SOCIAL ULIGHED I REHABILITERING

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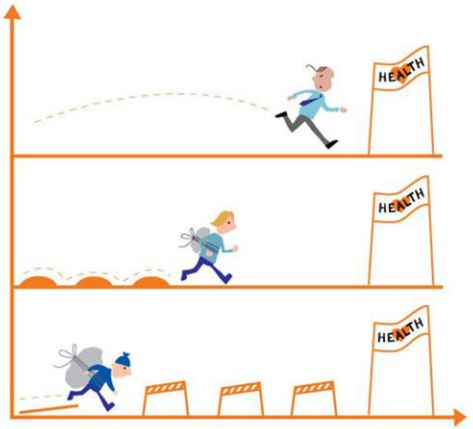
Baggrund

- Hvorfor deltage i hjerte rehabilitering?
- ↓ Kardiovaskulær mortalitet
- ↓ Hospitals indlæggelse
- ↑ Helbredsrelateret livskvalitet

Lav rehabiliteringsdeltagelse

- 30-50%
- ⇩ Kortuddannede patienter



Formål

At undersøge mekanismer bag social ulighed i deltagelse i hjerterehabilitering

Metode

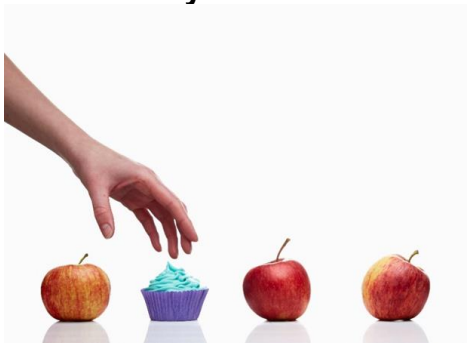

Kvantitativt studie (n=302)
Spørgeskema
Kvalitativt studie (n=24)
Interview
Mixed Methods analyse

Kvalitative fund

Overordnet tema:

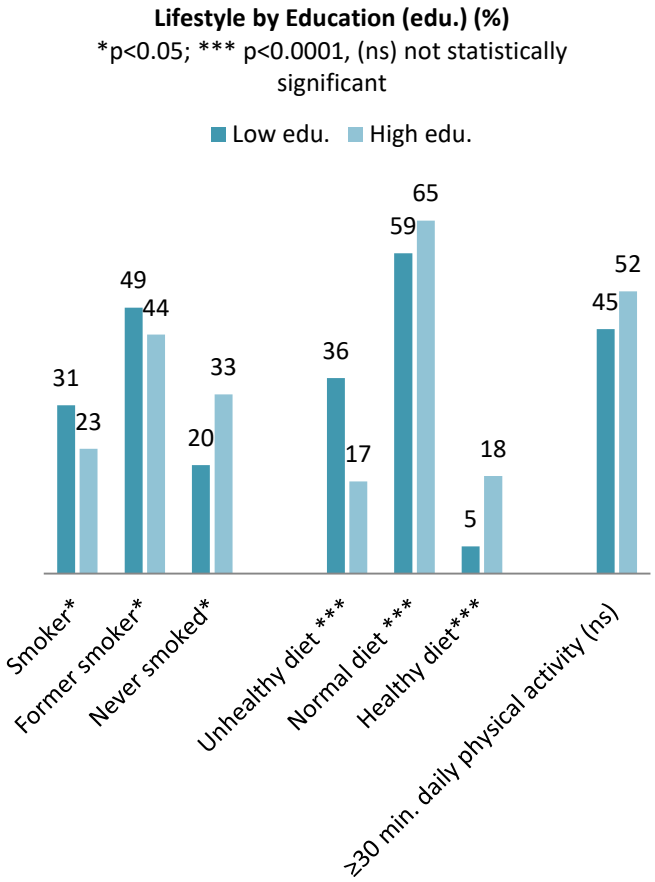
En <u>følelse</u> af <u>eksklusion</u> fra hjerterehabilitering

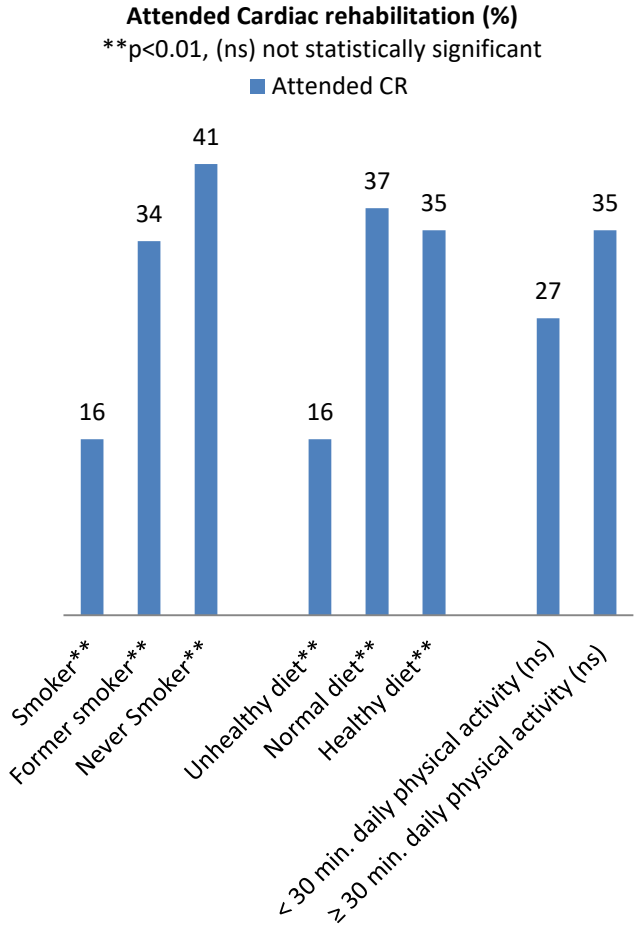
Exclusion by ”health beliefs”



Exclusion by time and place

Exclusion by health beliefs

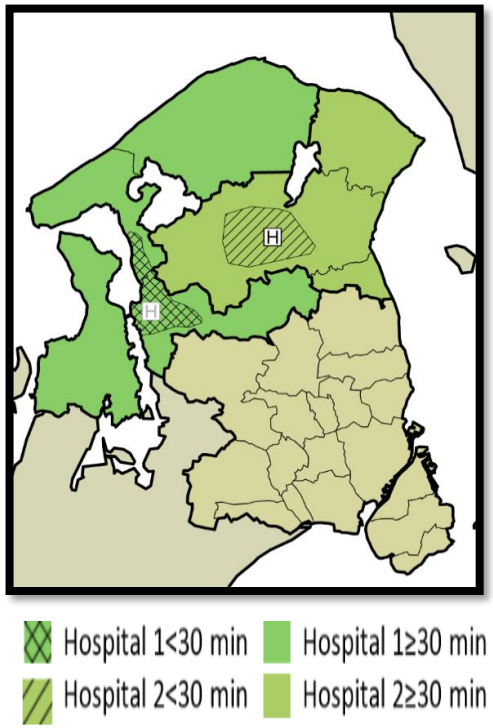




”Ja udstødt, nu ved man, hvordan Robin Hood havde det, han var også fredløs”

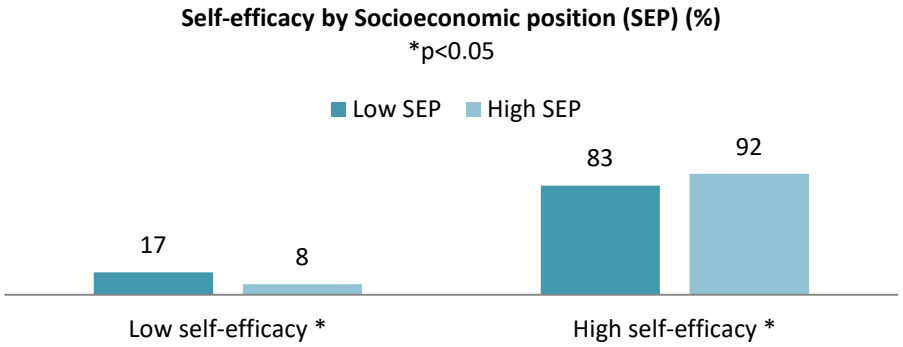
Exclusion by time and place

Rejsetid med offentlig transport til hjerterehabilitering



Self-efficacy

”Vi har talt om at gøre det [dyrke motion] Men det er ligesom det er lettere bare at tale om det. Når det kommer til at få det gjort, er det slet ikke så let”



Hvad kan vi gøre?

Øge self-efficacy

”Usunde” føle sig velkommen

Nedsætte rejsebarriere

European Journal of Cardiovascular Nursing

EUROPEAN SOCIETY OF CARDIOLOGY®

Original Article

Experience of exclusion: A framework analysis of socioeconomic factors affecting cardiac rehabilitation participation among patients with acute coronary syndrome

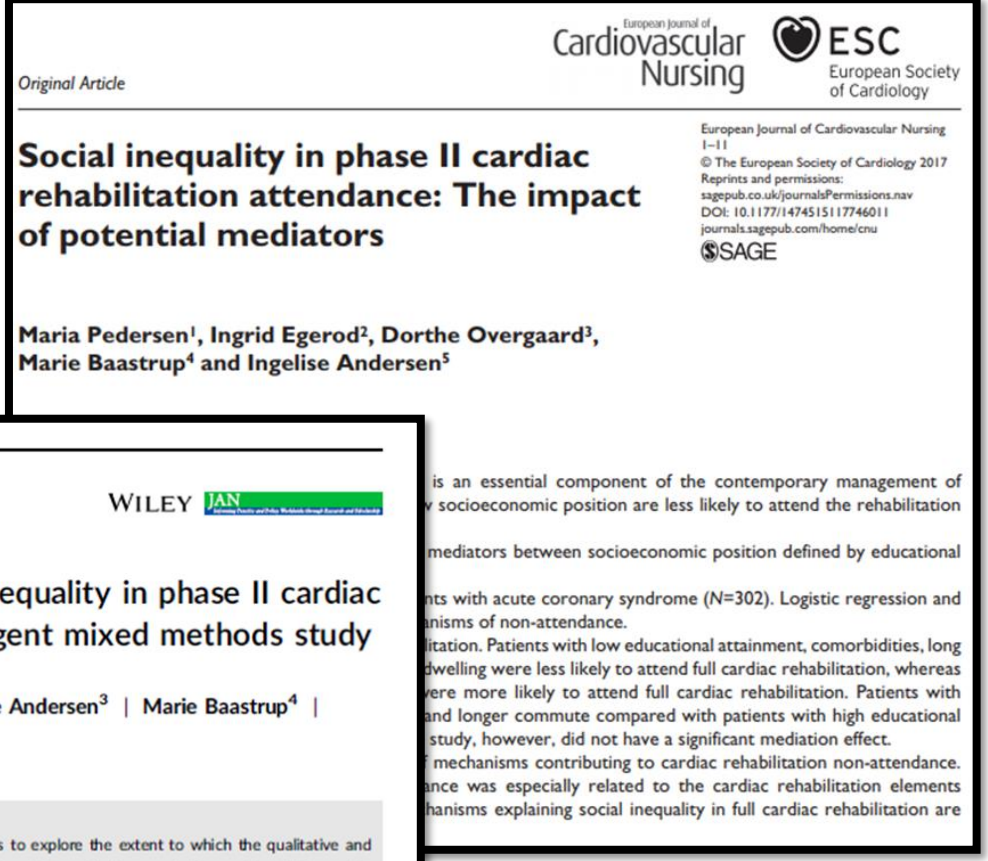
European Journal of Cardiovascular Nursing
2017, Vol. 16(8) 715–723

DOI: 10.1177/1474515117711590
journals.sagepub.com/home/cnu
SAGE

Maria Pedersen[1], Dorthe Overgaard[2], Ingelise Andersen[3], Marie Baastrup[4] and Ingrid Egerod[5]

Abstract

Background: The Danish public healthcare syste
access. However, it is well documented that patient
cardiac rehabilitation. More knowledge is needed to
the patient experience of barriers to completion o
socioeconomic factors on completion of cardiac reh
Methods: The study had a qualitative explorative
patients (n = 24) and close relatives (n = 12). Infor
patients with acute coronary syndrome and data we
Results: Patients in different socioeconomic group
program. A total of five themes were identified that n
time and place, exclusion by health beliefs, exclusion
The themes were described in a matrix of socioecon
Conclusions: Patients in various socioeconomic
reasons. This study supports earlier findings and pr
prevent attrition and encourage participation. Equal
and psychological needs of patient and family are met
groups.



European Journal of Cardiovascular Nursing

ESC European Society of Cardiology

Original Article

Social inequality in phase II cardiac rehabilitation attendance: The impact of potential mediators

European Journal of Cardiovascular Nursing
1–11

DOI: 10.1177/1474515117746011
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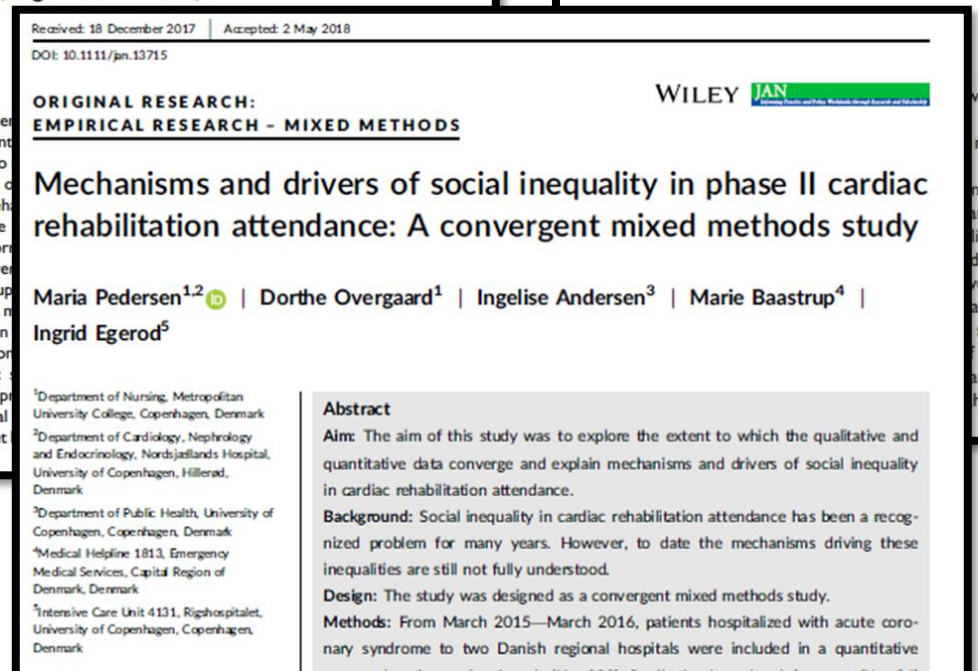
SAGE

Maria Pedersen[1], Ingrid Egerod[2], Dorthe Overgaard[3], Marie Baastrup[4] and Ingelise Andersen[5]

is an essential component of the contemporary management of
v socioeconomic position are less likely to attend the rehabilitation

mediators between socioeconomic position defined by educational

nts with acute coronary syndrome (N=302). Logistic regression and
anisms of non-attendance.
litation. Patients with low educational attainment, comorbidities, long
dwelling were less likely to attend full cardiac rehabilitation, whereas
ere more likely to attend full cardiac rehabilitation. Patients with
and longer commute compared with patients with high educational
study, however, did not have a significant mediation effect.
mechanisms contributing to cardiac rehabilitation non-attendance.
nce was especially related to the cardiac rehabilitation elements
hanisms explaining social inequality in full cardiac rehabilitation are



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WILEY JAN

ORIGINAL RESEARCH:
EMPIRICAL RESEARCH – MIXED METHODS

Mechanisms and drivers of social inequality in phase II cardiac rehabilitation attendance: A convergent mixed methods study

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Abstract

Aim: The aim of this study was to explore the extent to which the qualitative and quantitative data converge and explain mechanisms and drivers of social inequality in cardiac rehabilitation attendance.

Background: Social inequality in cardiac rehabilitation attendance has been a recognized problem for many years. However, to date the mechanisms driving these inequalities are still not fully understood.

Design: The study was designed as a convergent mixed methods study.

Methods: From March 2015—March 2016, patients hospitalized with acute coronary syndrome to two Danish regional hospitals were included in a quantitative

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