



## **Cardiac Rehabilitation: Gender Analysis & Women's Participation**



A study was conducted to observe gender differences on uptake of secondary prevention (SP) and cardiac rehabilitation (CR) services. Sex-based inequalities in life expectancy and quality due to CHD have been a source of discussion quite often. Despite the fact that both men and women derive similar benefits from SP and CR interventions, women's participation in these programmes remains lower than men's. Even when access is free, women have been found to be less likely than men to be referred to SP/CR services.

The aim of the study was to understand gender barriers to uptake. It is established that women are less likely than men to attend secondary prevention or cardiac rehabilitation services but there is a lack of conceptual clarity about why this is so and this gender difference exists. The primary aim of this meta-synthesis was to provide a state of knowledge about the main barriers and facilitators to women's participation in SP/CR services.

For the purpose of the analysis, a systematic search was performed to identify and retrieve studies published as full during or after 1995. The data was obtained from CSA Sociological Abstracts, EBSCOhost CINAHL EBSCOhostGender Studies, EBSCOhost Health Source Nursing, EBSCOhost SPORTDiscus, and EBSCOhost SocINDEX.

The analysis revealed that there was a difference between men and women in terms of how the programmes were interpreted, the social and financial costs of access and expressed rehabilitation needs.

The researchers believe that there is a mismatch between existing SP/CR services and consumers' needs which may differ according to gender. They also point out that programme enrolment may incur costs or may require resources that could be either financial or social in nature. The findings suggest that costs could serve as threats to gender identity. In addition, there may be a difference between what men and women want from the programmes and their needs may differ according to their social positions.

The researchers suggest that cardiac rehabilitation and secondary prevention services should be adaptable to gender preferences and circumstances but at the same time should focus on intersecting factors such as socioeconomic status. They also recommend that the language used to provide programme information should be attentive to gender discourse and also that any future research should avoid essentialising and stereotypical portrayals of gender by drawing on theories of gender and health services access, with mixed-gender samples.

Source: Journal of Advanced Nursing

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Published on : Tue, 10 Feb 2015