

Study finds major lack of resources for rehab patients in Malawi

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Malawi has a population of 16 million, yet, only one inpatient rehabilitation center for individuals with stroke, spinal cord injury, and similar conditions. With just 40 beds, the Kachere Rehabilitation Center in Blantyre, Malawi's second largest city, provides services to the entire country. Because there is little funding for rehabilitation in the country, there is essentially no rehabilitation and follow-up services for patients after they return to their families, homes, and communities.

Leslie B. Glickman, PT, PhD, an assistant professor in the Department of Physical Therapy and Rehabilitation Science at the University of Maryland School of Medicine (UM SOM), examined how a group of the center's [patients](#) reintegrated back into their community after leaving. She found that patients had moderate to severe difficulties. They faced a range of obstacles, including major physical and environmental barriers, as well as social exclusion, and feelings of sadness. "It was not unusual to find sources of water hundreds of yards from the home, public transportation miles away, uneven and mountainous terrain leading to and around the homes, narrow doorways inside the homes, and rooms too small for wheelchair or walker use," said Dr. Glickman. The study was published recently in the *Journal of Global Health*.

Dr. Glickman says that many patients became dejected post rehabilitation, and felt helpless to change the situation on their own. Many patients were tenant farmers, and could not continue their only source of livelihood.

The study was part of a project funded through the University of Maryland, Baltimore Center for Global Education Initiatives. This was an interprofessional project, and included several other researchers besides Dr. Glickman: Laura Neely, PT, DPT, assistant professor in the Department of Physical Therapy and Rehabilitation Science, as well as three students, Megan Warres from the Department of Physical Therapy and Rehabilitation Science, Nicole White from the School of Social Work, and E. Shannon Walters from the School of Nursing.

"This project provided data to support the anticipated problems, based on a few similar studies from other less-resourced countries. By calling attention to the picture in Malawi, the study shines a spotlight on opportunities for Kachere staff to consider in preparing patients and their caregivers for discharge and for MAP colleagues to consider in their strategic planning processes."

Dr. Glickman is now continuing her research, and is examining caregivers' views on treatment and care, to compare this with patient responses, asking specific questions about feelings to explore the area of potential depression, and determining if there were changes in patient status compared to 2014. This project is funded through grants from the University of Maryland Center for Interprofessional Education and the Center for Global Education Initiatives. The team consists of Heidi Im from the UM SOM Department of Physical Therapy and Rehabilitation Science, Heidi Hartz from the School of Social Work, and Kristen Emelio from the School of Nursing.

"In the developing world, patients overall often have difficulty once they leave the hospital setting," said Dean E. Albert Reece, MD, PhD, MBA, who is also the vice president for Medical Affairs, University of Maryland, and the John Z. and Akiko K. Bowers Distinguished Professor and Dean of the School of Medicine. "Dr. Glickman has highlighted a group of patients who need particular help once they return

to society. Her work illuminates the importance of finding ways to improve follow-up care.

Provided by University of Maryland

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