Original Article

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PROPOSITION OF A HOSPITAL MODEL FOR PATIENT INVOLVEMENT IN SELF-CARE

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ABSTRACT

Objective: To propose a model for patient involvement in self-care in the hospital environment from the perspective of patients and professionals.
Method: A qualitative study based on Convergent Care Research. Eight interviews were conducted with older adult patients and with nine professionals who provided care to participating patients in a clinical-surgical hospitalization unit from November 2021 to May 2022. Data analysis followed the apprehension, synthesis, theorization and transfer steps.
Results: Three categories emerged which anchored the development of the hospital model for patient involvement in self-care: Communication: the fundamental element for patient involvement; Partnership between patient and multidisciplinary team: the path to patient involvement; and Organizational aspects for patient involvement in their care: the perspective of the multidisciplinary team. The study provided a space for dialogue with the multidisciplinary team to incorporate the model into the care process.
Conclusion: The model contemplates clear and effective communication influenced by intrinsic patient issues and the health education process, supported by organizational aspects inherent to the hospital service.

DESCRIPTORS: Self-care. Patient-centered care. Patient care team. Healthcare models. Patient participation. Health services.

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PROPOSIÇÃO DE MODELO HOSPITALAR PARA ENVOLVIMENTO DO PACIENTE NO AUTOCUIDADO

RESUMO

Objetivo: Propor modelo de envolvimento do paciente no autocuidado no ambiente hospitalar, na perspectiva de pacientes e profissionais.
Método: Estudo qualitativo baseado na Pesquisa Convergente Assistencial. Realizaram-se oito entrevistas com pacientes idosos e com nove profissionais que prestavam assistência aos pacientes participantes, em uma unidade de internação clínico-cirúrgica, de novembro de 2021 a maio de 2022. A análise dos dados seguiu as etapas apreensão, síntese, teorização e transferência.
Resultados: Emergiram três categorias que ancoraram a elaboração do modelo hospitalar para envolvimento do paciente no autocuidado: Comunicação: o elemento fundamental para o envolvimento do paciente; Parceria entre paciente e equipe multiprofissional: o caminho para o envolvimento do paciente; e Aspectos organizacionais para o envolvimento do paciente com o seu cuidado: o olhar da equipe multiprofissional. A pesquisa possibilitou um espaço de diálogo com a equipe multiprofissional para a incorporação do modelo no processo assistencial.
Conclusão: O modelo contempla a comunicação clara e efetiva, influenciada por questões intrínsecas do paciente e pelo processo de educação em saúde, sustentado por aspectos organizacionais inerentes do serviço hospitalar.

DESCRITORES: Autocuidado. Assistência centrada no paciente. Equipe de assistência ao paciente. Modelos de assistência à saúde. Participação do paciente. Serviços de saúde.

PROPUESTA DE UN MODELO DE HOSPITAL PARA LA IMPLICACIÓN DEL PACIENTE EN EL AUTOCUIDADO

RESUMEN

Objetivo: Proponer un modelo de implicación del paciente en el autocuidado en el entorno hospitalario, desde la perspectiva de pacientes y profesionales.
Método: Estudio cualitativo basado en Investigación de atención convergente. Se realizaron ocho entrevistas a pacientes ancianos y a nueve profesionales que brindaron asistencia a los pacientes participantes, en una unidad de internación clínico-quirúrgica, en el período de noviembre de 2021 a mayo de 2022. El análisis de los datos siguió las etapas de aprehensión, síntesis, teorización y transferencia.
Resultados: Emergieron tres categorías que anclaron el desarrollo del modelo hospitalario para la participación del paciente en el autocuidado: Comunicación: elemento fundamental para la participación del paciente; Asociación entre paciente y equipo multidisciplinario: el camino hacia la participación del paciente; y Aspectos organizativos para la implicación del paciente en su cuidado: la perspectiva del equipo multidisciplinario. La investigación brindó un espacio de diálogo con el equipo multidisciplinario para incorporar el modelo al proceso de atención.
Conclusión: El modelo contempla una comunicación clara y efectiva, influenciada por cuestiones intrínsecas del paciente y del proceso de educación en salud, apoyada en aspectos organizacionales inherentes al servicio hospitalario.

DESCRIPTORES: Autocuidado. Atención centrada en el paciente. Equipo de atención al paciente. Modelos de atención sanitaria. Participación del paciente. Servicios de salud.

INTRODUCTION

Patient involvement in their care is one of the World Health Organization's global objectives for the current decade (until 2030), as it is considered a safety barrier for reducing avoidable incidents[1]. It consists of the individual's ability to choose and actively participate in their care according to their reality through a cooperation process between patients, professionals and health institutions, aiming to improve care experiences[2].

There are models in the literature for patient involvement in their care aimed at chronic diseases[3–4], as this condition predisposes involvement[5]. Furthermore, self-care[6], shared decision-making[7], and assisted decision-making[8] bring together patient involvement concepts.

Studies indicate that involving patients in self-care results in increased satisfaction and motivation, adherence to treatment, clear communication, shorter recovery time, reduced hospitalization costs, as well as improved safety in healthcare[9–10]. It should be added that it promotes patient protagonism, autonomy in decision-making, a trust and empathy relationship, and professional-patient interaction from the perspective of health professionals, in addition to awareness of the risks during hospitalization[9].

On the premise of involving patients in their care, it is recommended that both the professional and the patient enter into a harmonic process. To this end, the behaviors of professional facilitators to establish dialogue using easy-to-understand language, without scientific terms, attentive listening, demonstrating time availability for the patient and the ability to persuade can stimulate this process. The patient also has a role to play through questioning, learning, and consulting information, constituting characteristics which empower them in the care process[5,11]. In addition to professionals and patients, there are organizational factors of health services to be considered to promote patient involvement, such as support from leadership, availability of resources and strengthening permanent education[9,12].

The theme composes one of the four axes of the National Patient Safety Program (*Programa Nacional de Segurança do Paciente – PNSP*) on the national scene, which highlights the involvement of citizens in their safety, but is a challenge which involves a change in the culture of health services, professionals and users[13].

In this sense, considering the complexity of advancing patient involvement in their care, this study proposes an unprecedented model for the Brazilian hospital scenario based on the perspective of patients and professionals immersed in a different reality of the care process. This immersion is based on the methodological framework of Convergent Care Research.

Thus, this study had the following as its guiding question: How can patient involvement in their care in hospital services be modelled? To answer this, the following objective was defined: to propose a model for patient involvement in self-care in the hospital environment from the perspective of patients and professionals.

METHOD

This study presents Convergent Care Research (CCR) as a methodological reference, with an emphasis on participatory studies and intertwining theory with care practice. Dialogue and the researcher's immersion in the practical field are inherent to this methodology[14].

The main researcher is a clinical nurse in the inpatient unit, constituting the field of study in which the model was developed. Furthermore, she has knowledge and training in the patient experience and quality and safety in care area, which aligns with the attributes of a CCR study.

The study was conducted in a clinical-surgical inpatient unit that serves supplementary health patients at a public and university hospital located in the Southern Region of Brazil and linked to the Ministry of Education. Patient-centered care stands out in relation to the care model adopted at

the institution, with a focus on quality and safety, giving it the title of being accredited by the Joint Commission International (JCI).

Data collection was performed from November 2021 to May 2022 through semi-structured interviews with an intentional sample, resulting in the elements to propose the hospital model for patient involvement in self-care. The interview participants were eight older adult hospitalized patients and nine professionals who directly provided care to patients, consisting of: two nurses, two nursing technicians, a social worker, a physiotherapist, a nutritionist, a doctor and a pharmacist.

The inclusion criteria for patients were: being 75 years of age or older, having been hospitalized for more than 48 hours, having a negative Confusion Assessment Method (CAM) scale, having a chronic disease and being literate. Patients with clinical instability at the time of the interview and conditions which made communication impossible were excluded from the study. The patient sample size was defined through data saturation, considered as when the information from the interviews began to be repeated[15].

Interviews with patients were conducted by the researcher herself in the patient's private room and at a previously agreed time. They lasted approximately 50 minutes, with seven interviews attended by a family member accompanying the patient. One patient refused, as he was not willing to talk about the subject.

The census of patients admitted to the unit was first consulted considering the inclusion criteria in order to select patients. Afterwards, patients were invited to participate in the study.

It is understood that patient involvement in their care occurs in a unique way in certain scenarios and groups of patients. Furthermore, the World Health Organization (WHO) highlights that the estimate is that the number of people over 60 will increase from nine hundred million to two billion between 2015 and 2050, highlighting the significant growth in the number of individuals aged 80 or over 16, which can impact health services; therefore, there is a need to think about sustainable health systems. In turn, we chose to work with older patients over 75 years of age.

Regarding the number of professionals interviewed, it was decided to interview the multidisciplinary team that provided care to eligible patients in this study, seeking to include at least one professional from each area.

The inclusion criteria to select the professionals were: working in the hospital for more than six months, being part of the permanent contract staff, and working in care practice. The exclusion criteria included professionals who were on vacation, on leave or on leave at the time of data collection.

Six interviews took place at the hospital, in a reserved room and at a time agreed with the researcher, and three additional interviews via the Google Meet application, according to the participant's preference, with conversations lasting 30 minutes. All interviews were recorded and later transcribed in full for the analysis process.

The professionals were selected after consulting the electronic medical record system, being those who had provided care to participating patients deemed eligible. The invitation to professionals was sent to the institutional email. The lack of response to four invitation attempts was interpreted as refusal to participate, resulting in a refusal.

The interviews followed pre-established scripts for patients and professionals. The instrument to conduct the interviews was constructed using the results of the integrative review designed to substantiate the study[5]. The instrument was guided by the following themes: potentialities and challenges for patient involvement in their care; the communication process between patients and professionals; the patient's previous experience of the health/illness process impacting involvement; and the environment and structure of the institution influencing the investigated subject. It is noteworthy that two pilot interviews were carried out and subsequently adaptations to the scripts.

The study was conducted according to the CCR[14] phases. The researcher experienced concerns in the design stage arising from care practice in line with dialogues with the multidisciplinary team and research in the literature, resulting in the research problem. Then scientific evidence was sought in the instrumentation phase to support decisions about choosing the study location, participants and data collection instrument.

In this process, the researcher planned how to conduct data collection together with the nursing team, minimizing interruptions in the unit's care process. The scrutiny phase was conducted by conducting interviews with patients and professionals, enabling the researcher to involve professionals in the study, and leading to converging care with research.

Next, the transcribed interviews were read and the information was organized in the apprehension phase. The data was subsequently interpreted in the synthesis stage bringing together the relevant elements, with three categories emerging. The theorization process resulted in proposing a hospital model for patient involvement in self-care based on the elements discovered in the synthesis. The transfer stage enabled the meaning of the findings, seeking to contextualize them with the literature in similar situations, without generalizing to other contexts.

The study followed the ethical recommendations of regulations regarding the conduct of research involving human beings. After authorization from the Research Ethics Committee of the Hospital de Clínicas de Porto Alegre, data collection began by signing the Informed Consent Form (ICF). The data will be stored on the researcher's personal and exclusive use computer for a period of five years.

The interviews with professionals were validated, except for one professional who did not return after forwarding the transcribed material. Interviews with patients could not be validated as participants were discharged from hospital.

The anonymity of the participants was ensured by coding the statements using the expressions "Pat." (patient) and "Prof." (professional), accompanied by numbers according to the chronological order of the interviews. The study followed the Consolidated Criteria for Reporting Qualitative Research (COREQ) guidelines[17] (Figure 1).

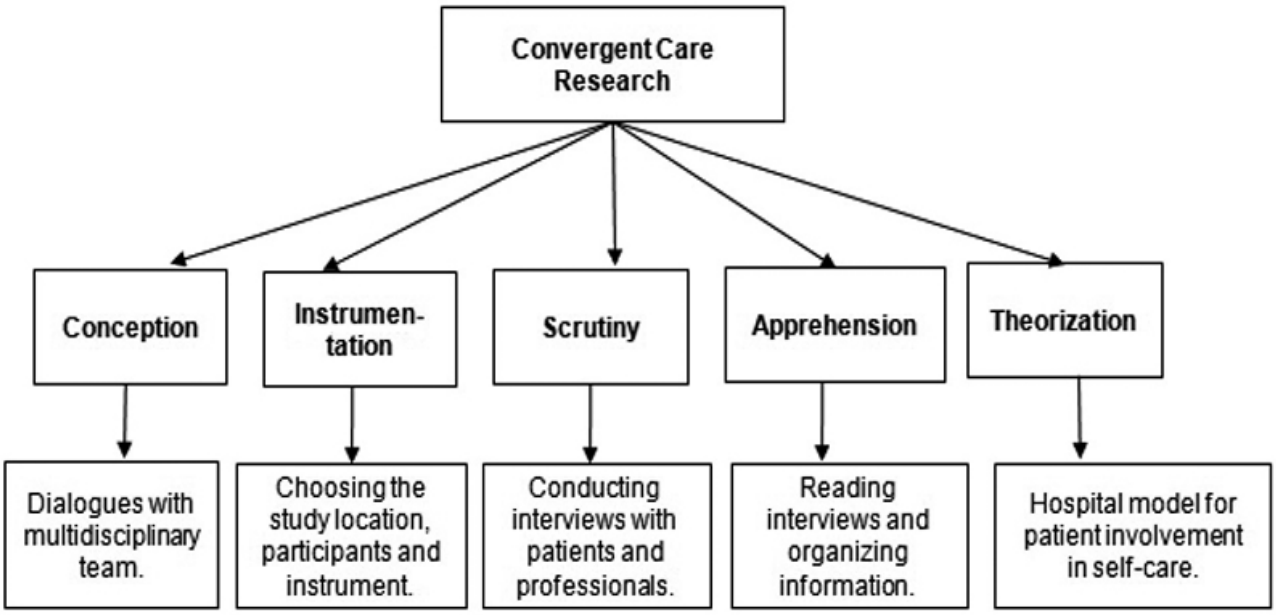

Figure 1 – Flowchart of the Convergent Care Research phases. Porto Alegre, RS, Brazil, 2022.

RESULTS

Participating patients were aged 76 to 90 years. Regarding their education level, three had incomplete secondary education; two, incomplete primary education; one, complete elementary education; and two had complete higher (post-secondary) education. The reasons for hospitalization were associated with surgical (75%) and clinical (25%) comorbidities, and the length of stay varied from two to 28 days.

The ages of the multidisciplinary team ranged from 34 to 61 years old. The time elapsed since they graduated was 10 to 39 years, and the time working at the institution varied from four to 32 years. Moreover, two of the professionals had a Doctorate degree; three had a Master's degree; two had postgraduate degrees; and two had technical level degrees.

The analysis and categorization of the results enabled identifying themes and the subsequent creation of three categories: Communication: the fundamental element for patient involvement; Partnership between patient and multidisciplinary team: the path to patient involvement; and Organizational aspects present for patient involvement in their care: the perspective of the multidisciplinary team – the summaries of these categories are presented in Charts 1, 2 and 3, respectively.

Chart 1 – Communication: the fundamental element for patient involvement, Porto Alegre/Rio Grande do Sul, Brazil, 2022.

Thematic matrix	Excerpts from the professionals
Clear and effective communication	When it is said easily, which is not a scientific term, I understand much more. (Pat1)
	I think clear communication, like that, without imposing. I believe that patients can understand me much better than imposing themselves. (Prof1)
Features of communication	I understand that it is necessary to transport yourself to their reality, with adaptations, sometimes with figures of speech. (Prof8)
	I had a complication in the recovery room, [...] and they decided to leave me there for a little longer, however, they had already informed my family, there is good communication between them. (Pat1)
	I emphasize that the main thing is that the patient sees meaning in what is being said [...]. I try to get in tune with the patient's interests [...] (Prof9)
Contribution of written information to dialogue	I read, because it helps. It's something you have in your body, so you need to study it to understand it, you have to read the material provided. (Pat7)
Communication failures	The professionals explained and if we asked anything, they were polite and answered. There are some [professionals] like that and I look at them and think: I'll ask. Because we see that they are more willing [...] (Pat2)
	[...] if you are surrounded by professionals who take good care of you, who are affectionate, because, when the professional is patient, they give us more security, they feel free to get involved in the care and ask everything. (Pat1)
Welcoming behavior of professionals	Now, if you see that the nurse doesn't want to give an answer, then you don't have the courage to ask either. [...] It has happened that professionals speak more aggressively, that we call, that they don't like us calling. (Pat1)
Patient as observer in their hospitalization process	[...]*The patient calls me and asks why, on the other shift, the medicine came in a saline solution and now it was administered in a syringe. Soon, the patient begins to feel insecure, because they no longer know which one is correct.* (Prof6)

Chart 2 – Partnership between patient and multidisciplinary team: the path to patient involvement, Porto Alegre/Rio Grande do Sul, Brazil, 2022.

Thematic matrix	Excerpts from the professionals
Intrinsic factors of the patient and their previous experiences	*The fact that I have been hypertensive for years makes it easier for me to get involved with the disease, as I learned more and more*. (Pat3)
	In relation to patient involvement, there is also a lot of life history, personality [...] (Prof8)
Patient's health status	*Of course, the state of my health interferes with my involvement, as I was very anxious before coming here* [...]. *In the state I was in, when the professionals guided me, I didn't understand* (Pat8)
Religion and faith	*I think I pray a lot, I believe in God and this gives me strength in my hospitalization process* (Pat7)
Presence of the family in the hospitalization process	*Of course, the presence of a family member is very important. My grandson,* [...], *helped me so much here, it always gives me security to have a family member and it also helps to better understand the care when I am discharged from the hospital*. (Pat8)
Family member being a healthcare professional	*As my son is a doctor, he explained to me that I have to be careful not to fall, use crutches, I won't go down steps. My other daughter is a nurse and also guides me*. (Pat5)
Patient co-responsibility for their care	*What I really care about is television, for me, it's a college, I look for information.* [...] *you just have to know how to select.* (Pat7)
	The patient's involvement [...] *is how much they get involved with their problems, whether they take care of themselves, because the patient also has to take initiative*. (Pat5)
Education	*Patients who have a higher education level are able to get more involved and understand more*. (Prof8)
Health education by the multidisciplinary team	*I understand that it is up to the patient to know what is happening,* [...] *what they can do to be part of this care.* [...] *therefore, I believe that patient involvement is related to education*. (Prof6)
	It means that moments of education are also built together with the patient. (Prof8)
Patient-staff partnership	*Overall, I can build a partnership with the patient. Often, this partnership during hospitalization is very effective, however, I don't know how long this lasts after* [...] (Prof9)
Patient co-responsibility for their care	*I understand that involving the patient in their care is also promoting health, it is going beyond the treatment itself. It is an autonomous patient who decides for themselves in their care that they leave the hospital with responsibilities*. (Prof8)
	We ourselves become our own doctor, because we learn to know our body. (Pat7)

Chart 3 – Organizational aspects present for patient involvement in their care: the perspective of the multidisciplinary team, Porto Alegre/Rio Grande do Sul, Brazil, 2022.

Thematic matrix	Excerpts from the professionals
Organizational culture	I *think it's a process that needs to be built, I think that, sometimes, what we believe to be is different from what the patient understands*. (Prof6)
	I *think that despite being a single institution, there are several institutions within the same hospital* [...]. *Why is the patient coming here? Due to health problems, sometimes due to aspects that would be avoidable if the patient had greater involvement in their care.* (Prof3)
Leadership	*My leadership, as far as possible, talks about the subject, but there is no specific moment when we talk about patient involvement, we don't have a working group. I think there are so many demands, that involvement, because it is something new,* [...] *it ends up being secondary, if there is time left, we talk about it*. (Prof8)
Staff sizing	*The number of patients per professional is high, we would need more professionals to be able to better involve the patient in self-care*. (Prof5)
	The sizing is not adequate at all. The story of the short blanket, you know? If I were to serve all the patients in the health insurance unit, without consultation [...] *I would not be able to serve another specific unit*. (Prof8)
Physical structure of the unit	*There are bigger rooms in this health insurance unit, we can sit down and do things more calmly. Sometimes the issue of the bed is already a physical barrier in SUS units, because there is no way to stay in a suitable position to talk for a long time with the family member or the patient*. (Prof3)
	In the agreement you have a good structure, the door is closed, this is also a difference between a private unit and the SUS unit. You can have greater privacy [...] (Prof8)

Speeches focusing on communication present terms or expressions that detail qualifying components, suggesting characteristics of communication that can promote engagement. In this sense, it was possible to recognize clear and effective communication, the use of language understandable to laypeople, considering the patient's prior knowledge, at an appropriate time, with the incorporation of printed educational materials. Furthermore, the professional's skills through sensitive listening, welcoming behavior, establishing harmony in dialogue with the patient, was also present in the interviews.

These findings show that elements intrinsic to the patient are present in the moments of care and influence their involvement and health education, resulting in a partnership between professionals and patients. However, the interviews showed that this movement does not only depend on professionals and patients, but also on aspects related to the culture and structure of hospital services, which give rise to the next category.

The organizational aspects mentioned in the interviews were markedly more frequent in the statements of professionals than of patients. The professionals understood that there is a culture under construction regarding the patient's involvement in their care, although recognizing the presence of the hegemony of the biomedical model. Furthermore, they brought experiences from different contexts within the institution.

The professionals' speeches mentioned that the size of the multidisciplinary team was not adequate to meet the patient's demands, including those arising from the patient's involvement in their care. On the other hand, the hospital structure in this unit was recognized as adequate for patient involvement.

Figure 2 summarizes the three categories that emerged from the study results, represented in a practical-care model in which clear and effective communication stands out as a fundamental element, influenced by intrinsic aspects of the patient and health education, favoring partnership between patients and multidisciplinary team, as well as health promotion, supported by organizational aspects of health services.

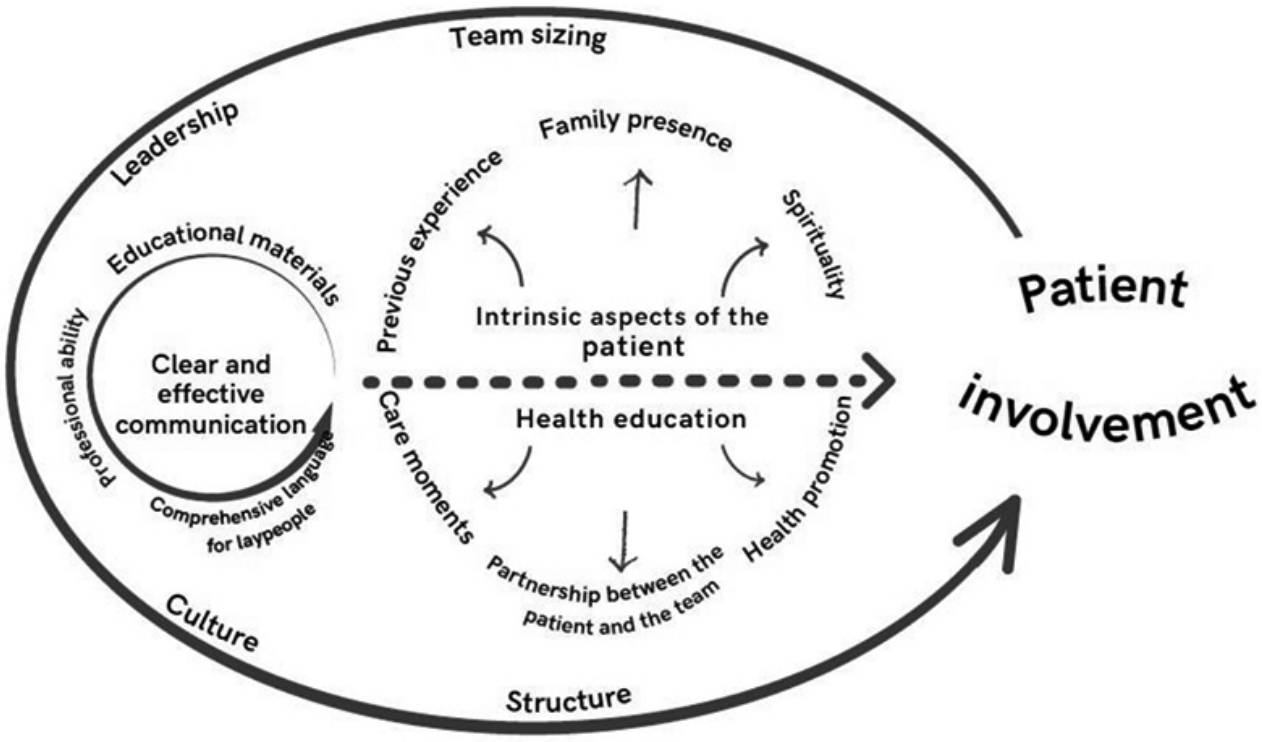

Figure 2 – Hospital model for patient involvement in self-care. Porto Alegre/RS, Brazil, 2022.

DISCUSSION

The study revealed that communication permeated by clear and effective dialogue, with a language without scientific terms, and in a timely manner has the potential to value the patient's knowledge and life experience, enabling their involvement in decision-making. These findings are consistent with the results of other studies that highlight the importance of these characteristics in communication for patient engagement[4,11,18].

In addition to the abovementioned characteristics, the professional's ability to listen attentively, sensitively, with time and a welcoming and respectful behavior stands out in order to encourage the patient to participate in their care. This is imilar to the findings of another study in which these skills are identified as factors that favor establishing a trusting relationship between patient and professional[19] and empathetic communication, anticipating the patient's needs and positively influencing patient satisfaction[20].

Additionally, it appears that it is important for the professional to encourage the patient to explore printed instruments to complement the information provided, as well as seeking to resolve the patient's doubts. Corroborating these findings, an integrative review that described patient involvement strategies in hospital units highlighted the use of booklets and brochures to encourage patients to participate in their own care[21].

In addition to communication, participants pointed out that higher education favors patient involvement in self-care. In this sense, a study carried out in Brazil with patients with diabetes showed an association between lower education and less ability to carry out self-care measures with the feet[22], which is in line with the findings of this study.

The patient's experience and knowledge about their illness, the presence of the family accompanying the hospitalization, the existence of family members who are health professionals, and religion were all aspects cited by patients as capable of contributing to the path towards their involvement. From this perspective, a study carried out in the United States with hospitalized patients showed that involvement in care changes over the years, since patients take on more responsibilities as they get older since they have had more time to learn about their care, as well as more awareness of what is happening[23].

The presence of the family was also mentioned in other studies, favoring the patient's safety and well-being[24], as well as encouraging them to participate in their care[25]. Furthermore, the presence of a family member with knowledge in the health field helps the patient to better understand the information during hospitalization[19]. Another published study showed that spiritual beliefs helped improve self-care in hospitalized patients in Asia[26].

The importance of the patient being the protagonist in this journey is highlighted, taking the initiative to seek information, talk to family and friends, as well as share ideas with the professionals who provide care for a better understanding of their health process/ illness. This reasoning is aligned with the interpretation that the patient sometimes becomes an expert, as they seek everything they can to get to know their body better[19], taking more ownership of self-care.

It is noteworthy that patients cited television as a source of information, but highlighted that caution is needed to select the appropriate channels. A study carried out in the United States, but with adults aged 45 to 74, showed that participants sought information about their health from professionals (49%), followed by the internet (36%), television (31%), friends and family (21%). However, in the same study, people with medium and high literacy were more likely to seek information from health professionals and the internet, and less likely to use television[27]. It is assumed that the divergence of the findings of the American study from this study carried out in Brazil may be related to the age of the participants, which included an age range equal to or greater than 75 years.

It is understood that health education can be another element for patient involvement, as in addition to providing a partnership relationship between the patient and the multidisciplinary team, it also empowers the patient in their self-care. The result of a study carried out in a hospital in Asia showed that education and training were considered facilitators for the self-care process in patients with chronic heart failure[26].

Another study in Brazil inferred that health education carried out by professionals is important for improving self-care for diabetic foot, contributing to a reduction in hospitalizations[22]. In addition to education, research in the Netherlands with patients with chronic conditions states that the relationship between patients and professionals drives patient involvement[25].

When the educational process is successful in care practice, it contributes to a successful partnership between the patient and the multidisciplinary team. However, it is understood that this does not only depend on professionals and patients for its feasibility in practice, but also on the organizational aspects of the hospital service.

The results of the present study, with regard to organizational aspects are similar to the predominance of the hierarchy of medical control as a barrier to assisted decision-making[7], lack of time[8,18], prioritization of other work activities[18], and involvement ends up not being prioritized. The workload of professionals mentioned by the participants was also found in another study, and may be associated with inadequate sizing which affects the quality of care provided[28].

Furthermore, there is an incipient movement by leaders to encourage professionals to involve patients in their care. It is understood that leadership is one of the factors that influences forming a health safety culture, which is essential for motivating members of organizations[29]. In this sense, it is important to encourage leaders so that a more proactive movement is possible, with a view to influencing the team to involve patients in self-care.

The structure of the institution as a peaceful environment with individual rooms providing privacy was considered favorable for involving patients in their care. The literature shows that the lack of resources and privacy for conversations with patients and family members negatively interfere with assisted decision-making[7]. The presence of different sounds, lighting and routines in the hospital environment are aspects that interfere with the patient's well-being[30].

Given these results, the methodological choice of CCR enabled this study to include an analysis and reflection of different perspectives – from patients and professionals – on the investigated topic, and concomitantly involving the nursing team in developing the study. Another strong point is that the interviews with patients were conducted close to the date of hospital discharge, and so the participants reported recent experiences of the hospital admission process.

Regarding the limitations of the study, patients aged 75 years or over and who were part of the supplementary health system were interviewed, patients from other age groups or users of the Unified Health System (*Sistema* Único *de Saúde* – *SUS*) were not included, as it is understood that involvement can occur uniquely in certain groups and contexts.

Also, the methodological transfer stage is still being defined with sector leaders, so that the model for patient involvement in self-care is incorporated into the institution's work dynamics. It is unfeasible to carry out this process with the patients who participated in the study, since many do not live in the city where the study took place.

It is also noted that the terminology "patient involvement in their care" was used in the interviews, realizing that some patients reported having no understanding of this subject. However, their vast knowledge was noted in reporting their experiences during the dialogue.

Although the theme has been gaining prominence in recent years, the literature is still in its infancy in the Brazilian context, which represents a limitation for exploring other strategies in different scenarios.

CONCLUSION

The present study highlights that the hospital model for patient involvement in self-care can contribute to develop an organizational culture with an emphasis on patient involvement in their care and adapted to the reality of each service, according to different scenarios.

As additional elements to the theoretical model already known in the literature, the family being a healthcare professional, the use of television by patients as a source of research and the joint exploration by patients and professionals of printed educational material, such as folders and manuals made available by the institution stand out. The patient's involvement in their self-care during hospitalization may have repercussions for promoting their health.

From this perspective, the patient's involvement in their care is not limited to the hospitalization period, but can bring benefits to their future quality of life. It is important that involvement is recognized

as a philosophy of care, in which the union of efforts of patients, professionals and the institution becomes a fundamental requirement for a new healthcare scenario.

As contributions, the construction of the proposed model based on CCR, in addition to the direct benefits of its application promoted awareness of participants about the investigated topic, including both professionals and patients. Above all, it was observed that professionals began to demonstrate greater engagement in patient self-care guidelines, sensitive listening, and as far as possible, taking the time necessary to establish a fruitful dialogue.

It should be added that the results offer support for including the topic in professional training, in addition to supporting management practices of hospital services, in order to leverage strategies for patient involvement in the care process. In this sense, intrinsic aspects of patients and communication skills necessary for professionals who direct health education for health promotion stand out, as well as institutional aspects, such as the current culture and leadership model, the structure offered and team sizing.

It is suggested that future studies be performed to test the proposed model in other hospital scenarios to advance the patient's involvement in their care for a safe care practice.

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NOTES

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APPROVAL OF ETHICS COMMITTEE IN RESEARCH

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CONFLICT OF INTEREST

There is no conflict of interest.

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