

Evaluation of Current Setup on Sudan and Saudi Rehabilitation Centers, 2015 – 2017

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Abstract: The Cerebral Palsy Center works closely with rehabilitation, including occupational, physical and speech therapists under a good regulation.

Objective: To evaluate Current setup, of rehabilitation center people suffering from cerebral palsy 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) mothers, observational check list, focus group discussion (9 in Saudi Arabia 15 from Cheshire, 10 from Sudan Down syndrome, and 6 from Sakena center) and interviews with directors of the rehabilitation centers in Sudan.

Result: Physiotherapist, nurses and occupational were dominating in Sudan and Saudi Arabia also academic qualification diploma and B.sc were dominating and the majority of experiences less than 10 years in both samples, all services are available for rehabilitation centers in Sudan and in Saudi, there are no differences in health services, physiotherapy, psychotherapy, transportation, social therapy, nutritional services, entertainment and pharmacy services in Sudan and in Saudi,

Conclusion: No differences in setup, in Sudan and Saudi.

Keywords: Sudan and Saudi rehabilitation centers, entertainment and pharmacy services.

1. INTRODUCTION

Rehabilitation order to alteration the attitudes that take over in society as a whole and raise the integral of disabled people into society with same rights and opportunities.¹ Despite the concept of rehabilitation has changed in nearest years to concentrate on patient sharing in daily leaving activities, the neurophysiologic path is still used within the combination therapy methods.² Rehabilitation of disabled persons can take many different ways according to the socio-cultural and political context.¹ The particularize of rehabilitation is beneath appeared in recent national policy, recent service saving is ambiguous and there are no direct on what model a norm rehabilitation service.³

One major alternate to the fantastic characterization of rehabilitation is the outright integral of the perspective of the handicapped person. The relationship between client and health workers is described as a copartner-ship. Despite, it is debate that type of life should not be inserting as a fundamental aim of rehabilitation. It can also serve to rehabilitation situation as a main health organization and to grind the noticing of rehabilitation between foreign.⁴

The global number of people with disability is over 650 million persons as estimated by the world health organization. (WHO) this mean 1 of every 10 persons in world live with disability. 80% of this numbers live in low income countries with inadequate access to health and rehabilitation centers.⁵ About 40 million people with disability live in eastern Mediterranean region, in Sudan about 4.5 % of the current population are people with disability according to population census in 2008. The found about 1,854,985 person from the total population of 38,204,960 were having one or more types of disabilities.⁶ while 2% of them were children aged 2 – 9 years.⁷ The setup is an adaptation of the concept of setup in

rehabilitation practice and necessary for practice skills that allow clinicians to use setup with in complex period for rehabilitation.⁸

Rehabilitation provided along continuum of care ranging from hospital care to rehabilitation care in the community.⁹ they established at community level to offer integrated services to people with cerebral palsy in order to reduce morbidity and mortality rate in this group.¹⁰

2. MATERIAL AND METHOD

Research design:

Normative Comparative descriptive study, which carried out to evaluate the current setup, of rehabilitation center for people diagnosed as cerebral palsy in Sudan and in Saudi Arabia.

Study area:

- The "Cheshire" House 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 House receives at least 300 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 for childhood cerebral palsy rehabilitation center in Omdurman province at Al-Arda street east Alahfad University they receive all cases except Autism cases.
- Sakena center locate North Abdelgaium gate at the entrance of Omdurman city near Koran Karem University established year 1985 receives all cases of Down Syndrome and those with mild to moderate disabilities There is a shortage of staff. All services are available including transportation. Receive down syndrome and mild other cases for disabilities.
- Sudan center for Down syndrome in east Nile locality (Algeraf sharg), they receive all cases for Down syndrome and mild other cases for disabilities.
- 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 wings, receive all the disability persons from severe to mild.
- Almajmaa province (Saudi Arabia) rehabilitation center, located in about 180 Km north Riyadh.
- Beraida (Saudi Arabia) rehabilitation center, is located in the middle eastern part of Al-Qassim area on the edge of Rumah valley about 200 Km west Almajmaa.

Study population:

- All employee in Cheshire house for rehabilitation, Ussratna rehabilitation center, Sakena rehabilitation center and Sudan center for Down syndrome (Sudan) and employees in Shaqra rehabilitation center, Almajmaa rehabilitation center and Berida rehabilitation center (Saudi Arabia) during study period.

Study tools:

Quantitative

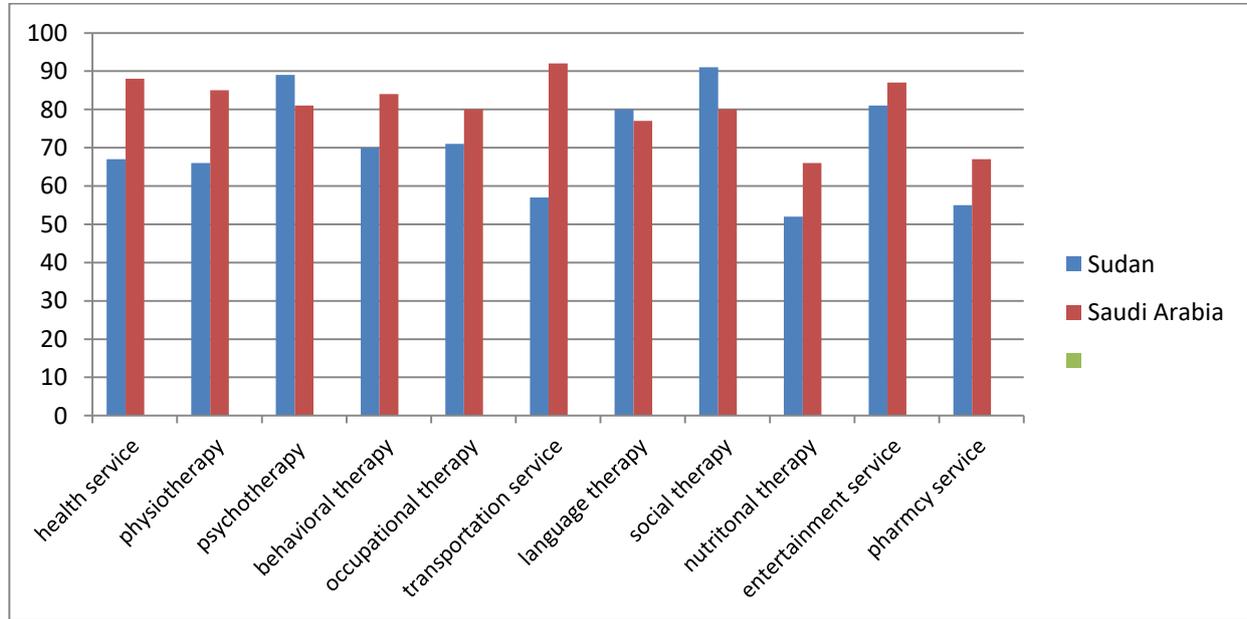
- Questionnaire for current setup in rehabilitation centers based on information regarding the staff involved in disable children care and management, also information for building, facilities and special equipment in rehabilitation centers.
- Observational checklist.

Qualitative:

- Focus group discussion.
- Interviews with the managers during the period of collecting data.

3. RESULT

Table 1: The availability of the services in rehabilitation centers In Sudan and in Saudi Arabia (Sudan 64 Saudi 67)



All services were available in Saudi than in Sudan.

Table 2: Psychotherapy samples (Sudan 64 Saudi 67)

Independent samples test	t-test for equality of mean		Sudan%	Saudi%	t-test	p-value
	T	Sig. (2-tailed)				
The available psychotherapy service on rehabilitation centers working to address behavioral problems and excess aggressive activity for some cases.	-5.194	.000	89.1	50.7	.892	.536
The available of psychotherapy service in rehabilitation centers working on the treatment of excessive irritability.	.359	.720	85.9	88.1		

There is significant difference in psychotherapy service with regarding address behavioral problems. Preference to Sudan rehabilitation centers.

Table 3 The availability of the supportive services to rehabilitation centers for cerebral palsy Health service, nursing and guidance: (Sudan 64 Saudi 67)

Independent samples test	t-test for equality of mean		Sudan%	Saudi%	t-test	p-value
	T	Sig. (2-tailed)				
The health service centers available to allow the doctor to provide appropriate drugs for patients and follow-up especially those who suffer from irritation and chronic physical elements.	1.934	.05	81.3	92.5	1.132	.375

Nursing service available to rehabilitation centers allows the nurse to provide prescription drugs and the application of the nursing process.	-.775	.440	84.4	79.1		
The available health service centers, rehabilitation allows health guidance follow cleanliness of the guest rooms, kitchen, bathrooms, elevators as well as squares and follow-up process ventilated place.	2.495	.014	75.0	91.0		

There is significant difference with regarding health services and health guidance. Preference to Saudi rehabilitation centers. But there is no significant differences in overall health services.

Table: 4 Availability of the support services to rehabilitation centers for cerebral palsy Behavioral therapy and behavioral cognitive therapy samples (Sudan 64 Saudi 67)

Independent samples test		Sudan%	Saudi%	t-test	p-value
t-test for equality of mean					
	T	Sig. (2-tailed)			
The extension service available in rehabilitation centers to help children cope with their problems, behavioral and social, which supports continuing and that they benefit from programs Guidance provided to them.	-.596	.552	85.9	82.1	3.709 .034
The extension service is available in rehabilitation centers can help children adapt to the environment in which they live.	-2.635	.009	90.6	73.1	
The extension service available in rehabilitation centers help children to a closer relationship between the children and families, colleagues and mentors.	-3.970	.000	96.9	73.1	
The CBT service is working to modify the behavior and control of mental disorders through the amendment of the categories with a special awareness of themselves and their environment and way of thinking.	-2.635	.009	90.6	73.1	

There is significant difference in overall Behavioral therapy and behavioral cognitive therapy.

Table: 5 Availability of the supportive services to rehabilitation centers for cerebral palsy Occupational therapy (Sudan 64 Saudi 67)

Independent samples test		Sudan%	Saudi%	t-test	p-value
t-test for equality of mean					
	T	Sig. (2-tailed)			
The available of occupational therapy in rehabilitation centers help children in support the fine motor skills in areas such as education physical, and technical that support stability and benefit from the educational programs provided to them.	-1.633	.105	90.6	80.6	4.677 .043

The available of occupational therapy in rehabilitation centers help children in support the fine motor skills in areas such as education physical, and technical that support stability and benefit from the educational programs provided to them.	-2.386	.018	85.9	68.7		
The occupational therapy service that available rehabilitation centers help children work to support motor skills crisis to handle the stuff and the development of synergies between the hand and the eye, and they benefit from the educational programs provided to them professionally and development	-3.317	.001	92.2	70.1		

There are significant differences in occupational therapy services with Preference towards Sudan.

Table: 6 Availability of the supportive services in rehabilitation centers for cerebral palsy Language Therapy (Sudan 64 Saudi 67)

Independent samples test		Sudan%	Saudi%			
	t-test for equality of mean				t-test	p-value
	T	Sig. (2-tailed)				
The language and speech therapy service are available in rehabilitation centers working to correct the language and verbal problems in children.	-2.730	.007	89.1	70.1	8.826	.013
The language therapy service available in rehabilitation centers lead to an increase in children's vocabulary and speech.	-4.068	.000	92.2	64.2		
The language therapy service available and speech in rehabilitation centers contribute to the upgrading of the process of communication.	-3.764	.000	90.6	64.2		

Highly significant differences in Language Therapy. Preference towards Sudan rehabilitation centers.

Table 7 Paired Samples: overall setup of rehabilitation centers (Sudan 64 Saudi 67)

	Mean	Std. Deviation		T	Sig. (2-tailed)
Pair 1 Sudan	83.741	11.319	Pair 1 Sudan Saudi	1.887	.070
Saudi	77.722	11.194			

No significant difference regarding the overall setup of rehabilitation centers in Sudan and in Saudi Arabia.

4. DISCUSSION

The study showed that most of the services are available in rehabilitation centers according to samples, and checklist where transportation and mobility services take a high degree levels in KSA than Sudan related to its importance of those service. Availability of mobility retain to importance of this services in the movement of children with mobility problems. Despite the importance of this service does not find explanation in the swing of the effectively of this services, it likely the reason that a large number of children with simple special needs able to move without the assistive mobility, but in Sudan those Services were few because the children with special needs depend on their families in mobility and transportation in additional to private transportation. This Study line with study from north and east London 2006.²¹⁵

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Also physiotherapy, psychology, health services, behavioral and cognitive behavioral therapy and occupational therapy service were available in a high proportion in KSA relative to the needed for this services, But in Sudan despite these services is largely effective its Lesley available in rehabilitation centers according to study. This study matching with study by Olaf Verschunen 2007.²¹⁶ Occupational therapy which important to improve the performance of the disabilities person, that was considered the highest degree which supports people with special needs within capacity development and autonomy in all areas of career, recreational and personal.

Psychological services is a high available in the process of evaluating cases and classification of cases as well as to modify the behavior problems in their own environment. Behavioral and cognitive behavioral therapy services working to enable them to face the aggressive behaviors, hyperactivity and other. Also these services enable the therapist to detect cognitive and academic problems.

We also find that the entertainment service is available in the two countries This study in line with Al-Jadid and Maher, study in 2013.²¹⁷

The language therapy is less available at rehabilitation services in Sudan and KSA matching with study done by Thomas., et al 2009, they suggest several areas that may be associated with the provisions of speech and language therapy. But it does not prove that therapy is effective.²¹⁸

Balanced diet is essential for people with special needs on the basis of health as they contain all the necessary nutrients needed by the body, according to study this service is available and effective in KSA but in Sudan this services is less available.

Pharmacy is one of the most important constitute within rehabilitation centers, it working on providing medication on the right time for disability persons its less available in rehabilitation centers in Sudan.

Generally the rehabilitation centers in KAS more develop in infrastructure and all services were available also covered the all country compare to Sudan the rehabilitation center found just in Capital and less develop and also there are services not present in some centers.

Generally, the participants appeared to be positive with the overall concept of rehabilitation centers for Children with cerebral palsy. At last there are no differences in services in Sudan and KSA.

According to study the system reflected through the activation of rehabilitation care and humanity for 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 KSA and in Sudan actress in corporate governance, transparency, accountability, equality and enhances the credibility and confidence 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 KSA. In line with OLKIN and Rhoda in 1997.²¹⁹

Also the study showed in Sudan and in KSA 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, 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 2003".²²⁰

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 KSA in General policies of the center in the field of labor practices this consistent with " SCHUR 2005" ²²²

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 KSA and Sudan. This in line with "Mueser 2005"²²³

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 KSA. This matching with " PRANSKY 1999" said

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Safety stimulate programs often fed back supervisors and employees for reducing work injury rates, and then it may unintentionally prevent proper reporting.²²⁴

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