

Comparative Study: On Evaluation Policies of Sudanese and Saudi Rehabilitation Centers for Patients with Cerebral Palsy 2015 – 2017

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Abstract: Rehabilitation is the process by provide therapeutic doses and programmed for individuals with simple to complex illnesses and injuries to facilitate their treatment and return them to normal situations or to enable them to live with society as much as possible.

Objective: To evaluate policies, of rehabilitation center in Sudan and in Saudi Arabia.

Methods: This normative descriptive study which has been conducted in Sudan and Saudi Arabia on July/2015 – July/2017. This study used Questionnaire Employees (64 in Sudan total converge and 67 provider in Saudi Arabia) and interviews with directors of the rehabilitation center.

Result: There are significant differences in key performance, transparency, sport & social initiative, participation in social event, ethical behavioral and integrate disable person in community with the best way.

Conclusion: There are no significant differences in overall policies of rehabilitation centers in Sudan and in Saudi Arabia.

Keywords: Comparative Study, Sudanese and Saudi rehabilitation centers.

1. INTRODUCTION

The policies of rehabilitation centers for people with disabilities are designed to ensure that medical rehabilitation needs are met by the physiotherapy program; psychotherapy, therapeutic support and medical treatment for children under the age of 16 years.¹ States recognized the need to enact legislation and laws that would promote care and protection of all citizens with disabilities. In India 2006, the National Policy on Persons with Disabilities was introduced and recognized. In 2005, the United Nations adopted a resolution calling on States to participate constructively in the text of laws and conventions that serve the disabled community. For the require the inclusion of disability issues in key national policy agendas.² Developmental disabilities are common in American society, reaching 1 in 6 children in the period 2006-2008. And this requiring more health and education services. There is also an urgent need to examine the shifts in risk factors and changes in addition to the benefits of early services and interventions.³ Many people in Africa live in low income, so the incidence of disability and cerebral palsy increases, and it is estimated that there are 5 children per 1000 children, including Sudan, although there are no official statistics yet. The Cheshire population of Khartoum is the center, only one to meet the needs of children with cerebral palsy, although the number of children with cerebral palsy in recent years increased by 62%.⁴ In Saudi Arabia, new cases of cerebral palsy were 0.41%, and a percentage of improvements in marriage (prenuptial tests) showed a decrease in percentage.⁵

Supportive policies implementing in rehabilitation center:

It is important to ensure that the challenges facing people with permanent disabilities within the context of health policies and other policies related to daily empowerment, education and employment. Progress will be measured and how education and monitoring will be applied at the service delivery level. Many policies are weak with regard to social inclusion and vulnerable or marginalized groups often in lack rehabilitation policies.⁶ Respect for human dignity is a universal value that is not restricted by human rights. It also allows persons with special need access to the social hood's social rights. Such as the right to housing hood, employment, health, social protection, education and non-discrimination in training this rights.⁷ some policies can help facilitate access to resources and services, while others exacerbate existing problems or create problems. Some social workers are therefore involved in compromising the well-being of new clients in the policy-making process by promoting new policies, changing existing policies or intimidating customers from new policies that they consider harmful to customers.⁸ Transparency and accountability can be enhanced through the development of strong, clear and consistent regulatory frameworks through rights, cultural initiative and international training supported by transparency and accountability. Practices on the work environment must be ethical in daily activity and standards of rehabilitation for ethical behavior.⁹ The private staff required by personal data protection and privacy in code management also believe that job applicants should have a basic database.¹⁰ The principle of equal opportunity among employees is also seen as having an opportunity to deal with operational policy at the rehabilitation center.¹¹ and equal training or courses, with a number of staff members scheduled to attend the session at the same time. This department can modify the employee's schedule of courses that occur during work.¹² at the same time, the Center needs to register cases if they receive information from a doctor or other authorized health care center indicating that the employee was unable to work. The Center must record the number of cases of illness or illness.¹³ The time required to meet the requirements of the strict organizational structure to ensure environmental compliance and care, departmental managers, nurses and other services at the rehabilitation centers is also designed to develop a plan for the care of guests and participation of their staff in decision-making on the care of all residents.¹⁴

2. MATERIAL AND METHOD

Research design: Comparative normative study, which carried out to evaluate polices of rehabilitation center for children with cerebral palsy in Sudan and in Saudi Arabia.

Study area:

Sudan: Most of rehabilitation centers in Sudan accommodated in Khartoum state, all rehabilitation center in capital taken.

➤ The “Cheshire” Home for Rehabilitation of Children with Disabilities is one of the largest rehabilitation centers for disabled children in the state of Khartoum, one of the «250» international houses founded by Rolando Cheshire. The Home receives at least 3000 children each year from the state of Khartoum alone, as well as the rest of the various states of Sudan. The number of arrivals reaches 10 thousand children annually, located beside Abaid Khatem Street, east Kenana Company.

➤ Ussratna rehabilitation center: include center and School, in Omdurman province at Al-Arda street east Alahfad University, they receive about 300 case of disability except Autism cases.

➤ Sakena center locate North Abdelgaium gate at the entrance of Omdurman city near Quran Kareem University established year 1985 receives all cases of mild to moderate disabilities beside Down syndrome cases. Capacity building about 300, but now there is 30 children. All services are available including transportation. Receive down syndrome and mild other cases for disabilities.

➤ Sudan center for Down syndrome and other disabilities: In east Nile locality (Algeraf sharg), they receive all cases for Down syndrome and mild other cases for disabilities (28 children).

Saudi Arabia: There are a large number of rehabilitation centers in the Kingdom, where the number of rehabilitation centers are 12 centers for day care, 32 centers for accommodation and 120 private centers. Number of disable persons registered with the Ministry of Social Welfare (433.511).

International Journal of Novel Research in Healthcare and Nursing

Vol. 5, Issue 1, pp: (38-45), Month: January - April 2018, Available at: www.noveltyjournals.com

- Shaqra (Saudi Arabia) rehabilitation center, which conceder the largest place in Alwasham province, they located in Abd Elaziz king street, building number 7885, Shaqra lies about 205 km west northern Riyadh the center have six wards (wings), receive all the disability persons from severe to mild. Shaqra had two centers, female center have 62 disability people include male before age 13. Another center for male
- Almajmaa province (Saudi Arabia) rehabilitation center, located in about 180 Km north Riyadh.
- Beraida (Saudi Arabia) rehabilitation center, one from four centers in Al-Qassim region, all centers in Al-Qassim region have 504 disability people , the center located in the middle eastern part of Al-Qassim area on the peripheral area of Rumah valley about 200 Km west Almajmaa.

Study population:

Sudan:

All employee in Cheshire home for rehabilitation, Ussratna rehabilitation center, Sakena rehabilitation center and Sudan center for Down syndrome and other disabilities.

Saudi Arabia:

Most employees in Shaqra rehabilitation center, Almajmaa rehabilitation center and Berida rehabilitation center (Saudi Arabia) during study period (2015).

Study tools:

Quantitative

- Questionnaire for polices in rehabilitation centers based on information regarding the staff involved in disable children care and management in rehabilitation centers.

Qualitative:

- Checklist for Interviews with the managers during the period of collecting data.

Sample size: All of employees in rehabilitation centers (Sudanese 64 Saudi centers 67).

3. RESULTS

Table: 1 Application of initial policies in the rehabilitation centers

| Phrases | t-test | T-test $p \leq 0.01$ (two tailed) |
|-----------------------------|--------|-----------------------------------|
| Transparency | 4.314 | .000 |
| Acceptability | .754 | .452 |
| Ethical behavioral | 3.664 | .000 |
| Fair operating Practice | .156 | .877 |
| Support services | .519 | .604 |
| Estimate initiative | 1.479 | .142 |
| Sport and social initiative | 2.496 | .014 |
| Participation in Social | 2.496 | .014 |

There are significant differences with regard transparency, sport & social initiative, participation in social event and ethical behavioral in Sudan and Saudi rehabilitation centers, preference to Saudi Arabia rehabilitation centers.

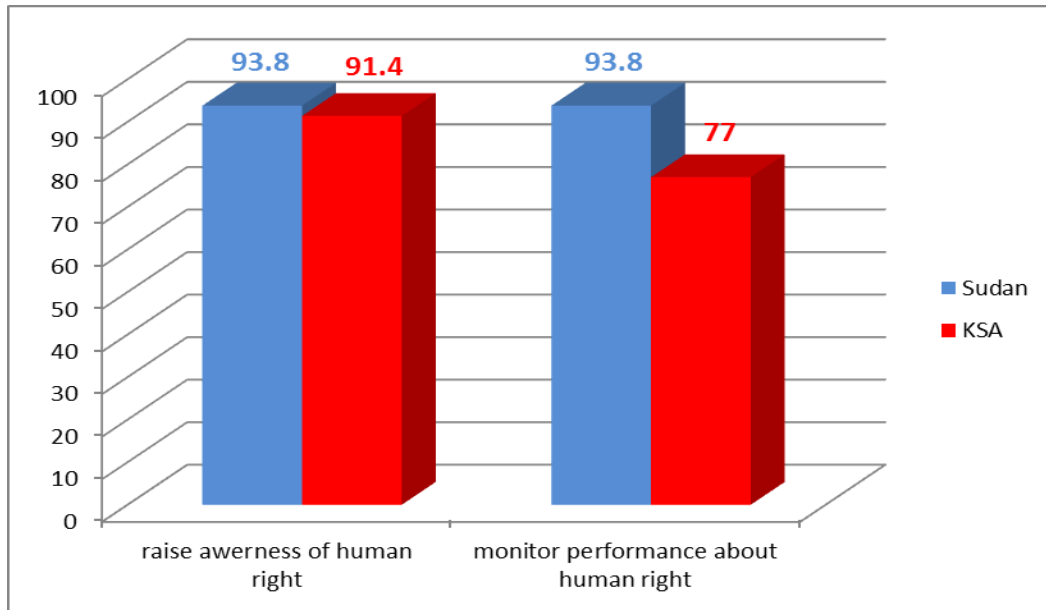


Figure: 1 Application of policies (Human Rights) in rehabilitation centers

The human right in Sudan achieved better than in Saudi Arabia rehabilitation center.

Table: 2 t-test in Human Rights) in rehabilitation centers

| phrases | t-test | T-test $p \leq 0.01$ (two tailed) |
|---|--------|-----------------------------------|
| Raise awareness about human rights | .507 | .613 |
| Monitoring center performance in human rights | .507 | .613 |

There are no significant differences regard human rights in Sudan and in Saudi rehabilitation center.

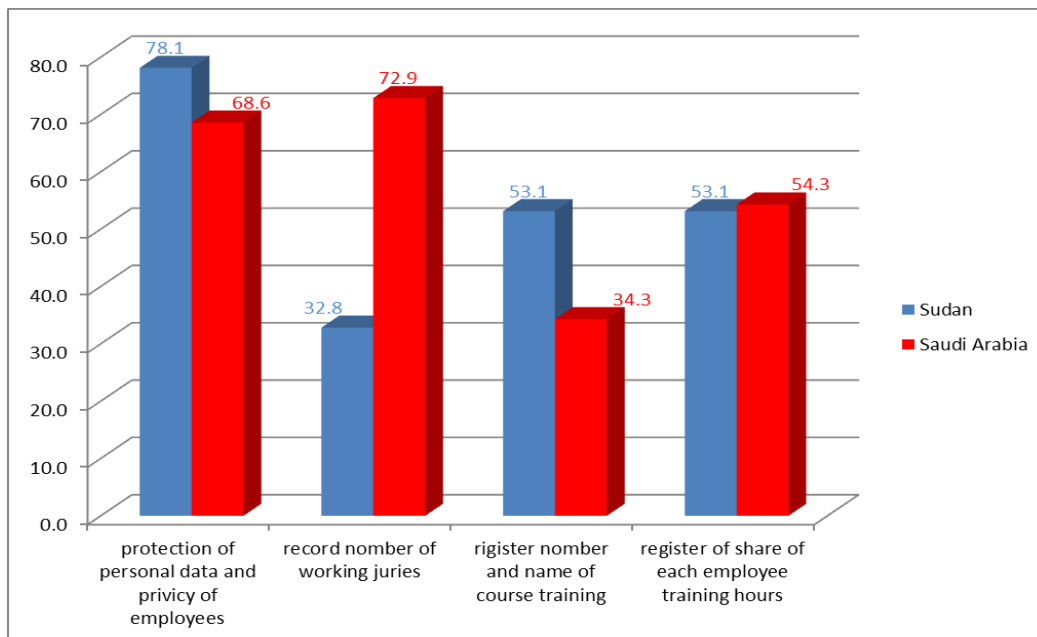


Figure: 2 key performance indicators (polices) in rehabilitation centers

Key performance indicators regarding achieved in Sudan.

Table: 3 t-test in key performance indicators (polices) in rehabilitation centers

| phrases | t-test | T-test $p \leq 0.01$ (two tailed) |
|--|--------|-----------------------------------|
| Record number of work injuries | 5.032 | .000 |
| Register number and name of course and training hours | 2.223 | .028 |
| Register of share of each employee training hours | .134 | .894 |
| Register the conference and seminar for health centers | .408 | .684 |

There are significant differences in key performance regarding Record number of work injuries and Register number and name of course and training hours in Sudan and in Saudi rehabilitation centers.

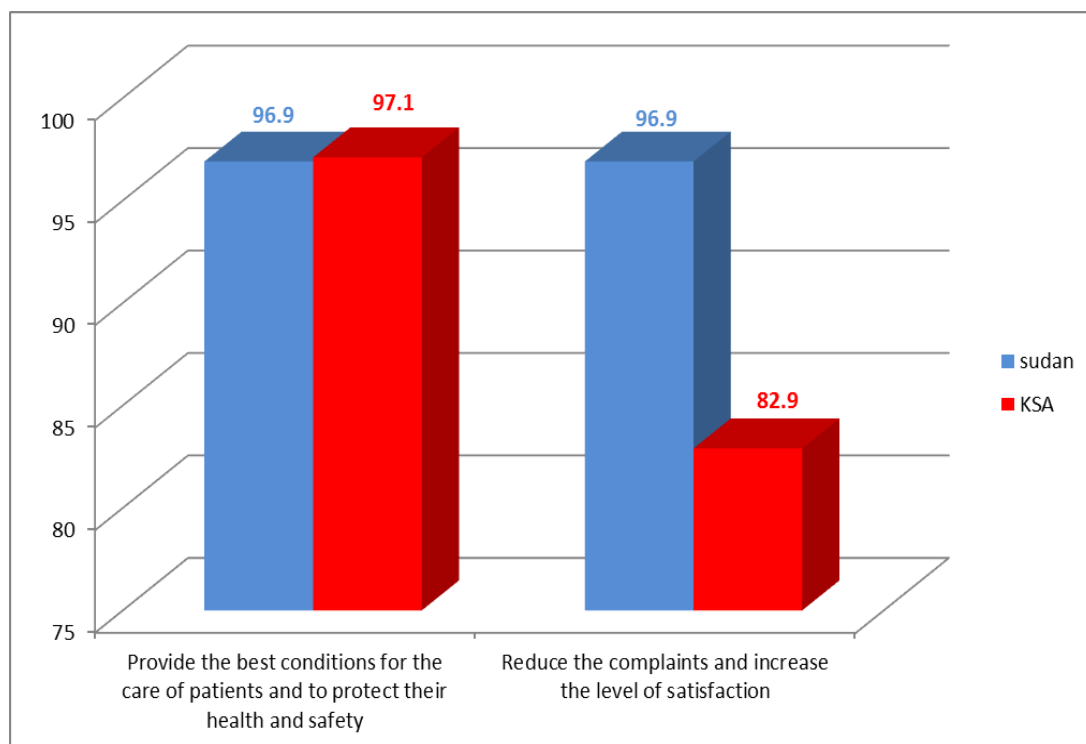


Figure: 3 Awareness raise on policies of rehabilitation centers

In Sudan there is application the general framework of rehabilitation centers, while there is difference in application in Saudi.

Table: 4 Awareness raise on policies of rehabilitation centers

| Phrases | t-test | T-test $p \leq 0.01$ (two tailed) |
|--|--------|-----------------------------------|
| Provide the best care for patient and safety | .090 | .928 |
| Disable integrate in community with the best way | 5.849 | .000 |

There is significant differences with regard disable integrate in community with the best way, preference toward Sudan.

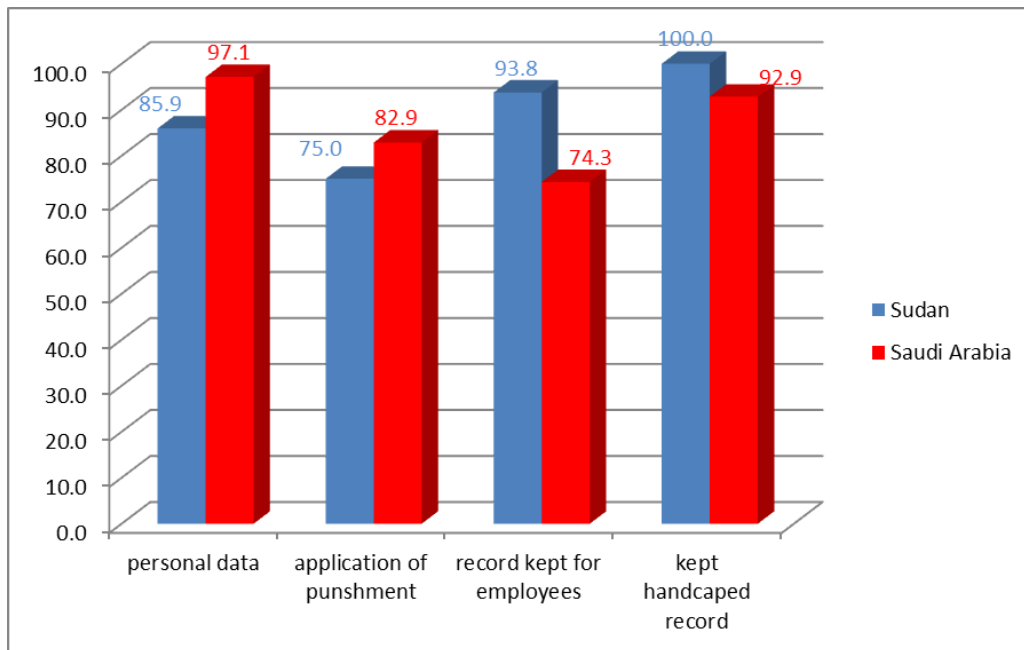


Figure: 4 Employees record

Factor contributes to employee’s records in Sudan achieved better than in Saudi rehabilitation centers.

Table: 5 Employees record

| Phrases | t-test | T-test $p \leq 0.01$ (two tailed) |
|---|--------|-----------------------------------|
| Personal data | 2.393 | .018 |
| The application of the punishment list | 1.114 | .267 |
| Kept all records in closed Cupboard. | 3.125 | .002 |
| Reservation handicapped records in a certain way and figures. | 2.202 | .029 |

There are significant differences in employee’s record, and confidentiality of punishment in Sudan and Saudi rehabilitation centers.

Table: 6 Paired Samples: overall policies of rehabilitation centers

| | Mean | Std. Deviation | t | Sig. (2-tailed) |
|--------------|--------|----------------|-------|-----------------|
| Pair 1 Sudan | 77.632 | 16.7333 | 1.330 | .195 |
| Saudi | 73.629 | 14.6652 | | |

There are no significant differences in overall policies of rehabilitation centers in Sudan and in Saudi Arabia.

Interviews (Sudan):

- The rehabilitation society working to provide equal opportunities to disabled children and ease their active integration in the society, through services like physical rehabilitation, community based rehabilitation, education and vocational training, and with the participation of disabled children in their families, society, institutions with competence and qualified staff, official bodies and associations of similar jurisdiction.

- Also the center works to raising awareness among the community about the importance of caring for those children and their potential contribution to the development in society.

Interviews (Saudi Arabia):

- The center participates in the celebrations held in the governorate, as well as follow-up of workers in the performance of their work with cases and follow up aids to cases and activities include Umrah trips and trips for pilgrimage as well as the work of land trips to change the atmosphere of the cases.

4. DISCUSSION

According to study the system reflected through the activation of rehabilitation care and humanity of people with special needs in rehabilitation centers in addition to the promotion of ethical practices and neutrality for dealing people with disabilities in centers. The study showed there is application of policies in Saudi Arabia and in Sudan across in corporate governance, transparency, accountability, equality and enhances the credibility and confidence those are achieved in the rehabilitation center.

Also the study showed the human rights achieved inside and outside the rehabilitation center in additional to monitor the performance of the center in the field of human rights in Sudan and in Saudi Arabia. In line with OLKIN and Rhoda.¹⁵

Also the study showed in Sudan and in Saudi Arabia there is employment relationships on the basis of the civil service system, comply with all occupational health and safety requirements in place within work environments, beside provide working conditions in national laws regulations, also find balance between work, family and social conditions of the workers are applied this in line with "Green Haus".¹⁶

Also the study showed minimum application of the policy of equal opportunities among employees, and protection of personal data and privacy of employees in Sudan and Saudi Arabia in General policies of the center in the field of labor practices this consistent with "SCHUR"¹⁷

The study showed training programs addressed to staff development in order to raise production efficiency and improve the performance of the individual skills and acquire information, applied in Saudi Arabia and Sudan. This in line with "Mueser"¹⁸ Also record the number of work-related injuries is part of key performance they lead to raising the level of efficiency and safety methods to reduce occupational injuries this phrase achieved in Saudi Arabia. This matching with "PRANSKY 1999" said Safety stimulate programs often fed back supervisors and employees for reducing work injury rates, and then it may unintentionally prevent proper reporting.¹⁹

The general framework of the policies of the rehabilitation center to meet the disable person requirements, provide the best conditions for the care of disable persons to protect their health and safety in line with "LYNN".²⁰

Employees records, and provides privacy for person record, were differences in application in Sudan and in Saudi Arabia. Matching with "PROWDA" report right privacy or right individual to control information held by other.²¹

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International Journal of Novel Research in Healthcare and Nursing

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