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Title

Healthcare experiences of adults with Chronic Obstructive Pulmonary Disease (COPD): a meta-ethnography

Priority 1 (Research Category)

Systematic review, meta-analysis, or scoping review

Presenters

Sanduni Madawala, Chris Barton, PhD, BSc, MSc, Karthika Kasiviswanathan, MBBS, MPH, Christian Osadnik, PhD, BPhysio(Hons), FHEA

Abstract

Context

Chronic obstructive pulmonary disease (COPD) is a major source of morbidity and mortality globally. COPD can be effectively managed in primary care settings. However, current studies investigating lived experiences of COPD patients raise important concerns about experiences within healthcare settings and interactions with healthcare professionals.

Objectives

We aimed to synthesise findings from peer-reviewed qualitative studies published in academic journals describing health care experiences of patients living with COPD in primary and community health care settings.

Study Design and Setting

The methodology followed the seven steps for meta-ethnography described by Noblit and Hare (1988). Databases including Ovid MEDLINE, PsychINFO, Ovid Emcare, CINAHL Plus and Sociological Abstracts were searched for peer-reviewed qualitative studies. These were uploaded to COVIDENCETM to support selection and appraisal of studies. Intensity sampling was used to select the final set of studies for inclusion and data extraction. A 'line-of-argument' synthesis and deductive and inductive analysis was used to identify key themes.

Population studied

Adults with Chronic Obstructive Pulmonary Disease (COPD) seeking care in primary care, outpatient, or community pulmonary rehabilitation settings.

Intervention/Instrument

N/A

Outcome Measures

N/A

Results

The initial search identified 5870 papers. Following screening and assessment of full text, data from 23 studies were included for analysis. Metaphors and key concepts of papers were explored within the context of six domains of the patient experience. Additional inductive coding revealed healthcare experiences were shaped by emotion, identity and vulnerability and are clearly vital perspectives of the healthcare experiences of adults with COPD.

Expected Outcomes

The synthesis is completed. The literature showed that experiences of this group often fell short of what was expected and needed by patients with COPD. Adopting strategies to improve experiences of care in the community can be expected to improve self-management and contribute to improved health outcomes and quality of life.