Stories of recovery after a heart attack ‘Tablets alone will not do, we need to pray as well’

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Abstract

**Background:** South Asians suffer increased risk of heart disease; however, little is known about their recovery experience after a heart attack.

**Aim and objectives:** The primary aim was to explore South Asians’ experience of making lifestyle changes during their recovery from heart attack.

**Method:** Constructivist Grounded Theory was used to attain conceptual understanding. Ethical approval was attained. Purposive sampling and later, theoretical sampling guided the concurrent data collection and data analysis. Semi-structured interviews were undertaken with 14 participants. Data analysis included line by line, focussed and theoretical coding using the constant comparative method.

**Findings:** Of the three categories (patronage of the family, affinity towards one’s group, conforming to beliefs), ‘Conforming to the beliefs’ captures the influences of the participants’ religious beliefs regarding their diagnosis of heart attack and the lifestyle changes. The decision of lifestyle changes was navigated through a complex relationship that allow for religious belief and individual effort. Instead of creating a dichotomy, this merged comfortably into a single locus of control.

**Conclusion/implications:** This finding strengthen the belief that healthcare professionals must recognise that patients co-exist within a wider social network. If religious beliefs centering on God as a partner can reflect acceptance of situation such as a diagnosis of heart attack, then this particular aspect of ‘faith’ can be harnessed, providing a seat at the table for faith in health dialogues and encounter. Religious strategies may be a way to promote lifestyle changes among South Asians after a cardiac event. Few studies have investigated how such religious beliefs sit with western dominance of biomedical explanation of illness. Faith is embedded in cultures, practices and communities. To ignore faith and religious identities in health care will be at our peril.