

Support Provided by the Accompanists of Patients Hospitalized in CHU in Burkina Faso - A Review

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Abstract

The shortage in health human resources is a universal phenomenon and Africa is no exception. Its scope involves circumstantial and in an uncontrollable way the accompanying of the patients in health care process in Africa. It is in this context that this study aims to investigate the type of support provided by the accompanists of patients hospitalized in (CHU) in Burkina Faso. Out of the 100 principal accompanists who were surveyed, the average age was 40.3 ± 8 years. The contribution to cares namely the monitoring of perfusions, medication administration, deposit and withdrawal of checkups, nursing were reported at respective rates of 100%, 78%, 89%, 79%. Logistical support, represented by the material support, drug supply, cleaning of premises, stretcher-bearing occupied respective rates of 100%, 91%, 42% and 73%. The financial stress and psychological support of the attendants were underscored respectively in 68% and 96% of cases. Hospitalized patients suffering from infectious diseases in half the cases, 11% from pulmonary TB smear positive and 72% of accompanists, in total ignorance attended on HIV positive patients. Patient accompanist's sensitization of on infection prevention remains indispensable.

Keywords: Accompanists; Patients; Role; CHU; Burkina Faso

Introduction

The shortage of health human resources is a global phenomenon. The standards recommended by the World Health Organization (WHO) to find out a doctor for every 10,000 inhabitants, one nurse for every 5,000 inhabitants, and one nurse for two hospital beds and caregivers in most hospital services are far from being reached by most sub-Saharan African countries where there is a critical lack of health workers and Burkina Faso is no exception [1,2].

Indeed, it is common to find in our health facilities deviation of the role of patients accompanist who at times is considered a "circumstantial health worker". Indeed, the involvement of patients accompanist in cares is often associated with adverse health consequences for both themselves and patients [3,4]. Most often the patients they attend are carriers of serious infectious diseases totally ignored by them, exposing them to real risk of infection. This study conducted in a CHU in Burkina Faso should allow a better understanding of the role of the type of support provided by patients' accompanists on one hand and the risks they face on the other.

Patients and Methods

It is in a prospective multiple pass cross-sectional study with a descriptive perspective over a six-month period from 1 July to 31 December 2012. Were included in the study, all the accompanists (principal accompanist) of patients hospitalized in the pulmonology

department of CHU Yalgado Ouedraogo (CHUYO) and having spent more than 24 hours after getting their informed consent. The choice of the service is done randomly after the draw.

The assessment of the accessibility, availability of health personnel by accompanists was done using a rating score for quality stratification. Socio demographic, psychosocial and clinical characteristics were described using descriptive statistics of the variables. Quantitative variables were described by their average. The data were entered into Epi Data 3.1 and exported to Epi-Info version 3.5.1 for analysis. The definition used for patient accompanist or principal caregiver was that adopted by Larousse

Results

Socio demographic data

A total of 100 patients were hospitalized in the pulmonology department and for each patient we interviewed the principal accompanist or the primary caregiver. The average age was 14 ± 40.3 years with extremes of 19 and 70 years.

The age 25-44 group accounted for 62% of the attendants. The target population was predominantly female (sex ratio: 0.63:1). Accompanists lived in couple in 84% of cases, working in the informal sector in 49% of cases and 66% were illiterate.

Most accompanists lived outside of the city of Ouagadougou in 61% of cases and had a direct fraternal bond with the patient in 34% of

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cases. The accompanist was in charge of a household size of between 5-10 people. Table 1 shows the socio-epidemiological characteristics of accompanists.

				-		
Accompanists characteristics		Variables		%		
	Age average = 40, 3 years [19-70]					
	Gender		Μ		39	
			F		61	
	Profession		traders		06	
			Civil servants		15	
			peasants		30	
			Informal Sector		49	
	Marital Status		Couple		84	
			single		16	
	Residence		Out of ouagadougou		61	
			Ouagadougou		39	
	Level of shooling		No schooling		66	
			Primary		09	
			Secondary		24	
			High education		01	
	family bond		Mate		10	
			father/mother		14	
			son/daughter		15	
			Brother /sister		34	
			friend/neighbour/colleague		27	
	Size of hou	seholds	<5		04	
			5-10		58	
			>10		38	
	Experience	in patients cares	yes		81	
			No		19	
	Motivations	i	Close relative		75	
			Solidarity		18	
			Family decision		07	

Table 1: Distribution of accompanists according to socio epidemiological characteristics.

Types of support provided by the accompanists

All (100%) of accompanists were involved in providing material support to the patient (making available the sputum examination pots, clothes, towels, dishes, spoons, plates, mats, fans, stoves gas stove or charcoal).

As for physical support, accompanists were mostly involved in supplying of drugs, and the stretcher-bearing of patients respectively in 91% and 73% of cases. All looked after the sick, put or withdrew of balance sheets in 89% of cases and administered the oral drugs in 78% of cases.

Nursing was provided by the accompanists in 79% of cases. The different types of support are reported in Table 2.

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Types of support provided by accompanists	Variables	% Yes	No		
Logistic	Materials	100	00		
	Medecines	91	09		
	cleaning	42	58		
	stretcher-bearing	76	24		
	Cares monitoring	100	0		
Physical					
-Contribution in cares	Médication administration	78	22		
	Handing in/withdrawal of biological assessment	89	11		
-Contribution in Nursing	Toilet	71	29		
	Clothing of the sick	79	21		
	Empting of chamber pot of the sick	76	24		
	Helping to feed	90	10		
	The sick safety	77	23		
Psycho affective support	Psyching up	96	04		
	Cares time information	60	40		
Financial Support	Accompanists	68	32		
	Patients	47	53		
	Visitors	69	31		
	Social Service	08	92		
	Religious group	15	85		
	Health insurance	00	100		

Table 2: Distribution of accompanists according to the type of support to the patient.

Accompanists' appraisal of health personnel

Accompanists rated health personnel regarding availability, courtesy and hospitality, an average (52%) of accompanists were satisfied, and 81% felt that medical and paramedical personnel was out of reach. A fair proportion reported to have been instructed by them 51% of cases to look after perfusions, administer medications, transport the patient and limit the number of visitors. Medical or paramedical personnel's work was considered good in 39% of cases, acceptable in 52% and bad in 9% by attendants of patients. Up to 10% of the tasks incumbent upon the medical/paramedical staff was not performed.

Constraints associated with hospital setting support

Eighty-one accompanists had experience in assisting patients (about 3-6 patients assistances) without any training in the field. The average time spent at the bedside was 21 h and assistance of the patient was permanent in 31% of cases. Patients' para clinical checkups were performed out of the hospital in 55% of cases, and prescription drugs were not available in hospital drugstore in 65% of cases. Attendants do

not know where the medical imaging Services of tests laboratories and pharmacies in Ouagadougou in 58% of cases. They used a scooter to get around 37% of cases and the equipment used were rented or borrowed in 46% of cases.

Risks related to the accompaniment of the patient

Half of the patients were hospitalized for respiratory infectious diseases, including 11 cases of pulmonary tuberculosis with positive microscopy. The patients were infected with HIV in 22% of cases and 72% of their caregivers were unaware of their HIV status. accompanists took care of their beloved without infections protective measures (gloves, bibs) without proper hand washing after handling the sick, or contaminated objects or pathological products. Table 3 shows the different pathologies of hospitalized patients.

Diagnostic	Effectifs (n)	
Banal germs infectious pathologies	39	
Pneumonia	9	

Pulmonary disease	5
Pleuropneumopathie	4
Pleurisy	21
Infectious diseases to specific germs	11
TPM+	11
Chronic obstructive pulmonary disease	39
COPD	25
Asthma	8
Pulmonary emphysema	3
Bronchiectasis	3
Tumor pathology	6
Lung cancer	6
Others	5
Pneumothorax	1
Pneumoconiosis (silicosis)	1
pulmonary fibrosis	3
Total	100

Table 3: Frequency of different infectious respiratory with nonhospitalized patients or not in the pulmonology department.

Discussion

Attendants had an average age of 40.3 years with a female predominance; they lived in couple, were illiterate and lived outside of the city of Ouagadougou in the majority of cases. Bamba in Mali reported in his series an average age of 44 years [5,6] and Ouedraogo, Burkina Faso, found a male predominance in his study [7]. This female predominance found, is also shared by Badoum in Burkina Faso [8] can be explained by the strong involvement and presence of women in family and psycho-social activities in our African societies. Indeed, if she is confined to household chores at home, as an accompanist for patients, she carries out nursing tasks that are not normally her responsibility. Sixty six percent of accompanists did not go to school; non-enrollment would be a factor of the availability of many accompanists to stay with the patient; indeed they spent an average of 21 hours with the patients with extremes of 3 to 24 hours. Residence outside of Ouagadougou (61%) can be explained by the origin of patients, patients were often referred from other cities or provinces of the country to CHUYO which is a referral center. This is not without consequence on accommodations and an acquaintance with the mapping of the city; Indeed, 58% of them did not know where the imaging services were located, laboratories and pharmacies to perform certain examinations and buying of certain prescribed orders. While 55% of paraclinical examinations were carried out of the hospital and 65% of prescribed drugs were unavailable in the warehouse of the hospital.

Accompanists worked in the informal sector in most cases or were farmers. In Mali Diop had made the same observation in reporting in his series predominance of the informal economy with a rate of 68.3% [9]. These results seem consistent with the occupational and economic situation of our country [10]. This causes a loss to the attendant who is forced to abandon his livelihood activities to stay with the patient until recovery.

In connection with the family burden of the accompanists and the financial support to the patient, more than half of the attendants was in charge of a household size 5-10 people, which was not without negative impact on the financial support accompanying the patient. Indeed it is clear from the series of Ouedraogo, Burkina [7] that the financial support of the accompanists dwindled in provision with accompanists supporting more than 5 people. The direct bond of brotherhood (brother and sister) was the most common in 34% of cases, it is clear from our study that the direct bond of brotherhood was the main reason for assistance to the patient, which is shared by Gbikpi, Senegal [11], where 70% of the accompanying crew had a direct bond of brotherhood with the patient. In our African societies the social aspects that in patients support bears an important cultural value and no support could be seen as an abandonment of the hospitalized patient.

Logistical support was provided by the accompanists to over 70%. Other authors in Burkina Faso [7], Mali [6] and Benin et al. [12,13] reported similar results in their studies. These tasks assigned to health workers were insured by the attendants, without any individual protective measures such as the use of gloves or bibs. The hospital provides a conducive ecosystem to the dissemination of infectious agents and according to WHO, 30% of hospitalized and their families would contract a nosocomial infection during their stay [14]. Promiscuity, close contact with the patient, lack of information to accompanists by health workers of the patient's disease (exploited as a circumstantial of health workers), ignorance of preventive measures are all factors that are associated with an increasing in the risk of contamination of accompanists. Indeed respiratory diseases diagnosed in the study were infectious in 50% of cases; cough was the most functional sign found in hospitalized patients and 11% of patients had an array of positive pulmonary tuberculosis microscopy. The prevalence of cough is related to the fact that the study was conducted in a pulmonology department, however cough remains a major factor propelling infective particles in the air, exposing accompanists to infections whatever the selected service. This result is shared by Ouedraogo, Burkina Faso, who reported cough as the main functional sign with a rate of 81.1% [15].

The risk of infection increased with accompanists because the average time spent at the bedside of their sick was 21 hours a day in our study. This is shared by several authors like Koffi in Ivory Coast and Burkina Faso Badoum who reported a respective rates of 88% (average time 24 hours) and 80% (average time of 20 hours) [16-18].

The risks accompanists stood were really high so much as in 22% of patients infected with HIV, 72% were unaware that serology and were engaging in risky practices such as transportation to the laboratory for organic products without gloves nor bibs, regulation of perfusions sets, grooming patients, washing sheets and underwear. An unstamped exposure risk of contamination of these "occasional health workers» not sensitized on the prevention of infection (PI).

Compared to the appreciation of health personnel by accompanists nearly 10% of the tasks in the medical/paramedical staff were not insured. In fact, the drugs were prescribed, purchased but not delivered. Accompanists kept certain products at room temperature for lack of space in the refrigerator. The treatments were administered late with no explanation given to the attendants or patients. A provision of care according to the rules of good clinical practice, improving the communication of medical/paramedical staff with the primary caregiver or patient seem necessary in pneumoloy.

Accompanists have provided psychological support their relatives in 96% of cases; support normally should be the prerogative of psychologists. Psychological support is important in chronic pathologies found in 45 patients, 39 had chronic obstructive pathologies and 6 tumor pathologies; this is shared by Kante in Mali, even if it relates to a lesser frequency of chronic diseases (53.3%) [17]. Attendants were typically used during visits as an interface between the patient and the doctor in reporting complaints of the former to the latter.

The sources of funds to assist the patient in his care were diverse, but the accompanists have contributed to health costs in 68% of cases. Other authors such as Salongo in the Democratic Republic of Congo [18] Zongo in Benin [13] and Badoum Burkina [8] also reported strong family involvement in the hospital patient's care in their study. This demonstrates the solidarity that still persists in African societies which remains values to sustain but also challenges patients to take out insurance and to promote the creation of mutual health funds within at job places. In fact none of the hospitalized patients had contracted an health insurance for lack of information for nearly all. Based on these observations, one of the most significant political will on health issues adopted by the authorities of Burkina Faso is the establishment by 2015 of a National Health Insurance System (NHIS).

Conclusion

The shortage of health human resources is a global phenomenon, unfortunately very crucial in Africa. Accompanists act as «circumstance health assistants" and ensure the work of paramedical and support staff. The lack of information on the accompanying pathologies plaguing their parent, expose them to real risk of contamination especially in that they had received no training in IP and yet were used as occasional health workers. Reorganization and re-allocation of patient accompanists on IP is required.

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