Patients' Experiences of Cardiac Rehabilitation Programs in Saudi Arabia

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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). Therefore, in order to reduce the burden of CVD a systematic, evidence-based, comprehensive care program is needed (Turk-Adawi, Sarrafzadegan, & 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).

AIM
The aim of this study was to explore experiences of patients with cardiac conditions regarding rehabilitation programs (CR) in Saudi Arabia.

METHODS
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 clinic 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 followed 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 (Braun & Clarke, 2006).

RESULTS
The results highlight four main themes.

'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.

'Speak my language'
The 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.

'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, and being 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 a female patient transportation is very difficult if no one is available to drive me to the appointments.

'Care in the hospital is coordinated'
Patients reported satisfaction with teamwork and coordination of care in hospitals.

P6: The pharmacist came to explain to me and other nurses and doctors gave me very important advice that help me a lot.
P15: The dietitian explained to me the best diet, and the 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 simple language.

DISCUSSION
Recommendations to improve the current programs start with improving the language of communication, with staff and patient education, and with staff training and family members' involvement. There is a need to improve the current CR programs and it is preferable to have a tailored program that suits each individual.

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.

REFERENCES

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