

Staff Attitudes and Expectations regarding a pulmonary rehabilitation for Chronic obstructive pulmonary disease patients.

We are aiming to understand your attitude and expectations toward delivering a Pulmonary rehabilitation programme for patients with Chronic obstructive pulmonary disease (COPD), and it would be great if you could answer this questionnaire.

Please fill out the survey, be informed that your identity will be completely anonymous and no personal identifying information will be collected and there are no consequences for refusing to participate, your participation is voluntary. This survey will only take 5 minutes to complete.

By answering the first question, you voluntarily agree to participate in this study and give your consent to use your anonymous data for research purposes.

I. Demographic Information

1. Your Gender?

- A. Male
- B. Female

2. Your Profession?

- A. Nurse
- B. Respiratory therapist
- C. Physiotherapist
- D. Other:

3. What responsibilities do you have for the care of people with COPD? Tick all that apply.

- | | | |
|---|---|---|
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Prescribing | <input type="checkbox"/> Inpatient treatment |
| <input type="checkbox"/> Non-urgent care | <input type="checkbox"/> Ongoing management | <input type="checkbox"/> Outpatient clinics |
| <input type="checkbox"/> Urgent assessments | <input type="checkbox"/> Admission prevention | <input type="checkbox"/> Primary care |
| <input type="checkbox"/> Oxygen therapy | <input type="checkbox"/> Medication checks | <input type="checkbox"/> Other: please give details |

4. How many years of experience do you have of caring for people with COPD?

Please enter a whole number.

II. Perceptions of a rehabilitation programme

5. For each statement please select the answer that best suits your opinion.

	Strongly disagree	Disagree	Neutral	Agree	Strongly agree
I believe that pulmonary rehabilitation programme will improve patients exercise capacity.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that pulmonary rehabilitation programme would be beneficial in reducing dyspnea & fatigue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that pulmonary rehabilitation programme will improve patient anxiety and depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that pulmonary rehabilitation programme will improve health-related quality of life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that pulmonary rehabilitation programme would help in reducing hospital readmission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I think that pulmonary rehabilitation will reduce the risk of COPD exacerbation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that pulmonary rehabilitation programme will improve patient nutritional status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I believe that pulmonary rehabilitation programme will improve patient disease self-management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. What do you think that pulmonary rehabilitation programme for individuals with COPD should contain aside from an exercise programme? Tick all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Information about COPD disease | <input type="checkbox"/> Symptoms management |
| <input type="checkbox"/> Nutritional counseling | <input type="checkbox"/> Smoking cessation |
| <input type="checkbox"/> Psychological support | <input type="checkbox"/> Others: please give details |
| <input type="checkbox"/> Information about medications | |

If other, please give details

7. What do you think is the best way to deliver a pulmonary rehabilitation programme for this population.

- At the hospital. Where they can follow a programme supervised by healthcare professionals.
- At home. Where they can follow a programme manual with the support of healthcare professionals.
- By using an online programme with support from a healthcare professional to answer their questions.
- By following a tailored programme with the support of health care professionals through the phone.

III. Referral to rehabilitation programme

8. In your opinion, what factors might influence decision to refer COPD patients to a pulmonary rehabilitation programme?

	No influence	Some influence	Strong influence
Mobility, affected by breathlessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Decreased activity levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low exercise tolerance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient anxiety related to disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression related to disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient education and disease management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatigue related to disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dietary advice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others please give details			

9. In your opinion, what factors might influence decision Not to refer COPD patients to a pulmonary rehabilitation programme ?

	No influence	Some influence	Strong influence
I don't have enough information about pulmonary rehabilitation programme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I'm uncertain that the programme is worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient refuses referral	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient co-morbidities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient has doubts that rehabilitation is worthwhile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timing of classes not convenient for patient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of authority to refer patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lack of trained staff who can manage COPD patients during pulmonary rehabilitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Treatment cost	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of pulmonary rehabilitation centers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others please give details			