



Assessment of knowledge and practice of the patient's companion during accompanying the patient at Khartoum North Teaching Hospital, Sudan.

Sheimaa Khalifa Mohui-Eldin¹, Amel Ahmed Hassan², Awad Idriss Ahmed³, Mohammed Jebreldar Abuanja Nimer⁴, Shahenda A Salih⁵, Tayseer Ahmed Hassan⁶, Wafa Abdein Humza Bashir⁷, Salwa Ali Mousa Mohmed⁷, Amani Abdelgader Mohammed Abdelgader⁷ and Manal Hussien Fatah Alrahman Suliman⁸.

¹Graduate Nurse, Khartoum North Teaching Hospital, **Sudan**

²Assistant Professor of Community Health Nursing, Faculty of Medical Technical Science, Department of Nursing, Alzaiem Alazhari University, and Dean Faculty of Nursing Sciences, Mashreq University, **Sudan**

³Graduate Nurse, Alraqi University Hospital, **Sudan**

⁴Associate professor of community health nursing, International University of Africa, **Sudan**

⁵ Assistant Professor of Nursing, College of Applied Medical Sciences, Jouf University, **Kingdom of Saudi Arabia**

⁶Medical student, Faculty of medicine, University of Khartoum, **Sudan**

⁷ Assistant Professor of Nursing, College of Nursing Sciences, Jazan University, **Kingdom of Saudi Arabia**

⁸ Lecturer of Nursing, College of Nursing Sciences, Jazan University, **Kingdom of Saudi Arabia**

*Correspondence: Wbasar@jazanu.edu.sa Received 06-10-2022, Revised: 26-12-2022, Accepted: 27-12-2022 e-Published: 30-12-2022

Companion is an adult person accompanying the patient during the period of his /her in patient treatment in hospital, either relative or non-relative. Aim: This study performed to assess knowledge and practice of the patient companion during accompanying patient. The study was descriptive cross-sectional hospital based. 130 companions from general medical and surgical wards were enrolled after met selection criteria from governmental teaching hospital in Khartoum city, Sudan. Data was collected using interview questionnaire and analyzed by statistical package for social science (SPSS) presented in form of tables as frequency and percent and P. value considered 0.05. The level of knowledge about patient disease were 90.8%, most of them 77.7% knew about treatment plan, majority of them 81.5% taken decision on behalf of patient when needed, also 86.2% of them knew about any changing in medical and nursing plan and 76.9% familiar with hospital rules and regulations. Conclusion: The study concluded that the companion has extensive knowledge regarding patient during accompanying them.

Keywords: companion, patient, accompanying, hospital, Sudan

INTRODUCTION

A companion is defined as an adult person accompanying the patient during the period of his /her in-patient treatment in the hospital, either relative or non-relative (Wolff and Spillman 2014). Knowledge is a familiarity, awareness, or understanding of a companion for his rights and duties (information /skills) which is acquired through experience or education by a health care provider, discovering, or learning (Çelik et al. 2017). Practice the performance of the patient's companion for the tasks assigned to him (Fatigante et al. 2021).

The important presence of a companion at health care visits has the potential to improve health care efficiency and aid in the goal of achieving patient-centered care, and the level of his/her education plays an important role in their awareness of their right to know about the patient

safety (Meehan et al. 2021). The companion must be aware of - the conditions that must be met by the patient's companion, procedures for accompanying the patient, the disease's complications, his/her duties, and the hospital's laws, and regulations. Characteristics of chosen them are: - nationality, above 18 years old, first-degree relative, good health status, health insurance, and non-pregnant woman (Turabian et al. 2017). Type of companion according to the physicians (collaborator/ passive/ intrusive/guilty/ sick/critical or angered) (Turabian et al. 2016).

In cases of illness and pain troubles, the patient's obsessions abound, concerns and apprehensions are amplified, and fear of fate is a living condition with her wounds and breaks, which overburden the patient and may turn him into a desperate person and

this does not help much in his recovery, as the psychological state has a great role in the progress of the patient's health and for this, he is in dire need for a companion with him to make him feel human and away from him a sense of loneliness and isolation, as it reduces times of thinking about disease, fear, and anxiety in addition to his assistance and support to the patient, whatever the level of nursing services provided to him, he will never refuse to be accompanied by one of his relatives or children(Etridge et al.2018).

The main role of the Companion is to help their loved one heal through support, encouragement, and communication during their stay at the hospital. Because of the importance of a companion role we believe, they are critical members of a patient's health care team. This person has 24-hour access to be with the patient and is the main contact for health care providers, other than the patient. In most cases, companions are chosen because of the trust they have with the patient and his / her ability to fulfill the roles and responsibilities(Troy et al.2019).

The specialty of family medicine emphasizes the importance of assessing the patient's health, illness, and disease within the context of family and community. Providing family-oriented primary care is one of the distinguishing features of this specialty(Pieterse et al 2017). Conventionally, physician training focuses on an encounter between two people: The patient and the physician. In practice, a third person (companion) frequently accompanies a patient during medical encounters. The companion may provide valuable information about the patient's psychological and socio-cultural dimensions. They may facilitate or impede patients' participation and autonomy in decision-making(Yamasaki et al. 2018).

Family members as companions have an important role in improving the understanding of patients during the consultation. A United States study found that 39% of patients came to the physician's office with a family member or friend with the majority (55%) preferring to have a friend or a family member in the examination room with them for some of their visits(Wolff and Spillman 2014).Some reasons reported in the literature accompanying the patient were to help with transportation and to provide company and support (Turabian et al. 2017). Another study showed that the accompanying person's role has been most frequently (68.6%) as an advocate for the patient and their influence was usually described as positive (95.1%) (Turabian et al. 2017).

Worldwide the companion of the patient is an area of family medicine or community nursing which has received little attention, and his presence may go unnoticed, but his frequency deserves the attention of the healthcare giver.

Internationally, when a person suffers from a health problem that obliges him to stay in the hospital, it is preferable to have a companion who can provide him with care, and attention, but not every patient needs someone to accompany him, something that many may not

understand, some consider the accompaniment of the patient a kind of luxury and change the mood, and there are those who see it as an urgent necessity for the patient, others are unaware of the harm caused by accompanying the patient, the simplest of which is the transmission of infection and microbial epidemics, If the companion not aware and not doing his duties can delay of patient recovery.

Nationally, frequent complaints about escorts by the health staff not respecting the cadres and not following the hospital's laws, which may be of their random selection without the necessary condition for accompanying.

MATERIALS AND METHODS

Methods

Study design: This study was descriptive cross-sectional hospital-based, using an interview questionnaire to assess the knowledge and practice of the companion during accompanying patients at a hospital, that include companions from medical and surgical wards.

Study setting: This study was carried out at the medical and surgical ward in Khartoum north teaching hospital in Khartoum city.

Study population:

We covered about 130 companions have met the selection criteria from medical and surgical wards during the study period.

Study duration: This study was conducted during the period of December 2021 to March 2022.

Data collection tools:

In this study, we used one instrument to collect data which is an interview questionnaire, divided into two sections: companion socio-demographic characteristics, knowledge, and practice of the companion of the patient.

Ethical consideration:

Approval was taken to conduct the study from the faculty of medical technical sciences at Alzaiem Alazhari University (approval no.2-4-43). Permission was taken originally from the director of Khartoum north teaching hospital.

All the companions were informed about the purpose of the study clearly without any enhancement or convincing to participate voluntarily then written consent was obtained from them.

RESULTS

Table 1: sociodemographic data n= (130)

Variable	Frequency	Percent
Sex		
Male	67	51.5%
Female	63	48.5%

Age		
20 – 30	55	42.3%
31 – 40	39	30.0%
41 – 50	20	15.4%
More than 50	16	12.3%
Educational level		
illiterate	15	11.5%
Primary	14	10.8%
Secondary	23	17.7%
University	59	45.4%
Post university	19	14.6%
Total	130	100%

Source : prepared by the researchers. Used SPSS program, Questionnaire data, 2021.

Table 2: Have you ever accompanied a patient before n=(130)

Have you ever accompanied a patient before that	Frequency	Percent
I was not accompanied before	17	13.1%
Once	16	12.3%
Twice	29	22.3%
Three times	68	52.3%
More than that	0	0%
Total	130	100%

Source : prepared by the researchers. Used SPSS program, Questionnaire data, 2021.

Table 3: degree of kinship with the patient n=(130)

degree of kinship with the patient	Frequency	Percent
No nearest	22	16.9%
First degree	76	58.5%
Second degree	32	24.6%
Third degree	0	0%
Total	130	100%

Source : prepared by the researchers. Used SPSS program, Questionnaire data, 2021.

Table 4: procedures that must be known to accompany a patient n=(130)

of the procedures that must be known to accompany a patient	Frequency	Percent
Issuing an escort card and signing the medical declaration	19	14.6%
Extract the insurance card and fill out the patient file	21	16.2%
Signing the medical declaration, entry and exit procedures, and operations	40	30.8%
all of the above	50	38.5%
Total	130	100%

Source : prepared by the researchers. Used SPSS program, Questionnaire data, 2021.

Table 5 : chi square test for knowledge of co-patient and Symptoms of infection n=(130)

		Strongly disagree	Disagree	Neutral	Agree	Strongly agree	P value	Result
1	High temperature	1 (0.8%)	6 (4.6%)	15 (11.5%)	51 (39.2%)	57 (43.8%)	0.000	Strongly agree
2	cough	4 (3.1%)	3 (2.3%)	11 (8.5%)	55 (42.3%)	57 (43.8%)	0.000	Strongly agree
3	headache	4 (3.1%)	15 (11.5%)	29 (22.3%)	45 (34.6%)	37 (28.5%)	0.000	Agree
4	shortness of breath	2 (1.5%)	9 (6.9%)	14 (10.8%)	66 (50.8%)	39 (30%)	0.000	Agree
5	sore throat	2 (1.5%)	6 (4.6%)	14 (10.8%)	72 (55.4%)	36 (27.7%)	0.000	Agree
6	Drops from the patient during coughing or sneezing	2 (1.5%)	4 (3.1%)	10 (7.7%)	48 (36.9%)	66 (50.8%)	0.000	Strongly agree
7	Direct contact with infected persons	1 (0.8%)	2 (1.5%)	7 (5.4%)	56 (43.1%)	64 (49.2%)	0.000	Strongly agree
8	touching contaminated surfaces and tools	2 (1.5%)	3 (2.3%)	16 (12.3%)	53 (40.8%)	56 (43.1%)	0.000	Strongly agree
9	sitting on surfaces and floors	2 (1.5%)	6 (4.6%)	19 (14.6%)	56 (43.1%)	47 (36.2%)	0.000	Agree
10	Touching sharps boxes and trash	2 (1.5%)	5 (3.8%)	13 (10%)	60 (46.2%)	50 (38.5%)	0.000	Agree

11	Always wash your hands well	2 (1.5%)	1 (0.8%)	2 (1.5%)	55 (42.3%)	70 (53.8%)	0.000	Strongly agree
12	Use tissues when coughing or sneezing	2 (1.5%)	2 (1.5%)	7 (5.4%)	46 (35.4%)	73 (56.2%)	0.000	Strongly agree
13	Using the upper arm when coughing or sneezing in the absence of tissues	2 (1.5%)	2 (1.5%)	17 (13.1%)	45 (34.6%)	64 (49.2%)	0.000	Strongly agree
14	Maintaining personal hygiene	2 (1.5%)	5 (3.8%)	13 (10%)	51 (39.2%)	59 (45.4%)	0.000	Strongly agree
15	And / wearing masks in places of gatherings and crowding	2 (1.5%)	1 (0.8%)	5 (3.8%)	66 (50.8%)	56 (43.1%)	0.000	Agree

Source : prepared by the researchers. Used SPSS program, Questionnaire data, 2021.

Table (6): chi square test for knowledge of copatient with patient disease n=(130)

		No	Yes	P value	Result
1	Do you have knowledge of the disease of the patient you are accompanying	12 (9.2%)	118 (90.8%)	0.000	Yes
2	Do you have knowledge of the patient's treatment plan	29 (22.3%)	101 (77.7%)	0.000	Yes
3	Have you been consulted in making decisions related to the patient's health condition? If the patient is unable to make a decision	24 (18.5%)	106 (81.5%)	0.000	Yes
4	Do you have knowledge of the necessity of informing the medical team treating and nursing staff of any changes you notice on the patient	18 (13.8%)	112 (86.2%)	0.000	Yes
5	Do you have knowledge of the patient's type of food and drinks	36 (27.7%)	94 (72.3%)	0.000	Yes
6	Do you have knowledge of the care that you must provide to the patient during your stay with him	18 (13.8%)	112 (86.2%)	0.000	Yes
7	Do you have knowledge of hospital laws and regulations? For example, not eating in the corridors and not leaving the patient's room unless necessary	30 (23.1%)	100 (76.9%)	0.000	Yes

Source : prepared by the researchers. Used SPSS program, Questionnaire data, 2021.

DISCUSSION

Hospitals focus mainly on patients' health and may pay inadequate attention to the patient's companions. In other words, paying attention to the patients' companions causes satisfaction and furthered comfort among them. In the current health care system, caregivers merely play the role of signers in making treatment-related decisions.

Our study reproduces these data, being the companion predominant with males, usually their age (20 – 30 years old). We also found that the educational level to be the companion of the patient was predominantly university (45.4%).

The current study revealed that more than half (52.3%) of companions had Accompanying the Patient three times before while, (58.5%) their degree of kinship with the patient was first degree this finding agrees with Haley's study demonstrated that over 60% of first-degree relatives are the wives and children of the patients (Lukhmana et al.2010). So, Sudanese family members are considering the most important in the caretaking of the patient. A patient's family member can be a valuable

source of health information and can collaborate in making an accurate diagnosis and planning a treatment strategy(Omole et al.2011).

The findings of this study confirm that (38.5%) of the patient's companions must be known to accompany a patient in signing the medical declaration, entry and exit procedures, and operations.

Concerning the knowledge of the co-patient and Symptoms of infection majority of them strongly agreed the symptoms were headache, cough, and high temperature. On the other hand, the patients' companions had a positive attitude toward patient infection they always washed their hands well, used tissues when coughing or sneezing, and used the upper arm when coughing or sneezing in the absence of tissues.

The collected evidence from the obtained results clarifies that regarding the knowledge of the patient's disease, the majority of companions (90.8%, 77.7%) were knowledgeable about the patient's disease, and patient treatment plan, respectively. Additionally, (86.2%) of them knew of the necessity of informing the medical team

treating and nursing staff of any changes notice in the patient's condition. Our results are compatible with the study done in Iran which found that the participants complained about having no appropriate information on the disease diagnosis, the recovery process, and the methods of proper services delivery (Alipoor et al.2016).

Most companions had been consulted in making decisions related to the patient's health condition, especially when the patient is unable to make a decision. These results are similar to a study done by M.L.Clayman et al.2006 patients whose companions facilitated their involvement in the medical visit by asking the patient questions, prompting the patient to talk, and asking for the patient's opinion were more than four times as likely to be active in decision -making as patients whose companions did not assist in this manner (Clayman et al.2006).

CONCLUSION

Based on the findings of the present study it was concluded that: all most of the companion has an extensive knowledge regarding patient diseases and its medical and nursing management. .

CONFLICT OF INTEREST

The authors declared that they have no conflict of interest for this study

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AUTHOR CONTRIBUTIONS

Sheimaa Khalifa (SKH), Mohui-Eldin (ME), Amel Ahmed (AA) Awad Idriss(AI)conceived of the presented idea and data collection. Mohammed Jebreldar(MJ), Shahenda A(SHA)contributed to the interpretation of the results and analysis of the data. Tayseer Ahmed (TA) And Wafa Abdein(WA) verified the analytical methods and find the association . All authors discussed the results and contributed to the final manuscript. Salwa Ali (SA).Amani Abdelgader (AA)and Manal Hussien(MH) revised the manuscript and put it on the journal guideline and checked it for plagiarism

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