chronic diseases, comorbidities and disabilities that require greater care. However, the coverage of care provided by entities in the health sector is decreasing; A large part of the activities remain in the hands of family members, who have always felt responsible for everything that happens with their loved ones and welcome any opportunity to provide them with a decent exit, similar to other approaches. (Moral-Fernández et al., 2018).

**3.1.4 Hospital-home transition**

This subcategory makes explicit the demands of learning the care and support that the patient needs from the family member. The disease compromises all spheres of existence and therefore, the interventions of professionals and family caregivers must be directed at the entire person. (Waldow & Pereira, 2020). From a favorable perspective, this situation becomes an opportunity for learning in simple, practical and integrative ways, by whoever the family chooses as a candidate for training, which ensures a safe route in the successful hospital-home transition; optimized opportunity in some similar healthcare contexts, keeping in mind the centrality of the patient before and after hospital discharge.

*They taught everything I didn't know, bed bathing my dad, changing his position, how to tube feed him, and how to avoid pressure ulcers. All of this is necessary and I was pleased to see that there were family members willing to organize their time to attend, no one wanted to miss the AS12 demonstrations.*

### 3.1.5 Interdisciplinary negotiation

For the family to adequately fulfill their roles in health care, they need to become familiar with the knowledge about everything that can act for the benefit of the affected patient; The guidance of nursing professionals for family health represents invaluable help for families to develop the skills that allow them to prevent diseases, facilitate recovery processes and modify harmful lifestyles. These are joint efforts in which negotiation processes are true catalysts for healthy changes.(Cogollo-Jiménez et al., 2019).

#### **b. Category: Family provision for training of the primary caregiver**

Result that corresponds to the second objective of the study and second axis of the systematization of experience, regarding the critical assessment made by the participants in the study, on the elements that contributed to the achievement of the processes established in the Accompanying Family Strategy.

The sense of responsibility and moral obligation regarding the commitment to the health of one of the family members allowed its members to reflect on their role, pressing needs and capabilities, ensuring their participation in the learning opportunities offered by EsSalud, through the interventions of their professionals. They valued this reality as a space for reciprocity and affection between those who make up the family.(Andrade Reis et al., 2017).

The complexity of learning varies with the patient's vulnerability/dependence situation, which is why, since the 1970s in other countries and the 1980s, teaching strategies have been developed in Peru, aimed at the family; for care and support that responds to the patient's needs. To this extent, the best provision for care training will also be required, in terms of the ability to understand and acquire basic caregiving skills. Attitude is essential, but it is more promising if real aspects are incorporated such as the age of the caregiver, their state of health and personal situation.(Rodríguez et al., 2018).

### 3.1.6 Caring with knowledge

Subcategory that shows the validation that family members make about the decision to prepare the family caregiver. They identify that they have never had the experience of caring for a loved one with various ailments; not only the disease but also receiving medications and avoiding complications. They undoubtedly perceive that caring is a great responsibility. In some speeches it is expressed:

*I think it is a great opportunity, everything I learn will help me handle more difficult situations that are not lacking... It is nice to know the good judgment of health personnel when they realize that we do not know many things. By having a teaching plan for nurses, we learn to provide more organized care, based on knowledge and practice, so they realize if we have learned or not. AS21*

The implications of caring with knowledge result in the family members' impression of feeling safe, without uncertainty; characteristics that move the analysis to the level of the essential characteristics of care: knowing about the human being, responses to changes in vital stages, behavior when experiencing loss of autonomy and possible interventions to respond to health problems and well-being that it manifests. Encompasses action and caution(Boff, 2012).

### 3.1.7 Caregiver care

Due to the predominant profile of the family caregiver, women in most situations, of varying age, predominantly in the mature adult group and with limited education, face various difficulties that turn out to be stress factors; The adaptation process depends on the degree of support offered by the family and the follow-up provided by health professionals. It is very important not only that the family recognizes the need to have more than one caregiver for proper alternation and well-deserved



rest, but also to take into account the conservation of their physical and emotional energy. The knowledge of emotions and the ability to cope are reflected in the effects of the care experience carried out by the primary caregiver in different scenarios and vulnerability profiles.(Carreño-Moreno et al., 2017).

*The nurses' guidelines are very clear. They motivate family members so that the work of caring is shared. The caregiver cannot live without rest because she gets sick and this is becoming more important now.*  
AS5

The family will continue to play important roles in favor of its members; care is a core part of the development of their functions; and from the approach focused on standardized and progressive care, it is a priority for health professionals to promote the development of a sense of solidarity, understanding and fairness to prevent caregiver overload. Only he can appreciate the enormous difference between caring for a patient who is not very complex and doing the same with people whose health is very deteriorated whose reactions can lead to aggression towards the caregiver.(Chevance et al., 2020).

### 3.1.8 Quality policies

In this subcategory, there is one of the main facilitators that the participants of the experience had, because it was carried out in a context where the institution pursues maximum adherence to the principles that promoted and continue to promote effective changes that have long been questioned by the citizenship.

Among those responsible for promoting policies to ensure the delivery of quality services are the Minsa and EsSalud, who act from the promulgation of Law No. 30224 that created the National System for Quality [SNC] and the Institute National quality [INACAL] that allows compliance with established standards(INACAL, 2014).

Thus, with the issuance of Ministerial Resolution No. 727-2009(MINSA, 2009)that approved the document that governs the implementation of Quality Health Policies, mainly supports the first policy, guaranteeing the right of users to participate in quality care, considering the best initiatives or safe practices, desirable for all. In turn, the eighth policy urges those responsible for service entities to adequately control the risks and, coincidentally, the patient's transition from the hospital to the home contains several risk situations to be controlled as the responsibility of the IPRESS and, therefore, an important teaching subject for the primary caregiver(MINSA, 2009).

A transcendent aspect within the facilitating elements of a political nature was having the directive that defined the purpose, processes, method, instruments and levels of responsibility, for the definitive structuring of the Accompanying Family Strategy(EsSalud, 2015). To which end, the following statements attest:

*Directive No. 004 of General Management, which commits those responsible for management and in cascade, gives specific guidelines for the complete implementation of Accompanying Family. This allowed the formalization of an essential initiative for the Family and institution.* AS23

### 3.1.9 Professional competence

Subcategory that integrates the multiple knowledge of academic training and experience during the performance of those responsible for conducting the strategy, in various entities in the health field. They participate in constant improvement and updating events, with the purpose of improving the response capacity in the comprehensive care that the person deserves.

In this component, the expressions of the participants are diverse:

*From the beginning, the interprofessional team had a clear vision of the family needs and the role of*



*EsSalud. It was essential to ensure good care for the recovery of the discharged patient; at home someone had to know more to care for the patient and they had to be motivated with enthusiasm and kindness; Some family members, when they heard discharge coming soon, disappeared from the service. AS15*

An activity of such magnitude brought into play not only the firm will of the professionals, it was necessary to integrate knowledge and soft skills, especially when it came to adults, mostly mature and consolidated in their way of valuing life and the usefulness of facts, including teachings. In similarity with the topics expressed, various authors find that technical support and accompaniment of patients and families demand competence from professionals to realize the role of emotions and their impact in the context of life, with possible modification in attitudes. of family caregivers, in the face of teaching-learning strategies, enabling or hindering the integration of all the spheres that are part of the learning and execution of care (Godoy et al., 2020).

### 3.1.10 Involvement

This way of responding with energy, in a positive way until achieving permanent character in terms of dedicated work, clear focus on the means and purposes of an organization in which the person works, also corresponds to the axis that characterizes institutional participation in the Strategy. matter of systematization. It shows real strengthening of the efforts of the various social actors.

*Much effort and dedication from the management team and health professionals transformed the quality policies from the Executive Presidency. Dr. Baffigo managed to change the purely recuperative Care Model for the Care Model focused on Progressive and standardized Health care. AS22*

#### **c. Companion Family Strategy Category: investment, resources/attitudes make a difference**

It corresponds to the macro category identified obstacles, the third objective of the research and axis of critical assessment of the limitations to deploy operational processes. For Martínez-Trujillo et al. (2021) The systematization of experience in a convergent manner not only increases competencies in the execution of health care policies as carried out by the interdisciplinary team, but also favors the discovery of gaps to successfully carry out the processes inherent to the initiative. Accompanying family member in educational interventions.

*The only center that has guaranteed comfort is the San Isidro Labrador hospital, what we all lack is human potential, the nurses require full-time dedication to the Strategy, the patients to be cared for at home are complex due to their comorbidity and the family caregivers They need to learn the different learning contents well according to their priorities. AS14*

In turn, the health authority, when considering the National Policy for Quality, a public instrument to guide implementation, develop and manage actions aimed at having ideal infrastructure for qualitatively better processes, provides greater dynamism to the coordination, articulation and harmonization of initiatives and responsibilities of managers at the management level of service-providing entities (MINSa, 2009).

Likewise, the eleventh Quality policy commits management personnel to comply with the logistics inherent to the implementation of approaches whose purpose is to endorse interventions based on the principles of Primary Health Care and in EsSalud, compliance with the programming. Adequate staffing, in accordance with real demands, is part of the responsibilities of the Patient Safety Management and humanization of the service, originally based on provisions of the governing body. (Málaga et al., 2019).

### 3.1.11 Resistance to change

Organizational processes entail the presence of the phenomenon of resistance, not only due to the diversity of individuals that make up the corporation but at the level of the design of objectives and articulation of policies, which are not always accepted, understood and, above all, shared. It also corresponds to the modulating aspects of success or delay in the implementation of change processes.

*If instead of opposing they realized how the family's dissatisfaction and fear decreases and that patients will no longer return for emergencies if they are well cared for, they would commit themselves just as everyone does. AS 1*

Snyder(2017)highlights the complex and subjective nature of resistance, also related to the fear of greater amounts of learning and effort, of losing amounts of power gained, or forms of control that are significant for some. For their part, Araya and Orellana(2018)They emphasize the need to face barriers, understanding that change is part of human behavior in every work entity, which requires assuming it naturally and transforming resistance into an opportunity for learning, improvement and personal growth.

In line with what has been expressed so far, it is pertinent to assess the relevance of the Strategy implementation process from its beginnings. The social actors involved have shared the beginning of the experience, although in different modalities; reality that has generated common feelings/emotions between them; They advanced the established processes aware of the facilitators and limitations; They articulated efforts together creating new products in outreach, learning, technical support, emotional support; and are approaching the realization of their achievements and impacts, sufficient motives to overcome resistance(Soriano-Rivera, 2016).

#### **d. Category: Logistics management with budget honesty**

Inherent in the macro category of proposals, facing the main obstacles identified. It refers to the budget because it is a Strategy that is part of EsSalud, an entity that is not only the promoter but also responsible at all levels for the implementation of this approach, making the allocation of resources according to healthcare and educational demand for family caregivers a reality.

The participants in the study were aware of the deficiencies in terms of infrastructure, equipment for educational processes, human potential and materials; They are knowledgeable about the way in which Social Health Insurance plans and executes the relevant processes of its mission and when verifying the existing needs in relation to the regulations, they express the following aspects, especially in the institutional axis:

*The opportunity required to have the human resource that allows nursing professionals and others to dedicate themselves according to the nature of this work and also the support processes for a potentially stressed or exhausted caregiver is not valued. AS 11*

The budget as a management tool ensures the responsible provision of goods and services to those responsible for implementing strategies, always within the framework of priorities and policy definition.(Ministry of Economy and Finance, 2018); Additionally, EsSalud, as the entity responsible for State activities, is under the control of the National State Business Financing Fund (FONAFE) according to Law No. 27170.(Congress of the Republic, 2023). It is pertinent to clarify that, according to Law No. 28411, General Law of the National Budget System, it is the responsibility of all health agencies to responsibly manage the budget.(Congress of the Republic, 2004).

The relationship between the interdisciplinary team integrated in the implementation of the Accompanying Family Strategy and the family requires overcoming logistical limitations, to ensure risk control and the expected reduction in complications.(Rodríguez et al., 2018).

### 3.1.12 *Qualified Potential, success factor*

This subcategory measures the value given to those who work in the healthcare organization, seeking different forms of social well-being and empowering them with knowledge of self-care. Achievements are not achieved mainly by technological differentiation, but by the potential of those who work and perceive the needs of users, interpret the desires for improvement, initially adapt their interventions to then propose and consolidate changes in terms of services.

*Awareness needs to be expanded, so that everyone knows where we are going and how to work methodically: Training is needed in adult education and having updated material, compatible with the reality of family members. ASi6*

World Health Organization (WHO, 2020) has identified the role of human resources as a real challenge for improving healthcare services. Tensions are recognized when, in the face of labor initiatives, the necessary resources are not consistent; Respect and action regarding working conditions are still insufficient and gaps persist not only in the number of people needed but also in the fairness of their remuneration.

Assessing the strategic potential of the people who work constitutes an ethical challenge that places managers in a critical space for dialogue and construction of a harmonious climate as well as to promote specific improvements.

### 3.1.13 *Quality in processes*

This Subcategory addresses the capacity of human potential to ensure the essential improvements for the well-being of patients and families, in an institutional context that has been exceeded by demand.

*Continue carrying out the Accompanying Family processes, in better conditions, managing improvements in the physical plant, equipment, availability of updated educational material, better staffing. ASi7*

In accordance with these guidelines, Familiar Acompañante has redesigned the services provided to the patient and family in the hospitalization-home space, trying to optimize results: safe care, trained caregiver, family is organized while maintaining its way of self-sustaining and not only encrypted its goals in getting closer to the population, surpassing the criterion of geographical accessibility and additionally decongests the hospital, directing possibilities of interconnection with other social actors.

### 3.1.14 *Celebration of strategic alliances*

It arose from the confrontation between the lack of resources and the low support in budget decisions. Strategic alliances constitute special forms of relationships between entities that hope to share mutual benefits; These are voluntary relationships with a sense of collaboration; Those who wish to work together on a certain intervention participate, therefore, they share responsibilities, resources and potential benefits. (WHO, 2020).

The achievement of alliances is very appropriate in the group of older adults given the multidimensionality of the health commitment, and it is pertinent that the entities immersed in this projection take into account: focus on the expected benefits in terms of optimization of resources, development of profiles of its members or added value in its processes; involve professionals in the design and materialization of the alliance, in addition to formalizing the agreements by clarifying purposes and expectations from the beginning (Buritica & Ordoñez, 2020).

#### **e. Category: Learning built on experience**

It expresses one of the results that transcend the processes experienced during the

implementation experience of Accompanying Family. A transcendent aspect in the moments of execution of the systematization of experience because it specifies what was learned, who learned and why it was so, it is conclusively located in the impact macro category, which includes two additional categories.

From the First Moment of the experience to be systematized, the priority was considered to carry out simple learning, in response to the necessary care once the patient has overcome the acute phase, returns home and completes his recovery. The expressions of the participants were:

*It was a mutual learning experience for staff and families. The professionals who recruited the caregiver had the knowledge and the method; family members had the willingness and ability to learn; This in turn opened up communication and commitment. AS2*

In short, family caregivers learned physical, emotional, and spiritual care; The nurses learned to learn new beneficial strategies with adults. Everyone learned the importance of expressing emotions, of communicating assertively. Nurses learned to identify their potential to help others, mutual learning (Hahn-Goldberg et al., 2018).

### 3.1.15 Practical knowledge

The professional competencies and coherence with the predominant educational patterns in the family of the insured, was the basis for the joint planning of the guidelines established in directive No. 004, which considered twelve educational sessions to be developed during the training of the primary caregiver.

*This activity requires working hand in hand with family members; learning must be done while they accompany the sick relative during hospitalization. It is the ideal space to satisfy needs and awaken interest in learning procedures that will be carried out at home AS 8*

In the praxis where the transfer of knowledge is carried out; They require more than knowing how to do and knowing how to be; Caring is dedication, personalized assistance, aimed at the entire person, procedures are a means for understanding and specific help, to try to care according to personal need (Waldow & Pereira, 2020).

### 3.1.16 Listen to the patient and family

Subcategory that allows evidence of the learning of management personnel; participants involved from the management of the IPRESS, Nursing Headquarters and Coordination and the Care Deputy Management at that time. It is about the active, comprehensive, reasoned and felt perception of the family's experiences and proposals from the interdisciplinary team. The testimonies express this information:

*I want my sick family member not to suffer, that's why I think we should learn and have patience to go to classes. AS 17*

New, enriching experience because it is a challenge to comply with the principles of equity, sense of solidarity and social justice starting with the patient and family; it was about the patient's recovery and safety needs and maintaining the family's ability to survive. Listening to the user's voice is the first step to providing effective responses and actively contributing to the social transformation of the vulnerable population.

### 3.1.17 Shared knowledge

Subcategory on the impact of experience. It refers to the power generated when members of an organization communicate and share achievements, obstacles and learnings. The systematized experience in Familiar Accompanying brings together lessons learned for management, practical care, interpersonal relationships, leadership, perseverance, among others.

*It is a vision shared between managers, health team professionals and family members, it has been made clear that it is possible to introduce improvements in favor of patients and families and that this teaches how patients can be prevented from returning due to an emergency having worsened. If the results have been favorable, we can understand that there is power in sharing what we have learned. AS9*

Constructed knowledge is essential to open and maintain the pathways that allow us to overcome risks and enjoy health. Shared knowledge is true organizational learning, an unfinished process and source of unmatched competitiveness. The validity of organizations in their sector and their ability to innovate depends on this; It is relevant because once built, it can be managed representing an institutional strength (Ayestarán et al., 2022).

### 3.1.18 EsSalud empowers the family and the interdisciplinary team

This category corresponding to the impact of the experience represents a relevant achievement. After having gone through the moments and milestones in which the Familiar Accompanying experience is reconstructed, results are revealed that position the interventions that were carried out by the interdisciplinary team, and with the management of personnel in management positions, for their assertive and excellent performance. use of facilitators.

It empowers the family, because based on their needs, it supports the initiative in process since 2010-2011 until it prioritizes its components and organizes the proposal with the consequent benefit of having strategies to ensure the care of the patient at home; It ensures practical knowledge, caregiver support and networking in your favor.

It empowers professionals because it allows them to assume the strategy according to their specialty, decision and commitment with autonomy.

*The experience is rewarding and instructive, with multiple learning. To appreciate that everyone must give their best effort, that everyone can improve, that the mission of those of us who work at EsSalud is to do things well and what patients and families need are good results and give satisfaction. AS22*

The Strategy used has allowed the family to overcome difficulties and acquire greater control over the health of its members; professionals have worked to promote health through teaching and supported recovery; You are empowered by knowing the problem caused by the disease and how to deal with it (Málaga et al., 2019).

### 3.1.19 Patient/Family satisfaction

Result that reflects the contributions and assessment of the experience: pleasant, pleasurable, stimulating. Terms used by participants who, surprised, recognized the value of the effort and optimization made in the learning opportunities, facilitated by the Institution through its professionals.

*How will the patient not be satisfied if his recovery is assured; He is also with his family and at home, with privacy and affection AS 23*

Satisfaction indicates the quality of the interventions, the way they are carried out and the

understanding treatment of people; It is possible to realize that when the patient's needs are known, it is possible to focus teaching and guidance, reduce uncertainty and increase confidence (Gómez et al., 2019).

### 3.1.20 Strong Organizational Culture

Subcategory that brings together the characteristics expressed in managerial support, acceptance of risks, respect for the autonomy of those who took the initiative, proactive leadership, concern for results and behavior based on values.

The features described correspond to the structure of a strong organizational culture, to the extent that it has become a space full of knowledge, experiences, feelings and values built and shared among its members, a situation that allows them to communicate their experience in a unique way. with satisfaction and tendency to multiply the achievements achieved or continue in the efforts valued in a positive sense (Reyes & Moros, 2019).

*The enthusiasm and commitment of the nurses infected me. How can I deny so much learning opportunity? How can we not appreciate his dedication? AS1*

The members of a strong organizational culture act flexibly, proactively, are oriented towards change and have a long-term vision, the effort to share beliefs, values and experiences allows them to reach the entire organization and persuade about the benefits of innovation (Ayestarán et al., 2022).

### 3.1.21 Continuity of the Accompanying Family Strategy

Final category corresponding to the fourth objective of the study and axis on the impact of the systematized experience, is one of the proposals of the participants after evaluating the contributions and meaning of the experience. One of the aspects that projects sustainability to the Strategy.

Experience has shown to achieve effective care for patients discharged from the hospital and care at home by a trained caregiver, optimizing the resources available in both spaces and in favor of well-being and the effectiveness of efforts in the family and institutional axis; It encompasses the fields of social and economic sustainability as proposed by social actors, and must continue to be implemented.

The authorities of the Deconcentrated Network, in a meeting with those responsible for implementation, assess the results and challenge the follow-up with demonstrated leadership, sense of solidarity and innovative capacity.

The extent of the analysis carried out is due to the temporality of the initiative object of the systematization and the demands of this methodology. It is noted that only the categories that reached the highest saturation have been extracted.

In the temporality of the experience, no significant development was achieved in the caregiver support processes for the prevention of stress recognized in scientific reports. Nor was it possible to build support networks, making it explicit that despite having developed the implementation of Accompanying Family during the period 2013-2018, it has required a lot of time to raise awareness, train, implement operational processes and involve levels I and II. of attention.

In the development of the experience there were moments of consensus and also of contradictions, even recognizing the pressing need for caregiver training, it was not accepted to advance the initiative until awareness of its operation was well advanced.

By virtue of these limitations, the possible continuity in the development of the Accompanying Family Strategy is envisioned, delving into the reflection of those points that can continue to exercise the role of facilitator and in this way, concentrate the energizing potential of the success achieved, with optimism.

This strategy involves the active involvement of the family in the care and support of their older

members, especially those who may need assistance due to health conditions or physical limitations associated with aging. These activities promote emotional and social support by encouraging regular contact with family members can help prevent loneliness and isolation, factors that often negatively affect the mental and physical health of older people. Promoting family rapprochement and cohesion, for the patient's self-care, is important at the end of life. Besides, Ensuring self-care and shared responsibility of family members with the patient reduces the institutionalization of older people in nursing homes or long-term care centers in addition to promoting well-being, quality of life and a dignified death. Limitations of generalization and subjectivity inherent in qualitative studies, the sample size is very small and can vary between different researchers. This can lead to divergent interpretations of the same data. This can lead to a more complete and robust understanding of the phenomenon studied and provide valuable information for decision-making and policy formulation. The sample size is very small and can vary between different researchers. This can lead to divergent interpretations of the same data. This can lead to a more complete and robust understanding of the phenomenon studied and provide valuable information for decision-making and policy formulation. The sample size is very small and can vary between different researchers. This can lead to divergent interpretations of the same data. This can lead to a more complete and robust understanding of the phenomenon studied and provide valuable information for decision-making and policy formulation.

#### 4. Conclusion

The impact of the experience focused on three categories: the learning achieved by the social actors, the empowerment carried out by EsSalud as the family and the interdisciplinary team culminating in the category on continuity of the Strategy, given the benefits evidenced in practice. The learning achieved by the family expresses the satisfaction of having an ally in EsSalud, who responds to real and pressing needs by having a trained caregiver who allows the patient's recovery.

The managers learned the importance of listening to the voice of the users: patient, family, health personnel; Each one has knowledge and contributes to the construction of practical knowledge, improved management and integration of the team, which once shared gives the power to transform oneself with self-confidence, balance and prudence, also learning to control risks, allow the personnel grow and develop their innovative potential, features of a strong and productive institutional culture.

The process of theoretical construction and reflection on practice was conducive to approaching the impact of the experience, laying the foundations for the sustainability of the Accompanying Family Strategy in contexts of high priorities for health control, institutional support and leadership capable of transform limiting conditions into well-being.

Finally, the Accompanying Family strategy contributes to social transformation by strengthening family ties, promoting a culture of intergenerational care and reducing the institutionalization of people. Additionally, it improves well-being by providing emotional and social support, access to health care and healthy aging by keeping seniors in a familiar environment and adapting to their changing needs.

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