

Patients' and healthcare professionals' perceptions of oxygen therapy: A qualitative study – Dr Carol Kelly

Abstract

Introduction: Despite guidance, audit shows poor oxygen prescribing and administration practices prevail. It is proposed that an influencing culture exists, whereby oxygen is used in most acute clinical presentations, and to alleviate breathlessness; irrespective of blood oxygen status. But there is no evidence supporting this claim.

Aim: To explore healthcare professionals' (HCPs) and patients' perceptions of oxygen therapy.

Method: Semi-structured interviews with 28 patients and 33 HCPs (nurses, paramedics, pharmacists and general practitioners) were recorded, transcribed and analysed iteratively using interpretative phenomenological analysis (IPA).

Results: Three master themes were identified: *oxygen as a panacea*, *the burden of oxygen* and *antecedents to beliefs*. Sub-themes under these constants differed between HCPs and patients, but fundamentally both groups viewed oxygen as an innocuous therapy with numerous benefits. Patients used oxygen for *breathlessness* and as an *enabler*; they were *grateful to the oxygen* and accepted it as *part of the disease*. HCPs used oxygen because *it helps patients*; *it works*; *it makes HCPs feel better*, and out of *compassion*. But oxygen is not benign and a burden is evident, for patients it *makes the disease visible*. For HCPs there is *awareness of the patients' burden* which often results in clinical *dilemmas* and an emotional cost to caring. The study exposed patients' antecedents to beliefs as *faith in HCPs* and *past experiences*; for HCPs *entrenched culture* and *expectations* preside.

Conclusions: A common perception that oxygen is a universal remedy is evident, but, at times, is contradictory. There are psychosocial and emotional costs to HCPs and patients.