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| RESEARCHER | Can you tell us, in general, about the services that the hospital, XXXX Hospital, gives to the patients of the area? |
| PARTICIPANT | Regarding medical services, it’s good, it provides all the medical services, even if there are some things missing, but it provides the things you are interested in, like tuberculosis and those things.  All the medical services that the medical unit provides, for example the chronic diseases, patients come to us, we write down their drugs, and they take it. There are the pediatrics patients, they come to take medicine, we examine them, they take their drugs and leave. Pregnant ladies, here, have follow-ups and labors, normal birth and there is caesarean operations for them. Regarding asthmatic patients, they come to take their drugs, even if there is shortage in numbers of nebulizers, but they come. |
| RESEARCHER | Ok! You mentioned that the hospital provides different services. In your point of view, you worked here for two years, what are the diseases that has priorities? For example, it might be in a way of a habit, whatever! In your opinion, what are the priority diseases in this hospital? |
| PARTICIPANT | Priority diseases! |
| RESEARCHER | Yes! |
| PARTICIPANT | I mean, as I said, those with asthma need more nebulizers, in number. I mean, we have approximately two nebulizers, one does not work well, and the other is moved around the dormitories. Regarding the rest of the things, there is some shortage in the labs. It is better if you ask the lab technicians, and the medical director; they will show you what is missing. However, through my work, there is some deficiency there, in X rays’ films; they are not provided; they have shortage in them, always! In addition, there are things that we miss, like pressure measurement instruments, and… |
| RESEARCHER | All right! The diseases that has high accurrance rate in the area. Which diseases might represent a high economical cost? Wither for you, in the hospital, or to the patient. Show us the details, according to your view. |
| PARTICIPANT | We have cases of all kinds of diseases. In addition, the hospital has “high frequency”-high rates of patients. Our hospital covers a wide suburb area, almost forty or fifty suburbs fall under XXXX hospital or XXXX. Therefore, we have high numbers of people complaining of blood pressures, diabetes, and those chronic diseases, as well as pregnancy, labor and pediatrics cases. |
| RESEARCHER | Ok! So the hospital has a high frequency! What its average in a month, a year, or a day? |
| PARTICIPANT | It is better if XXXX- the one who works in statistics- gives you this information, she writes the frequencies- all the time-. She writes it per week, per month. |
| RESEARCHER | Alright, you spoke earlier about the nebulizers and asthma, and these details. Can you tell me or show me - in general- in this medical unit, what is the status of diseases, such as asthma, COPD and Tuberculosis? |
| PARTICIPANT | There is many patients, especially the tuberculosis. When they come to us, we do “sputum” for them, then chest X ray, ESR, total, and it’s “deprashal” if present. When we confirm the incidence, afterwards, we give them the treatment. |
| RESEARCHER | How about asthmatics? |
| PARTICIPANT | Those who have asthma, for example, when they come having attacks, we give them first aid. There are some people, who has their notes with them; those are chronic cases. They come to take their medicine monthly. Otherwise, if they come, they would come with an attack; we give them their drug. However, there is people with Tuberculosis… |
| RESEARCHER | All right! As a hospital, can you tell me about the services you give to people? Whether they have tuberculosis or other chronic pulmonary diseases, such as, asthma, COPD. Yes, its services; you talked about Tuberculosis, and a little about asthma. However, can you tell us more about the services that the hospital provides to the patient with tuberculosis? After that, tell us about the services you give to the patients with chronic pulmonary diseases, like asthma and COPD. |
| PARTICIPANT | Regrading patients with tuberculosis, we provide the majority of their needs; even the follow-ups take place here, with us, because – thanks god- we have the equipment; sputum, and chest X ray- when there are films-, and we do ESR. In addition, the medicine is available with XXXX (statistics employee and holds tuberculosis’ medicines). In other words, we do not send any case unless there is a recurrence, so they can do other check-ups, which are not available for us. Regarding people with asthma, as I said to you, they come to us with their attack, we give them first aids, afterwards we write things for them; the things are “promic treatment”. After that, if, we, for example the patient is not diagnosed yet, or if we suspected him, we transfer him to a consultant. |
| RESEARCHER | Sometimes patients with asthma or TB can be transferred, this transformation happens to any prosheld cases. What are the steps that make the transfers happens? Is there any written things so I would judge to transfer this one, or not transfer that one? How? |
| PARTICIPANT | I told you, for example if a patient come to me, after I take his history and stuff. For example, his things are not going well with asthma, like if I heard a wheeze. This wheeze might be an asthma or COPD. If I heard a wheeze for an example, but he does not has a history with similar attack, no family history; his things are not going with asthma; they are going with COPD. Afterwards, things are reefer so they do more assessment for him. |
| RESEARCHER | Is there any specific steps to transfer? I mean, do you have any written things you transfer according to it? |
| PARTICIPANT | Not that I know. |
| RESEARCHER | Does feedback comes back from the place you transfer. |
| PARTICIPANT | The feedback comes only from tuberculosis. In the other hand, people with asthma, and others, unless I for an example a patient go to the chest ventilation, that I sent him to. Afterwards, they send him back to us with a plane or something we could see. |
| RESEARCHER | Ok! |
| PARTICIPANT | I mean, like XXXX, in the past she went to the one responsible for chest, then she came back to us, he wrote to her, her plan and things, and she came back to us. |
| RESEARCHER | You, here, in your hospital, XXXX hospital, it might be a big hospital, how can we connect this hospital? Connect it with medical associates or unofficial medical providers. I mean, connect it with any connection like this! Alternatively, in your mind, can it be possible for any connection like this to take place in this hospital. I mean, the hospital, itself, connected. Dose it has any relation with existing clinics, medical associates, with people providing services unofficially. |
| PARTICIPANT | I did not understand you |
| RESEARCHER | For instance, the hospital and its relation with other hospitals, medical assistances, midwifes; those things how can they be? I mean this connection. They transfer patients to you. How is your relation? |
| PARTICIPANT | Regarding midwifes, for an example a woman come with liver pain and so, they keep them in home until they come to us. The connection appears now, because sometimes the midwife comes with the patient that has liver pain. In this case, we can communicate with her. However, there are some midwifes who let the patient come by her own. In this case, she has done something wrong. I mean she hold a praymaria with liver pain for a long time. Nevertheless, we ask about the midwife; where she come from, and her name. Therefore, we can see if there is a mistake, and tell who are responsible. |
| RESEARCHER | This is regarding midwifes! How about the things related to chest and pulmonary diseases? I mean is there people in the community that transfer to you? Does cases like this come to you? |
| PARTICIPANT | You mean a case that comes from the village. |
| RESEARCHER | Yes! |
| PARTICIPANT | For them XXXX hospital is their minimum care that they can get, so people come from there to us! |
| RESEARCHER | All right doctor! Can you tell us more about the diagnostic process for chronic pulmonary diseases? I mean, how does the diagnoses takes place? Does you take the patient as a suspect from the beginning until he leave? How does the process go? |
| PARTICIPANT | Suspected to COPD or not? |
| RESEARCHER | Asthma, COPD, or any chronic pulmonary disease. What do you do? |
| PARTICIPANT | First, I take the history of the patient and all the main points that related to these things. Then, I should have seen the history of the patient, the family and this genetic stuff. This also done for asthma. Afterwards, I examine with my medical handset; here when I look for the “Wheeze”. Then I start with the treatment. For an example, I gave him bronchodilator. I see if there is a response or not. If there was a response, which mean it is with upper stroke lung diseases. Otherwise, it is asthma, or COPD; one should know more through other stuff. |
| RESEARCHER | What are the other stuff? |
| RESEARCHER | It is okay, it is funny |
| PARTICIPANT | For instance in asthma, after you give him bronchodilator; people working in chest measure their response, according to a specific range. |
| RESEARCHER | We will come to this! |
| PARTICIPANT | Afterwards, we see the response using the measurement, and determine what it is aligning with! |
| RESEARCHER | Ok, very precise! This is how you diagnose an asthma’s patient based on his history, the dose if it is available and so on. What about his treatment afterwards, after being diagnosed? I mean, can you tell me about the treatment? What are the steps of treatment? |
| PARTICIPANT | I should give the patient with asthma a short acting bettyou against, like Salpitmol, and Fantoline. I give him that as a first step. After that, we see if there is a response or not. The things that can be done… I mean they say a role; “every third of an hour for an hour!”. After that, we see how the response is! If there was a response, ok! This one working for him. Afterwards, we see the one that did not have response; I will transfer him to “must be seen by” position! |
| RESEARCHER | Ok! I want to ask about something. How ready is the hospital of XXXX to diagnose, cure patients of asthma? Alternatively, patients with other chronic pulmonary diseases, in general, wither it was an asthma, COPD, clog, or whatever? |
| PARTICIPANT | What do you mean by saying how ready? I did not understand! |
| RESEARCHER | I mean how ready it is. Is it ready, for example, regarding recepecated. Do you need extraction for hospital’s drugs? What are the details? Regarding all the instruments, how ready they are to diagnose, and cure patients with asthma? |
| PARTICIPANT | They are ready |
| RESEARCHER | Ok! You mean that you do not need anything. |
| PARTICIPANT | I told you before |
| RESEARCHER | Say it again. |
| PARTICIPANT | The available medical already seen her. After that, she is sent to the dormitory and so on. She goes according to her plan there. They start implementing the treatment for her, and here we have the problem! If, for example, came to us two, or three asthmatics, so the problem will be what to give! |
| RESEARCHER | Which is what? |
| PARTICIPANT | The nebulizer. By the way, we have shortage in oxygen cylinders! |
| RESEARCHER | All the cylinders have shortage, ok! So, the problem is in nebulizers and cylinders of oxygen. Nothing else? |
| PARTICIPANT | We have; we do not have a nurse to do all this stuff, and to do operations. |
| RESEARCHER | All right! In general, we have, for instance, in the ministry of health -according to our policy- there is head programs, such as Tuberculosis, AIDS, malaria, and so on. If we have seen chronic pulmonary diseases, and we want to integrate it with health system. Can we integrate it with any of these programs? or should it be alone? And, why? |
| PARTICIPANT | It should be alone. |
| RESEARCHER | Why? |
| PARTICIPANT | As those have their separated lists it should has her own. Moreover, regarding their stuff of chest people, their inventory process will be easier! |
| RESEARCHER | All right! Do you think that the hospital has the sufficient staff to implement the programs by their own? Moreover, they can follow it. |
| PARTICIPANT | Staff! We have our things here with XXXX. I get your question; it is regarding you, when you do it. |
| RESEARCHER | For you I am saying. |
| PARTICIPANT | For us, will be integrate it with… For example, she‘ll hold it and XXXX- the one working in statistics section- , because she is responsible of TB’s drugs. She gives it to the patients. Afterwards, we determine the dose for her, according to the weight. And so goes the drugs for malaria; they calls us we take the drug from him. I mean, it should be with her. |
| RESEARCHER | Ok! What is the position of XXXX? |
| PARTICIPANT | She is responsible of statistics of the hospital. |
| RESEARCHER | Again! You have answered this question in a way or another. However, because of its importance we want more details in it. In your opinion, what are the devices that you need as a medical doctor? For diagnosing and curing chronic pulmonary diseases. In general, I mean! What devices do you need in diagnostic process? What do you need in curing? |
| PARTICIPANT | In diagnosing, I would need oksaltion cereskop, and of course things of blood gas; they are not done even in [district capital]! And, treatment things, like nebulizer and those stuff. |
| RESEARCHER | Beside nebulizer, is there anything? |
| PARTICIPANT | Regarding people with COPD, we have problem with oxygen and those stuff. Still there is a problem for instance “high oxygen flow”; it is not good. So, we are more in need for nebulizers. |
| RESEARCHER | All right! In your opinion, what prevents those devices from being available? I mean, what prevents the availability, usage, and functionality of the devices? In the level of your center, what is going on? Why those devices are not available? What prevented its availability? In the level of your center. In addition, if they are available, how far can you use them? I mean, now you are speaking about the nebulizer; there is a problem, it is not fully available. What prevents it from being available? |
| PARTICIPANT | The communication between the medical people with the medical director makes the availability! The medical director should tell the ministry, and so on. |
| RESEARCHER | If you do so, the devices will be available?! |
| PARTICIPANT | Not all the time |
| RESEARCHER | All right! Now you have mentioned one of the ways to make them available; a communication should take place between you and the ministry. This is one of the localities! However, you said it would not be provided all the time. Can we find another way to make it possible for those things to be available? |
| PARTICIPANT | unless, for example, charities’ people give us! |
| RESEARCHER | Do you have an experience in this? Do you have experiences like this? |
| PARTICIPANT | Well, board of trust people can collect money from expatriates of the country. They look for things, for instance, electricity’s cables, to connect the operation from that... if they bring to us through them. |
| RESEARCHER | All right! How is your relation with the board of trust? Is it official relation or unofficial? Do you have periodic or aperiodic meetings? |
| PARTICIPANT | There are meetings. |
| RESEARCHER | In those meetings, what happens? |
| PARTICIPANT | In those meetings, they meet the medical director. Together, they see the needs of the hospital. With the acceptance of the medical director, they can ask the ministry. They can go to the minister, himself. In addition, if they want to ask for money, they can gather it from the expatriates also, and civilians. |
| RESEARCHER | You mean that the board of trust can do the first role, by speaking- for you- with the ministry. Moreover, the second role, by collecting money from charities or civilians. However, this depends on your needs. |
| PARTICIPANT | Yes! |
| RESEARCHER | All right! Regarding chronic pulmonary diseases, wither they were asthma or COPD, do you have a measurable definition for any of its cases? That can help me in discovering, and categorizing them |
| PARTICIPANT | What? |
| RESEARCHER | I mean do you have a definition for chronic pulmonary diseases? For its cases! For instance, when can we say this is asthma? I mean, what are its categories? Alternatively, is there any protocol that helps you in discovering the cases and categorizing them? |
| PARTICIPANT | You mean a protocol, like the one for malaria; they write it in something. There is not such a thing for asthma. |
| RESEARCHER | Why? |
| PARTICIPANT | Because there is not! People dealing with malaria have their organization, or like TB, who has there program, along with their posters. There is not a program or such things for chest people. |
| RESEARCHER | There is no program! |
| PARTICIPANT | To give us posters and stuff. Afterwards, it depend on the medical; he should do researches, read, and see diagnostic things. What are the diagnoses? On this base, he can determine! When a patient came to him, how can he deal with him? |
| RESEARCHER | All right! When the medical reads and searches, afterwards, he sees the patient. |
| PARTICIPANT | Or, without reading, he could ask a position; for an example, his colleagues who are dealing with chest. As chest registrars, they would know this stuff. He sees how the diagnoses, and the steps they take. |
| RESEARCHER | You mean there is no protocol. |
| PARTICIPANT | There is not! |
| RESEARCHER | All right! For you, now you are treating patients with asthma or COPD; how did you get your experience? |
| PARTICIPANT | For me I worked as a houseman in [state capital], in that base, I came here and worked. Cases of asthmatics used to come to me, we used to deal with them. Afterwards, I came here. Then, we read by our own. We see how to deal with asthmatic people. Even, if there is some modifications and changes, one should see it. However, does this thing comes to us through a program? No! |
| RESEARCHER | Ok! I want to ask you about the delay, for an instance! Doctor, what is the delay that may happen to an asthmatic patient? Since the moment he comes to you until he is diagnosed. Can you tell us about that? |
| PARTICIPANT | What do you mean? What do you mean, doctor? |
| RESEARCHER | All right! The time, for example. Can you comment, tell us, about the time; for an asthmatic patient, or a chronic pulmonary patient, in general. From the moment, he gets to you in the hospital until he is diagnosed. I mean, how much time does it take? About how much? In addition, what is your comment? Is it long or short? Based in your experience. |
| PARTICIPANT | As I told to you, I see the patient, for an example, I took the history, do the examination. The overall process will not take more than quarter of an hour. Afterwards, he enters the dormitory. They start implementing the treatment for him. Then, I come to the dormitory, asses him. I mean, after the first hour I should have assessed him. In that time, he should have received his three shots of Salbitmol’s nebulizer. I see the response for it. How? Based on the “Wheeze” I heard before; how was it? And, how different it is now? After that, I would see. At that time, it might be and an hour or more. |
| RESEARCHER | Within an hour or more, you would have make sure that this patient is an asthmatic. |
| PARTICIPANT | Or not! |
| RESEARCHER | All right! I want to ask you another question, might be out of your mandeat, but I want to ask you. Based on your experience, is there any delay in an asthmatic patient’s home or a COPD until he is diagnosed? I mean, how much time he might be dazzling around the health system until he is diagnosed? As an asthmatic or a COPD patient. Is there a time, like this, which the patient spent, before he comes to you? And, you make sure that this patient is asthmatic. |
| PARTICIPANT | You mean, for an example, his parents or he did not come to us? |
| RESEARCHER | From the moment the symptom saying, how much time would he take? He did not come, for instance. Is there such a behavior in the patients? |
| PARTICIPANT | Yes, of course! Some people do not come unless they cannot breathe. In other words, they have sever short of breath. I mean, they come after that. |
| RESEARCHER | All right! Based on your experience in the area, what might be the causes for that? |
| PARTICIPANT | Well, some people does not have money. For an example, yesterday, a patient, who is not an asthmatic, came to me with a fever and so. He told me that he is waiting for his sons to send to him the money. There are some causes like this. |
| RESEARCHER | You mean that one of the causes might be financial. What else could it be? |
| PARTICIPANT | Some people do not like to come to the hospital, for an example. Other ignore their symptoms. While others take drugs from the pharmacy without going to a doctor |
| RESEARCHER | Without going to a doctor! |
| PARTICIPANT | Yes! Many people said to me that they went to the pharmacy, and the pharmacist gave them that drug and that medicine, without coming to us, here. Some people understand that this pharmacist can cure them, and people who works in the pharmacy give those drugs, I mean. |
| RESEARCHER | All right! Are chronic pulmonary diseases, like asthma and COPD, exist in the basic drugs list? Here, in XXXX hospital |
| PARTICIPANT | We have Fantoline. Yes! Fantoline is used to people for short acting antimastrenic. If we do not have it, for instance, I use Salbitmole for COPD. If we do not have it either, but have Salbitmole. |
| RESEARCHER | Why do not you have it? |
| PARTICIPANT | Not here with us. I did not see it, when worked in hospitals of [state capital], and [district capital] |
| RESEARCHER | OK! Do you know why it is not available? |
| PARTICIPANT | I do not have an idea! Everyone is using Salbitmole. Nevertheless, not… |
| RESEARCHER | No! There is an alternative for it, right? |
| PARTICIPANT | For what? |
| RESEARCHER | You just mentioned it, I mean... |
| PARTICIPANT | There is Salbitmole |
| RESEARCHER | Salbitmole is within the basic drugs list. |
| PARTICIPANT | Yes! |
| RESEARCHER | That should mean, it is available in pharmacies and in… |
| PARTICIPANT | It is available |
| RESEARCHER | Ok! Well doctor, let us go deeper in the services. In general, how can we enhance its quality? How can the services, which are provided to chronic pulmonary patients, be enhanced? I mean, now you are providing services, how can we enhance those services? I mean services of diagnosing, curing, etc. |
| PARTICIPANT | Well, regarding diagnosing services, if we have chest vision, it would be better. Afterwards, we have chest vision; we will be able to see well, even if the patient is stable. Seeing by chest vision would be better! |
| RESEARCHER | Regarding diagnosing, other than chest vision, so we would be able to provide better services, what should be available? |
| PARTICIPANT | More medicals, the better. I mean, other than that, the tools. |
| RESEARCHER | What are the tools that should be available? In other wards, what are the other things that can be available? |
| PARTICIPANT | For asthmatics, nebulizers for most. |
| RESEARCHER | Ok! This is regarding diagnosing; in general, you said if chest vision were available, it would be better. In your estimation, in XXXX hospital, why there is no chest vision? Moreover, did the hospital request for a chest vision? |
| PARTICIPANT | I did not ask for a chest vision. However, even the vision, general vision, does not come to us all the time. It comes for only a day in a week. Sometimes it does come. Sometimes it does not. The obstetrician was taken from us, they gave us one, but we did not receive it. |
| RESEARCHER | Did not come to you, at all? |
| PARTICIPANT | It did not! |
| RESEARCHER | What did you think? |
| PARTICIPANT | I am not the medical director; I did not ask him! However, as a hospital, XXXX hospital is a specialty hospital; we should have an obstetrician, vision, and paediatrician. Because, in the end the patients, who cannot use transportations and so, going back and forth. |
| RESEARCHER | Ok! As you mentioned, that the hospital is a specialty hospital. Who are the specialists? Working in the hospital. What are their specialties? Now. |
| PARTICIPANT | We used to have a surgeon, a paediatrician a vision, and obstetrician However, in the last transformations they took them from us, and gave us one vision. Now, today, she should be here, and this is her office; but she did not come. I mean, she come once a week, and she did not come! We used to have a good paediatrician; it is true that he used to come once a week, but he had commitment to come each time his turn comes-up. |
| RESEARCHER | So, she comes once a week! Is it a coordination between you and the ministry? In other words, what is going on? Why cannot it be permanent? |
| PARTICIPANT | Well, it is almost like that! I had gone to the ministry; we supposed to have one, but they did not stay! People of acute consultants distribute us. |
| RESEARCHER | All right! I am asking you a lot, sorry! |
| PARTICIPANT | You want to say the environment and so… |
| RESEARCHER | I would not say, you will! |
| PARTICIPANT | But they should consider staying in hospitals, so they can get more benefits. I mean like, [state capital] hospital they have other paediatricians. There are notes in many cases. I mean, it is better for them in many aspects. I mean, after that, it is almost… |
| RESEARCHER | Aspects! Like what? |
| PARTICIPANT | Well! First aspect, they are most benefited. I mean, there are even acute and chronic consultants, with them. For instance, in [state capital] hospital, from the early morning they have meetings. They should benefit from this a lot in rounds in strange cases. I mean, when one is here he would make others there good. More than that, some people have privet clinics there; they are staying there, and come to us once a week from early morning. This in their estimations, and they leave. I mean, there is some aspects… |
| RESEARCHER | In your estimation, what is the most functional way to take care of chronic pulmonary patients? Based in your two years of experience, and your experience as a house-officer. What are the most functional ways, so we can take care of a patient with chronic pulmonary disease, like asthma or COPD or any other chronic disease? |
| PARTICIPANT | The first thing you do is to educate the patient, himself. It is very important for asthmatic or COPD people to know that they are sensitive. In the end, dust and environmental things have more effect than other things. I mean, first the patient, himself, have the awareness and knows the things that causes his allergy. So that the he would be cautioned and take the suitable actions to prevent him from it, to wear muzzles. In severe cold, they should not go out in, unless they are wearing muzzles, even inside their homes. House air-conditions should be good. There for, the more that they are aware, the less, they come to us here. |
| RESEARCHER | Ok! Regarding the patient, I want to talk with you farther. You are saying excellent points. I want to get more talk from you. |
| RESEARCHER | Regarding patient education, you mentioned that he should be educated, and you put very good campaigns for awareness. Who is supposed to do this? In your estimation, I mean, in the area, community, or hospital. Who is supposed to do it? |
| PARTICIPANT | Well, for me, as a medical, when the patient comes to me, I educate him. First, I tell him that he should take care of what make them allergic; like dust, perfume, and those things. I tell them the things that can protect them from it. However, if there is anything left, for instance, this is for me as a medical. All medicals can do that. |
| RESEARCHER | And cannot get to all the people, only certain numbers. |
| PARTICIPANT | That is right! Nevertheless, when there is a program, for an example, like the ones of malaria. There are campaigns for spraying and things like this. The ones who are responsible for those campaigns, for instance, should have a program of something! I mean, the ones doing it; people of chest. They could distribute people for educating the target areas. After that, the word will spread and the interest prevails. If they would like to train the people, regarding the citizens in homes, and the medical, himself. |
| RESEARCHER | How? |
| PARTICIPANT | By doing training course for them. |
| RESEARCHER | You mean one of the ways to take care of an asthmatic patient, is by educating. It is a good point! Is there any other thing that we can do? Therefore, the care would be more benefited and comprehensive. Do you have anything in your mind, other than awareness? |
| PARTICIPANT | After educating the people, they will come to the doctor. The doctor, himself, is well educated, and he will tell them. Afterwards, comes the facility for diagnosing and treatment. |
| RESEARCHER | Talk to us about it. |
| PARTICIPANT | Guys! I have already talked about it. |
| PARTICIPANT | Regarding diagnosis, I said to use telescope. We see it, do the assessment, the respond happened or not. Afterwards, in the same time the treatment. |
| RESEARCHER | Ok! |
| PARTICIPANT | Afterwards, we will see if it is possible to give them a week to come back. After that, we will see the follow-up. |
| RESEARCHER | All right! In addition to what you have said. However, we want to ask you again, what are the fundamental needs for chronic pulmonary patients? |
| PARTICIPANT | Drugs has to be available in all pharmacies, because the patients gets tired of looking for them! They said to me today; “they have stopped giving us!” Specially, those with insurance; more than one patient they did not find Fantoline and Bklimozone. For instance, there is this one, who a single spray will not do for him for a month! No! No! They tell me that they do not give him more than one spray per month. So, he has to buy it, by himself. For others it might be expensive. I mean, drugs within insurance have to be available in all pharmacies followed to health insurance. |
| RESEARCHER | Is there anything else? |
| PARTICIPANT | Else! |
| RESEARCHER | All right! You said drug is one of the things; the drug might be unavailable. Alternatively, it is available, but the patient needs more than one spray! People working in health insurance gives him only one spray, all right. Why is this happening? What is your role here? What are you? |
| PARTICIPANT | I talk to all the patients who comes to me with health insurance… |
| PARTICIPANT | I mean, I tell them that some people… There was once a person who I talked to, it was about Ibrazole. They bring up a thing, so they do not give Ibrazole for no more than one box, with 14 pills. I said to him “this is not possible, eventually; one pill has 20mg, he has to take two pills a day. Therefore, he will need probably 80mg a day, no, 40mg” anyway, he said “No! No! We won’t give more than that” and so. Moreover, he said to me “It is carcinogenic” I said to him “the carcinogenic is cactricalser. It leads to cancer. Eventually, both of them. Relief the symptoms of the patient!” in the end he said to me “Ibrazole is carcinogenic, stop giving it a lot” I told him “it is carcinogenic, however, the cacetricalser is also carcinogenic as well…” |
| RESEARCHER | All right, doctor let us move on to the last part, regarding the medical staff existing for chronic pulmonary diseases in health unit of XXXX hospital. The team, who is supposed to give the service to cure chronic pulmonary patient; this team, who are its member? Moreover, what is the supposed role of each one? For instance, you mentioned the doctor, who else should be in the team? |
| PARTICIPANT | There is, for an example, nurse or doctor assistant; we show those here, so they are acknowledge; if someone came with short of breathing, they shuould see him. They know chest drawing; based on the activeanlenzin they can start putting the stethoscope to hear the “Wheeze”. Afterwards, he can start, for instance, in the end of the day. In other words, after the day ended in the night- for example, I am staying at home as an incore- they will start giving him drugs and call me. Afterwards, I come and follow them. I mean that they know what to do! |
| RESEARCHER | You mean here you have a nurse, who can do these first aids. Afterwards, he calls you. Is there anything else can a nurse do? In your opinion, is there anything else he should do in the team? |
| PARTICIPANT | Other than the first aids? |
| RESEARCHER | Yes, any other role he can do. |
| PARTICIPANT | We can only involve him in the educating program |
| RESEARCHER | Ok! You said there are a nurse, and a doctor in the team, who else can be in? |
| PARTICIPANT | The doctor and the nurse are not the one who are meeting the doctor, moreover, the one standing by the door! He is a good one, as he can identify the person with short of breathing and so, and does not delay him |
| RESEARCHER | Does not delay him! |
| PARTICIPANT | Does not delay him, he will let him enter to us straight ahead. |
| RESEARCHER | Do you think that your health staff here, in your hospital of XXXX, can provide services to patients of chronic pulmonary diseases? Is there number enough? Enough comparing to the patients. |
| PARTICIPANT | Compared to the patients! For example, the medicals, themselves, are shortened in number. We were two, and in some period, I was by my own, the only medical in a suburb’s hospital! Holding a specialty suburb’s hospital, about forty suburbs. In the market day, there are many patients. When one is opthacative, is not like when he is with other people, who are working with him. The work would be less; he will provide better services. |
| RESEARCHER | Ok! We can understand that the number of… |
| PARTICIPANT | Medicals |
| RESEARCHER | Is less, I mean that we can increase it. |
| PARTICIPANT | Increase the number of medicals |
| RESEARCHER | If we want to increase it, what should we do? Whom should we talk to. |
| PARTICIPANT | The ministry, of course. |
| RESEARCHER | All right! Regarding that, you said the number of medicals is little, ok! The number of other people, as nurses that you said are part of the program of providing services to cure chronic pulmonary. Is there number is enough too? |
| PARTICIPANT | They have deficiency either; sometimes in the afternoon shift, you may find that one nurse is responsible of two dormitories. I mean it is difficult too. |
| RESEARCHER | All right! In your estimation, how good do people provide services for chronic pulmonary diseases? Are they trained to provide this service? Are they trained? Afterwards, are they trained in in-service training, or pre-service training? Trained before, or while providing the service? How was there training? |
| PARTICIPANT | It is up to anyone who did it! For an example, the consultant of a specific nurse. I mean after that it is up to the medical, who tells them to do this and that. However, there is no training courses in chest, only for TB. I mean its treatment. Nevertheless, others like COPD and asthma does not have training courses. |
| RESEARCHER | Ok! There is not. What would you suggest as a training for those who did not train? I mean, what do you suggest so they can provide those services in a better way? Wither it is for medical doctor, nurse, or the one who stands by the door. However, if you suggest that they can be trained, in what kind of training? What they should get? It is not important to say the trainings, themselves. Nevertheless, why they should take this dose? Just an example. |
| PARTICIPANT | There should be training courses on how to deal with patients with asthma or COPD, once he get to us. This for medicals. Regarding the nurse, and health team that provides the services to them, should have training courses, and see stuff! We should get posters also; I mean one can see it and work according to it. |
| RESEARCHER | Posters like protocol and steps, they should work according to it. |
| PARTICIPANT | Yes! |
| RESEARCHER | Ok! All right! Regarding supervising here, in your center or in the hospital, does a special supervisor for chronic pulmonary diseases comes to you? |
| PARTICIPANT | No! Since I was hired, no supervisor came to us for chronic pulmonary diseases. However, people of polio do come to us along other chronic childhood diseases. People of asthma do not come to us. |
| RESEARCHER | How about tuberculosis? |
| PARTICIPANT | Tuberculosis! TB itself! I do not… I cannot remember that people have came to us for TB. However, they do bring its drugs. They send it to us in a contact between us; this occurs when we send our sputum sample to them. They have gave us a refrigerator for the sputum; it is theirs! |
| RESEARCHER | Let us return to our supervising, doctor. I mean, is it important? If there is an importance, what it is? For you, generally. |
| PARTICIPANT | Supervising is important. For instance, when one is responsible of something in particular, he will do it in its best. I mean, he will be free for it! I mean, he will do his calls – communications- based on it, and sees… |
| RESEARCHER | All right, doctor! Let us return for the human staff you have, or health team. How can I make sure that this health team in this specific hospital has the ability to diagnose, and cure chronic pulmonary diseases? I mean, how can I make sure? If they said to you “do an assessment and assure to us that this team is capable to diagnose and treat people who have chronic pulmonary diseases”. How can you be sure? With what? |
| PARTICIPANT | I have to enter and meet the patient, see what he wrote in the instructions. Based on that, I can determine wither or not that he diagnosed the patient well. I see the patient; take his history, and examination. I see thing that brings him in, the admetion. It is possible like this. Yes! |
| RESEARCHER | All right! The last thing we have is regarding recording and reports of lung diseases, and chronic pulmonary diseases. What are the data that you collect from chronic pulmonary diseases’ patients? I mean, what kind of data do you collect? |
| PARTICIPANT | What do you mean? You mean that I should have a questioner and I ask him. |
| RESEARCHER | It is not have to be a questioner. What kind of data you are taking from him? The ones you are recording here |
| PARTICIPANT | No! We have here, for example, XXXX the one working in statistics. She is recording, for instance, number of cases with TB. Not only TB any case like malaria she records it, like inflammations. If there was a dysentery, she would record the number of cases, the one comes through out a week, a month. She records and send her reports. |
| RESEARCHER | Regarding chronic pulmonary diseases, is there anything that XXXX is recording? Like asthma and so |
| PARTICIPANT | Yes, she records. |
| RESEARCHER | What the things that she records? Sorry! |
| PARTICIPANT | Number of cases. For instance, cases of TB. She records number of cases of TB, asthma. She records everything |
| RESEARCHER | All right! Where does she sends those reports? Moreover, what is its periodic? |
| PARTICIPANT | Well, it is better if XXXX answers you about that. However, she told me that she wants to take the reports to [state capital]. She takes them to [state capital], all the time. |
| RESEARCHER | She takes it to the ministry of health in [state capital]. |
| PARTICIPANT | Make sure of that from her; however, I think she is taking it there. |
| Observer | Do you know how often does she send them? |
| PARTICIPANT | every month, yes! She makes reports here every week, then every month. She sends it to the ministry. XXXX, her work is good. Every-week she has files, she registers in them the frequency of the whole week. How many patients came? She categorizes the cases. This is for a week. Afterwards, she sends four weeks together to the ministry as a month. |
| RESEARCHER | All right! Doctor, we are reaching the last thing, summarize for us the basic obstacles that may face you, regarding diagnosing and treatment of chronic pulmonary diseases. I mean, there are obstacles that face you. What are they? In diagnosing, treatment wither for asthma or COPD. |
| PARTICIPANT | If the patient is good – I mean that he responds with the doctor- according to the history, he responds to you efficiently. I mean there is cooperation. Furthermore, you have examined him. Then, we will never face anything, unless there is a tools |
| RESEARCHER | All right! Can we ask you about the tools? What is the tools that may face you? How can we put it? Alternatively, make them available. |
| PARTICIPANT | Bring nebulizers for us! |
| RESEARCHER | Ok! Nebulizers! You have mentioned an important point, if the patient was cooperative and gave you the history; there would not be any problem, I mean, the obstacles. This came up in my mind; there is a patient, who is not cooperative. How would you deal with him? To concur these obstacles, for an example |
| PARTICIPANT | Some patients have someone with them. This person can be a way of getting the history. However, there is a problem with kids, who fear the stethoscope, and will not be quite. |
| RESEARCHER | All right! If we asked you, what are the things that makes it easier for you to discover in diagnosing and curing chronic pulmonary diseases? I mean the things that we could add to make things easier for you, in diagnosing and discovering. What would they be? |
| PARTICIPANT | As I told you, training courses. Because, the one who is in a suburb hospital is not like a one in a big hospital. When there is a training course for medicals, there are new guidelines every time. Along with their posters. That, if someone got distracted he can look to the posters, and he, himself, has new guidelines that he knows |
| RESEARCHER | All right! According to your work, you have worked for two years, Have you taken any training course? |
| PARTICIPANT | No! |
| RESEARCHER | Never! All right! What if we combine chronic pulmonary program, you said earlier that we should not combine it with anything. It should be alone. |
| PARTICIPANT | Yes! |
| RESEARCHER | What are the benefits of making it alone? |
| PARTICIPANT | What? |
| RESEARCHER | What is the advantage of this program, while it is alone? When it is not combined with other programs. |
| PARTICIPANT | You mean earlier, when I said “alone”, I meant the ones who are responsible for it. I mean that you… I understood that you would combine it in a way that the same people will be responsible for them both! |
| RESEARCHER | Yes! |
| PARTICIPANT | Well, when it has its own people… If you have one thing in your hold, not like having two things. Therefore, when you have one thing you will be directed on it, you will concentrate in it so it will be better than having two things. |
| RESEARCHER | Ok! It is combined in the health system, so this program has its guidelines. If we want to do all these things together, should we combine it with other programs? Alternatively, not? However, it is a program in the health system. What is the advantages of it? Moreover, what are the challenges? |
| PARTICIPANT | It is advantages are, afterwards, when an asthmatic patient comes he will find a medical who is well educated, knows well what to do, and he will give him the medical service that he should receive. I mean, this is its advantages. Then, the patient, himself, will be confidant, when there are training courses, and he sees the new guidelines with him. He will be confident, even the chest vision will not need to be referred to him, again. |
| RESEARCHER | Ok! Those are the advantages. What are the obstacles or challenges? In doing this. What is the idea of success and continuity of it? I mean, we combined chronic pulmonary diseases within the health system. What are the challenges that may face us, so this combination will last? |
| PARTICIPANT | If there were, I mean, for instance people from you or from chest - in general- want to do so, there would not be anything! |
| RESEARCHER | All right! We are finished. However, we have an exercise. I mean, we will not tell you if your answer is right or wrong. We do not mind that! Just an exercise so we will be able to assess our existing health team. By this exercise, we will design a training program; if we find that, we need to. We will design a training program of how should any medical service be. Its design should be on how it is done. I mean, it may be about teen menat. We will give you five or ten minutes, so you will be able to read it. We will come back and discuss with you this page and the one after it. |
| PARTICIPANT | First, from the history he is sixty years old so he is “old” according to the age. His occupation, he is working in fabric. All right! Else, the symptoms go with COPD. There is more, he said he has not a history with allergy. In this way, I will exclude asthma; when I diagnose it, there should be a history of allergy, eczema, or family history; a member who has asthma. Moreover, smoking goes hard with COPD; smoking two cigarettes a day for twenty years! This scan goes with COPD. |
| RESEARCHER | It is diagnose, is COPD? |
| PARTICIPANT | What did you determine to do? |
| RESEARCHER | What drug will you give him? |
| PARTICIPANT | People with COPD, almost diagnosed with history, furthermore, with examination. Afterwards, I will give them and see the response. We will give him short acting antimastrenincage , or short aktenpet youagnist. Those are the drugs, which I give it to them. |
| RESEARCHER | Then, you see the response. |
| PARTICIPANT | The response |
| RESEARCHER | All right! After eight days, the patient got better; his cough with mucus is less now, shortness of breath, and weight did not change. Bacterium test for TB is negative. The maximum predicted capability to blow is 536; the maximum measured capability to blow before using the bronchodilator was 280, and after it- in the response- was 290. He said, “Despite the fact that shortness of breath did not fully disappeared, the doctor decided a short term treatment, and when need. After three days of using bronchodilator, the maximum capability to blow is now 300 instead of 290.” What is the variability of the maximum capability to blow? |
| PARTICIPANT | We divide this by that |
| RESEARCHER | What by what? |
| PARTICIPANT | Chest people calculate the variability. |
| PARTICIPANT | I cannot know them in Arabic! However, we divide the numbers before by the ones after. |
| RESEARCHER | All right! Based on this variability, what is the possible diagnoses? Based on this variability, is your possible diagnoses COPD? As it is. Did it changed? |
| PARTICIPANT | I can tell you after we calculate it. |
| RESEARCHER | I say that we give you a chance to calculate it |
| PARTICIPANT | Do not give me! |
| RESEARCHER | All right! The severity of the disease? |
| PARTICIPANT | The severity of the disease! The response has happened to him each time. It should be determined after using prednisolone, it goes with asthma after prednisolone. We do not give COPD prednisolone, as I know. People working in chest vision gives them. However, I have read in medicine in the guidelines, that they do not give prednisolone to COPD. |
| RESEARCHER | All right! He said “if the diagnose is asthma, do you have a card for asthmatic patient?” |
| PARTICIPANT | No, there is no card. There is a note that we write drugs in it. However, follow-up cards are not available. |
| RESEARCHER | Follow-up cards are not available! All right! Regarding the spray, that I can give to an asthmatic patient, can you explain how to it is used? I mean, as a health education that you give to an asthmatic patient, so he can use the spray. What happens? |
| PARTICIPANT | To be clear, I knew this after taking an emergency course. There should be a program, which shows people how to use the spray. Some patients do not use it correctly. One should, after giving the shot of his normal home spray- this is a small nebulizer- and he takes a deep breath and holds it. He holds it inside, so the bronchia get bronchodilation. Afterwards, it is ok to exhale. Some people breathe it out, without giving it the time to get inside! |
| RESEARCHER | Ok! |
| PARTICIPANT | This is the ideal way to use the spray. |
| RESEARCHER | All right! What if a patient came to you with acute asthma, what would you do? I know that you do know, but I want to hear it from you |
| PARTICIPANT | This is according to the severity, itself. After identifying the severity; using the stethoscope , daltsert, picorosains; all of them, daltserat and respiratoryserat, I do ocacealtion to identify its taiet. Afterward, the treatment of acute sever asthmatics should be Aminofaline. |
| RESEARCHER | All right! Doctor, if a patient came to you and said that he cannot do his work because he has shortness of breath. In addition, he is in a bad mode because of that. What would you do? I mean, a patient came to you and said, “I cannot do my work because of shortness of breath and I am in a bad mode” what will you do to him? |
| PARTICIPANT | This for PHC’s people, I mean it is your job. We should learn from you |
| RESEARCHER | Tell us what will you do, let us learn from you! |
| PARTICIPANT | All right then! I will support him. I will tell him that “your health is much important than your job” or “try to find another job that makes him feel more comfortable; where shortness of breath stops” When he finds a job, his mode will be ok, if god wells! |
| RESEARCHER | If god wills! All right! To which health division we can transfer a COPD patient, so he can get a psychological support. |
| PARTICIPANT | There is not such a thing. However, in [state capital] and [district capital] hospital, there are – almost- people who work is psychology. |
| RESEARCHER | Ok! You mean that you do not have this division? |
| PARTICIPANT | There is not here, in the hospital. |
| RESEARCHER | But you are saying… |
| PARTICIPANT | unless they make the medical, himself, do that. |
| RESEARCHER | You mean, if the medical take a minimum dose, of psychiatric knowledge, he can do it. |
| PARTICIPANT | Yes, he can! |
| RESEARCHER | All right! We are finished here. Thank you for your time. Pardon us! If you have any question for us, we will answer you. |
| PARTICIPANT | God give you heath, if he wells! |
| RESEARCHER | God give you heath! |
| PARTICIPANT | But, seriously if there are training courses it would be better. Because, these asthmatic people should have to be cared for. I mean, eventually it is possible to come emergency as emergency! |
| RESEARCHER | All right! Thank you! |
| PARTICIPANT | God give you heath! |
| RESEARCHER | Expect that we will come to you, again! |