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Self Efficacy Enhancement in Patients with COPD

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Introduction

Patients with chronic obstructive pulmonary disease (COPD) take a large proportion of Occupational Therapy (OT) referrals every year. Improving self-efficacy is a key element in COPD rehabilitation. A COPD self efficacy enhancement class was implemented to improve patients' functional ADL performance.

Objectives

To improve COPD patients' self-efficacy in coping with dyspnea in performing ADL by equipping them with proper coping strategies.

Methodology

COPD patients without psychiatric illness and cognitive impairment were recruited in COPD self efficacy enhancement class. They received conventional treatment in OT department, followed by a COPD self efficacy enhancement class. The self efficacy enhancement class was run 5 days a week. Symptom management, breathing techniques and energy conservation strategies during ADL were educated and practiced. Participants were encouraged to share their personal experience and coping strategies. ADL practice incorporated newly learnt skills and techniques was arranged immediately after each group session. Participants applied newly learnt skills and techniques in performing ADL tasks.

Result

Fourteen COPD patients, with mean age 71.3 years, were recruited. Only 8 participants, with mean age 69.6 years, completed at least 2 education sessions. The number of sessions attended ranged from 3 to 12, with mean of 6.5 sessions. Their average length of stay was 6.5 days. Over 70% of the participants reported the strongest dyspnea experience during toileting and walking. Self-efficacy in coping with dyspnea during

ADL was measured using visual analogue scale (VAS), which increased from 56.5mm to 61.3mm ($p=0.176>0.05$). Severities of dyspnea during ADL were recorded using Borg Rate of Perceived Dyspnea Scale (RPD), with mean RPD dropped from 3.5 to 2.3 ($p=0.057>0.05$). Although results were not statistically significant, considering the relative short length of stay and small number of patients completing the education class, an improving trend was observed. Patients generally reported improved self-efficacy in coping with dyspnea during ADL performance. Patients were more competent in applying breathing techniques and energy conservation strategies in ADL with less dyspnea experience.

To conclude, it would be worthwhile that therapists should empower patients to overcome their self-identified problems. In addition, early dyspnea management and ADL training by bedside can be arranged in the future such that patients can gain early successful experience of getting out of bed, leading to a better treatment outcome.