

Pulmonary Rehabilitation Education

Pulmonary rehabilitation has been proven successful among those with chronic pulmonary diseases. However, there is a low rate of involvement and a lower rate of completion for these patients.

One of the major underlying factors contributing to this problem is patients' lack of motivation. If the patients can be given information on the benefits of this program that align with what they hold as important there will be increased level of motivation and subsequently completion of pulmonary rehabilitation.

Aim: Higher rates of involvement in and completion of pulmonary rehabilitation.

Pender's Nursing Model

The Health Promotion Model

Allison Vititoe

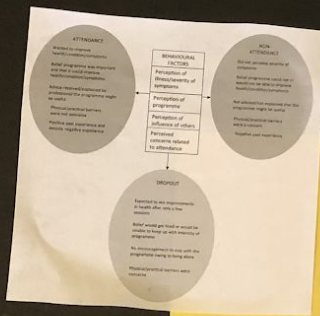
Frameworks

- Persons commit to engaging in behaviors from which they anticipate deriving personally valued benefits.

- Perceived barriers can constrain commitment to action, a mediator of behavior as well as actual behavior.

Pender's Health Promotion Model (2002). Nursing Theory, December/January 23, 2003 from https://www.ncbi.nlm.nih.gov/pmc/articles/PMC1530000/

A qualitative synthesis study gathered data on completion and drop out rates among COPD patients. These results were found.



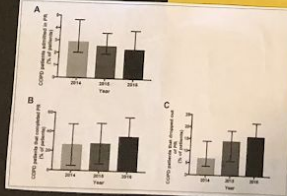
In a retrospective study of 212 patients, 21 failed to start pulmonary rehabilitation. 75% contributed this to "lack of motivation."

Zakaria, A., Elshahhat, A., & Tharwat, E. (2014). A three-year follow-up of a structured multidisciplinary pulmonary rehabilitation programme in primary health care: a quasi-experimental study. *Journal of Clinical Nursing*, 25(18), 962-973.

In total, 147 patients failed to complete the program. 49% stated it was due to "lack of motivation."

Another study found that "Only 6% of patients with chronic obstructive pulmonary disease (COPD) participate in pulmonary rehabilitation programs (PR) and only 50% of those who participate, complete these programs."

McIntyre, C., Lewis, J., Patten, R., & Stacey, N. (2011). Low rates of participation and completion of pulmonary rehabilitation in patients with chronic obstructive pulmonary disease in primary health care. *BMC Medical Research Methodology*, 11(1), 1-10.



MURRAY STATE UNIVERSITY

Benefits of Pulmonary Rehabilitation

- Fewer exacerbations
- Fewer readmissions
- Longer lifespan
- Less dyspnea
- Higher exercise tolerance

McIntyre, C. (2011). *Respiratory Rehabilitation Through Evidence-Based Practice*. Wiley-Blackwell: Hoboken, NJ.

Proposed Policy Addendum

Admission Requirement

- Referral from physician treating the chronic respiratory disease.
- Initial evaluation by Pulmonary Rehab Medical Director
- Initial education provided and documented by nurse
- GOLD stage II-IV
- Preadmission PFT