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

Lina Magnusson

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 1: Common and unique themes in Tanzania, Malawi, Sierra Leone and Pakistan

Themes	Sub-themes from Tanzania and Malawi [1]	Sub-themes from Sierra Leone [2]	Sub-themes from Pakistan [3]
Themes common to Tanzania, Malawi, Sierra Leone and Pakistan Low awareness and prioritising of prosthetic and orthotic services. Difficulty managing specific pathological conditions and problems with materials. Limited access to prosthetic and orthotic services available. The need for further education and desire for professional development.	<ul style="list-style-type: none"> • *Varied support from senior staff and other professionals. • Low-status profession. • Helping people with disabilities is the motivation. • Lack of materials. • Different demands when working in underserved and less resourced setting. • Desire for continued training. • *Varied support from senior staff and other professionals. • Suggested ways of keeping updated. 	<ul style="list-style-type: none"> • Low priority on the part of government. • *Appraisals of work satisfaction and norms. • Problems with materials and machines. • Limited access to the prosthetic and orthotic services available. • *Appraisals of work satisfaction and norms. • Desire for professional development. • Low public awareness concerning disabilities. • Patients neglected by family. • Marginalisation in society. 	<ul style="list-style-type: none"> • Low awareness of prosthetic and orthotic services. • Management of specific pathological conditions and administrative duties are most difficult for graduates. • Currently varied opportunities for professional development • Well-functioning support from senior staff. • Prosthetists/Orthotists would like to specialise. • A desire for networking within the country and interaction from outside.
Themes unique to Sierra Leone People with disabilities have low social status in Sierra Leone.			

*Sub-theme divided into two different themes

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.

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