Patients' Experiences of Cardiac Rehabilitation Programs in Saudi Arabia

Sharifa Alasiry, PhD, MSN, BSN, CCRN  
*School of Nursing and Midwifery, Monash University Australia, Melbourne, Australia*

Virginia Plummer, PhD, RN, RM, GCHPE, CertCritCare, BN, GradDipHlthAdmin, MSc (Hlth)  
*Faculty of Medicine, Nursing and Health Sciences, Monash University, Frankston, Australia*

Danny J. Hills, PhD, MN Hons, GradCertMgt, GradCertTerTeach  
*Nursing and Midwifery, Monash University, Clayton, Australia*

**Introduction**

Life expectancy is increasing in most developed and developing countries. This brings with it an increase in the incidence of chronic illness (World Health Organization, (WHO) 2017). Changes in lifestyle amongst the Saudi population have led to an increase in non-communicable diseases such as diabetes mellitus and cardiovascular disease (CVD). These non-communicable diseases accounted for 78% of all deaths in Saudi Arabia and 46% of these deaths were from CVD (WHO, 2014). Physical activity is not prominent in Saudi society, especially for females. Obesity rates among Saudi women are high and this contributes to the high levels of mortality attributed to CVD (Rawas, Yates, Windsor, & Clark, 2012). Therefore, in order to reduce the burden of CVD a systematic, evidence-based, comprehensive care program is needed (Turk-Adawi, Sarrafaazadegan, & Grace, 2014). Effective cardiac rehabilitation program maximise physical, psychological and social functioning to enable people with cardiac disease to lead healthy lives with confidence (National Heart Foundation of Australia and Australian Cardiac Rehabilitation Association, 2004).

Discharge from hospital to home is a transition phase which characterised by errors resulting from the discontinuity and fragmentation of care and which places patients at high risk of post-discharge adverse events and re-hospitalisation (Snowden & Marland, 2013). After discharge from cardiac units in Saudi Arabia, patients are followed up only by a cardiologist in an outpatient clinic (Rawas, Yates, Windsor, & Clark, 2012). To achieve concordance with health care programs, it is very important to understand patients’ lives, individuality, culture and unique circumstances when establishing a model of care for a group of people with special conditions such as CVD (Snowden & Marland, 2013).

There is currently limited evidence on the effectiveness of cardiac rehabilitation programs internationally and the aim of this study was to explore experiences of patients with cardiac conditions regarding rehabilitation programs (CR) in Saudi Arabia.

**Method**

An interview method was used. The questions for the interview were designed by the researchers and pilot tested with two patients in a cardiac unit in Saudi Arabia, one male and one female, both aged over 50 and who each had ten years of cardiac disease. No changes were made as the questions were clear and easily understood. There were 10 open-ended questions, which focused on the patients’ overall experiences of cardiac care and CR activities in the in-patient and out-patients departments. The questions were in English or Arabic depending on patient preference. Study inclusion criteria were adult patient, with cardiac condition, admitted and discharged from the hospital and are follow up in cardiac clinics. Fifteen interviews were undertaken across two cardiac centres in Saudi Arabia between November-December 2016. Ethics approval to conduct the study was obtained from Monash University and the health services.

The data were analysed using thematic analysis analysis (Braun & Clarke, 2006).

**Results**
The results highlight four main themes. The first theme is 'Feeling disconnected'.

Most patients reported one appointment with the doctor after 12 months and were dissatisfied with that.

P1” I did my operation and after five months I did another operation because there was no proper follow up”

P15” After six weeks there was only one appointment every year, I feel disconnected!”

P11“Follow up is good although there is a big gap between appointments”

P1” They gave me an appointment after six months! I complained how come appointment after six months it should be one week after the operation.”

The second theme is 'Speak my language'

Majority of health care workers are non-Arabic speaking as a result many patients reported inadequate knowledge related to language barriers and lack of a proper education.

P11”Communication was difficult because of language barriers” “Nurses were speaking English and hardly understand the Arabic language”

P13” The problem was with communication, I cannot understand the English language, and I am an old woman and I find communication difficult and I cannot express myself”

The third theme is ‘Need to feel supported’

Although there are many barriers, to attend CR programs; patients were satisfied because of network communication and multidisciplinary team work, being involved, supported and cared by the team. Female patients verbalized the needs of more support especially psychological support, family support and need of involvement.

P13” I would prefer that some specialists came to me and sit with me explained in Arabic everything regarding rehabilitation and also about my disease and activities that I can do”.

Moreover, female patients stated the need for transportation and availability of family members to attend with them regular appointments and education sessions.

P11“As female patient transportation is very difficult if no one is available to drive me to the appointments”

The fourth theme is 'Care in the hospital is coordinated'.

Patients reported satisfaction with teamwork and coordination of care in hospitals.

P6 "Pharmacist came to explain to me and other nurses and doctors gave me very important advices that help me a lot”

P15” The dietitian explained to me the best diet, and pharmacist explained to me my medication”.

P12” I think health care providers need more training about cardiac rehabilitation and how to communicate with patients in a simple language”. 
Conclusion

Understanding the patients’ perceptions of CR programs will help to understand the relative factors that influence patient participation in CR programs and inform the design of a model of CR program that is relevant to the Saudi context, particularly the post-hospital discharge phase of care. It is important to study why patients feel disconnected and unsupported, to improve language services and care coordination post discharge.

Title:
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Keywords:
Barriers, Cardiac Rehabilitation programs and Enablers

References:


Abstract Summary:
This research reports the qualitative outcomes of a study on patient reported barriers and enablers to attending Cardiac Rehabilitation (CR) programs in Saudi Arabia. The results include the association between culture and care management. Furthermore, this work highlights recommendations of patients about improving the current CR programs.

Content Outline:
Introduction
1. Cardiovascular disease (CVD)
2. Cultural influences on (CVD) in Saudi Arabia
3. Effective cardiac rehabilitation
4. Aim of study

Body

1. Method
2. Result - 4 themes
3. Ethics application

Conclusion

1. Understanding participation in CR
2. Modelling CR programs for the Saudi context

First Primary Presenting Author

Primary Presenting Author
Sharifa Alasiry, PhD, MSN, BSN, CCRN
Monash University Australia
School of Nursing and Midwifery
PhD scholar, MSN, BSN, CCRN Diploma, Associated Degree in Nursing Science
Dandenong
Melbourne
Australia

Professional Experience: I have worked in pediatric intensive care unit for one year. Then I have worked in adult intensive care unit for 3 years. Later on I have worked as nursing educator for three years. In 2014 I have worked as a lecturer in the university for one year. Currently PhD student at Monash University since 2015.

Author Summary: Critical Care registered nurse for 4 years and working in nursing education for 3 years. Interested in critical care nursing and nursing education. Right now working in developing a model of cardiac rehabilitation program in Saudi Arabia

Second Author
Virginia Plummer, PhD, RN, RM, GCHPE, CertCritCare, BN, GradDipHlthAdmin, MSc (Hlth Administration)
Monash University
Faculty of Medicine, Nursing and Health Sciences
Associate Professor Nursing and Midwifery Research
Frankston
Australia

Professional Experience: Virginia coordinates study programs that offer inbound and outbound students pathways to challenging and rewarding international experiences. Her academic interests are in building research capacity with a focus on local and international approaches to acute care, health service management and disaster management. Virginia’s research interests include nursing workload and costing studies — she has analysed almost two million nursing hours in three countries to explore the cost of nursing care. She has a collaborative appointment with Peninsula Health developing clinical and educational research opportunities in nursing, midwifery and related disciplines.

Author Summary: Virginia is Director International Engagement at the School of Nursing and Midwifery. She is also an executive member of the nursing section of the World Association Disaster and Emergency Medicine.
Professional Experience: Dr Danny Hills is a Registered Nurse. Over the last 30 years, he has worked extensively as a clinician, manager, educator and researcher in rural and metropolitan settings in mental health and well-being, patient safety and clinical governance, and workforce development.

Author Summary: Dr Danny Hills is a Registered Nurse. Dr Hills’ academic teaching and research work spans the last 15 years, and his academic interests are increasingly focussed on the role of design and co-design in reducing workplace aggression, driving innovation in health care safety and quality, and improving health and well-being.