Professionals Perspective of Prosthetic and Orthotic Services in Tanzania, Malawi, Sierra Leone and Pakistan

Magnusson, Lina

2017

Link to publication

Citation for published version (APA):

General rights
Copyright and moral rights for the publications made accessible in the public portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

• Users may download and print one copy of any publication from the public portal for the purpose of private study or research.
• You may not further distribute the material or use it for any profit-making activity or commercial gain
• You may freely distribute the URL identifying the publication in the public portal

Take down policy
If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.
In order to implement the CRPD, the quality of prosthetic and orthotic services in low income countries is of concern. Therefore aspects related to quality of prosthetic and orthotic services have been investigated in this paper comparing findings from four low and middle income countries.

**AIM**
To compare findings related to experiences of prosthetics and orthotic service delivery and education in Tanzania, Malawi, Sierra Leone and Pakistan, from the perspective of local professionals.

**METHODS**
In total 49 prosthetists/orthotists and prosthetic/orthotic technicians participated from four countries. A comparative analysis of the results of the three studies [1, 2, 3] was conducted. The analytical approach used was a second ordered concept analysis where subthemes, categories and conceptions were aggregated into themes.

**RESULTS**

<table>
<thead>
<tr>
<th>Themes common to Tanzania, Malawi, Sierra Leone and Pakistan</th>
<th>Sub-themes from Tanzania and Malawi [1]</th>
<th>Sub-themes from Sierra Leone [2]</th>
<th>Sub-themes from Pakistan [3]</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Low awareness and prioritising of prosthetic and orthotic services.</strong></td>
<td>*Varied support from senior staff and other professionals.</td>
<td>Low priority on the part of government.</td>
<td>Low awareness of prosthetic and orthotic services.</td>
</tr>
<tr>
<td><strong>Difficulty managing specific pathological conditions and problems with materials.</strong></td>
<td>Lack of materials.</td>
<td>*Appraisals of work satisfaction and norms.</td>
<td>Management of specific pathological conditions and administrative duties are most difficult for graduates.</td>
</tr>
<tr>
<td><strong>Limited access to prosthetic and orthotic services available.</strong></td>
<td>Different demands when working in underserviced and less resourced setting.</td>
<td>Limited access to the prosthetic and orthotic services available.</td>
<td>Currently varied opportunities for professional development</td>
</tr>
<tr>
<td><strong>The need for further education and desire for professional development.</strong></td>
<td>Desire for continued training.</td>
<td>Desire for professional development.</td>
<td>Well-functioning support from senior staff.</td>
</tr>
<tr>
<td></td>
<td>*Varied support from senior staff and other professionals.</td>
<td></td>
<td>Prosthetists/Orthotists would like to specialise.</td>
</tr>
<tr>
<td></td>
<td>Suggested ways of keeping updated.</td>
<td></td>
<td>A desire for networking within the country and interaction from outside.</td>
</tr>
</tbody>
</table>

**CONCLUSION**
The perspective of local professionals was that they had a sense of inability to deliver high-quality prosthetic and orthotic services. Educating prosthetic and orthotic professionals to a higher level and providing opportunities for professional development was desired.

Low awareness and low priority on behalf of the government when it comes to prosthetic and orthotic services was identified as a barrier to providing effective rehabilitation.

In Sierra Leone, people with a disability needed to be included to a greater extent and supported at different levels within families, communities, government, international organisations, and society in general.

In Sierra Leone, traditional beliefs about the causes of impairment and difficulties in accessing services were identified as barriers to providing effective rehabilitation services.

**REFERENCES**

Lina Magnusson, University Lecturer, PhD in Health and Caring Sciences, MSc International health/prosthetics and orthotics, OPODepartment of Health Sciences, Faculty of Medicine, Lund University, Sweden Lina.Magnusson@med.lu.se

Photo: Lina Magnusson & Harold G. Shangali