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Examining Facilitators and Barriers to Cardiac Rehabilitation Adherence in a Low-Resource Setting in Latin America from Multiple Perspectives

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Abstract: Cardiac rehabilitation (CR) is under-used, particularly in low-resource settings. There are few studies of barriers and facilitators to CR adherence in these settings, particularly considering multiple perspectives. In this multiple-method study, a cross-sectional survey including the Cardiac Rehabilitation Barriers Scale (each item scored on a five-point Likert scale) was administered to patients treated between February and July, 2019, in three CR centers in Colombia. A random subsample of 50 participants was invited to a focus group, along with an accompanying relative. Physiotherapists from the programs were invited to an interview, with a similar interview guide. Audio-recordings were transcribed and analyzed using interpretive description. A total of 210 patients completed the survey, and 9 patients, together with 3 of their relatives and 3 physiotherapists, were interviewed. The greatest barriers identified were costs (mean = 2.8 ± 1.6), distance (2.6 ± 1.6) and transportation (2.5 ± 1.6); the logistical subscale was highest. Six themes were identified, pertaining to well-being, life roles, weather, financial factors, healthcare professionals and health system factors. The main facilitators were encouragement from physiotherapists, relatives and other patients. The development of hybrid programs where patients transition from supervised to unsupervised sessions when appropriate should be considered, if health insurers were to reimburse them. Programs should consider the implications regarding policies of family inclusion.

Keywords: cardiac rehabilitation; secondary prevention; heart disease; exercise; physical activity; health services accessibility; treatment adherence and compliance