Opinions and Practise of Pulmonary rehabilitation amongst health care providers in selected areas of Sri Lanka

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Clinical Research Results

Background: Chronic lung disease is extensively prevalent across the developing world, and often affects the most vulnerable in society. It causes profound disability in low and middle income countries as the workforce is affected at a young age. Further, pulmonary rehabilitation (PR) is a known low cost, high impact intervention that contributes to reversing the disability associated with lung disease. However PR is not widely available in Sri Lanka. The awareness and opinion of health care workers to PR is not known. The objectives of the study were to determine the opinion of the health care providers on the process and practice of PR in selected areas of Sri Lanka.

Methodology: Consenting health care workers employed in teaching hospitals and chest clinics of two provinces were studied. After obtaining written informed consent, a self-administered questionnaire was used to collect data. The data were entered into an Excel database and analyzed using SPSS statistical software.

Results: Sixty two health care providers participated in study. Of them, 26 (46%) most were hospital doctors, 20% family physicians and 27% nurses. Forty-one (68%) health care personnel were involved in diagnosis, and 33 (55%) were involved in primary care. 16 (25%) of health care personnel had over 10 years of experience in caring for patients with respiratory problems. There was no established pulmonary rehabilitation programme available in these areas. Most (52.5%) health care providers were not sure about the eligibility criteria for PR. Twenty eight 28 (45%) of health workers were not adequately prepared to refer patients for PR. However 100% believed that PR is worthwhile in respiratory disease.

Conclusions: The study reveals awareness about PR is poor amongst the health professionals. There is an urgent need to train health care personnel on appropriate referral and providing care for patients with COPD.