

UNIVERSITI TEKNOLOGI MARA

**CONSTRUCTS OF
ADHERENCE AND NON-
ADHERENCE TO LIFESTYLE
MODIFICATION AMONG
POST-CARDIAC REHABILITATION
PATIENTS IN SERDANG HOSPITAL**

NORAINI BINTI MANSOR

Thesis submitted in fulfillment
of the requirements for the degree of
Doctor of Philosophy
(Health Education and Promotion)

Faculty of Health Sciences

June 2020

AUTHOR'S DECLARATION

I declare that the work in this thesis was carried out in accordance with the regulations of Universiti Teknologi MARA. It is original and is the results of my own work, unless otherwise indicated or acknowledged as referenced work. This thesis has not been submitted to any other academic institution or non-academic institution for any degree or qualification.

I, hereby, acknowledge that I have been supplied with the Academic Rules and Regulations for Post Graduate, Universiti Teknologi MARA, regulating the conduct of my study and research.

Name of Student : Noraini Binti Mansor

Student I.D. No. : 2013610516

Programme : Doctor of Philosophy (Health Education and Promotion) – HS961

Faculty : Health Sciences

Thesis Title : Constructs of Adherence and Non-adherence To Lifestyle Recommendation Among Post-cardiac Rehabilitation Patients in Serdang Hospital

Signature of Student :

Date : June 2020

ABSTRACT

Recurrent event of cardiovascular diseases is often associated with adherence and non-adherence to lifestyle modification. However, very few studies have examined adherent and non-adherent behaviors from the perspectives and experiences of post-cardiac rehabilitation patients in Malaysia. The literature showed domain of adherence and non-adherence such as beliefs, norms and values may influence dietary, exercise and smoking behaviors, as a means to lead either adherence or non-adherence with lifestyle modification. The modified Health Belief Model was used as the conceptual framework. Therefore, this phenomenological study that was guided by the social constructionism lens, aims to explore the constructs of adherence and non-adherence to lifestyle modification among post-cardiac rehabilitation patients. Twenty-eight in-depth semi-structured interviews with four females and twenty-four males post-cardiac rehabilitation patients aged between 32 to 70 years old from rehabilitation centre of Serdang Hospital, Selangor were analysed using thematic analysis. The main themes of adherence constructs are values life, values health after representation of illness and values of the culture of respect of each others. The main themes of non-adherence constructs are the representations of disease and treatment, practice of coping behavior, values of social roles and responsibility, practice of food intake and preparation, values of social role, values religion, daily physical activities as considerable exercise, peer influence, and maladaptive beliefs of smoking cessation. These findings suggest that modifying factors of cultural beliefs, norms and values may influenced perceived susceptibility, severity, benefits and barriers of the likelihood to adherence or non-adherence to lifestyle modification. This study has given a significant contribution to the current knowledge with respect to the methodological approach and the conceptual framework of constructs of adherence and non-adherence to lifestyle modification in the form of a newly developed framework. The proposed framework may explain the constructs of adherence and non-adherence to lifestyle modification among post-cardiac rehabilitation patients in Malaysia.

ACKNOWLEDGEMENT

Alhamdulillah. First and foremost, I would like to thank God for His Blessings and Guidance, which without them I believed I could not finished this PhD's thesis. I would also like to take this opportunity to thank all who have journeyed over the last few years with me. I would like to express my greatest appreciation to my supervisor, Dr. Ajau Danis for the considerable time he spent in discussing with me many of the topics in this thesis, especially in guiding me what qualitative research is all about. His never-ending advice, support and contributions were indeed valuable. I extend my deepest gratitude to my co-supervisor, Dr. Mohd Suleiman Murad for his advice, comments and invaluable insight throughout this study. Your inspiration and words has truly shaped my journey for the better.

Additionally, I would like to thank all the participants in this study who graciously volunteered their time to share their stories and experiences, without which this thesis would not have been possible. Finally and most importantly, none of this would have been possible without the unconditional love, support and encouragement received from my husband and family. A special thanks to my husband, Dr. Mohd Kamal Bin Nik Hasan for his patience and understanding along the way. Your support, encouragement and prayers during this challenging and exciting journey have been relentless, immense and unfaltering. Finally, I would like to dedicate this thesis to my kids, family and family in-laws, who always support and motivate me to finish this thesis.

TABLE OF CONTENTS

	Page
CONFIRMATION BY PANEL OF EXAMINERS	ii
AUTHOR'S DECLARATION	iii
ABSTRACT	iv
ACKNOWLEDGEMENT	v
TABLE OF CONTENTS	vi
LIST OF TABLES	xi
LIST OF FIGURES	xii
LIST OF ABBREVIATIONS	xiii
CHAPTER ONE: INTRODUCTION	1
1.1 Introduction	1
1.2 Overview of the Cardiovascular Diseases and Cardiac Rehabilitation	2
1.2.1 Epidemiology of Cardiovascular Diseases	2
1.2.2 Future Consequences of Uncontrollable Cardiovascular Diseases	4
1.2.3 Cardiac Rehabilitation as Secondary Prevention Program	4
1.3 Problem Statement	5
1.4 Objectives of Study	6
1.5 Research Questions	7
1.6 Assumptions	8
1.7 Significance of Study	8
1.8 Conceptual Framework	10
1.9 Definition of Terms	12
1.9.1 Cardiovascular Diseases	12
1.9.2 Cardiac Rehabilitation Program	12
1.9.3 Adherence	12
1.9.4 Non-adherence	13
1.9.5 Culture	13
1.9.6 Construct	13
1.9.7 Lifestyle Modification	13