Original Article

Assessment of the Comfort Level of Patients' Companions in Intensive Care Units and Related Factors

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ABSTRACT

Background: Patients' companions have a great role in intensive care units (ICUs). They act as patients' voice since a majority of patients are unable to communicate or make decisions. **Objective:** This study aims to investigate the comfort of patients' companions in ICUs and its related factors in a selected hospital in Kashan, Iran in 2019. **Methods:** This cross-sectional study was conducted on a convenience sample of 375 family members of patients recruited from the ICUs. Data collection instruments were a demographic questionnaire and companions comfort scale (ECONF). Data were analyzed with independent-samples *t*-test, one-way analysis of variance, Pearson's correlation analysis, and multiple linear regression analysis. **Results:** The mean score of companions' comfort was 179.02 ± 37. The multiple regression analysis indicated that foot or low back pain, Iranian nationality, being a first-degree relative, present more than once per day as the patient's companion, coma status of patients, and duration of hospitalization more than 1 week ($P < 0.05$) were associated with companions' comfort. Companions' gender, age, patient care alone, education level, income, history of an underlying disease, and connection to a ventilator were not related to the companions' comfort. **Conclusion:** The comfort score of patients' companions was above the moderate level. Some sociodemographic characteristics of the companions and clinical status of patients were related to comfort score. Further studies are necessary to assess cultural, demographic, and contextual aspects related to the comfort of patients' companions in the ICUs.

Keywords: *Family, Intensive care unit, Nursing care*

Introduction

The intensive care unit (ICU) is a ward for taking care of at-risk patients with serious life-threatening diseases, in which continuous medical and nursing care, along with specialized equipment and human resources, is available.[1] In the ICU, the patient's family or companion is assumed as the patient's guardian and voice since a majority of patients are unable to make decisions. Accordingly, the family and companions play a critical role for the patients who are anesthetized or unable to communicate or make decisions.[2] On the contrary, engaging with serious illness, complicated technologies, and watching love ones in critical conditions typically make the companions feel fragile, uncertain, and scared. Such stressful conditions have great impacts on the companions' comfort.[3]

Comfort as a complex and multidimensional construct encompasses a positive and mental experience with psychological, spiritual, cultural, social, and environmental aspects.[4,5] It comes from person's interactions with other individuals, positions, and objects and changes based on the time and places.[6]

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This concept in hospital context can include the waiting room with comfortable chairs and TVs and access to food, drinks, and blankets. The ICU personnel should identify and implement necessary interventions to improve the comfort of the patient's companion in order to help them.[7]

Although different studies have focussed on comfort since the 1980s,[6,8,9] limited data are available about comfort status of ICU patients' companions.[9,10] According to some studies, the interaction and communication of care staff with the patient's companion were the main predictors of satisfaction and comfort in the emergency department.[11,12] Based on the report by Shirzadi *et al.*,[13] the main factors affecting the companions' comfort were environmental parameters such as physical environment, access to welfare services and elevators, and the provision of sufficient information. A qualitative study in Turkey also reported that patients' companions frequently complain about physical conditions, lack of adequate space to rest and sleep, and the dirtiness of the hospital and patient room.[14] The findings of other studies also demonstrated that educational and information needs of patients' companions were the major contributing factors to their comfort.[15-18] Contrarily, Pule *et al.*[19] concluded that there was no significant relationship between the level of education and satisfaction of patients' companions. In another study, Ekwall *et al.*[20] showed that demographic variables such as age and gender failed to predict the companions' level of satisfaction.

With regard to the increasing number of patients and their companions in ICUs in the world and Iran and limited studies in this regard, investigating the comfort of ICU patients' companions and related factors is necessary.

Objective

The present study aimed at evaluating the comfort level of patients' companions and its related factors in the ICUs of Shahid Beheshti Hospital, Kashan, Iran in 2019.

Methods

Design and participants

This cross-sectional study was performed on patients' companions who referred to ICUs in Shahid Beheshti Hospital, Kashan, Iran in 2019. Given that the mean and standard deviation of the comfort scores of patients' companions were unknown, the sample size was calculated using the formula for the estimation of a population's mean. The measurement error was considered to be 0.10 of the standard deviation to estimate the maximum sample size. Accordingly, the sample size was estimated to be 349. However, 400 people were recruited considering the possible attrition of nearly %15.

The samples were selected using a convenient sampling method. The inclusion criteria for participants were being 18 years old or above, being a relative or close friend of the patient, having a patient in the ICUs hospitalized for more than 24 h, receiving nursing care services during at least two shift works, not suffering from known psychological disorders, and voluntary participation in the study. Considering that a large number of companions had problems such as low back pain, foot pain, and underlying diseases, these problems were recorded and considered as a related factor. The exclusion criteria were unwillingness to stay in the study and not completing the questionnaires.

The companions who met the inclusion criteria participated in the study. The two questionnaires were then completed anonymously using a self-report technique by the companions at the predetermined place (next to the ICUs). The respondents' privacy was also observed, and participants with reading and writing skills filled out the questionnaires. The illiterate participants were interviewed by the researcher, and questionnaire items were completed based on their opinions.

Instruments

The comfort scale for patients' family members in a critical state of health, developed by Freitas *et al.* (2015), was used to assess the companions' level of comfort. The Brazilian version of the scale was named "escala de conforto para familiares de pessoasemestadoCrítico de Saúde" (ECONF). This questionnaire has four subscales, including safety (21 items), support (20 items), family–patient interaction (7 items), integration with oneself (7 items), which were scored based on a 5-point Likert-type scale ranging from "I don't feel comfortable at all" (1), "I don't feel very comfortable" (2), "I feel relatively comfortable"(3), "I feel very comfortable"(4), and "I feel quite comfortable"(5). The total scale scores range from 55 to 275. The higher score represented the more comfortable condition. The first draft of this scale was psychometrically validated by Freitas and its reliability was 0.93.[21]

After obtaining permission from the scale designer, the original ECONF version was translated from English to Persian using a standard backward and forward method.[22] To evaluate the qualitative content validity, the questionnaire was then submitted to 10 experts

(faculty members in nursing who were professional in the psychometric analysis of tools). Afterward, modifications were made based on their comments. Quantitative content validity was also assessed using two numerical content validity index (CVI) and content validity ratio (CVR). After preparing the first draft of its Persian version by the research team, the questionnaire was submitted to 10 target group members (the companions of patients hospitalized in the ICUs) to assess its qualitative face validity. They were asked about the inconsistency, ambiguity, and difficulty of the items, and the items were modified accordingly. Finally, the CVR was calculated for all items (n = 55) in the original questionnaire, nine of which had CVR< 0.62 and thus were excluded from the original questionnaire. Moreover, the CVI score for all items and the score of the final Persian scale (with 46 items) ranged from 0.8 to 1 and 46 to 230, respectively. To test the reliability of the scale, a pilot study was performed on 30 companions for testing the internal consistency of the final version, and its reliability was estimated to be 0.79.

Ethical considerations

After obtaining the approval of the Ethics Committee of Kashan University of Medical Sciences (IR.KAUMS.MEDNT.REC.1397.086) and receiving a letter from the Deputy of Research, the first researcher referred to ICUs and obtained required permissions. After that, she explained objectives of the study to patients' companions and they were invited to participate in the study. Participation in the study was voluntary, and written informed consent was obtained from all participants. They were assured that all their information would remain confidential.

Data analysis

The obtained data were analyzed by SPSS, version 16 (IBM Corporation, Armonk, NY, USA) using descriptive statistics (i.e., frequency and percentages for nominal and categorical variables, as well as the mean and standard deviation for numerical ones). The Kolmogorov–Smirnov test was adopted to examine the normal distribution of numerical variables. Independent-samples t-test and analysis of variance were also used to compare the mean scores of the comfort scale with regard to variables with two and more than two group categories, respectively. The linear regression analysis was applied to estimate the effect of the demographic characteristic of patients' companions and patients' clinical status on comfort. All variables in the univariate analysis with $P < 0.2$ were entered into the linear regression model using inter-method, and $P < 0.05$ was considered statistically significant.

Results

According to the findings of the study, the mean score of the comfort scale from 375 participants was 179 ± 37.03 (ranging from 46 to 230). The results revealed that the overall scores of comfort and its subscales were above moderate. The highest and lowest scores were related to safety and support subscales, respectively. Table 1 presents the mean scores of the subscales of comfort. Most participants with the mean age of 38.98 ±13.10 years were females (n = 191, 50.9%), married (n = 287, 76.5%), and unemployed (n = 197, 52.5%), and had Iranian nationality (n = 355, 94.7%), middle income (n = 216, 57.6%), and high school education (n = 161, 42.9%). The other characteristics of the participants are presented in Tables 2 and 3.

Statistically significant relationships were observed between a decrease in the mean score of comfort and participants' characteristics including having non-Iranian nationality, being unmarried, having foot or low back pain, being patient's companions more than once per day, being patient's companions in non-morning shifts, and not being a first-degree relative. In addition, there were statistically significant relationships between a reduction in the mean score of comfort and some clinical status of patients, including being in coma, hospitalized for more than 1 week, patients connected to the ventilator, and admission to the post-ICU [Tables 2 and 3].

Multiple linear regressions were employed to determine whether participants' characteristics and some patients' clinical factors act as predictors of comfort. The results of the linear regression analysis showed a correlation of 0.57 between

Table 1: The mean scores of the comfort scale and its subscales for patients' companions

Subscales	Number of Items	Mean ± SD	Minimum score	Maximum score
Safety	16	67.58±16.33	16.00	80.00
Support	18	63.35±13.73	18.00	90.00
Family member–relative interaction	6	21.52±4.52	6.00	30.00
Integration with oneself	6	22.06±4.61	6.00	30.00
Total scale	46	179.53±37.02	46.00	230.00

SD = standard deviation

these factors and the score of comfort. The R^2 coefficient was 0.32 (adjusted R^2 = 0.3). Based on the findings of the linear regression analysis, seven variables of the model were detected to be relevant including: patient's companions having non-Iranian nationality and foot or back pain, not being a first-degree relative, being patient's companions more than once per day, patients in coma, patients hospitalized for more than 1 week, and admission to the ICU compared with post-ICU. Patients' hospitalization in the ICU (β = 0.37) and duration of hospitalization for more than 1 week (β = 0.10) were the strongest and weakest predictor variables of the comfort of patients' companions, respectively [Table 4].

Discussion

The results represented that the overall scores of comfort and its subscales (i.e., safety, support, integration with oneself, and family member–relative interaction) are above moderate. The highest score was obtained for the safety subscale, whereas the lowest score was related to the support subscale.

Obtaining a high score for safety indicated that ICU healthcare providers are professionals with technical and scientific capabilities and their patients' care is offered in a safe manner.[10] The obtained results revealed that communication is established when the companions observe the cooperation and integrity of personnel in the care system and have access to accurate,

Table 2: Participants' demographic characteristic related to patient companion's comfort

Characteristic		*n* (%)	Comfort score	*P*-value
Gender				0.76[a]
	Male	184 (49.1)	178.95±39.64	
	Female	191 (50.9)	180.10±34.41	
Job status				0.30[a]
	Employed	178 (47.5)	181.60±36.14	
	Unemployed	197 (52.5)	177.14±37.80	
Income				0.78[b]
	Sufficient	54 (14.4)	182.75±29.98	
	Moderate	216 (57.6)	178.82±38.97	
	Insufficient	105 (28.0)	179.35±36.42	
Education				0.46[b]
	Literate or elementary	98 (26.1)	176.46±38.0	
	High school	161 (42.9)	179.14±36.35	
	University	116 (30.9)	183.02±37.21	
Living area				0.84[a]
	Urban	351 (93.6)	179.44±36.98	
	Rural	24 (6.4)	181.02±38.44	
Nationality				<0.01[a]
	Iranian	355 (94.7)	181.23±36.26	
	Non-Iranian	20 (5.3)	149.55±38.52	
Married				0.02[a]
	Yes	287 (76.5)	181.90±37.90	
	No	88 (23.5)	171.82±33.03	
Underling disease				0.06[a]
	Yes	106 (28.3)	173.83±40.79	
	No	269 (71.7)	181.79±35.25	
Foot or back pain				0.02[a]
	Yes	62 (16.5)	170.18±41.86	
	No	313 (83.5)	181.39±35.77	
Close family				0.01[a]
	Yes	293 (78.1)	185.14±34.42	
	No	82 (21.9)	159.55±40.05	
Age (mean±SD)		38.98±13.1	179.53±37.03	0.70[c]
Number of children (mean±SD)		2.03±1.8	179.53±37.03	0.72[c]

[a]The results of independent-sample *t*-test

[b]The results of ANOVA test

[c]The results of the Pearson correlation

SD = standard deviation

detailed, and comprehensible information about their patients.[23] Regarding the interaction subscale, nurses must be concerned and trained about empathic and trustful communication with the family members of patients admitted to the ICUs.[24] The support dimension of comfort demonstrates that patients' companions feel more at ease when they have access to information about their patients and are assured that they are provided with accurate information.[25,26]

In accordance with this finding, the results of Martins *et al.* and Oliveira *et al.* indicated that the total scores of the companion's comfort and all the dimensions were high in different wards and ICUs.[23,27] Contrarily, Meneguin *et al.*[28] evaluated the relationship between comfort and the needs of ICU patient caregivers and found that most caregivers felt a low level of comfort. Such discrepancy in the findings might be due to the use of different comfort assessment instruments, contexts, or places of the study.

Table 3: Other related factors to patient companion's comfort in the ICUs

Characteristic	*n* (%)	Comfort score	*P*-value
The patients were in the coma			<0.01[a]
Yes	152 (40.5)	169.58±39.42	
No	223 (59.5)	186.59±33.61	
Duration of the patient's hospitalization			<0.01[a]
A week or less	161 (42.9)	186.42±33.46	
Longer than a week	214 (57.1)	174.45±34.7	
The patient's hospitalization ward			<0.01[a]
ICU	285 (76.0)	171.08±36.42	
Post-ICU	90 (24.0)	206.05±22.04	
The patients connected to the ventilator			<0.01[a]
Yes	152 (40.5)	169.25±39.43	
No	223 (59.5)	186.55±33.61	
Shift of patient's companions			<0.02[a]
Morning	62 (16.5)	189.46±30.38	
Non-morning	313 (83.5)	177.57±37.94	
Number of patient's companions per day			<0.01[a]
Once a day	227 (60.5)	183.37±34.12	
More than once a day	148 (39.5)	173.66±40.49	
One patient's companion in each shift			<0.01[a]
Yes	148 (39.5)	174.55±39.54	
No	227 (60.5)	187.18±31.42	
Previous companions' experience of family member's hospitalization in ICU wards			<0.07[a]
Yes	116 (30.9)	174.37±40.49	
No	259 (69.1)	181.85±35.20	

ICU = intensive care unit; [a]Independent-sample *t*-test

Table 4: Multiple linear regressions analysis results for predicting factors to patient companion's comfort in the ICUs

Variables	*B*	Standard error	β	*t*	Sig.
Constant	205.674	19.452	—	10.573	0.0
One patient's companion in each shift (yes)	–5.601	3.555	–0.073	–1.576	0.116
Underling disease (yes)	–0.132	3.976	–0.073	–0.033	0.974
Close family (no)	–14.217	4.330	–0.158	–3.283	0.001
A married caregiver (yes)	4.960	4.035	0.056	1.229	0.220
Foot or back pain (yes)	–12.823	4.797	–0.130	–2.673	0.008
Nationality (non-Iranian)	–22.230	7.397	–0.137	–3.005	0.003
Being patient's companions more than once per day (yes)	–13.855	3.490	–0.183	–3.970	0.001
Being patient's companions in morning (yes)	2.080	4.121	0.026	0.505	0.614
Previous companions' experience of family member's hospitalization in ICU wards (no)	2.202	3.623	0.028	0.608	0.544
Duration of the patient's hospitalization longer than 1 week (yes)	–8.175	3.337	–0.109	–2.421	0.016
The patient's hospitalization in the ICU ward	32.253	4.271	0.373	7.552	0.001
The patients connection to the ventilator (no)	2.055	4.038	0.025	0.509	0.611
Patients with coma (no)	7.896	3.908	0.104	2.020	0.044

ICU = intensive care unit; Sig. = significance level; r=0.57; R^2= 0.32; adjusted R^2=0.3

In our knowledge, no study has directly assessed the comfort of patients' companions in ICUs in Iran. However, several studies investigated the needs of the companions of patients admitted to ICUs. Based on their findings, the main needs were assurance, access to information about their patients' conditions, comfort, support, insurance coverage of services, easy access to the hospital, the physical environment of the hospital, equipment, the work experience of healthcare providers, and nurses' behaviors.[29,30]

The results of our study suggested statistically significant relationships between a decrease in the comfort level of the patient's companion and participants' characteristics including having foot or back pain and non-Iranian nationality, being a first-degree relative, being the patients' companion more than once per day, patients in coma, hospitalized for more than 1 week, and admitted to the ICU in comparison to the post-ICU. However, other participants' characteristics were not related to companions' comfort, including gender, age, patient's companions alone in each shift, level of education, income, history of underlying diseases, and patients connected to the ventilator.

In line with this finding, Moghadasian *et al.*[31] found no significant relationship between cancer patients' satisfaction with nursing services and gender, marital status, level of education, diagnosis of disease, occupation, and patient's income level. Similarly, Ekwall *et al.*[32] reported that age and gender were not predictors for the satisfaction of patients' companions. In a study on hemodialysis patients, Khiyali[33] demonstrated a significant relationship between caregiver's burden and their age, duration of illness, ability to perform the patient's personal tasks, and the family's economic status. However, no significant relationship was observed between caregiver's burden and their occupation, place of residence, and gender.

Contrarily, Meneguin *et al.* showed that marital status, the severity of illness, being female, having a high education level, being employed, and having a kinship with the patient, or being the patient's spouse had a significant impact on the companions' comfort in ICUs.[30] Likewise, Fontova-Almató *et al.*[34] evaluated factors affecting the satisfaction level of patients' companions in the hospital emergency department and reported a significant relationship between companions' satisfaction and their age and gender, as well as companions' satisfaction and being informed of the waiting time to visit the physician. One of the reasons for this discrepancy is the use of different target groups and type of wards in our study.

This study had some limitations. It was a cross-sectional study; thus, the reported relationships cannot be considered as causal ones as they might be caused by other variables that not included in this study. Moreover, study findings should be interpreted cautiously due to the study location and the sampling method. Therefore, the findings may not be generalized to other ICUs patients' companions.

Conclusion

The comfort score of patients' companions was above moderate and varied according to the sociodemographic characteristics of participants and patients' clinical status. Further studies are needed for assessing these factors regarding different cultural, demographic, and contextual aspects related to the comfort of patients' companion in the ICUs.

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Conflicts of interest

There are no conflicts of interest.

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