

## Role of accompanist in pain medicine consultations: the patient perspective

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### Abstract

#### *Aim*

Companions often accompany patients to clinic consultations and may influence the consultation. This study aimed to determine the patients' perspective regarding the role and influence of the companion in the pain clinic consultation process.

#### *Methods*

Local hospital ethics committee approval followed by written informed consent was obtained. 100 adult patients with accompanists attending the pain clinic for the first time were included. A cross-sectional study was conducted at the pain clinics of University Hospital Limerick group hospitals. Adult patients who were accompanied during the consultation were interviewed through a structured questionnaire. Attributes with respect to the role and influence of companion on the consultation were assessed. Data was entered and analysed through IBM Statistical Product and Service Solutions (SPSS) software version 18 using the Chi-square test.

#### *Results*

A total of 100 adult patients accompanied by companions participated in the study. Seventy six percent (76) of patients were female. Ninety eight percent of companions were immediate relatives of the patient with children accompanying in 31% of cases. Most commonly companions were present to help the patient to remember the doctor's advice (88%) and/or emotional support (79%). Companions had a role in mobility (58%) ( $p=0.016$ ) and decision making (61%) ( $p=0.006$ ).

#### *Discussion*

This study signifies a supportive role of companions from the patient perspective in the pain clinic consultation process.

## Introduction

The role of good communication, during the medical consultation in the improvement of health outcomes is known<sup>1</sup>. The doctor-patient alone, is the most commonly studied consultation dyad<sup>2-4</sup>. In practice, an accompanying person (companion) frequently accompanies the patient<sup>5</sup>.

The companion may provide valuable information about the patients' psychological and socio-cultural dimensions<sup>5-7</sup>. They may facilitate or impede patient's participation and autonomy in decision-making<sup>5-7</sup>. In the primary care setting patients have reported that accompanists helped with transportation, providing company and support<sup>8</sup>. Companions helped in understanding information and improving communication<sup>9-12</sup>.

The specialty of pain medicine emphasizes the importance of assessing the patient's health, illness and disease within the context of family and community (biopsychosocial model)<sup>13</sup>. We have found that 20% of patients attending a pain clinic consultation are accompanied<sup>14</sup>. These companions have an important role in the consultation process from the physician's perspective<sup>15</sup>. What is not known, is the perspective of the patient of the role of the companion in the pain clinic consultation process.

This study aimed to determine the patients' perspective regarding the role and influence of the companion in the pain medicine consultation process.

## Methods

An observational study was conducted at the Pain Medicine clinics of University Hospital Limerick Group, Ireland. This hospital is a tertiary care teaching hospital. There were three hospital Pain Medicine clinics. The study was conducted over a period of six months and was reviewed and approved by the Hospital's ethical Research Committee at Limerick University Hospital, Ireland. Patients older than 18 years of age attending the pain medicine clinics accompanied by companions during the consultation were included in the study.

A structured questionnaire was developed in English after an extensive literature review using key words "companion," "consultation" "accompanying person," "patient's perspective," "pain medicine clinic". Based on the literature review a questionnaire was developed looking at the role and influence of the companion. The questionnaire comprised of two sections: demographic variables and perception variables. The demographic variables

of patient were age, gender, educational status, occupation and relationship of accompanying person during the consultation. The perception variables were the role of companion in consultation and the influence of companion on the consultation.

The role of the companion included the following attributes: physical mobility, comfort during physical examination, registration and form filling, overcoming language barriers, effective communication of concerns, remembering all complaints, remembering doctor's advice and instructions, decision making and provision of emotional support during the consultation.

The influence of companion's presence included: remembering the doctor's advice and instruction, good relationship with the doctor and achievement of expectations achieved from the visit.

The questionnaire was piloted on 15 patients and amendments were made. Data was collected by the co-investigator after taking written informed consent and ensuring confidentiality. In all 110 patients were consecutively approached to take part in this study. 100 (90%) agreed to participate and were interviewed in a separate room without the companion.

Data was entered and analyzed through IBM Statistical Product and Service Solutions (SPSS) software version 18. Descriptive statistics (percentages) were calculated to determine the characteristics of the sample. Factors affecting perception such as age, gender, education, relationship of companion was compared with the role and influence of companion on consultation. Comparison between the demographic and perception variables was analyzed by Fishers Exact test and independent sample T-test. A P value of  $<0.05$  was considered to be statistically significant.

## Results

### *Demographic data*

A total of 100 adult patients participated in the study. Seventy-six percent ( $n=76$ ) of patients were female. The majority of the participants were aged between 18 and 80 years, whereas, only 7% of the participants were older than 65 years of age (*Table 1*).

98% percent of companions were immediate relatives of the patient with children accompanying in 31% of cases. Spouses were accompanying persons in 60%. *Table 2* depicts the companion characteristics.

The majority of patients responded that companions were present to provide company (90%) and/or emotional support (79%) (*Table 3*). Sixty two percent of the participants reported that companions assisted with transportation. Seventy eight percent of the participants reported that their companion's role was to facilitate communication regarding their concerns, 88% of the companions helped in recalling advice given by the doctor and 61% assisted in decision-making during the consultations.

Factors affecting the perceived role of the companion were analyzed to verify whether there was a significant gender difference. It was found that none of the attributes were affected by gender.

Comparing the relationship of the companion to the patient with respect to different roles showed statistical significance in mobility ( $P = 0.016$ ) and for decision making ( $P = 0.006$ ) by immediate relatives. Similarly, immediate relatives provided emotional support to patient's in 79% cases but the results were not significant. Age was an important predictor for the companion's role in being a helper for mobility purposes ( $P = 0.002$ ).

One-third (34%) of patients thought that consultations were longer when a companion was present than when they were alone. Number of tests and referrals were not influenced by the presence of companion in the pain medicine consultation. Most of the companions remained passive during the consultation and they did not contribute in developing a good relationship between the doctor and patient ( $P = 0.058$ ). Females were more helpful in influencing the understanding of the doctor's advice and explanation, but the results were not found to be significant ( $P = 0.667$ ).

75% ( $n= 7$ ) of the female companions were found to have no influence in achieving the expectations from the visit, whereas male companions were found to be relatively helpful in reaching the expectations of the patients (54% vs. 25%,  $P = 0.008$ ) respectively. Similarly, females as compared with males had no influence in helping the patients negotiate a mutually acceptable plan with the doctor (21%, vs. 41%  $P = 0.045$ ) respectively. Overall, there was no antagonistic influence of the companions with respect to gender.

Males were slightly more helpful 54.2% ( $n = 13$ ) in focusing on patient's problems and keeping on track during consultation as compared with females 40.8% ( $n = 31$ ). Overall, the influence of companions over the consultation was reported to be supportive role in 93% of the consultations, whereas 5% were observers and 2% dominated or had a discouraging effect on the consultation.

From the doctor's perspective 93% of companions were supportive in the consultation. (*Table 4*).

## Discussion

This study demonstrates a significant role and influence of companions from the patient perspective in the pain clinic consultation process.

Patients were accompanied by a companion for a variety of reasons and 90% did provide company and 79% provided emotional support showing strong family relations, which is similar to other studies<sup>3, 6</sup>. Our study highlighted the role of companions in effectively communicating concerns to doctors, which is also supported by literature<sup>10</sup>.

Though it is important to understand that patients engage in triadic encounters frequently, generalising data tell us little about patient sub-groupings. Cené and colleagues [16] for example reported a higher number of accompanied hospital visits in a heart failure group in contrast to adults in a primary care setting with various conditions.

Communicative processes relating to the exchange of information in triadic medical encounters possess differences when compared to dyadic encounters. A meta-analysis by Wolff and Roter<sup>17</sup>, concluded that more biomedical information was delivered when a companion was present. One could postulate that physicians assumed there is a greater degree of comprehension in the triadic versus dyadic consultation and hence provide more technical information. Studies also reveal that a companion attending the consultation can limit the disclosure of certain types of information<sup>17</sup>. Details relating to sensitive topics were less likely to be raised in the presence of a third person. Brown et al.<sup>7</sup> noted that women with complex problems might be reluctant to raise concerns if disruptive children are present (for example, disclosure about violence or marital discord).

This indicates that the 'type' of companion present may have a direct influence on the exchange of sensitive information. Therefore, it would be important for future studies to look at the influence of specific companion typologies such as triads involving spouses, children and adult children. Cordella<sup>18</sup> in a qualitative study identified seven companion roles, each exerting a different influence on the encounter.

In the dyadic pain clinic encounter both doctors and patients expect to function as speakers and not listeners, resulting in neither the doctor or patient felt heard by the other<sup>19</sup>. It is imperative to understand the implications of such communicative roles and dialogue in the context of a third person in the pain consultation. This may have an impact on pain behaviours and disability outside the consultation.

The number of issues raised in the triadic consultation was not affected by companion presence in one study<sup>20</sup> but this was refuted in another study<sup>21</sup>. Implications exist with regard to the nature of the information exchanged in a triadic setting<sup>17</sup>. When considering the type of issue raised companions were less likely to bring up topics that concerned illness or disease<sup>20</sup>. Laidsaar-powell et al.<sup>22</sup> state that the informational support provided by the companion proved to be useful, such as the taking of notes, especially during important discussions and treatment decision making. This may indicate that companions do not raise these topics initially, but rather wait for the patient to raise the issue before participating.

Key areas for future research include; assessment of the exchange of sensitive information and companion roles in the encounter, the influence of the specific medical setting on consultation duration, and patient-companion-physician dynamics in the context of the chronic pain clinic.

This study signifies a supportive role of companions from the patient perspective in the pain clinic consultation process. Awareness of same is helpful in the consultation process.

**Declarations of Conflicts of Interest:**

None declared.

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