

**Submission Id:** 4309

**Title**

*The experience of primary care for adults with chronic obstructive pulmonary disease (COPD): an IPA study*

**Priority 1 (Research Category)**

Pulmonary and critical care

**Presenters**

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**Abstract**

Context

Studies of the lived experience of Chronic Obstructive Pulmonary Disease (COPD) reveal a number of challenges patients face when interacting with healthcare providers that may be exacerbated by unwillingness or inability to quit smoking. However, none have explored, in-depth, primary care experiences among patients with COPD in community healthcare settings.

Objective

The study investigated healthcare experiences of patients living independently in the community with COPD who smoked or had recently quit, seeking care in primary care settings.

Study Design

An Interpretative Phenomenological Analysis (IPA) involving thirteen participants purposively recruited from social media posts in COPD and carer support groups, general community groups, community noticeboards and paid adverts on social media. In-depth interviews were held between February and June 2022 by phone or Zoom and explored healthcare experiences, smoking and stigma. Cross-case analysis was conducted to form group experiential themes.

Setting or Dataset

Individuals living independently in the community

## Population Studied

Adults with Chronic Obstructive Pulmonary Disease (COPD) who are current smokers or who report 'recently' quitting.

## Intervention/Instrument

Semi-structured, qualitative in-depth interviews.

## Outcome Measures

Patient experience of primary care, focusing on how smoking patterns, addiction and stigma impact upon and shape these experiences.

## Results

Participants were aged between 45 to 75 years. Nine were female and two thirds were current smokers. Participants described how their care experience shifted as primary care adapted care delivery during COVID-19. Problematic experiences including time-constrained consultations "You're a number, and that's where I feel like a sheep and they can stress you out more", having to self-advocate for care and guilt about smoking were common. Positive care experiences described non-judgemental interpersonal interactions with doctors, timely referral, proactive care and trust "I have an actual an actual great trust for my GP... they're awesome, they'll look after you".

## Expected Outcomes

Pro-active, empathetic care from Family Physicians is desired from patients living with COPD. Stigma and fear of judgement was an important underlying driver of negative care experiences including delayed help seeking. Additional social services may assist in improving health care experience and access to care.