<u>Patients'</u> and healthcare professionals' perceptions of oxygen therapy? A qualitative study.

Background: Despite common usage of oxygen as a therapeutic intervention, audit suggests poor prescribing and administration practices exist. Contemporary studies and guidelines propose an influencing culture whereby oxygen is given to alleviate breathlessness with disregard for potential harm; but there is no evidence supporting this claim. Further suggestions indicate confusion regarding the use of oxygen therapy, possibly as a consequence of conflicting information; again, there is no evidence. The problem may self-perpetuate as erroneous beliefs are passed to patients, their carers and general public.

Aim: To explore healthcare professionals' (HCPs) and patients' perceptions of oxygen therapy and help direct future research, education and practice.

Method: Semi-structured interviews were undertaken with 28 patients and 33 HCPs, including doctors, nurses, paramedics and pharmacists. Self-reported beliefs and behaviours were recorded and transcribed verbatim and analysed iteratively using interpretative phenomenological analysis (IPA). Independent audit served to validate findings.

Results: Two overarching themes were identified: oxygen as a panacea and antecedents to beliefs (Figure 1). Sub-themes under these constants differed between HCPs and patients but fundamentally both groups viewed oxygen as an innocuous therapy with numerous benefits. HCPs use of oxygen stems from entrenched culture, expectations (of patients, families and other HCPs) and a need to 'to do something'. Patients are influenced by HCPs, past experiences (of self and others) and social media. Knowledge, education and understanding predisposed both groups' perceptions, but without exception all HCPs believed that they had not received enough education about oxygen therapy and an approach of DIY education prevails.

Conclusion: These findings suggest that a set of fixed beliefs and practices regarding oxygen therapy exist, influenced by several factors. The overwhelming perception being that oxygen is a universal remedy. Patients rely on HCPs for education and information, yet HCPs' fixed beliefs regarding oxygen therapy can lead to ill-informed practice. As the gatekeepers to oxygen therapy, and a major

influence on patients' education, HCPs would seem the logical catalyst to change these fundamental beliefs and practices. In order to achieve this, current educational curricula needs to be addressed.

Figure 1 Major Theme: Oxygen as a Panacea



