Walking Alongside Our Patients: Cultivating an Environment of Trust to Foster Treatment Adherence

MINDA J. DWYER, MSN, ANP-c

Presentation Objectives

- Define the components of a holistic nursing assessment
- Discuss the implications of working with the patient to identify goals and develop an individualized plan of care
- Describe the components of the theoretical models of Harm Reduction, Health Belief Model and Prochaska's Stages of Change, and how these models can guide the nursing assessment
- Encourage discussion among the group related to perspectives and experiences in our professional lives that illustrate examples of challenges/successes in helping patients improve adherence

How do we define Adherence?

- The extent to which the patient's history of therapeutic drug-taking coincides with the prescribed treatment.
- Adherence may be measured using either process-oriented or outcome-oriented definitions (WHO).
- Adherence - the act, … which helps to empower patients to take an active role in their care and results in better adherence

Why is this such an important issue?

- Clinical outcomes:
  - primary prevention: maintaining optimal health (weight management, smoking cessation)
  - Tertiary prevention: symptom management, quality of life

The Extent of Non-Adherence

- Diabetes - 40-50%
- Epilepsy - 30-40%
- Hypertension - 40%
- Asthma - 20%
- Transplant - 18%
- Oral contraception - 8%

Sharing my journey

How do we define Adherence?
Non-Adherence Rates by Medication Type

- Antiarrythmics - 76%
- Chemotherapy - 73%
- Antibiotics - 67%
- Antiasthmatics - 54%
- Antihypertensives - 47%
- Lipid lowering agent - 43%
- Anticonvulsants - 24%
- Immunosuppressants - 18%

Factors that Influence Adherence

- Consistently predictive of non-adherence
  - Symptoms and side effects
  - Negative life events/stress
  - Complexity of regimen

- Consistently predictive of adherence
  - Family or social support
  - Self-efficacy

Barriers to adherence: Patient related

- Health beliefs
- Socio-economic status
- Health literacy
- Self esteem
- Self efficacy
- Social support
- Comorbid illness
- Symptoms
- Sense of control
- Stigma

Barriers to adherence: Provider

- Trust/rapport
- Time
- Attitude

Barriers to adherence: Systems

- Systems-related:
  - Treatment complexity
  - Side effect management
  - Education
  - Access to care (distance, time)
  - Transportation

Prescriptions

- 1.8 Billion prescriptions annually.
- Over half of all prescriptions are taken incorrectly.
- 21% never get their prescriptions refilled.
- 11% of all hospital admissions are due to patients improperly taking their drugs (high risk within first 30 days post hospital discharge)
- $100-$300 billion yearly in direct and indirect cost
Adherence works best when:
• Relationship between patient and provider is based on trust
• Patient has adequate support
• Multidisciplinary healthcare team
• Multidisciplinary client centered approach
• Approach individually tailored to patient’s needs
• Adherence is a process, not a single event

Solutions
• Holistic nursing assessment
• Open-ended listening ('walk alongside, communicate compassion')
• Self-awareness (assess our own biases)
• Create a safe space to facilitate rapport and trust
• Realistic goal setting (patient-driven)

Solutions
• Realistic goal setting: guiding patient to set goals based on:
  - Health beliefs
  - Motivational interviewing
  - Build on past successes
  - Cueing/chaining - associating new behaviors with established
  - Ongoing non judgmental assessment

Health Belief model
Health beliefs have a significant impact on an individual’s motivation to prevent and treat disease
• Key components:
  - perceived susceptibility: how serious the person believes their condition is and the potential consequences of treatment
  - perceived benefits: how the person views the potential positive effect of treatment on their illness
  - perceived barriers: the difficulties and costs associated with treatment

Health Belief model
-perceived threat: the combination of perceived susceptibility and perceived severity; how vulnerable the person feels
-cues to action: intrinsic and extrinsic elements that affect the person’s motivation towards a particular treatment/intervention
-self-efficacy: the level to which a person deems herself capable of achieving desired goals, such as making an informed decision

Prochaska and Diclemente change theory
• Facilitates improvement in adherence behaviors by addressing the nature of change in human behavior along a dynamic continuum
• Assess where the patient’s readiness to change at any given moment
• Provide meaningful support/education based on individual’s needs
Prochaska and Diclemente’s Stages of Change Model

- Pre-contemplation: ‘Ignorance is bliss’
- Contemplation: ‘Sitting on the fence’
- Preparation: ‘Testing the waters’
- Action: Practicing new behavior for 3-6 months
- Maintenance: Continued commitment to sustaining new behavior
- Relapse: “Fall from grace”

Harm Reduction Model

- Develop practical strategies that help the patient decrease the negative consequences of behavior
- Meet the patient where they are, goal of minimizing harm, increasing quality of life and sense of well-being

Purpose of Holistic Nursing Assessment

- Get to know our patients by listening, observing and accepting where they are coming from without judgment
- Develop trusting relationships with patients and those close to them
- Determine goals (patient – individual with distinct needs and preferences and caring for them in a responsive way to promote comfort and alleviate distress)

Components of the Holistic Approach

- Search for patterns and causes
- Consider the person as a whole with equal emphasis on the physical, psychosocial, cultural and spiritual aspects
- View the body as an interactive system and not as a machine in need of repair
- Develop the ability to empathize
- Treat caring as a component of healing
- Emphasize human values
- Treat the client as an autonomous person
- Explore the potential for growth, health and well-being
- Act as a partner with the client
- Focus on prevention and health education, not just on treatment of disease

Principles of Holistic Nursing

- Focus on verbal and non-verbal interactions, enabling maximization of patient’s self-discovery and enhancing decision making
- Establish a positive relationship
- Adapt a flexible approach
- Facilitate self-esteem, confidence and a positive outlook
- Use negotiating skills
- Encourage clients to participate fully and to develop self-responsibility
- Show empathy and respect
- Provide feedback
- Promote problem solving

Thank you!