

**An exploration of the experiences of people living with COPD in rural  
Australia and the influence of pulmonary rehabilitation**

by

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## **Declaration**

This work does not contain any material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text.

Michelle E. Brooke

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## Key to Transcripts

When presenting excerpts from participant's interview transcripts in Chapter Three, the following conventions are used:

Shorter excerpts from participants are presented in double inverted commas in the text.

Longer excerpts are indented and single spaced.

All participants are identified by a specific code. Participants who have completed pulmonary rehabilitation are identified using the letters PR and a number from one to four. Participants who have not completed pulmonary rehabilitation are identified using the letters NPR and a number from one to four.

Excerpts from interview transcripts are identified using the participant's code and the transcript line number. For example (PR3 235) indicates that the excerpt comes from pulmonary rehabilitation participant number three and 235 refers to the line number at the commencement of the excerpt in the interview transcript.

Square brackets [ ] are used to insert words to clarify meaning, for example, to give an explanation of what the participant was referring to, or where additional words were inserted.

Parentheses ( ) are used to insert field notes into transcripts.

To indicate that content from an interview transcript has been edited out, an ellipsis ... has been used.

## **Abstract**

Chronic obstructive pulmonary disease (COPD) is a progressive and incurable respiratory condition. In Australia, COPD affects one in five adults over the age of 40. According to the international literature, those living with COPD experience breathlessness, declining physical function as well as significant psychosocial impacts resulting from their disease.

Additionally, individuals with COPD have been identified as having a poor understanding about their illness and its progression. Pulmonary rehabilitation is known to be effective in reducing symptoms of dyspnoea, improving health related quality of life and exercise capacity in people with COPD, however, its impact on everyday life is less well documented. While the international literature provides insight into the experience of living with COPD, only one recent study has explored this experience from an Australian perspective.

Using a descriptive qualitative design, this study has provided a rich description of the experiences of people living with COPD in one rural region of Australia and how participation in pulmonary rehabilitation can influence these experiences. Semi-structured interviews were conducted with four participants who had completed pulmonary rehabilitation and four who had not. Data from these interviews were analysed using inductive thematic analysis.

Data analysis revealed two major themes and one minor theme. The first major theme, the realisation of breathlessness as COPD, describes a journey that starts with the slow, insidious onset of breathlessness and gradually progresses towards knowing and understanding breathlessness as a medical condition called COPD. The second major theme, the everyday reality of life with COPD, describes life with COPD, including the experience of declining physical function and alterations to connectedness with others. These themes were evident in both groups of participants. The minor theme considers the influence of pulmonary rehabilitation on the experience of living with COPD by identifying the differences apparent

between the two groups of participants. While recognising that the experience of living with COPD is influenced by many factors, the findings support the view that pulmonary rehabilitation can positively influence everyday symptoms of breathlessness and physical functioning, provide opportunities for social interaction, and develop effective relationships with health professionals.

The findings of this study provide insight into the Australian experience of living with COPD, having implications for health professionals, service delivery and future research. The need for improved communication between health professionals as well as with those who have COPD is indicated, with further research required to identify factors which contribute to a lack of understanding of COPD, particularly at the time of diagnosis. The ongoing need for effective communication is also recognised. Managing COPD requires effective partnerships between those with COPD and health professionals. In these partnerships good communication is vital with health professionals needing to understand the declining physical function and alterations to connectedness that come when living with COPD. This study has identified that effective partnerships can develop during pulmonary rehabilitation and future research is needed to explore how these positive components of pulmonary rehabilitation might be continued in the long term. Finally, the study recognises that physiotherapy work during pulmonary rehabilitation involves psychological and social processes as well as exercise training. Further research should identify the work done by physiotherapists, which is beyond the physical, in this setting.