

Linda Norton and R. Gary Sibbald Answer a Question on Fostering Treatment Adherence



Linda Norton



R. Gary Sibbald

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Q I often get frustrated when I try to implement a plan of care and the patient doesn't comply with the plan. What can I do to make sure patients follow the instructions I set out for them?

A The treatment of a person with a chronic wound involves treating or correcting the cause while considering patient-centred concerns. The traditional concept of compliance (providers' perspective: to obey an order or command) has been replaced by adherence (patient's perspective: to stick to a treatment/regimen) and coherence (to negotiate a treatment with both perspectives considered). Coherence is a concept related to one of the main components of the Preparing the Wound Bed paradigm addressing patient-centered concerns.¹ The choices the patient makes ultimately can affect whether or not the wound will heal.

Nurses were surveyed² regarding "non-compliance." There was a sense that, "a situation would never improve; a wound would never heal, because the patient was, for whatever reason, acting in a manner which would prevent healing."² Evidence suggests that adherence rates for clients with chronic conditions are lower than those with acute conditions.³ As a result, coherence in chronic wound management becomes of paramount importance.

Labelling clients as "non-compliant" or "non-adherent" may stigmatize the patient in future health-care interactions.³ The focus of care may shift to discharging the patient rather than exploring alternative approaches. This approach also places "blame" for poor outcomes on the patient and removes responsibility from the health-care provider. ("Of course his or her wounds are worse, she or he is non-compliant!"²)

Client characteristics such as

depression, comprehension of the treatment regimen, and insight into their condition influence coherence. In addition, health systems and health-care provider issues have proven influential.^{3,4} A literature review has revealed common themes that impact treatment adherence (see Web Connect below).

Treatment Accommodation

Treatment accommodation has been defined as "the extent to which a standardized treatment approach can address the complex and unique demands of patients' lives"⁴ and is concerned with three domains:

- the purpose/goal of treatment
- the content of treatment
- the method by which the treatment is delivered.

Patient and family values, along with the desired outcomes, must be reflected in the purpose and goals of treatment.⁴ Involving the client in the treatment planning



process^{3,5,7,8,9,10} and their belief in the treatment plan^{3,4,7,11,12} have been shown to foster adherence. For example, a patient with a pressure ulcer may rate the ability to participate in everyday activities higher than healing the pressure ulcer. If the treatment plan is focused on healing the ulcer, the patient may choose not to adhere to that plan as it does not reflect his or her priorities. Negotiating a treatment plan that supports the patient's life choices, while striving toward best wound-care practices, will foster adherence.

The patient "must [also] see the content of treatments as relevant to them and their condition."⁴ Patients have increased access to health-care information through resources such as the Internet,²⁰ and may have opinions regarding the treatment plan.^{10,21} Health-care providers have a responsibility to be informed of the best practices and to educate the patient as to the options available and their relative efficacy.

In terms of treatment delivery, when appointments are scheduled and how the health-care provider interacts with the patient are important. Appointments that fit into the patient's routine are more likely to be attended and are more likely to be productive. Keller and Carroll²¹ have developed a model of physician-patient communication that focuses on the four E's: engage, empathize, educate and enlist. Engaging involves eliciting and understanding the patient's story.²¹ Empathy is an active concern for and curiosity about the emotions, values and experiences of another.²¹ Education is more than giving information—

"it does not take place until the patient is able to utilize the information in an effective manner."²¹ Enlistment involves encouraging adherence and increasing the patient's responsibility and competence to care for their own health.²¹

Keller and Carroll²¹ report that six specific actions increase patient adherence:

1. Keep the regimen simple.
2. Write out the regimen for the patient.
3. Motivate the patient and give specifics about the benefits of following treatment and the timetable for recovery.
4. Prepare the patient for side effects and for optional courses of action.
5. Discuss with the patient any obstacles to moving forward with the regimen.
6. Get feedback from the patient.

Conclusion

The "non-compliant" label needs to be removed from the vocabulary of health-care providers as it places the blame for not achieving the desired outcomes on the patient without looking at the underlying causes, including the roles of the health-care provider and the health-care system.

The patient's perspective and their concerns should be a major focus of the treatment and intervention process. Health-care practitioners should reflect on the patient, health-care provider and system characteristics that influence treatment. These issues need to be addressed to foster adherence.

We need to encourage patient participation in treatment planning along with adherence to the established patient-centered care plans to improve outcomes. ☺

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